

Board of Directors: Held in Public

Thu 02 October 2025, 09:00 - 12:00

Hybrid meeting held on MS teams and in New mill room 4.10

Agenda

- 09:00 - 09:00
0 min

1. Welcome and apologies for absence (verbal)

InformationLinda Patterson

 Item 01.0 - Board of Directors Agenda - held in public - 02.10.2025 v4.pdf (3 pages)
- 09:00 - 09:05
5 min

2. Declaration of any conflicts of interest (enclosure)

InformationLinda Patterson

 Item 02.0 - Board of Directors - Declaration of Conflicts of Interest July 2025.pdf (10 pages)
- 09:05 - 09:30
25 min

3. Learning from your experience: (presentation)

DiscussionPhillipa Hubbard
- 09:30 - 09:30
0 min

4. Questions received (verbal)

DiscussionLinda Patterson
- 09:30 - 09:35
5 min

5. Minutes of the previous meetings 29 January and 24 July 2025 (enclosures)

DecisionLinda Patterson

 Item 05.1 - Board of Directors - public minutes - 29 January 2025 - CHAIR APPROVED.pdf (10 pages)

 item 05.2 - Public Board minute 24 July 2025 chair approved.pdf (19 pages)
- 09:35 - 09:35
0 min

6. Matters arising (verbal)

DiscussionLinda Patterson
- 09:35 - 09:40
5 min

7. Action log (enclosure)

DiscussionLinda Patterson

 Item 07.0 Public Board action tracker.pdf (4 pages)
- 09:40 - 09:45
5 min

8. Chair's Report (enclosure)

DiscussionLinda Patterson

 Item 08.0 - Chair's Report - October 2025 (v1).pdf (4 pages)
- 09:45 - 10:05
20 min

9. Chief Executive's Report (enclosure)

DiscussionTherese Patten

 Item 09.0 - CE Report Public Oct 25 Final.pdf (8 pages)

Strategy and partnerships

Trawally Rachel
01/10/2025 15:44:14

- 📎 Item 09.0 - CE Report Public App 1 Getting the basics right for resident doctors Oct 25.pdf (4 pages)
- 📎 Item 09.0 - CE Report Public App 2 Building on our progress Oct 25.pdf (5 pages)

10:05 - 10:30 10. Strategic Assurance and Performance Report (enclosure)

25 min

Decision *Phillipa Hubbard*

- 📎 Item 10 - Board Integrated Performance Report Cover Paper - October 2025.pdf (4 pages)
- 📎 Item 10 - Board Integrated Board Performance Report - October 2025.pdf (15 pages)

10.1. Strategic Risk Summary – (enclosure)

Discussion *Fran Stead*

- 📎 Item 10.1 - Strategic Risk Assurance Report 2025.10.pdf (12 pages)
- 📎 Item 10.1b - 2024.12 - SRR - appendix 1.pdf (4 pages)

10:30 - 10:40 Break (10.30am – 10.40am)

10 min

10:40 - 10:45 11. Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held July (enclosure)

5 min

Discussion *Simon Lewis*

- 📎 Item 11.0 - MHLC AAAD 17 July 2025 - CHAIR APPROVED.pdf (3 pages)

10:45 - 11:05 12. Alert, Advise, Assure and Decision Report: Quality and Safety Committee held July and September (enclosures)

20 min

Discussion *Alyson McGregor*

- 📎 Item 12.0a - AAAD - Effective Oversight Escalation and Assurance - QSC July 2025 RATIFIED.pdf (3 pages)
- 📎 Item 12.0b - AAAD - Effective Oversight Escalation and Assurance - QSC Sept 2025 CHAIR APP.pdf (4 pages)

12.1. Winter Plan (enclosure)

Information *kelly barker*

- 📎 Item 12.1 - Board winter paper front sheet Winter Plan 25 KB V2.pdf (4 pages)
- 📎 Item 12.1b - BDCFT Winter Plan 2025 V4.3 FINAL kb V2.pdf (18 pages)
- 📎 Item 12.1c - BDCFT Winter Plan 2025 EQIA KB.pdf (3 pages)
- 📎 Item 12.1d - Board Assurance Statement - NHS Trust (002) BDCFT KB V2.pdf (5 pages)

12.2. NHS CPD submission plan (enclosure)

Information

For information only

- 📎 Item 12.2a - Quality and Safety Committe - NHSE CPD plan 2025 26.pdf (5 pages)
- 📎 Item 12.2b - BDCFT NHSE CPD 25 26 (002) FINAL.pdf (28 pages)

People and Culture

11:05 - 11:10 13. Alert, Advise, Assure and Decision Report: People and Culture Committee held July and September (enclosures)

5 min

Discussion *Mark Rawcliffe*

- 📎 Item 13.0a - AAAD - Effective Oversight Escalation and Assurance - PCC July 2025 RATIFIED.pdf (4 pages)
- 📎 Item 13.0b - AAD - Effective Oversight Escalation and Assurance - PCC Sept 2025 FS approved.pdf (4 pages)

Trawally Rachel
01/10/2025 15:04:14

Finance and Sustainability

11:10 - 11:30 14. Finance Report (enclosure)

20 min

Discussion Mike Woodhead

📎 Item 14.0 - Finance Report Trust Board (Month 5 - August 2025).pdf (10 pages)

11:30 - 11:35 15. Alert, Advise, Assure and Decision Report: Finance and Performance Committee held July and September (enclosures)

5 min

Discussion Maz Ahmed

📎 Item 15.0 -2) Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 23 July 2025 - Chair Approved.pdf (3 pages)

📎 Item 15.2 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 24 September 2025 v.1.1 draft FS reviewed.pdf (3 pages)

Governance and well led

11:35 - 11:50 16. Enabling & Assessing: Better Lives, Together – good governance, effective oversight, accountability (enclosure)

15 min

Discussion Fran Stead

📎 Item 16.0 - Enabling & Assessing Better Lives Together - governance.pdf (4 pages)

📎 Item 16.0 -Well Led Development Plan (1.1) 2025.09.pdf (26 pages)

11:50 - 11:55 17. Alert, Advise, Assure and Decision Report: Audit Committee held July and September (enclosure)

5 min

Discussion Christopher James Malish

📎 Item 17.0 - Effective oversight Escalation and Assurance - Audit Committee 23.07.2025 - Chair Approved.pdf (2 pages)

📎 Item 17.2 - Effective Oversight Escalation and Assurance - Audit Committee 25.09.2025 - Draft FS reviewed.pdf (2 pages)

11:55 - 11:55 18. West Yorkshire MHLDA Collaborative Committees in Common (enclosure)

0 min

Information

For information only

📎 Item 18.0 - AAA July 25 CinC.pdf (2 pages)

11:55 - 11:55 19. Any other business (verbal)

0 min

Discussion Linda Patterson

11:55 - 11:55 20. Comments from public observers (verbal)

0 min

Discussion Linda Patterson

11:55 - 12:00 21. Meeting evaluation (verbal)

5 min

Discussion Linda Patterson

Date of the Next Meeting: 4 December 2025– final details to be confirmed by Corporate Governance Team

Tracy Kelly Rachel
01/10/2025 15:44

Board of Directors – held in public

Date: Thursday 2 October 2025

Time: 9.00 until 12.00

Venue: Hybrid Meeting to be held on Microsoft Teams and Room 4.10 at New Mill



We Care



We Listen



We Deliver

AGENDA

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

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	9.00
	2	Declaration of any conflicts of interest (enclosure)	LP	-
BQS	3	Learning from your experience: EIP Sailing trip (presentation)	SH/PH/ various	9.05
BUOR	4	Questions received (verbal)	LP	
GG	5	Minutes of the previous meetings 29 January and 24 July 2025 (enclosures)	LP	9.30
	6	Matters arising (verbal)	LP	
	7	Action log (enclosure)	LP	9.35

Strategy and partnerships

	8	Chair's Report (enclosure)	LP	9.40
	9	Chief Executive's Report (enclosure)	TP	9.45
	10	Strategic Assurance and Performance Report (enclosure)	PH & KB	10.05

	10.1	Strategic Risk Summary (enclosure)	FS	10.20
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Break (10.30am – 10.40am)

Quality and Safety

BQS	11	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held July (enclosure)	SL	10.40
		Alert, Advise, Assure and Decision Report: Quality and Safety Committee held July and September (enclosures)	AM	10.45
	12	12.1 Winter Plan (enclosure) 12.2 NHS CPD submission plan 2025/26 (enclosure)	KB For information	10.55 -

People and Culture

BPTW	13	Alert, Advise, Assure and Decision Report: People and Culture Committee held July and September (enclosures)	MR	11.05
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Finance and Sustainability

BUOR	14	Finance Report (enclosure)	MW	11.10
BUOR	15	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held July and September (enclosures)	MA	11.30

Governance and well led

GG	16	Enabling & Assessing: Better Lives, Together – <i>good governance, effective oversight, accountability</i> (enclosure)	FS	11.35
GG	17	Alert, Advise, Assure and Decision Report: Audit Committee held July and September (enclosures)	CM	11.50
GG	18	West Yorkshire MHLDA Collaborative Committees-in-Common 23 July (enclosure)	For information	-
	19	Any other business (verbal)	LP	11.55
	20	Comments from public observers (verbal)	LP	-
	21	Meeting evaluation (verbal) Was the meeting conducted in line with the Trust values? (verbal)	LP	-

Date of the Next Meeting: 9am on 4 December 2025– final details to be confirmed by Corporate Governance Team

Questions for the Board of Directors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

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

Trawally Rachel
01/10/2025 15:44:14

Register of Interests – Board of Directors

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.
Non-executive Directors					
Maz 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 - Falfish Limited - Falfish (Holdings) 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
Bradford College: Vice Principal Finance & Corporate Services (declared 23/03/2024)		Nil	Nil	Nil	Nil

Trawally, Rachel
01/10/2025 14:14:14
Chris Malish

Simon Lewis	Nil	Nil	Nil	ASDA Foundation trustee/non- Executive Director <i>(declared 23/05/2024)</i>	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. <i>(declared 23/05/24)</i>
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Trawally Rachel
01/10/2025 15:44:14

Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS hosted organisation): Director (declared 06/03/24)	Nil
Trawally Rachel 01/10/2025 15:44:14				Health Foundation Common Ambition Programme Advisory Group: Expert Advisor (declared 06/03/24)	
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil

Sally Napper	Nil	Nil	Nil	Nil	Consultancy work within Hospice Sector (declared 09/02/24)
Linda Patterson	Nil	Nil	Nil	Nil	Nil
Executive Directos					
Therese Patten					
Phil Hubbard	Nil	Nil	Nil	NHS Providers: Trustee (declared 07/03/24)	Nil
	Nil	Nil	Nil	Nil	Nil

Trawally Rachel
01/10/2025 15:44:14

Ian MacBeath	Nil	Nil	Nil	Nil	Nil
Tim Rycroft	Nil	Nil	Nil	Nil	Nil
David Sims	Nil	Nil	Nil	Nil	Nil
Mike Woodhead	Nil	Nil	Nil	Nil	Nil
Kelly Barker	Nil	Nil	Nil	Nil	Nil
Bob Champion	Nil	Nil	Nil	Nil	Nil

- *NB Elite Consulting are currently engaged in providing temporary programme management support for the Lynfield Mount capital executive decision making panel

Trawally Rachel
01/10/2025 15:44:14

cs – 2025		
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, loans or	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.
NHS Professionals Lts: Non Executive Director	Operations Director: Wm Morrison Supermarkets PLC	Nil
Bradford District & Craven Finance Committee		
Nil	Nil	Nil

Trawally, Rachel
01/10/2025 15:44:14

Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities) <i>(declared 23/05/24)</i>	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)). <i>(declared 23/05/24)</i>	Burley Oaks Primary School: employee <i>(declared 23/05/24)</i>
ASDA Foundation: trustee/non-executive director. <i>(declared 23/05/24)</i>	Board member of the Bar Standards Board (i.e. the regulatory body for barristers and some others in the legal services market). <i>(declared 23/05/24)</i>	
Trawally, Rachel 01/10/2025 15:44:14	Fee-paid Deputy District Judge (including private family law cases, which can involve input from CAFASS, local authorities, NHS organisations, etc). <i>(declared 23/05/24)</i>	
	Newly-appointed fee-paid Tribunal Judge (mental health tribunal). Clearly: I would not sit on cases involving applications from service users at BDCT. <i>(declared 23/05/24)</i>	
	Court Examiner. <i>(declared 23/05/24)</i>	
	Junior Counsel to the Crown. <i>(declared 23/05/24)</i>	
	England and Wales Cricket Board: chair of national safeguarding panel. <i>(declared 23/05/24)</i>	

	The Football Association: independent chair of disciplinary/regulatory panels. <i>(declared 23/05/24)</i>	
	British Cycling: independent chair of disciplinary/regulatory panels. <i>(declared 23/05/24)</i>	
	England Boxing: independent chair/member of disciplinary panel. <i>(declared 23/05/24)</i>	
	ACCA (the global accountancy body): independent member of disciplinary/regulatory panels. <i>(declared 23/05/24)</i>	
	General Optical Council: independent statutory case examiner in fitness to practise (or similar) cases. <i>(declared 23/05/24)</i>	
	Phone-Paid Standards Authority: Independent Chair of Code Adjudication Panel <i>(declared 23/05/24)</i>	
	University of Bradford – Lay Member of Council <i>(declared 23/05/24)</i>	
	Premier League Independent Oversight Panel <i>(declared 23/05/24)</i>	
Nil	Nil	Nil
Trawally Rachel 01/10/2025 15:44:14 Nil	Nil	Nil

Nil	Nil	Nil
Nil	Independent Governor London Metropolitan University (<i>declared 01/03/24</i>)	Nil
	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	Place Chief Executive Lead, Bradford District & Craven	North Yorkshire County Council: Practice Supervisor (Family Assessment and Support Team) (<i>declared 07/03/24</i>)
	West Yorkshire Integrated Care Board, Accountable Officer, BdC Place	
	NHS England National Director role, Place Development	
Bradford District & Craven Quality Committee (<i>declared 04/03/24</i>)	Place based lead as part of the Place based system as Director of Nursing and Quality distributed leadership team (<i>declared 04/03/24</i>)	Langtry Langtons: Employee (<i>declared 04/03/24</i>)

Bradford District Council (declared 01/03/24)	Nil	Nil
Nil	Nil	Nil
Bradford District & Craven Quality Committee (declared 01/03/24)	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*
Bradford District & Craven Quality Committee (declared 28/03/24)	Nil	BDCFT: employee (declared 28/03/24)
Bradford District & Craven Finance Committee (declared 28/03/24)		
Nil	Employer representative on NHS Staff Council. Member of West Yorkshire Integrated Care Board, People Board (declared 01/03/24)	Nil

tal redevelopment scheme. MW removed himself from the interview and selection process and from the
l.

Trawally Rachel
01/10/2025 15:44:14

**Agenda
item
5.0**

**Board of Directors Meeting in Public
On Wednesday 29 January 2025 at 9:00am
Hybrid meeting held on Microsoft Teams and
in person at New Mill, Saltaire**

Present in person:	Dr Linda Patterson OBE FRC P	Chair of the Trust (Chair of the Board)
	Therese Patten	Chief Executive
	Kelly Barker	Chief Operating Officer
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Dr David Sims	Medical Director
	Mike Woodhead	Chief Finance Officer
	Fran Stead	Trust Secretary
	Tim Rycroft	Chief Information Officer
Present via MS Teams:	Maz Ahmed	Non-Executive Director
	Bob Champion	Chief People Officer
	Simon Lewis	Non – Executive Director and Deputy Trust Chair
	Alyson McGregor, MBE	Non-Executive Director
	Sally Napper	Non-Executive Director
	Mark Rawcliffe	Non-Executive Director
In attendance:	FS	Board story (agenda item 3)
	Suzanne Hala	Board story (agenda item 3)
	Shane Embleton	Deputy Director Estates and Facilities (agenda item 15.1)
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary
Observers:	Holly Close	Corporate Governance Officer
	Sarah Denton	Executive Assistant (secretary)

Trawally Rachel
01/10/2025 15:44:14

MINUTES

1	Welcome and Apologies for Absence (agenda item 1) The Chair opened the meeting at 9.00am. Apologies were received from Chris Malish. members of the governance team observed and were welcomed. The Board of Directors was quorate.	
2	Declarations of Interest (agenda item 2) No declarations of interest were made.	
3	Learning from your experience: Patient Story – Health inequalities (agenda item 3) FS, a Carer Support Officer, shared a personal story about her father's experience with dementia and the systemic barriers faced by non-English-speaking patients in the BAME community. Key issues raised included missed referrals, poor follow-up, lack of translation services, and cultural competency. Recommendations included proactive follow-up systems, community outreach, and better access to translation services. FS highlighted the emotional toll of being a carer and the lack of support she received. Discussion on the need for review of the carers policy implementation and digital access for carers via the NHS app. Commitment to improving support for carers and ensuring policies are effectively applied. M Ahmed, Non-Executive Director highlighted the possibility of using data to provide better visibility on the disparities, the Chief Operating Officer advised this was presented to the Board Development sessions and a dashboard developed to identify where there is disparity in access, following this community engagement was done to broaden visibility. Ongoing well-led work would also support this. The Chief Executive asked the Chief People Officer to look at how the carer policy was implemented, B Champion agreed to take this to the People Committee and would reach out to language services regarding interpreter issues. The Board thanks FS for presenting her story and noted: - Strong support and acknowledgment from board members. - Invitation for FS to contribute to ongoing improvement work. - Recognition of the need for data-driven insights into disparities.	
4	Questions Received	

Tracy Rachel
01/10/2025 15:44:14

	No questions were noted.	
5	Minutes of the previous meeting The minutes of the Public Board of Directors held on 27 November 2024 were approved as an accurate record.	
6	Matters Arising There were no matters arising.	
7	Action Log (agenda item 7) The Board of Directors: noted that no further actions were required on any actions listed.	
8	Chair's Report The Chair highlighted the below items from the report: • Heavily involved in partnership work across place, there was a time pressure due to the Airedale Development, T Pattern and D Sims were involved. T Patten advised the direction of travel should be decided by April 2025. • Equality delivery system would be moved forward, once this was ratified it would be circulated amongst board members. • The inclusion plan was being updated. • Appraisals would be carried out in line with the NHS England guidelines, the Chair reminded members to complete mandatory training. • Effectiveness reviews would be carried out by the Trust Secretary and Corporate Governance team. • The Chair welcomed Mike Lodge as the new lead governor and noted thanks to L Maybin for standing in until the appointment was made.	
9	Chief Executive's Report T Patten, Chief Executive highlighted the below updates from the report: • Operational resilience work was praised in keeping services running during recent adverse weather conditions. • It was noted that the people services directorate had carried out incredible work in terms of recruitment, particularly in difficult areas with appointments made to important roles, also noting the diversity in those appointed. Recruitment & Retention has seen significant improvements in onboarding and reduced attrition (from 50% to 18%). • Feedback from patient stories noted the website was not user friendly, work was done to address the issues identified.	

T Patten, Rachel
01/10/2025 15:44:14

	- Highlighted the You're a Star Awards. - Key pieces of work needed as part of our sustainable hospital strategy, in particular acute care collaborations. K Barker noted a recent visit to Coventry Hospital and their approach to linking in with other care providers and organisations. A McGregor, Non-Executive Director praised the living our values section of the report and asked if a newly recruited member of staff could attend to share their experience of joining the Trust, B Champion noted this was in the work plan and a presentation was being developed.	
10	Strategic Assurance and Performance Report. K Barker, Chief Operating Officer noted the assurance levels reported in the papers; discussions had been held around how to adequately show progression where the full assurance level remains static. P Hubbard, Director of Nursing added that as part of the effectiveness review it would be important to identify the key metrics and how these linked into the strategy. F Stead, Trust Secretary advised that as part of the effectiveness review, they would look at how well the revised AAAD reports worked for us as an organisation with the flow of information from to committees to Board and then back to committees. New guidance was released last year around what audit committees should be doing, F Stead and the C Risdon, Operational Director of Finance had undertaken work to ensure good governance, and the right information was being discussed.	
10.1	Strategic Risk Summary F Stead provided background on how the committees currently function and the AAAD reports feed into the Board meeting, a new reporting template was shared with the papers which would provide more detail and there was an ask for any feedback or comments. Benchmarking work was being undertaken to develop the new reporting template, information would be feedback to Board on how these templates performed. An effective oversight review would be undertaken, and information would be feedback to the Board. Time had been added to the February Board development session to discuss strategic risk, with a focus on potential threats for the next financial year.	
11	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held January 2025	

Travelling Rachel
01/10/2025 15:44:14

	S Lewis, Non-Executive Director praised the sustained excellence of the representatives from the associate hospital management group and noted the committee was grateful for their contributions, a new associate hospital manager had stepped into the role and brought a fresh perspective. Work would be undertaken to look at guidance and regulations for non-executive directors taking a more formal role in hospital manager meetings. The recent spike in the use of intervention and restrictive practise was scrutinised and the reasons and mitigations discussed, S Lewis advised the committee was reasonably satisfied with these explanations. S Lewis noted that concerns raised by the associate hospital manager about financial influence on prescribing practices, it was decided that the committee would undertake a deep dive into these concerns. Housing and accommodation would also be reviewed as a factor impacting when patients were able to be discharged. Five individuals had been recruited to associate hospital manager posts, however it was noted that the committee felt there was an ongoing concern around the number of associate hospital managers and felt there was a need to go out to recruitment again. There was an identified difference in members able to chair meetings and ordinary members, further recruitment would support ensuring enough chairs being available. A McGregor agreed that the formal role of non-executive directors in hospital managers meetings and on panels needs further discussion amongst the non-executive directors, noting that Leeds had trialed further involvement by NEDs but failed due to the time and capacity demand this presented. The Chair would pick up discussions around formal non-executive director involvement in hospital manager meetings and meet with the other non-executive directors. T Patten noted the risk and significant concern around the financial influence on prescribing practices, D Sims advised an immediate deep dive was conducted following these concerns being raised and advised that this was raised by a new consultant who may have been unaware of the Trusts approach, noting that any consultant placing a patient on a depo has to present the case to the Drug and Therapeutics committee who oversee this on a patient safety level not financial level and this would continue to be monitored. S Lewis noted the assurance from Board and advised this would be discussed in greater detail at the next committee meeting to provide assurance to committee members.	LP
12	Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 13 November 2024 and 15 January 2025	

Travally Rachel
01/10/2025 15:44:14

	A McGregor highlighted the same 3 main strategic risks continued. The November meeting highlighted issues raised by service users and go see visits have been arranged to help gather more insight, there were continued challenges in the district nursing services and actions were put in place to address this. Continuing challenges around access and flow, noting improvement within speech and language therapy due to recent successful recruitment, it was noted that there could be a risk with high numbers of new staff and there needed to be experienced members of staff to support and reduce risk. K Barker advised of a report released December 2024 around skill mixing in acute settings and heavy reliance on Band 5 and junior staff and the quality risk this presents, as a Trust we need to ensure that new staff are given the support needed. There is a 3 to 4 week programme as well as the Trust Welcome to support and mentor new staff. Assurance was provided at the November meeting that the Smoke Free initiative has now been implemented. A McGregor praised the new reporting system used at the January meeting and found this helpful, the alerts produced from the meeting were the continued focus on out-of-area placements. T Patten asked about the fire enforcement notice and if this was now closed. K Barker confirmed this was closed and would be reported through Board, a recent visit to Airedale Centre Mental Health was very positive and we were asked if we would be happy to be used as an example of good improvement and knowledge sharing. P Hubbard advised that G Eloi attends the committee from an ICB perspective. Regulation 28 notice has not yet been issued to us but as part of an outcome from the investigation into the unexpected death of a service user, work was ongoing despite the notice not yet being received. As part of the process a conversation was held with T Patten, I Macbeath and A Hinchcliffe and this was raised at Council of Governors for awareness as well. F Stead suggested it could be helpful to look at new starters, workforce planning and resource challenges as a deep dive at people and culture committee.	
13	Alert, Advise, Assure and Decision Report: People and Culture Committee held 14 November 2024 and 16 January 2025 November and January reports were presented by M Rawcliffe, Non-Executive Director. Key risks were identified as locum workforce utilisation, manager capability and competency and the culture considering financial pressures on the horizon. Strategic themes were also discussed, with support from F Stead it was agreed that the policy and procedure content was good, and the next steps were implementation. M Rawcliffe noted a colleague experience was shared around the late-stage diagnosis of autism and ADHD and helping understand different perceptions, it was noted this was a	

T. Patten, Rachel
01/10/2025 15:44:14

	powerful presentation and goes to illustrate how important the voice of the colleague is to help us understand their perspective. No alerts were noted in the January meeting, it was advised that had been improvements in appraisals, onboarding, and equality monitoring. It was noted there was working ongoing from a Trust perspective around allowing mandatory training to be moved from other NHS providers, with a focus on how we move people between organisations' as quickly and easily as possible. Areas of improvement were identified, particularly around bank and agency usage and a deep dive into international workforce development to support the low assurance on locum usage. Continued to focus on equality, diversity and inclusion and the Trust Welcome. Employee relation cases had reduced significantly from the previous meeting. M Woodhead asked for clarity on if the use of bank staff remains a high financial concern even if this is no longer an alert item, M Rawcliffe agreed this continues to be an area of significant focus and should be more robustly reported on as an ongoing issue. T Patten asked about the reduction in the employee relation cases but noted the high number of ethnically diverse colleagues within the process. B Champion advised the data showed the number of ethnically diverse people involved in employee relation and disciplinary cases was disproportionate, they were also higher within mental health inpatient services. It was noted there was an issue with lower-level managers identifying issues before these can escalate into an employee relations case, K Barker praised the work and the collaboration with the people services team and staff.	
14	14.0 Finance Report (enclosure) M Woodhead, Chief Finance Officer presented the item and advised the report was consistent with previous months, noting increased confidence about achieving breakeven position. Highlighted the work carried out across the system to ensure all organisations were taking equal risks, noting all of our risks were included in the risk log. T Patten asked for assurance around the provider collaborative risks, M Woodhead noted he was assured, and this would continue to be a part of planning for next year. 14.1 NHS England Quarterly Submission The Board approved the submission to NHS England.	
15	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 20 November 2024 and 23 January 2025 (enclosure) M Ahmed, NED and Chair of Finance and Performance Committee advised out of area placements and temporary staffing continued to be a significant financial pressure, there would be a need to balance patient safety with financial sustainability.	

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	The Board noted the update report. 15.1 Lynfield Mount Hospital Re-Development Update M Woodhead noted the meeting with JISC was being held tomorrow and they hoped to find out details on progress then. S Embleton, the Deputy Director of Estates and Facilities presented the background and progress for the re-development, reminded the Board on the £50 million secured for new 18 bed wards and refurbishments. Work was expected to start in October 2025, depending on approval being secured in September, with a completion target of March 2028. Stakeholder engagement was carried out and useful feedback incorporated into the design process. The McAvoy group had been engaged in pre-construction services and S Embleton had observed the modular approach the group had used on other projects. A monthly project board had been established to oversee the work carried out. The project management arrangements were shared to show the structure and the reporting arrangements. The design mockups of the re-development were shared with the Board, it was noted the architects had experience in designing mental health spaces and this was reflected in the designs for patient areas. K Barker noted the need to link strategies around working differently and align services to the new space at Lynfield Mount Hospital, suggested establishing a Clinical Strategy Group to work alongside the project board. T Patten agreed this would be discussed at EMT. It was also asked if the digital enabling piece was incorporated into the plans, K Barker advised OxyHealth had been through scrutiny and approved, this would be a remote monitoring function within patient rooms, it would be included in conversations going forward. S Embleton noted this was not currently included in the cost estimate for the re-development, T Rycroft advised this might need to be a separate discussion with a business case. The Board noted the progress provided within the update.	
16	The Insightful Provider Board – New NHS England Guidance F Stead, Trust Secretary shared the slides with the Board, highlighting the new guidance from NHSE was not mandatory but was identified as good practise. A self-review exercise would be carried out to identify any areas of improvement and would support our well led ambitions. The Board key roles, oversight domains and information were shared. F Stead highlighted the meaning of insight and having a keen understanding of data produced, noting the new guidance would support good governance and oversight from the Board.	

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	The characteristics and behaviours of high performing boards were shared and how these supported and linked with being a learning organisation and the Trust's well led ambitions. The guidance recognised previous issues with isolated things and as a result financial performance was not a part of the new insightful guidance. M Woodhead queried the language used but noted that triangulation was important, quality decisions could not be made without considering the financial impact. K Barker advised the slides would be taken to the newly refreshed SLT meetings to apply the guidance there. T Patten highlighted the productivity aspect and work needed to clarify what this means and how productivity can present differently in mental health and community teams in comparison to acute services. It was also noted that there was a lack of assurance around what leadership means to teams and staff and it would be helpful to discuss and consider at the People and Culture Committee. P Hubbard discussed the Culture of Care work and the need to incorporate this into the guidance. The Board noted the report.	
17	Alert, Advise, Assure and Decision Report: Audit Committee held 15 January 2025 (enclosure) S Lewis, NED covered as acting chair in the absence of C Malish and provided an overview of agenda items presented. It was explained no alerts were noted at the meeting, the recent internal audits on cyber security and disciplinary cases were scrutinised. B Champion attended to present a deep dive following internal audit findings relating to grievances from a process perspective, the committee was assured by the work presented. No escalations from the audit committee reported were noted. The Board noted the report. 17.1 Ratification of the Standing Financial Instructions (enclosure) and 17.2 Ratification of the Scheme of Delegation (enclosure) These items were recommended by the audit committee and the Chair asked if the Board were happy to take these forward, these were accepted and approved. M Woodhead highlighted that Appendix A set out the old and new wording, but noted the formatting when moved from excel to pdf had distorted the layout slightly.	

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	The Board noted and approved the reports.	
18	Alert, Advise, Assure and Decision Report: Charitable Funds Committee held January 2025 (enclosure) M Rawcliffe, NED and Chair of Charity Funds Committee noted the ongoing concern remained around the financial sustainability on a forward looking basis. There was a continued focus on homegrown fundraising as well as external grants. One risk related that the loss of an experienced colleague had an impact but the two newly recruited staff members were settling in well. It was asked that the charity be mentioned to services in upcoming GoSee visits to increase awareness and it was questioned if this would be worth incorporating into the template. The Board noted the report.	
19	West Yorkshire Community Committee In Common – AAA Report - November 2024 (enclosure) The Chair noted the amount of work ongoing, highlighted the dental team and community stocktake. The report was shared for information.	
20	Any other business (verbal) P Hubbard noted a member of the healthcare support worker team and a staff nurse had received a chief of nursing award and praised this achievement.	
21	Comments from public observers (verbal) There were no comments made.	
22	Meeting evaluation (verbal) 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 closed the meeting at 11.44am.	

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Board of Directors Meeting in Public
On Thursday 24 July 2025 at 09:00
Hybrid meeting held on Microsoft Teams and in Room 4.03 at
New Mill

Members present in person:	Sally Napper	Non-Executive Director and SID (Interim Chair)
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Chris Malish	Non-Executive Director
Members present via teams:	Dr David Sims	Medical Director
	Maz Ahmed	Non-Executive Director (present item 10.1 until 17.2)
	Alyson McGregor	Non-Executive Director
In attendance in person:	Mark Rawcliffe	Non-Executive Director
	Farhan Rafiq	Executive Director Transformation, Improvement and Productivity
	Claire Risdon	Deputy Director of Finance, Planning & Performance (representing M Woodhead)
In attendance via teams:	Tim Rycroft	Chief Information Officer
	GB	Service User, Board story (agenda item 3)
	RP	Service User, Board story (agenda item 3)
	Nicola Cranmer	Staff member, Board story (agenda item 3)
	Kebba Jadama	Staff member, Board story (agenda item 3)
	Rachel Trawally	Head of Corporate Governance and Deputy Trust Secretary
	Rachel Farmer	Public Observer
	Michelle Holgate	Deputy Director of Operations, Community Services (representing K Barker)
	Michelle Holland	Deputy Director of HR & Organisation Development (representing B Champion)
	Suzanne Hala	Senior Involvement Officer, Board story (agenda item 3)
	Catherine Jowitt	Head of Charity and Volunteering (agenda item 20)
	Alan Morford	Public Observer (present 9-10am)
Apologies	Dr Linda Patterson OBE FRCP	Chair of the Trust (Chair of the Board)
	Kelly Barker	Chief Operating Officer
	Bob Champion	Chief People Officer
	Simon Lewis	Non-Executive Director
	Iain Macbeath	Director of Integration
	Therese Patten	Chief Executive
	Fran Stead	Trust Secretary
	Mike Woodhead	Chief Finance Officer

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MINUTES

Item	Discussion	Action
1	Welcome and Apologies for Absence (agenda item 1) The Interim Chair, Sally Napper, Non-Executive Director opened the meeting at 9.00am. The Chair welcomed the observers and representatives, and noted the apologies received. The Board of Directors meeting was quorate.	
2	Declarations of interest (agenda item 2) No declarations of interest were made.	
3	Board story: Natural England (agenda item 3) S Hala, Senior Involvement Officer introduced the green therapy presentation, expressed gratitude to the service users and staff members for attending and introduced the short video would be shown to outline the project's activities and benefits. The video showcased the green therapy initiatives, including allotment groups, nature-based activities, and partnerships with organisations such as the Canal and River Trust, Woodland Trust, and Yorkshire Dales National Park. Service users and staff shared personal experiences, highlighting improvements in mental health, social connection, and recovery beyond medication. A McGregor, Non-Executive Director commented that the project was fabulous and emphasised that such initiatives should be core to the Trust's business, not just nice things to do. A McGregor praised the partnerships and asked how the learning from this work could be taken further and deeper into the Trust. N Cranmer responded, sharing examples of positive impact, such as a service user who had not left their house for five years but now participated in canoeing. N Cranmer described increased engagement and recovery beyond medication, and mentioned the involvement of volunteers and the expansion of activities like music sessions. 4 RP, a volunteer, shared that her involvement with the Canal and River Trust and the allotment group had significantly improved her mental health and reduced her hospital admissions. RP stated that the activities were "better than any medication" she had received. C Risdon asked whether the green therapy offer was available to all service users or if it was limited. It was explained that the program had been piloted in certain areas but was being expanded, with plans to roll out more widely and integrate with other activities such as walking and reading groups.	

Item	Discussion	Action
	The value of using technology was noted, such as VR nature experiences, for those unable to access green spaces, and suggested exploring support through charities or digital initiatives. A McGregor suggested developing a metric to measure the impact of green therapy, so it could become part of the Trust's model of care. A McGregor highlighted the importance of reporting on outcomes beyond medication. P Hubbard agreed to take this forward as an action, linking it to the upcoming strategy review. Action: to take forward the development of a metric to measure the impact of green therapy as part of the strategy review. The discussion emphasised the importance of community involvement in expanding green therapy initiatives. Service users noted that engaging with the community helped create a sense of purpose and belonging for them and highlighted the potential for green therapy to support recovery and well-being of others. They discussed how nature-based activities helped service users improve their mental and physical health, reduce anxiety and depression, and develop social connections. Participants discussed plans to expand green therapy initiatives, including forming partnerships with more organisations and developing new activities. The goal was to provide more opportunities for service users and staff to engage in nature-based activities. N Cranmer commented that the program had been valuable for students, offering an alternative perspective on recovery and care beyond medication and risk assessment. The Chair thanked the presenters and participants, noting the integration with the local community and the positive impact on both service users and staff. Acknowledgement was also made on the importance of casual conversations and community engagement in supporting mental health.	FS
4	Questions received (agenda item 4) No questions had been received.	
5	Minutes of the previous private meetings held on 5 June 2025 (agenda item 5) The minutes of the Public Board of Directors held on 5 June 2025 were approved as an accurate record.	
6	Matters arising (agenda item 6) No matters arising had been received.	
7	Action log (agenda item 7)	

Item	Discussion	Action
	The Board of Directors: - noted the contents of the action log; - agreed to close the actions listed as complete; and - noted that no further actions were required on any actions listed.	
8	Chair's Report (agenda item 8) S Napper, Senior Independent Director and Non-Executive Director (Chair) noted the Chair's report that highlighted the continued engagement with the Trust and external partners. The Chair's report was taken as read, with no additional comments raised. Temporary arrangements for cover during annual leave of the Chair, Dr L Patterson OBE FRCP, was noted. The Board noted the continuing engagement that had taken place with external partners, internally at the Trust and with the Council of Governors.	
9	Chief Executive's Report (agenda item 9) P Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive presented the key highlights on the behalf of the Chief Executive: - The Trust had achieved the veteran-aware accreditation, led by D Sims, involving a working group and accreditation process. P Hubbard confirmed she would take the lead following D Sims departure. - Reminded members of the Annual Members Meeting being held at Victoria Hall, on 25 September 2025. - Confirmed the annual report had been submitted to NHS England, with only minor adjustments being required before submission to Parliament. - Recruitment was underway for public and staff governors, with elections currently open. A new deputy governor was also being sources as L Maybin completed her terms of office in early September 2025. - Discussed recent CQC engagement and participation in a reference group on the new framework, referencing national updates. - Summarised recent inquests, patient safety events, and the publication of the NHS 10-year plan, emphasising digital transformation and prevention. D Sims updated the Board on industrial action, thanking the medical staffing team for arranging cover during the resident doctor strikes. D Sims explained that only a small number of outpatient appointments would be postponed. D	

Item	Discussion	Action
	Sims noted the collection of data on the impact of the action was being gathered including any potential impact on increased length of stay, and that derogation forms had been received to request additional staff if needed, though this was considered unlikely. C Malish, Non-Executive Director asked about the expected number of junior doctors participating in the strike and expected financial implications. D Sims responded that it was difficult to predict but noted higher participation among recently qualified doctors in previous strike action. C Risdon explained the financial implications, noting that costs were tracked and partial funding had been provided previously. C Risdon added that teams were monitoring any impact on length of stay and that pharmacy staff were preparing for anticipated discharges. P Hubbard concluded by referencing the finalised healthcare and well-being strategy. No further questions or comments were raised. The Board noted the Chief Executive's report.	
10	Strategic Assurance and Performance Report (agenda item 10) P Hubbard, introduced the strategic assurance and performance report, explaining that it provided a high-level overview of the trust's performance, including workforce, quality, learning, and financial sustainability. M Holland, Deputy Director of HR and Organisation Development highlighted improvements in staff engagement and turnover rates, attributing success to an improved induction process. M Holland noted that the staff survey showed significant year-on-year improvement, particularly in staff engagement. The turnover rates were steadily decreasing, and new staff members felt more integrated into the Trust due to the user-friendly and engaging induction process. The feedback from new staff members was positive, and the follow-up within 60 and 90 days confirmed the initial positive impressions. M Holland emphasised the value of Executive and Non-Executive Director involvement at inductions. P Hubbard noted that while systems and processes were in place, there were still challenges in managing waiting lists and ensuring timely treatment. The assurance level remained limited due to these ongoing issues. The discussion emphasised the need for fresh perspectives and clarity in reviewing processes and assurance levels. A paper on waiting lists was presented at item 11 on the agenda. A McGregor, Non-Executive Director built on this point, highlighting the complexity and variability in assurance levels, particularly concerning patient waiting lists. A McGregor noted that while there were significant improvements, the assurance level did not change due to the ongoing challenges. Significant assurance was noted on restrictive practices and mental health legislation.	

Item	Discussion	Action
	A McGregor commented on C Malish attending the July Quality and Safety Committee, noting it was helpful to have “fresh eyes” to review processes and provide new insights. P Hubbard acknowledged these points and noted consideration would be given to rotating Non-Executive Director committee attendance could help ensure clarity and focus. Action: to take forward as part of the well-led action plan work. P Hubbard mentioned the launch of learning improvement networks and a recent meeting in York focused on length of stay, led by Sarah Monroe. P Hubbard described ongoing collaboration among Yorkshire providers to address common challenges, such as step-down care and data sharing. The importance of contributing to green initiatives and supporting community programs was emphasised. C Risdon provided a financial update, stating that the trust continued to rate itself as low assurance due to the challenging NHS financial environment, despite achieving current plans through non-recurrent means. No further questions or comments were raised. 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.	CGT
11	Strategic Risk Summary (agenda item 10.1) P Hubbard presented the strategic risk summary, explaining that it consolidated discussions from the strategic narrative report, focusing on the Board assurance framework, compliance around committees, and governance structures. P Hubbard noted that the summary provided context for observers and that discussions on strategic risks had been taken forward more robustly in the Trust Audit Committee, focusing on refreshing terms of reference for committees. The terms of reference for committees have been updated as a holding position, with plans to undertake further work to refine the strategy, board and committee structures, and the presentation of risks, referencing examples from other workplans. P Hubbard mentioned the addition of a new progress and update box to improve tracking progress and updates on ongoing actions. This would be reviewed further as part of the well-led action plan.	

Item	Discussion	Action
	No further comments or feedback were raised, A Morford, the Public Observer left the meeting. M Ahmed, Non-Executive Director joined the meeting.	
12	Biannual report access/waiting list (agenda item 11) P Hubbard introduced the report and provided context by explaining that a detailed presentation had already been given to the Quality and Safety Committee. The importance of overseeing annual waiting times and managing people on the waiting list, ensuring patient safety and addressing escalated needs was emphasised. P Hubbard also highlighted challenges related to workforce pressures and the increased number of people waiting for services. M Holgate, Deputy Director of Operations Community Services presented the paper in more detail on behalf of Kelly Barker, the Chief Operating Officer. Highlighting the key points: - pressures related to increasing demand, complexity, and acuity, coupled with workforce recruitment challenges. - these factors created a "perfect storm" and that the areas facing challenges included talking therapies, memory assessment, and child and adolescent mental health services (CAMHS). - highlighted the interventions in place, such as AI triage, outsourcing, targeted recruitment, and additional clinics and digital assessments. also mentioned the ongoing work to improve waiting times and the partnerships with voluntary services for interim support. M Holgate continued by discussing the challenges faced by adult and older people community mental health teams, including high referral volumes and the impact on capacity. M Holgate noted that waiting times for assessment were above four weeks and that there were interface issues with primary care and data quality. The value stream underway was mentioned within adult mental health and the integrated approach to care trust weight improvement activity. M Holgate also discussed the challenges in community provision, such as speech and language therapy, podiatry, continence and fall services, and the ongoing efforts to address these issues through service design, transformation, and recruitment plans. The importance of robust assessment processes and integrated approaches to care was highlighted. It was suggested for the Quality and Safety Committee to review this issue from a wider lens, considering risk, financial planning, decision-making, quality of care, and patient experience. Action: for QSC to undertake a deeper dive.	CGT

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Item	Discussion	Action
	In response to a question from A McGregor, Non-Executive Director, it was explained that the volunteering team was looking to develop a portfolio of work to support people on waiting lists. The importance of early intervention was emphasised and the "waiting well" agenda to ensure that people do not deteriorate while waiting for services. M Holgate also highlighted the work being done within children and adolescent mental health services to support people while they were on the waiting list, including partnerships with voluntary agencies and two-way communication plans to address escalating risks. The Chair noted appreciation of the detailed overview and the efforts to manage waiting times and support patients effectively.	
13	Medical Appraisal and Revalidation Report (agenda item 12) D Sims presented the medical appraisal and revalidation report. D Sims explained that the paper was there for approval so that the board report could be sent to NHSE on behalf of the GMC. D Sims provided oversight of doctors registered with the General Medical Council and mentioned that the NHS Trust was also a designated body for the GMC. This was an annual opportunity to ask questions about being a designated body and to recognise the work done to support medical staff in receiving appropriate appraisals in terms of their fitness to practise with the GMC. D Sims provided further details, explaining that as of the end of last year, there were 62 doctors. A number of appraisals were not approved at the end of March last year, of which the majority were due to doctors being off sick. A small number of doctors had difficulties providing evidence for their appraisals, but no doctors had failed to provide enough information to make recommendations to the GMC for revalidation. It was explained that Revalidation was the process that doctors go through every five years to be licensed to continue practising. There were nine recommendations for revalidation last year, with no deferrals or referrals to the GMC due to non-engagement. D Sims mentioned that five doctors joined the organisation last year, and three doctors were in the process of completing their HR checks before joining. One doctor was expected to join next week, and two others were ready to formally join once their checks were completed. The report had been partly processed through tools and AI embedded within L2P, marking the first time a report had been partly directly produced for them. D Sims thanked the Compliance Officer, S Firth, for helping support doctors through his role as Responsible Officer.	

Item	Discussion	Action
	The Chair acknowledged D Sim's substantial leadership over the last few year's and the progress made in this area of work. It was noted that the report would be submitted to NHSE by 1 October 2025, and that it would be signed by the chief executive before then. The Board of Directors: • Received assurance of ongoing compliance with national framework for revalidation • Requested Chief Executive to sign the document for NHS England.	
14	Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 17 July 2025 (agenda item 13) A McGregor, Non-Executive Director provided a verbal update on the Mental Health Liaison Committee in the absence of S Lewis. A McGregor drew the Boards attention to the following points: For advice and alert, there were discussions around restrictive practices, which had been identified through work on the national oversight framework. The differential between local recordings and what NHS England was reporting was noted, and it was attributed to the data being pulled through the national dataset versus local records. This discrepancy was due to some level of interpretation of restrictive practice definition. D Sims noted that they were still waiting for the Mental Health Act to come through, but they were seeing progress in terms of mental capacity. This area had limited assurance, but they aimed to review it by the next meeting and expected to see significant assurance due to the amount of work done, especially around best interests and individualising the training package on a ward-by-ward basis. A McGregor commented that the report was verbal this month due to the closeness of the meetings. The Board of Directors noted the update on the AAAD.	
15	Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 16 July 2025 (agenda item 14) A McGregor provided a verbal update on the latest Quality and Safety Committee. Two alerts were highlighted: the first related to the use of Section 136 suites as emergency inpatient beds due to the lack of bed availability. This practice, although not ideal, had been unavoidable. The second alert concerned out of area placements, which totalled 116 bed days in May and 961 days over the past three months. Despite contracting a significant number of beds in the independent sector, this remained a significant pressure point.	

Item	Discussion	Action
	P Hubbard explained that they were monitoring admissions under the Mental Health Act to ensure that beds would be available locally soon, rather than placing individuals out of the area where they could not access their family and support. A McGregor noted that the risk around shared care had been downgraded as some GP practices had opted out of certain responsibilities. A McGregor expressed concern about the high vacancy rates for healthcare support workers and mentioned efforts to develop stronger links with universities and colleges to recruit workers into vacant posts. The issue of the doctor strike was also flagged, which would add pressure to the system. A McGregor highlighted the recognition of the volunteer-to-career programme as a national exemplar and the willingness to extend it at scale. A McGregor mentioned an event involving 60 medical staff focused on learning from deaths and noted that supervision rates had remained above 80%. There had been improved inpatient flow and reduced average length of stay, with further reductions in the 60-day metric being considered. Finally, A McGregor mentioned that they were piloting AI in committee meetings to capture minutes, which she found very helpful. The Board of Directors noted the update on the AAAD.	
16	Complaints Annual Report (agenda item 15) P Hubbard presented the complaints annual report, explaining that the report provided an overview of the number of complaints received, noting a significant decrease from previous years. A quarterly update was provided through the Chief Executive report and further detail provided regularly to the Private Board. This decrease was attributed to proactive engagement with individuals raising concerns, addressing issues at a local level rather than escalating them to formal complaints. P Hubbard also mentioned a decrease in MP reports, again due to local resolution efforts. P Hubbard highlighted that there were five cases where individuals had gone to the Ombudsman after being dissatisfied with the outcome of their complaints. Currently, two cases had been closed, and one remained open, and two with information sent to the Ombudsman. P Hubbard emphasised the importance of early resolution of complaints and concerns at a local level to ensure individuals were dealt with appropriately. The report provided a breakdown of complaints data, and P Hubbard noted rapid responses to areas of concern and the use of a "closer look" approach as part of the investigation process. Serious or high-profile cases, classified as Level 3, underwent deep dive investigations and were reviewed by the	

Item	Discussion	Action
	complaint's assurance review group. P Hubbard explained that systems and processes had become more robust in recent years, ensuring compliance with statutory obligations and timely acknowledgment and resolution of complaints. It was noted that the largest number of complaints came from the mental health environment and podiatry services, with concerns about waiting lists being a common theme. It was explained that the Trust fed these complaints into patient safety and learning processes, identifying key themes and discussing them in relevant groups. Any issues that needed escalation were brought to the quality and safety group or the Board if necessary. The Board of Directors approved the content of the report ahead of publishing.	
17	Alert, Advise, Assure and Decision Report: People and Culture Committee held 17 July 2025 (agenda item 16) M Rawcliffe provided a verbal update on the People and Culture Committee, highlighting several key points to be brought to the board's attention. Firstly, it was noted that some previously submitted data for the Workforce Race Equality Standard and the Workforce Disability Equality Standard was found to be incorrect. This correction revealed that white candidates were not four times more likely to be appointed, but rather 1.25 times more likely, thus removing this issue as an alert. However, it was highlighted that non-disabled candidates were two times more likely to be appointed than disabled candidates, which has now become a focus for further investigation. Additionally, there was an increase in the proportion of staff from ethnically diverse backgrounds entering the disciplinary process, which will be addressed in a deep dive at the next meeting. The Committee also discussed healthcare support workers, emphasising the need for a more rigorous recruitment standard to ensure quality hires, even if it means recruiting fewer people in the short term. This was in line with feedback from other committees. From an advisory perspective, the committee agreed that the oversight of the model rosters, as they are rolled out more broadly, would sit with the OSPB programme but would report back to the committee for visibility and assurance. The ER case volumes had improved but remained high and sensitive to ongoing and potential organisational changes. The Committee received annual reviews from the networks of the Rainbow, Aspiring Cultures, and Beacon, which were positive regarding the culture of the organisation and the psychological safety of staff. A new three-day mandatory leadership programme was launched, which was well-received for its comprehensiveness and commercial feel. Improvements in the recruitment	

Item	Discussion	Action
	process, including time to hire and onboarding, were noted, showing significant progress compared to 18 months ago. The medical staffing position was also discussed, with stability being achieved and a reduction in locums due to successful international recruitment. Overall, the committee felt positive about the progress being made on various metrics and the detailed understanding of the teams. The importance of ensuring that these improvements translated into financial outcomes was also discussed. M Holland added that the OSPB would take the lead on some roster involvement while maintaining highlight reports at PCC for governance and assurance. The Board of Directors noted the update on the AAAD.	
18	Finance Report (agenda item 17.1) 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, and the Bradford District and Craven Place efficiency target allocations. C Risdon presented the month three position and risk assessment. The month three position was reported to be online with the plan at one-third for both year-to-date and forecast. This required the deployment of some non-recurrent resources, with £1.1 million applied to the year-to-date position and £1.8 million for the forecast. The pace of improvement through the efficiency programme was slower than planned. C Risdon highlighted that the agency cap had been breached by £346,000 due to exceptional care packages. However, at the ICS level, the cap was not breached, so it did not raise alarms. Despite forecasting to meet the plan at month three, there were significant risks in the plans, particularly around strategic programmes and the efficiency plan, which were loaded into the second half of the year. The risks identified included out-of-area placements, efficiency delivery, and pay award funding gaps, amounting to £8.3 million. A contingency of £3 million was planned, leaving £5.3 million of risk to mitigate. The ICS collectively supported a break-even plan, with a £33.2 million contribution across 10 West Yorkshire organisations. The Board previously agreed to a £2 million contribution, increasing the savings target and the risk to £7.3 million. Plans totalling £5.9 million were identified to mitigate these risks, leaving £1.4 million of risk. Three programmes were set up to help deliver the £12 million contribution, with the integrated neighbourhood care programme expected to contribute £3.6 million. However, there was	

Item	Discussion	Action
	uncertainty about meeting the targets, so additional plans were being developed. C Risdon mentioned the addition £15 million of capital funding from the ICS operational capital secured, bringing the total to £65 million for the Lynfield Mount development M Ahmed raised concerns about managing mitigations and converting them into a full plan. C Risdon assured that the uncommitted mitigations would not affect programmes and that the strategic programme would remain sustainable. The Board of Directors noted the content of the report.	
19	NHS England Quarterly declaration (agenda item 17.2) C Risdon presented the NHS quarterly declaration, summarising the key headlines, reporting that the plan and cost improvement programme were on track. It was noted that the trajectories needed were being met, although there was a breach of the agency cap at a local level. This was discussed and supported at the Finance Committee meeting. A question was raised about the additional £2 million and the caveats under which it was accepted. It was asked whether a summary of the outcomes and deadlines related to this amount had been provided and if the issues raised had been addressed. It was suggested to take this discussion offline and to follow up with M Woodhead. Action C Risdon to follow up with M Woodhead. The Board of Directors approved the quarterly submission made to NHSE on 15th July 2024.	CR
20	Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 23 July 2025 (agenda item 18) M Ahmed, Non-Executive Director provided an update from the Finance Committee meeting held the previous day. The committee had requested additional assurance around several programmes, as significant time was being spent scoping these programmes and gaining momentum. Noted that F Rafiq's work was starting to make an impact, and there was an overlap between quality and people, leading to discussions about forming a joint committee to address these pressures. M Ahmed explained that the committee discussed the non-recurrent plan, which had a high level of risk, and the need to work out the right level of assurance over the next four to six weeks. M Ahmed also highlighted the organisation's handling of the Lynfield Mount programme, noting the hard work	

Item	Discussion	Action
	and good assurance coming from it. Additionally, there were discussions on fire safety and health and safety, with an increase in RIDDORs to be brought back to the committee for further understanding and action. M Ahmed concluded by acknowledging that the update was verbal rather than in written report, but it was based on the very recent discussions from the previous day. The Board of Directors noted the update on the AAAD. M Ahmed left the meeting.	
21	Senior Information Risk Owner Annual Report (agenda item 19) T Rycroft, Chief Information Officer presented the Senior Information Risk Owner annual report, providing assurance that the Trust continued to meet its statutory and regulatory obligations regarding information, data protection, and cyber security. T Rycroft highlighted the annual compliance achieved with the data security and protection toolkit, which included more cyber security elements this year. Internal audit provided a low-risk rating and high confidence in the toolkit's completion and adaptation. In terms of performance, the Trust received 528 Freedom of Information requests, with 77% responded to within the statutory timescale, up from 71% last year. Personal information requests increased by 34% to 936, and subject access request compliance rose to 81% from 72% last year. The introduction of AI-assisted technology for redaction helped improve efficiency. The Trust reduced its physical records by 1,400 boxes, now totalling 19,956. This reduction was slowed by the need to retain information for the COVID inquiry and the infected blood public inquiry. There were 665 IG incidents recorded, indicating a good compliance culture. Three serious incidents were reported to the ICO, which concluded with no further action but led to strengthened procedures, staff training, and executive-level communication. The Trust recorded 232 information assets in its asset management register, managed by a dynamic and accessible system. An annual cyber resilience tabletop exercise was conducted, and enhanced cyber threat monitoring tools were introduced. The cybersecurity team focused on pilot projects involving AI. Staff awareness and governance were improved through IG awareness surveys and sessions, particularly for remote and mobile workers. Targeted training and an IG newsletter were introduced. Priorities for the coming year included complying with the data security protection toolkit, strengthening training for information asset owners, and embedding IG and cyber assurance into digital transformation and AI deployment.	

Item	Discussion	Action
	A query was raised about ongoing government inquiries, including the COVID and infected blood inquiries, and the recent announcement about the child sexual exploitation inquiry. The importance of multifactor authentication was discussed, with the Trust now largely compliant. It was suggested that information governance and security should be prioritised higher on the agenda to reflect its importance. Action: to note the importance of moving this agenda item higher on the agenda for the next reporting. The increase in FOI requests was noted, with key target areas being finance, HR, and clinical services. The board approved the report for external submission. The Board of Directors: • considered the information and assurances provided for 2024/2025 and noted the proposed information governance objectives for 2025/2026.	CGT
22	Charity Strategy (agenda item 20) C Jowitt, Head of Charity and Volunteering presented the Charity Strategy, noting that the first charity strategy had come to an end and it was time for a refresh. The charity, launched in 2020 during COVID, had grown significantly but lacked strategic and operational oversight. The new strategy aimed to better align the charity with the organisation's priorities and ensure impactful use of limited resources. The charity's vision remained unchanged. The previous strategy had increased charitable income through various sources and raised awareness among staff. Governance, systems, and processes had been improved. The charity's income and expenditure had tracked each other, showing a positive trend. C Jowitt explained that the new strategy focused on aligning with trust values, emphasising innovation and improvement, and enhancing patient outcomes and staff well-being. Three key priority areas were identified: supporting the Lynfield Mount rebuild, digital solutions for vulnerable patients, and creative and innovative interventions to reduce health inequalities. The strategy highlighted the importance of stakeholder support and engagement, particularly from local businesses. The charity aimed to be data-driven, prioritising interventions based on staff well-being and other intelligence. High-level measures were set, with flexibility to adapt to the unpredictable nature of charity and fundraising. Thanks was noted to C Jowitt and the team, emphasising the importance of the charity's work and its impact on patients and staff. A McGregor inquired about the biggest challenges faced by the charity. C Jowitt acknowledged the need for more staff engagement and the challenges	

Item	Discussion	Action
	posed by the financial climate, including inappropriate funding requests from staff that should be covered by service budgets. C Jowitt emphasised the importance of taking a whole-trust approach to staff well-being initiatives. A McGregor asked if the charity sought resource input from people with expertise in fundraising. C Jowitt confirmed that while they had not done so for core delivery, they had received support for events and activities from external relationships in the community. M Holgate emphasised the importance of linking operational services with the charity and suggested socialising the new strategy with operational leads to ensure better provision and understanding of the charity's role. C Jowitt agreed and noted the need for better processes and support from the charity team. M Rawcliffe, Chair of the Charity Funds Committee praised C Jowitt's efforts in diversifying opportunities for the charity and highlighted the potential of the Lynfield Mount project. He suggested involving governors and the community more proactively in supporting the charity. A question was raised about major giving and philanthropy. C Jowitt acknowledged the need to focus on long-term investments and the challenges posed by the financial climate. She noted that the new strategy would help in creating a clearer case for support and targeting specific funders. The Board of Directors approved the Charity Strategy.	
23	Annual Governance report, Terms of Reference and Effectiveness review (agenda item 21) P Hubbard and R Trawally, Head of Corporate Governance and Deputy Trust Secretary presented the annual governance report, terms of reference, and effectiveness review. It was explained that the terms of reference had been refreshed and a basic review had been completed, with more detailed review work planned as part of the well-led audit review action plan The annual governance reports had been presented to all subcommittees, providing assurance that governance processes were followed. The effectiveness review and action planning were also included to comply with trust provider license, the Constitution, and NHS code expectations. The Board of Directors: • considered and ratified the Committee's Terms of Reference; • noted the content of the Annual Governance Report including the effectiveness review action plans and were assured that the Committee's had worked within their Terms of Reference,	

Trawally Rachel
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Item	Discussion	Action
	escalated appropriately any key issues through the escalation & assurance reports made by the Chair of the Committee; and considered and ratified the Committee's Annual Governance Report for 2024/25.	
24	Alert, Advise, Assure and Decision Report: Audit Committee held on 19 June 2025 (enclosure) and 23 July 2025 (verbal) (agenda item 22) C Malish, Non-Executive Director provided an update from June and July meetings, noting the Committee recommended the annual report, internal work plan, and counter fraud work plan to the board, which were approved. There were no alert items. The Committee followed up on the House of Leads audit due to limited assurance and received an update. They discussed a discrepancy related to the processing and reclamation of overpayments. The strategic charge report was reviewed, and the Committee agreed with the level of assurance received. The annual litigation report showed that costs were increasing while actual cases remained relatively flat, driven by factors beyond the trust's control. There were no special payments, waivers of standing orders, or write-offs of debt. The internal progress report was progressing well, with some adjustments to dates. Approximately 90% of actions had been closed off in a timely manner, with eight still ongoing, expected to be closed by the end of the month. The committee's annual report highlighted the work done over the past year, showing continued improvement. The draft internal audit well-being report provided significant assurance. The audit committee work plan was reviewed. The Board of Directors noted the update on the AAAD.	
25	Quality Account (agenda item 23) This had been circulated via email to Quality and Safety Committee and Council of Governor members and presented at SLT March 2025 QSC April and June 2025. The Board of Directors noted the final version of the 2024/25 Quality Account for information.	
26	West Yorkshire Community Health Services Provider Collaborative – July 2025 (agenda item 24) The Board of Directors noted the content of the report, which was provided for information.	
27	Any Other Business (agenda item 25)	

Item	Discussion	Action
	R Trawally, raised awareness of an event being organised by the Green Therapy team seeking support from staff to attend: the Hugh Scott Gardening Football Tournament on 30th August at Dixon's Academy, Allerton. Action: CGT to circulate details of the event by email. The Board acknowledged the last public board meeting of the D Sims, Medical Director, expressing gratitude for their excellent contributions. His leadership and involvement in various dynamics were highly valued by the Board. The Board wished him every success in this new role, hoping he would find it enjoyable and beneficial. The Board extended their thanks on behalf of everyone.	CGT
28	Comments from public observers (agenda item 26) R Farmer expressed her appreciation for the opportunity to observe the meeting and hear the various stories. She mentioned that her organisation provides a service for the Trust and that it was beneficial for her to learn more about the overall activities within the Trust. She thanked everyone for allowing her to listen.	
29	Meeting evaluation (agenda item 27) 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 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. It was noted that the summer meetings were always challenging due to absences in July and August. The importance of scheduling meetings for the next year was discussed, considering the potential arrival of a new chair and two new non-executive directors in early 2026. A McGregor praised the meeting's navigation and timely conclusion, highlighting the value of having deputies who can step in during absences. Thanks was also noted to the observers and it was agreed to send letters of thanks to them for attending. Action: letters to observers The meeting was confirmed to have been conducted in line with trust values. The meeting was closed at 11.00	CGT

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

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Action Log for the Public Board of Directors' Meeting – October 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
29/01/2025	<u>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held January 2025</u> The Chair would pick up discussions around formal non-executive director involvement in hospital manager meetings and meet with the other non-executive directors.	LP/Board	May	Complete: agreed this would be incorporated within the role of the new NED job descriptions going forward
24/07/2025	<u>Board story – Natural England</u> to take forward the development of a metric to measure the impact of green therapy as part of the strategy review.	FS	-	Non-returning: to be incorporated within strategy review work
24/07/2025	<u>Strategic Assurance and Performance Report</u> P Hubbard acknowledged these points and noted consideration would be given to rotating Non-Executive Director committee attendance could help ensure clarity and focus.	CG Team	-	Non-returning: This would be taken forward as part of the well-led implementation plan work.

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

24/07/2025	<u>Biannual report access/waiting list</u> M Holgate also discussed the challenges in community provision, such as speech and language therapy, podiatry, continence and fall services, and the ongoing efforts to address these issues through service design, transformation, and recruitment plans. The importance of robust assessment processes and integrated approaches to care was highlighted. It was suggested for the Quality and Safety Committee to review this issue from a wider lens, considering risk, financial planning, decision-making, quality of care, and patient experience. Action: for QSC to undertake a deeper dive.	CG Team	December	Ongoing: to be scheduled
24/07/2025	NHS England Quarterly declaration A question was raised about the additional £2 million and the caveats under which it was accepted. It was asked whether a summary of the outcomes and deadlines related to this amount had been provided and if the issues raised had been addressed. It was suggested to take this discussion offline and to follow up with M Woodhead.	CR	October	Update to be provided at the October meeting

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

24/07/2025	Senior Information Risk Owner Annual Report It was suggested that information governance and security should be prioritised higher on the agenda to reflect its importance.	CG Team	October	Complete: Noted on the workplan
24/07/2025	AoB To circulate details of the event by email	CG Team	July	Complete: email circulated after the meeting
24/07/2025	Meeting evaluation Thanks was also noted to the observers and it was agreed to send letters of thanks to them for attending.	CG Team	October	Ongoing: to be completed

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

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
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

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Board of Directors – meeting held in public

2 October 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 <u>ONE</u> box only:	☐ For approval ☐ For information ☒ For discussion	

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

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

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

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

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

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Board of Directors – meeting held in public

2 October 2025

Chair of the Trust Report

Partnerships and strategy

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

DATE	Meeting
20/08/2025	Meet the Lead Governor
20/08/2025	Bradford District and Craven BD&C Collaboration Board Integrated Collaboration Committee (CIC)
04/09/2025	Governor Induction/Coffee Morning
04/09/2025	Leading Better Lives Together Event
09/09/2025	Baton of Hope event – Suicide Prevention event
12/09/2025	Monthly Catch Up with Cllr Susan Hinchcliffe of Bradford
15/09/2025	Advisory Appointments Committee (AAC) Panel New Mill
17/09/2025	Board Nominations and Remuneration Committee
18/09/2025	National Health Service (NHS) West Yorkshire West Yorkshire Integrated Care Board (ICB) and Bradford District Care Trust (BDCT) re: Financial Performance 25/26
23/09/2025	Introductory meeting with John Lawlor Chair of Airedale General Hospital
24/09/2025	Bradford District and Craven (BD&C) Collaboration Board Integrated Collaboration Committee (CIC)
24/09/2025	Health Devolution Commission Leeds
25/09/2025	Annual Members Meeting

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

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

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

Bradford District & Craven Partnership Board - [How we make decisions - Bradford District & Craven Health & Care Partnership \(bdcpartnership.co.uk\)](https://bdcpartnership.co.uk)

West Yorkshire Health & Care Partnership Board - [Partnership Board papers :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://wypartnership.co.uk)

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

We are keeping abreast of the organisational changes in NHS England as they affect the Trust. NHS England will be subsumed into the Department of Health and Social Care. There will be changes at the West Yorkshire Integrated Care Board and at Place.

Council of Governors

Recent Council of Governors Meetings

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

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

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Board of Directors – Meeting held in Public

2 October 2025

Paper title:	Chief Executive's Report	Agenda Item 09.0
Presented by:	Therese Patten, Chief Executive	
Prepared by:	Therese Patten, Chief Executive	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check <u>ONE</u> 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.

Executive Summary

The areas covered in this report include:

- 10 Point Plan for Resident Doctors
- Greening Healthcare
- Neighborhood Pioneer
- Awards and Recognition
- Appointment of Interim Chief Medical Officer
- CQC Notifiable Incidents, Regulatory Matters and Visits
- National Media
- National Oversight Framework
- Provider Capability Assessment

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

☒ Caring

☒ Effective

☒ Well-Led

☒ Responsive

Compliance & regulatory implications

N/A

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Board of Directors – Meeting held in Public 2 October 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

10 Point Plan for Resident Doctors

Supported by our commitment to staff under the recently published 10 Year Health Plan for England, NHS England is setting out 10 ways in which we are improving resident doctors working conditions over the next 12 weeks (Appendix 1). The plan sets out actions for NHS England and individual Trusts. To ensure meaningful progress, it will be formally incorporated into the new NHS Oversight Framework.

We have been advised to proceed on the basis that the framework is already in effect and to take appropriate action without delay. Trusts are also expected to develop a Board Assurance Framework to provide oversight of this work. The outcomes should be included in annual reports to demonstrate accountability and progress. Every NHS organisation is required to act across all 10 areas within the next 12 weeks. Progress must be reported to boards and, where actions are not met, a formal explanation and corrective measures should be provided.

We have responded positively to the request to establish our position in relation to the ten points and are confident that we meet most of the requirements already, with a small amount of work to do to achieve full compliance. Some minor adjustments to the working environment are in progress, such as the provision of lockers and car parking facilities. All the points relating to pay and conditions, training and rostering, are in a good position.

OT News – Greening Bradford's healthcare one step at a time

The Trust was delighted to feature on the front page of a recent version of Occupational Therapy News. The OT news article describes how well the project has been going thanks to the support of teams from across the Trust. It has been really moving to see just what an effect nature-based therapy has had on our service users and that it continues to grow. Kelly Speed one of the Trust team is quoted in the article:

"Our ordinary little allotment group has given each member a role and a purpose they didn't know was missing. But the most meaningful of all is the reaffirmation that their recovery is achievable through doing and connection."

As part of BD25 the group were also joined by local poet Andy Craven Griffiths who said working with the group had genuinely changed the way he now interacts with, and thinks about, nature. This is an extract of a follow up article that he wrote:

“In June 2025 I spent a week with Bradford NHS mental health team. I took part in nature walks, litter picking, a bioblitz, a canal boat ride, forest bathing, kayaking and joined allotment groups. Along the way I ran poetry workshops. My mission was to explore the connection between nature, writing and positive mental health. I learnt that the physical and therapeutic benefits of green and blue spaces are beyond anything I’d realised”.

Neighborhood Pioneer

We are delighted that our bid to join the National Neighbourhood Health Implementation Programme has been successful. Bradford District and Craven is one of 43 areas nationally selected, alongside Leeds and Wakefield here in West Yorkshire – a real endorsement of our partnership as more than 160 bids were received nationally.

The funding and national support will give a real boost to the neighbourhood work already underway here, helping us accelerate our vision for integrated, community-led care and build lasting change for the future. Thank you to everyone involved in shaping the bid, especially Sasha Bhat, Sam Keighley, Ashley Moore, Dr Sohail Abbas and Iain McBeath, and their teams, whose contributions have been invaluable and who will now take this work forward. We will schedule a session at a future board to discuss and explore this work further.

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.

Month	Nominations received	Awards given	We Care	We Deliver	We Listen
Jun-25	7	3	1	1	1
Jul-25	8	3	1	1	1
Aug-25	6	3	1	1	1

Thanks a Bunch Nominations

Month	Total nominations received	Total awards given	Single nominations	Team nominations	Grouped nominations	Single awards	Team awards	Group awards
Jun-25	18	10	17	1	0	10	0	0
Jul-25	11	9	10	1	0	8	1	0
Aug-25	17	7	15	1	1	6	1	0

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

4 People Matters

Appointment of Interim Chief Medical Officer

The appointment of Dr Salim (Sal) Uka as Interim Chief Medical Officer was ratified by the Trust Nominations and Remuneration Committee at its meeting on 17 September 2025 for a twelve-month fixed term contract. Dr Uka, who is currently Interim Medical Director at Airedale NHS Foundation Trust will take up his post from 6 October. A full press and stakeholder briefing is being prepared for release.

We are looking forward to welcoming Sal to our organisation and to the role. He brings valuable experience, particularly around service transformation, as we continue to review how and where we deliver our services, ideally caring for people as close to home as we can.

5 CQC Notifiable Incidents, Regulatory Matters and Visits (1 July-31 August 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/Board.

Mental Health Act (MHA) visits

Although there have been no Mental Health Act visits during this time, a Mental Health Act focussed visit was carried out across six wards on 26th August 2025. The wards visited were Najurally, Thornton, Baildon, Willow, Maplebeck and Ashbrook. The CQC were following up on actions from previous Mental Health Act Visits. The report from this visit is currently awaited.

CQC Notifiable incidents

Number by category	Detail
1 YP Admission	Oakburn 136 suite
2 AWOL	1 Ilkley – Returned by ex-service user 1 Ilkley – Returned voluntarily.

CQC Engagement and Enquiries

The team continue to respond to these according 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

Five 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 two cases. There was no criticism made of the Trust by the Coroner in any of the cases. The coroner's conclusions for all cases were:

- Accident x 1
- Suicide x 2
- Narrative x 2

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported. During this period NHSE have advised that the outcome of the comprehensive review of the Never Events framework has concluded that the approach needs revision, with 66% of respondents finding it unfit for purpose. This compelling evidence for change, means NHSE are exploring how the framework can be revised to better support safety improvements across the NHS.

Five new Patient Safety Incident Investigations (PSII's) reported since the last report, four are suspected suicide (community) and one unexpected death (community). Currently we have 10 open PSII's. A number of alternative response approaches are being utilised regularly as per the PSIRP: Thematic analysis, After Action Review and Local Learning Reviews. Three PSII were completed in the reporting period, one Thematic Analysis and two Local Learning Reviews. No investigations have highlighted immediate safety action requirements.

6 National Media

The following is a summary of some media and news highlights since the last Board meeting.

Area / dates	Details
Care Trust seeks three new Board members – 16 September	Bradford District Care NHS Foundation Trust is seeking three new Board members when the current post holders step down after completing their terms of office. Trust Chair, Dr Linda Patterson OBE FRCP, will be completing her three-year term at the end of 2025, and is retiring after 50 years' NHS service. Non-Executive Directors, Simon Lewis and Maz Ahmed, will also be completing their second terms of office in the coming months, and will retire from their role.
Care Trust welcomes new governors – 3 September	Bradford District Care NHS Foundation Trust has welcomed three new public governors. The newly elected governors are Hitesh Govan for Bradford South, James Hobson for Keighley, and Yasmin License for Bradford West.
NHS Trust reaches fundraising goal for adventure therapy sailing trip – 6 August	The Early Intervention in Psychosis (EIP) team at Bradford District Care NHS Foundation Trust has raised over £11,000 for an upcoming adventure therapy sailing trip. Set to sail from Hartlepool to Ipswich this September, the five-day 'voyage to recovery' will support 10 service users, offering them a unique opportunity to build confidence, develop communication skills, and embark on a journey of recovery.
NHS Trust raises over £5000 in Dragon Boat Race Festival – 8 July	Staff and supporters from Bradford District Care NHS Foundation Trust competed in this year's Dragon Boat Race Festival to raise funds for its Better Lives charity for the fourth year. The Care Trust raced three boats, with one kindly sponsored by Coral Windows and Conservatories. They raised over £5,000, with the funds set to support additional activities for the Trust's patients and carers that go beyond its core services.
Care Trust supports global health research in Afghanistan and Pakistan – 7 July	The Research and Development team from Bradford District Care NHS Foundation Trust, has played a key role in an international collaboration to strengthen research and governance systems to support mental and physical health in Afghanistan and Pakistan. The initiative is part of a wider programme funded and supported through the National Institute for Health and Care Research (NIHR), via a Cohort Academic Development Award (CADA).

7 National, Place and System

NHS Oversight Framework

Earlier this month, the government published the first quarterly NHS Oversight Framework (NOF) tables, offering a clear and accessible view of trust performance across six key domains: service access, effectiveness and experience of care, patient safety, people and workforce, improving health and reducing inequality, and finance. These domains align with the NHS NOF segmentation, which places trusts into segments 1 to 5 based on the breadth and severity of challenges faced.

Bradford District Care NHS Foundation Trust, as a mental health and community provider, has been placed in segment 4, based on 12 metrics spanning the domains above. While this is not the outcome we hoped for, it reflects a point in time and is subject to change. The segmentation process brings welcome transparency and enables targeted support and shared learning from areas of excellence across the NHS.

Importantly, the data highlights areas we are already working to improve—such as access to some mental health services and reducing staff sickness absence. Our ongoing service transformation is focused on enhancing access and strengthening the accuracy and reliability of the data that underpins our reporting. This is the first iteration of a dataset that will be refreshed and published quarterly. It provides a valuable opportunity to demonstrate progress through focused delivery and robust information. We remain committed to keeping the Board and our colleagues informed as we move forward.

Provider Capability Assessment

As part of the NHS Oversight Framework (NOF) NHS England will assess NHS trusts' capability, using this alongside providers' NOF segments to judge what actions or support are appropriate at each trust for improvement activity. As a key element of this, NHS boards will be asked to assess their organisation's capability against a range of expectations (16 self-assessment criteria) across 6 domains derived from the Insightful Provider Board. The domains are:

- Strategy, leadership & planning
- Quality of care
- People and culture
- Access and delivery of services
- Productivity and value for money
- Financial performance and oversight

Within this, other information can be fed back from third parties including: patient feedback; CQC; professional bodies; members of the public; staff members; local authorities; registered bodies; health and care partners.

A Board meeting has been scheduled for 16 October, where all insight and supporting narrative will be presented. Following which, a consensus will be agreed by Board members on the

assurance levels (compliant; partial compliant; not compliant) for each of the 6 domains to allow for a Board self-certification.

Building on our progress in the second half of 2025/26

Following an all Trust and ICB CEO meeting in London on the 16 September we received a letter from Jim Mackey setting out the key priorities for the service for the rest of the year (Appendix 2). The letter recognises the huge work done to date but stresses that the pace, ambition and determination needs to continue. As an executive team we have reviewed the letter and will continue the hard work.

Therese Patten
Chief Executive

Trawally Rachel
01/10/2025 15:44:14

To: • NHS trusts and foundation trusts:

- chief executive officers
- medical directors
- chief people officers
- directors of communications

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

cc. • NHS trusts and foundation trusts
chairs

28 August 2025

• NHS England regional:

- directors
- medical directors
- directors of workforce, training
and education

Dear colleagues

Getting the basics right for resident doctors

Resident doctors are an integral part of the NHS. However, despite previous commitments to act on the concerns they have repeatedly raised about how they are treated as a rotating part of the workforce, many of these problems – payroll errors, poor rota management, lack of access to rest facilities and hot food, and unnecessarily repeating training – persist.

These concerns are within our collective gift to fix, and continued failure to do so risks further erosion of trust between resident doctors and their employers and undermining morale – which inevitably has an impact on patient care and the effective running of the NHS.

Resident doctors and their colleagues make a critical contribution to the NHS, and this will continue as we work together to deliver the 10 Year Health Plan. They should expect that we, as leaders, do everything within our power to make the NHS an excellent place to train and work. That is why we are today launching our [10 Point Plan to improve resident doctors' working lives](#) – with actions set out in the annex below.

The Government is continuing to hold constructive conversations with the BMA RDC over their dispute, but the NHS must not wait for those to make the improvements to working conditions that residents doctors have been promised by their NHS employers and repeatedly let down on. That is why we are asking NHS Trusts to make progress on these actions now.

This plan sets out clear expectations for NHS England and providers, with a **12-week delivery window for initial actions** and further milestones extending into 2026. These

commitments have been made before and are the basics resident doctors should expect. Importantly, we will measure and be transparent about progress.

Next steps

Professor Meghana Pandit, NHS National Medical Director, will lead a national programme over the coming 12 weeks to complete, and make rapid progress on, the actions set out in the plan. Regional medical directors, regional directors of workforce, training and education, and regional deans will support local delivery.

As a first step, we would encourage boards or executive teams to arrange to meet with their resident doctors committee to discuss the issues addressed in the plan and any other local concerns. There will be an opportunity for us to discuss any additional issues raised through these meetings at the national meeting of CEOs on 16 September.

Further, we are undertaking a baseline assessment on several of the key areas for improvement. [Please complete this survey by 11:59pm Friday 12 September.](#)

Trust boards should take clear ownership of local improvements, develop action plans informed by feedback and national survey results, and report progress publicly. We understand there will be local circumstances which will impede progress on some of these actions; where this is the case we will work with you to understand and address them.

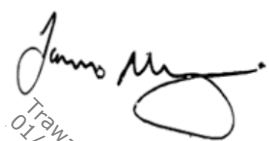
To demonstrate progress, from Autumn 2025 NHS England will begin publishing trust-level data on the following indicators as part of the NHS Oversight Framework:

- access to basic facilities (lockers, rest areas, hot meals, on-call parking spaces)
- work schedule and rota notice compliance
- self/preferential e-rostering
- payroll errors
- board-level reporting and assurance

We will work with all trusts to deliver these actions, support regions in overseeing progress, share updates with resident doctors through educators, medical directors and deans, and – importantly – champion local improvements, working with communications teams. We will host webinars to further discuss the plan and the role of leaders – invitations will be shared separately.

This plan is a recognition that we have not done enough, and a commitment to finally get the basics right. Resident doctors will rightly be sceptical that we will deliver on our commitments after being let down before. It is our job to prove them wrong. We ask for your leadership, urgency and accountability in delivering these changes.

Yours sincerely,



Sir Jim Mackey
Chief Executive Officer
NHS England



Professor Meghana Pandit
National Medical Director
NHS England

Annex: Summary of plan deliverables

Every NHS organisation is expected to act across the following 10 priority areas:

1. Workplace wellbeing

- **Within the next 12 weeks, trusts should:** undertake an audit into the feasibility of improving priority areas like rest areas, parking when on call, mess facilities and 24/7 hot meals, as well as allowing resident doctors autonomy to complete portfolio and self-directed learning from an appropriate location for them.
- The audit and subsequent plans should be approved by people committees and reported nationally.

Intended impact for resident doctors: Doctors can expect better access to essential facilities like on-call parking, rest areas and hot meals, enhancing comfort and wellbeing during shifts.

2. Rota and schedule transparency

- **From now, NHS England should:** provide 90% of trainee information to trusts 12 weeks before rotations.
- **From now, trusts should:** issue work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before rotations.
- Performance data should be submitted and monitored nationally.

Intended impact for resident doctors: Giving doctors more certainty and control over their work-life balance, reducing last-minute changes and stress.

3. Annual leave reform

- **Within the next 12 weeks, NHS England will:** conduct and publish a review of how annual leave allocation is managed.
- Recommendations will follow to ensure fair and consistent practices.

Intended impact for resident doctors: Doctors will benefit from fairer and more consistent annual leave policies, supporting better rest and recovery.

4. Board-level leadership

- **Within the next 6 weeks, trusts should:** appoint a senior named lead for resident doctors' issues (where one is not already in place), and a resident doctor peer representative, to report to the board.
- **In September 2025, NHS England will:** publish a national role specification for the board lead.
- Each board should also ensure the executive team engages with resident doctors to understand and address local issues.

Intended impact for resident doctors: Stronger engagement and accountability will ensure that doctors' working conditions are regularly reviewed and issues can be escalated.

5. Payroll accuracy

- **Within the next 12 weeks, trusts should:** participate in the national payroll improvement programme.

- **By March 2026:** rotation-related payroll errors should be reduced by at least 90%.
- Trusts should establish board-level governance and begin national reporting.

Intended impact for resident doctors: Resident doctors will experience significantly fewer payroll errors as a result of rotations, improving financial stability and trust in the system.

6. Eliminating mandatory training duplication

- **Within the next 12 weeks, trusts should:** comply with the May 2025 Statutory and Mandatory Staff Movement MoU to accept prior mandatory training, where this is not already the case.
- **By April 2026, NHS England will:** introduce a reformed national framework for statutory and mandatory training.

Intended impact for resident doctors: Doctors will no longer need to repeat mandatory training unnecessarily, saving time and allowing more focus on clinical duties.

7. Exception reporting

- **NHS England will:** work with the BMA, NHS Employers and DHSC to continue with preparations for the implementation of the new national framework for exception reporting, to enable and encourage resident doctors to engage with this process

Intended impact for resident doctors: The reforms to the Exception Reporting process will improve safe working practices and ensure doctors are paid fairly when they are asked to work extra hours.

8. Course-related expenses reimbursement

- **Within the next 12 weeks, trusts should:** review their current reimbursement processes to ensure they can reimburse resident doctors upon submission of valid receipts for all approved study leave-related expenses, including travel and subsistence – not evidence of attendance/completion – so that reimbursement can take place within 4 to 6 weeks of claims being submitted.

Intended impact for resident doctors: Doctors will be reimbursed faster for training costs and feel more able to prioritise their professional development.

9. Rotation reform

- **Within the next 12 weeks:** Department of Health and Social Care and NHS England will develop and launch pilot rotational schemes and continue to look at wider reform.

Intended impact for resident doctors: Pilot reforms will aim to make rotation management smoother and more predictable.

10. Lead employer model expansion

- **In October 2025:** NHS England will produce a roadmap for extending the Lead Employer model to cover all resident doctors and dentists.

Intended impact for resident doctors: Doctors will no longer need to change employers with each rotation, reducing paperwork and improving consistency in employment and training.

To: ICB and NHS trust/foundation trust:

- chief executive officers
- chairs

cc. NHS England regional directors

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

18 September 2025

Dear colleagues,

Building on our progress in the second half of 2025/26

When we met on 16 September, I committed to writing out to summarise the key priorities that we discussed for the rest of this year.

Firstly, to reiterate my thanks to each of you and your teams for the tireless efforts to drive improvement and reform across the NHS on so many fronts, and at the same time as having to manage significant change. This is an unprecedented time, both in terms of the depth of the challenges we face and the scale of the actions that we need to take to address them.

As I outlined when we met, progress since April has been astonishing. To move from a predicted end year deficit of £6 billion to the system position being in balance in final plans and at Month 5, whilst at the same time, continuing to improve waiting times in electives, cancer and for emergency care, has required a herculean effort for which I am hugely grateful.

As we look to the rest of this year, the pace, ambition, and determination which you have demonstrated in the first half of the year must continue. This letter seeks to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. It explains how we will work within our new operating model to support and challenge you to deliver, guided by the new Oversight Framework.

Maintaining financial discipline

Thank you for your continued professionalism and grip, which has been instrumental in ensuring the NHS is broadly on financial plan at Month 5. We recognise that many plans are backloaded and so a continued focus is essential to maintain delivery momentum through the second half of the year.

The half-year mark is a critical point. Boards must have a clear view of actual spend, run rate, and the underlying drivers of financial performance. Where run rates are off-plan, now

is the time to act decisively and take the decisions that will enable you to manage risk and implement credible recovery trajectories.

From close working with the CEO and CFO communities, we understand that organisations falling behind are typically struggling to deliver planned efficiencies or manage unplanned workforce costs – these remain key pressure points that need decisive executive action and board support.

The mid year review process outlined below will test assumptions in plans and seek assurance that steps are being taken to maintain financial discipline to the end of the financial year.

Delivering our priorities

Following a strong start to the year, elective and UEC performance has drifted a little over the summer, and we need to take urgent action to ensure delivery returns to plan by the end of Q3. While industrial action has made a significant contribution, it is not the only factor in this drift, which insight and analysis from providers and systems shows is also being driven by higher than expected demand, financial pressures, and challenges on rates of pay.

On electives, trusts that are significantly off plan on activity, RTT and long-waits standards will be required to submit revised trajectories for return to plan by December. While maintaining their focus on 18 weeks performance and managing the size of the list, all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026. ICBs will be required to ensure there are plans in place to address demand growth above that assumed in activity plans, and also ensure that Advice and Guidance is optimised across their system. At a regional level, control totals will be set for waiting list size and long waits, and the leadership across the region collectively held to account for delivery of activity plans.

On UEC, we need to improve our position on 4 hours, 12 hours, and ambulance handovers ahead of winter. As part of the winter planning Board Assurance Statement (BAS) process, you will already be confirming that existing trajectories are deliverable in conjunction with winter surge. However, for those trusts consistently off-track, the key actions that sit behind the BAS will need to be submitted to NHS England and they will be tested through the mid year review process to ensure there are realistic plans in place to return to trajectory. Where aspects of the plan are reliant on community and mental health providers, we know you will be working together on your collective system response. As discussed in Tuesday's event, we all need to step up our focus on 4 hours again, and make some significant shifts in this so that we can start to impact on crowding in our EDs. This will be followed by a separate communication on next steps.

Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent

appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements.

In addition, ICBs should also continue to support community pharmacy to meet the thresholds of performance for Pharmacy First.

On dentistry, the Government's manifesto commitment is that the NHS will deliver an extra 700,000 urgent dental care appointments. ICBs should urgently ensure that all necessary capacity is commissioned to meet their share of this commitment, that local pathways are in place to effectively match capacity with demand (for example, through 111), and that contractors are delivering on their obligations.

On these key primary care priorities, NHS England will be following up with systems in the coming weeks.

Mid year review process

Led by regions, and underpinned by the Oversight Framework, NHS England will be carrying out mid-year reviews with ICBs and providers over the next 6 weeks. For a small number of systems and providers, I will personally carry out their mid year review.

These discussions will focus on where you are on our key priorities, where there might be risks that need mitigation and opportunities that could be expedited. They will focus on the range of priorities that we all share including finance, quality and performance.

You should prepare for this scrutiny, ensuring that, at organisation and system level, you are ready to articulate a clear and credible financial position for the remainder of this year which delivers operational standards.

Positively, all but one system has confirmed their expectation that they can deliver the operational performance targets set for this year within their financial envelopes, and so, through mid year reviews, we look forward to exploring assumptions.

Resilience during winter

You have been working hard to prepare for this coming winter during the summer months and testing your plans during a series of regional exercises held over the last 2 weeks. We would like to thank you for the time and consideration that you have put into this preparation.

We now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario that we tested in the winter planning exercise. This means that fine tuning our plans and completing preparation is critical.

Over the next 2 weeks, plans must be tightened up and any gaps exposed during the exercise need to be closed, with Board Assurance Statement completed and returned by the end of September.

Transparency
02/10/2023 15:44:14

Working with the COO and EPRR communities, key areas of learning for providers and systems that we have identified include:

- the need for robust plans to maximise vaccination rates across all cohorts, including health and social care workers, and achieve our collective aim of improving frontline staff uptake by at least 5 percentage points
- having a paediatric specific plan for when respiratory viruses cause a surge in demand for primary care, 111 and A&E
- ensuring primary care access is maintained over the Christmas period
- engaging with local authorities and social care providers so that discharge capacity surges at times of peak demand
- having senior clinical decision-maker enhanced rotas in place ready to be activated.
- targeted occupancy reductions in the run-in to the Christmas period
- stepping up personal visibility and leadership, including from CEOs, CMOs, and CNOs, to help lead and support our people through a challenging winter

As we move into delivery of our winter plans, we are asking that a special focus is placed on reducing bed occupancy to below 80% ahead of the Christmas period to give ourselves the best chance of managing the early weeks of January.

During periods of pressure, OPEL escalation level action cards should be consistently applied, and critical incidents only used for short periods to get ahead of further escalation.

To support providers and commissioners, and ensure join up across the system, NHS England will commence its own national and regional operational coordination response 7 days a week from 27 October. This will use data and intelligence to maintain an overview of ambulance response times, OPEL levels, and long waiting times, moving to support when systems are not able to decompress in a timely way.

We know that this will be a challenging period, but we also know that personal leadership – in particular from chief executives, medical and nurse directors, as well as the senior operational team – makes a significant impact on flow, safety and performance. We ask that you make this a priority throughout winter, but particularly during the Christmas, new year and early January period.

Leadership and our people

We discussed on Tuesday the need for us all to step up and lead our people through this challenging period. We have specific actions in place regarding the implementation of the 10 Point Plan for Resident Doctors between now and the end of the year, but we need to redouble our efforts to be mindful of the experience of all staff, especially during periods of high demand and pressure. The best performing organisations make this an organisation wide priority and I would like us to make this more of a central focus for all of us, sitting alongside the focus on patient experience set out in Penny Dash's work and the 10 Year Health Plan.

More will follow on this but, in the meantime, please ensure that this is a central focus for your board and broader leadership team. We all know the impact that regularly walking the

floor and spending time in A&Es and other pressured areas of your organisation has on staff morale, and your ability to understand and manage services.

Looking ahead to 2026/27

As you continue to implement your plans for 2025/26, closing gaps where you have fallen behind, you also need to be shaping your strategy for the following years and how we bring the intent of the 10 Year Health Plan to life.

We shared the foundational elements of the Planning Framework over the summer, and further elements will be published in the coming weeks. Ahead of that, now is the time to begin to prepare for next year and beyond.

In particular, we encourage you to plan for the crucial local service transformations that are needed to improve outcomes and deliver your longer term plans, informed by the demand and capacity analysis that you have been doing over the summer.

Technology and digital solutions are going to be vital for longer term transformation and unlocking our productivity. Cutting back on investments in these areas to help with short term challenges will undermine longer term sustainability and improvement.

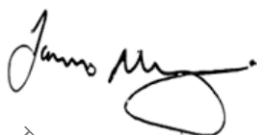
On workforce transformation, we are working with you to build the 10 year workforce plan that will enable the delivery of the 10 Year Health Plan. That will be ready in the coming months and will help us all to plan for the longer term.

Finally, and as discussed on Tuesday, you have responded so well to the challenges we faced together in the spring and you should take pride and hope from that. We all know that there is still a lot to do, and we must ensure that we can deliver our short term operational and financial imperatives while also building for the future. The spirit and energy in the room on Tuesday was very powerful, and I know from many conversations over recent weeks that you really want to engage and shape this all locally with your teams and partners.

Thanks for all you have done so far. Let's all continue to pull together to deliver what we have discussed and set out in this letter, and in the way we have worked together over these past months.

Keep going....

Yours sincerely



Sir James Mackey
Chief Executive Officer
NHS England

Board of Directors – Meeting Held in Public

2nd October 2025

Paper title:	Board Integrated Performance Report – September 24 Data	Agenda Item 10.0
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

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 September 2025, the first data from the new NHS Performance Oversight Framework was launched placing the Trust in Sector 4 (1 being the best) with an average indicator score of 2.84. The changes and potential impacts of this are currently being reviewed and a data quality improvement plan has been put in place.

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 safely 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.

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

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

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.

Travis
04/10/25 15:44:14

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: 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 <u>ALL</u> that apply	<table border="0"> <tr> <td>☒ Safe</td> <td>☒ Caring</td> </tr> <tr> <td>☒ Effective</td> <td>☒ Well-Led</td> </tr> <tr> <td>☒ Responsive</td> <td></td> </tr> </table>	☒ Safe	☒ Caring	☒ Effective	☒ Well-Led	☒ Responsive	
☒ Safe	☒ Caring						
☒ Effective	☒ Well-Led						
☒ Responsive							
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: The NHS oversight framework describes how NHS England's oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.						

Trawally Rachel
 01/10/2025 15:44:14

Board of Directors Integrated Strategic Performance Report and Board Assurance Framework

2nd October 2025

Trawally Rachel
01/10/2025 15:44:14



Good Governance; Accountability; Effective Oversight

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

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

This report presents two types of information:

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

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

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

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

2. Assurance levels (the Board Assurance Framework)

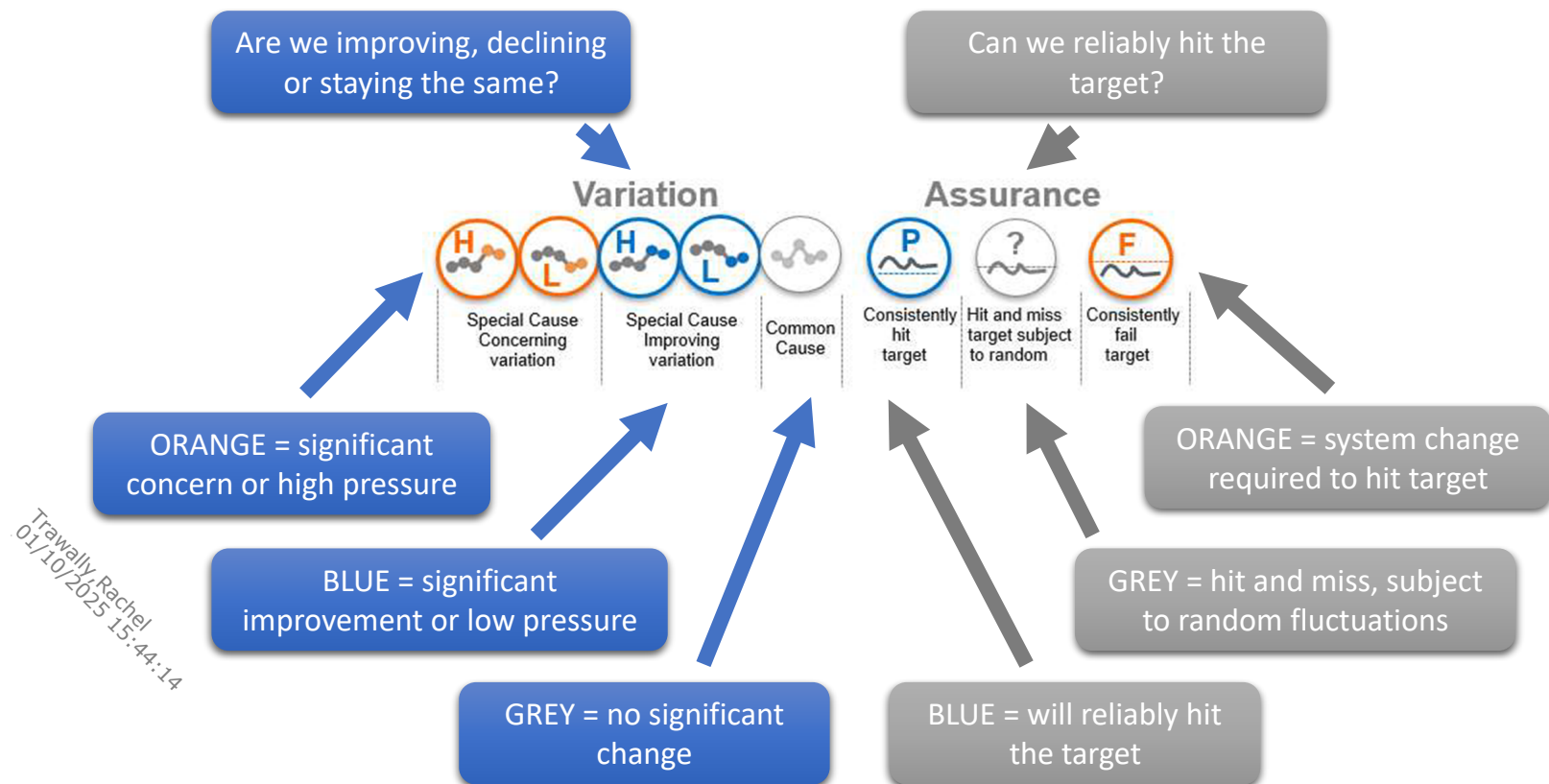
The performance overview also contains a section which uses a wide range of sources, including the performance data in this report, to describe how assured the Trust is that it is meeting the priorities and objectives described within the trust strategy, better lives, together and is operating safely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

A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

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.

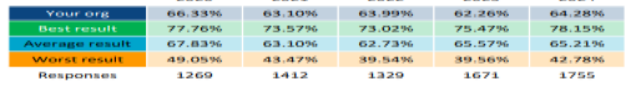
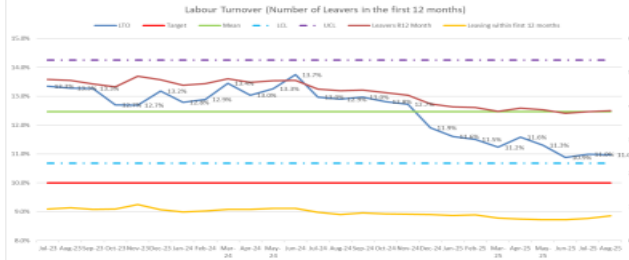
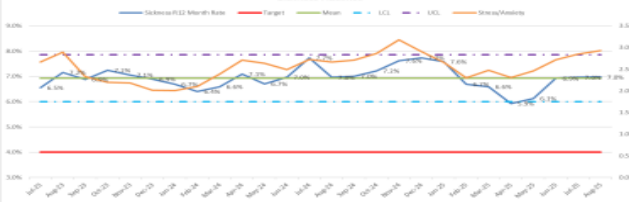
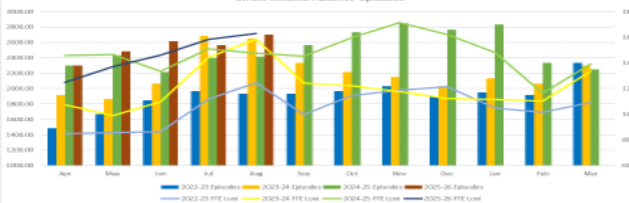
**PROPOSED
Current
Assurance
Level:**

4. High

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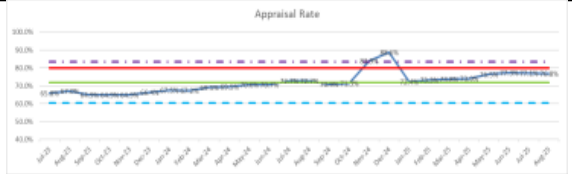
Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Staff survey – engagement levels	Strategic	7.08	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%	Aug 25	10.97%	10%	
Number of leavers in 1st 12 months of employment	Supporting	93 (19.3%)	Aug 25	74 / 386 (19.2%)	N/a	The top 3 reasons for leaving (excluding resignation – other/not known) are retirement, VR – Relocation and VR – promotion. 11.4% left due to the end of a FTC, 19.17% through retirement and 4.92% through dismissal.
Sickness absence related to stress/anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Aug 25	2.9% of the 6.97% (42.01% of all absence)	N/a	
Sickness absence (Overall)	Supporting	6.6%	Aug 25	6.97%	4.0%	
Return to Work Interviews –% (based on RTW's being recorded in a timely manner)	Supporting	N/a	Aug 25	46.49% (based on all absences in the last 12 months)	95%	

Key Performance Indicators

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 disciplinarys involving BAME staff	Strategic	1 Grievance 12 Disciplinarys (15.38% of all ER Casework)	Aug 25	5 Grievances 7 Disciplinarys (32.43% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Aug 25	76.82%	80%	

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Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	Aug 25	86.63% 5.52% Agency 81.12% Bank 13.37% Unfilled	100%	A increase in agency and a increase in bank and also an increase 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	Aug 25	5693 requested 314 Agency 4618 Bank 761 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Aug 25	51.39 Agency 286.10 Bank Ratio: 15.23% Agency 84.77% Bank	N/a	
Vacancy rates	Strategic	7.4%	Aug 25	8.1%	10%	Reduction

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Number of apprenticeships	Strategic	116	Aug 25	123	63	Reduction
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Aug 25	-2	N/a	Reduction

Strategic Priorities – Assurance Level

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

Theme 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

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

**Confirmed
Current
Assurance
Level (QSC):**

2. Limited

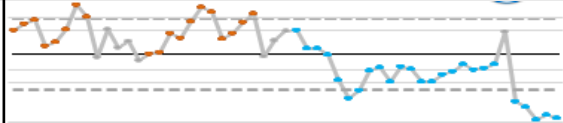
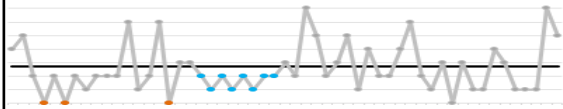
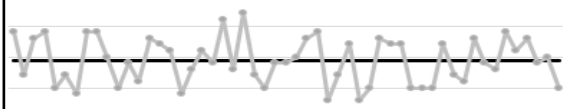
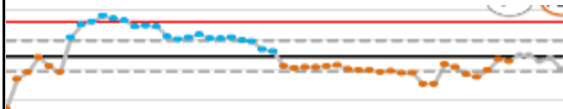
**Confirmed
Current
Assurance
Level (MHLC –
restrictive
practices):**

3. Significant

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Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area Placements Monthly Bed Days – Inappropriate	Strategic	Aug 25 Jun-Aug (3m)	31 103				517	
Number of people with inpatient length of stay <=3 days (Acute wards)	Strategic	Aug 25	5	TBC			3	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	Aug 25	10	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Aug 25	60.2%	92%			69.3%	

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Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary
Number of staff speaking up through Freedom to Speak Up Guardian Route	Supporting	(YTD) Jul 25	81	N/A	
% of staff trained as a CTW Champion	Strategic	Jul 25	43.9%	50%	
% of staff trained as a CTW Leader	Strategic	Jul 25	23.0%	20%	
% of staff trained as a CTW Practitioner	Strategic	Jul 25	33.4%	3%	
% of staff trained as a CTW Sensei	Strategic	Jul 25	72.8%	0.5%	
No of participants in research studies (YTD)	Strategic	Jul 25	10	400	

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Key Performance Indicators

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

Metric	Type	Reporting month	84Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Jul 25	56	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Jul 25	9	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Jul 25	96%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Jul 25	38	0	N/A	N/A	N/A	

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

Delegated Strategic Priorities – Assurance Levels

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.

**Confirmed
Current
Assurance
Level:**

2. Limited

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Board of Directors – Meeting held in public

2 October 2025

Paper title:	Strategic Risk Assurance Report	Agenda Item 10.1
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Corporate Governance team	
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 <u>ONE</u> 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

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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.

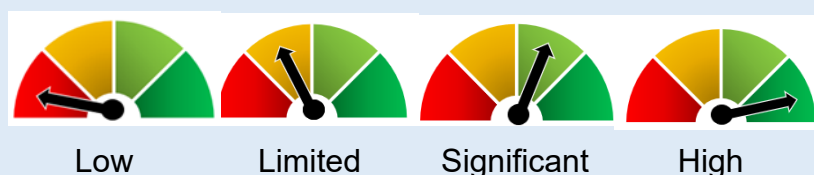
Executive Summary

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.

The Board will note the changes made within the strategic risks:

- updates to the strategic risk description
- updates to the strategic risk mitigations
- a change to assurance rating (limited to significant) for the medical locum strategic risk
- a new risk regarding data quality
- a new risk regarding system & place financial performance.

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.



A new report template will be used November 2025 onwards & will include additional data fields & an overview to support tracking. Attached at appendix 1.

An annual Board Development Session on strategic risks will take place in quarter 4 aligned to effectiveness review. A discussion on the current strategic risks, noting they were agreed 2024/25, will take place on 2 October. The Board will review the current ones & agree the strategic risks for 2025/26. To support standardisation, all strategic risks will follow this format:

If then resulting in.....

Ongoing development work is taking place with the Audit Committee, following an effectiveness review during 2024/25. The Committee monitors assurance of this strategic risk framework as the Committee responsible for seeking assurance on the Trust's governance processes. Consideration as part of the review will be given to how

governance assurance, & strategic risk assurance is reported within the Trust. This will include understanding how other assurance Committees are being assured on risk management through their workplan.

Development of strategic risk; governance/accountability frameworks; Committee development; Audit Committee development, all feature as agreed recommendations within the new Well Led Development Plan.

High performing Boards prepare for the risks they face. This is done by forward thinking, using intelligence & experience to create insight, & ensuring dynamic governance is in place. The proactive nature of risk processes creates space giving the Board time to think, reflect & consider the best ways to respond. This creates dynamic agenda planning/assurance seeking. Using the risk process as a forward-looking radar results in early warning of approaching uncertainties that may affect the strategic objectives. Strategic risk management is essential for the Board & forms part of the Board Assurance Framework.

As a learning organisation we welcome the opportunity for ongoing review to improvement governance, benchmarking & feedback supports this.

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 | ☐ Caring |
| ☐ Effective | ☒ Well-Led |
| ☐ Responsive | |

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

- Well Led
- Provider Licence
- NHS Act 2006
- Health & Care Act 2022
- Trust Constitution
- NHS Code of Governance

Board of Directors – Meeting held in public

Strategic Risk Assurance Report

1 Purpose

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

2 Delivering Better Lives Together (BLT)

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

Best Place to Work	Theme 1 – Looking after our people	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

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

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

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

3 Strategic risks and assurance of mitigation

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

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

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

Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	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 of community nursing teams in city and south of Bradford.

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Committee	Strategic priority	Theme number(s)	Risk Identified	New/Existing	Date added to report	Confidence level in mitigation / Management	Progress update
	BPTW BQS	T1 T3	Continued demand & acuity in a number of services including acute inpatient, community MH, Children & Adults, Podiatry, LAC will have a negative impact on patient experience and outcomes.	New pressures on existing situation.	September 2023	Limited.	Complaints, concerns, and FFT data are closely monitored and analysed. <u>Following a call to action from the Chief Nurse NHSE a review of all vacancies is being undertaken to determine if any of these can be utilised for newly qualified nurses.</u>
	BPTW BQS	T1 T3	Recruitment challenges to roles & services having a negative impact on wellbeing & culture.	New pressures on existing situation.	September 2024	<u>LimitedSignificant.</u>	Ongoing issues with Band 2 inpatient positions, <u>assessment centres are underway.</u>
	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	<u>LimitedSignificant.</u>	These are monitored through LA contract arrangements and reported to CQC. Raised with WY ICB.

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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. Significant.	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 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	Progress Update

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						mitigation / Management	
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 very high, exacerbated by wider system pressures.	- Improved completeness and detail in PMO workbooks (implementation plans) - Pipeline group established.
	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

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							additional lengthy processes to follow).
	BUOR BPTW BQS	T1 T1 T3	New risk: if data quality is not improved then it will have an impact on staff efficiency resulting in low levels of assurance on patient quality, productivity, assurance reporting, & staff morale	Ongoing	September 2025	Low	Data quality monitoring & vision being agreed, which will be overseen by a new governance group. Ongoing reporting to Finance & Performance Committee. Aligned to existing transformation work taking place on strategy deployment, & NOF response.
	BUOR BPTW BQS	T1 T1 T3	New risk: if external Place/System financial performance is strained then it could create additional budget targets for each NHS organisation within the partnership resulting in additional financial risk for the Trust.	Ongoing	September 2025	Limited	Closing the Gap workstream established. Further work to take place to understand each organisation's financial performance & sustainability plans.

The below information is July 2025 data based on the Mental Health Legislation Committee being rescheduled to take place October (original meeting date was September)

Travis Rachel
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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	

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Board of Directors – 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	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

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

Strategic Risk Assurance Report - overview

Bradford District Care
NHS Foundation Trust

Strategic Objective	Principal Risk	Risk Appetite	Assurance Rating						Assuring Committee
			J a n	M a r	M a y	J u l	S e p	N o v	
Best Place to Work	<i>If, then. Resulting in (detail)</i>	<i>Rating (aligned to tolerance)</i>							People & Culture Committee
Best Use of Resources									Finance & Performance Committee
Best Quality Services									Quality & Safety Committee
Being the Best Partner									Board of Directors
Good Governance									Audit

Risk Appetite: None; Minimal; Cautious; Open; Seek; Significant



Strategic Risk Assurance Report - details

SR01	If, then. Resulting in (detail)				Assurance Rating					
					J a n	M a r	M a y	Ju l	S e p	N o v
Strategic Objective										
High-level risk's										
Assuring Committee										
Controls	Gaps in controls	Sources of assurance	Gaps in assurance	Actions		Progress				
- Detail - Detail	- Detail - Detail	1 st line: - Detail - Detail	- Detail - Detail	- Detail - Detail		- Detail - Detail				
		2 nd line: - Detail - Detail								
		3 rd line: - Detail - Detail								

Committee update – DATE YEAR:

Strategic Risk Assurance Report - details

SR02	If, then. Resulting in (detail)					Assurance Rating					
						J a n	M a r	M a y	Ju l	S e p	N o v
Strategic Objective											
High-level risk's											
Assuring Committee											
Controls	Gaps in controls	Sources of assurance	Gaps in assurance	Actions		Progress					
- Detail - Detail	- Detail - Detail	1 st line: - Detail - Detail	- Detail - Detail	- Detail - Detail		- Detail - Detail					
		2 nd line: - Detail - Detail	- Detail - Detail								
		3 rd line: - Detail - Detail	- Detail - Detail								
Committee update – DATE YEAR:											

Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	02/10/2025
Report from:	Mental Health Legislation Committee	Meeting date:	17/07/2025
Quorate?	Yes ☒ No ☐		
Members present	Chair/NEDs/Exec Directors: Simon Lewis (Chair), Non-Executive Director Alyson McGregor Non-Executive Director, Philippa Hubbard, 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 and David Sims, Medical Director		
In attendance	Simon Binns, Mental Health Legislation Lead, Marilyn Bryan, Associate Hospital Manager, Richard Cliff, Head of Legal Services, Holly Close, Corporate Governance Officer (Committee Secretariat), Christopher Dixon, Deputy Director of Nursing Professions and Professions, Keith Double, Involvement Partner, Teresa O'Keefe, Mental Health Act Advisor, Baljit Kaur Nota, LA Team Manager, Joanne Tiler, Mental Capacity Act Clinical Lead, and Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary		
Observers	Dr Phalaksh Walishetty - Consultant Psychiatrist		
Apologies	Apologies from all (members and attendees) Kelly Barker, Chief Operating Officer, Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer), Karen Essien, Thabani Songo, Head of Nursing – Mental Health and Fran Stead, Trust Secretary		
Best Quality Services	Theme 1 – Access and Flow	BQS:T1	
	Theme 2 – Learning for improvement	BQS:T2	
	Theme 3 – Improving the experience of people using our services	BQS:T3	
Agenda items	• Feedback from Involvement Partners • Strategic Narrative Report • Mental Health Act Reform • Alert, Advise, Assure + Decision Report: Positive & Proactive Group, incl Use of Force Bill updates • Associate Hospital Manager's Report • Care Quality Commission Update: Mental Health Act Monitoring Review Visits • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) and Mental Capacity Act Annual Report • Timeliness of reports to tribunals and hospital managers • Alert, Advise, Assure + Decision Report: Clinical Board		

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	• Mental Health Legislation Committee Effectiveness Review Actions • Committee Terms of Reference • Mental Health Legislation Committee: Annual Work Plan
Alert items agreed by Committee	• No “alert” but see the first point in the Advise section below, which the Committee wishes to flag to the Board.
Advise items agreed by Committee	• Clinical Board – The Trust is currently not able to report into national benchmarking data on psychological therapy input due to the absence of SNOMED coding within the electronic patient record system (SystmOne). This limitation affects our ability to demonstrate the level of psychological therapy provided, particularly to detained patients. The issue has been raised with digital services, and enabling SNOMED coding is on their development list. But the functionality has not yet been activated. This gap is a concern, particularly given high rates of restrictive practices on female wards, where traumatised individuals are cared for. He suggested the issue be added to the report to the Board, as a supportive mechanism, to assist further discussions with digital colleagues. • Further clarification was sought on the future inclusion of Non-Executive Directors having a role in hospital manager hearings within job descriptions for future NEDs. • The Involvement Partner said that the team morale had declined among Involvement Partners. • Positive & Proactive Group – while the Trust’s internal dashboards showed relatively low levels of restrictive practices, the NHS England Strategic Oversight Report had indicated that the Trust is an outlier. The Trust will need to look at that and understand why our data appears to put us in an outlier category (e.g. in relation to reported low data). The NHS England Strategic Oversight Report would be presented to the Board in the next private session. • Mental Health Act Reform – the Trust has briefed local MPs to assist them to ask appropriate questions in parliamentary committees.
Assure items agreed by Committee	The overall level of assurance, in relation to the key matters that the Committee is focused on, was considered to be “significant”. Positive signs of improvement and progress: • Strategic Narrative Report - The Trust remains in a strong comparative position regarding the use of prone restraint, reporting low numbers relative to regional partners. Positive reflection of the Trust’s ongoing commitment to least-restrictive practice and trauma-informed care. • Positive & Proactive Group – one incident of prone restraint had been recorded; but the service user had positioned themselves into the restraint, rather than being placed into it by staff. • The Committee’s attention was drawn to new data presented through the Patient Safety Incident Response Framework (PSIRF), which included analysis by gender and ethnicity. This analysis supported previous findings that the highest use of

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	physical interventions was associated with incidents of self-harm, particularly among white female service users. A focused piece of work is planned to explore this further, with an emphasis on trauma-informed approaches. • CQC Update: Mental Health Act Monitoring Review Visits – following a CQC visit of Willow Ward, an action plan had been implemented to address some environmental concerns. A task and finish group, comprising of members from the estates team, was been established. A number of changes have been made, to reduce delay and improve safety, especially where previous access relied on staff from the adjacent low secure unit. Dr Sims had conducted a follow up visit: the recommendations had been actioned . • Mental Capacity Act Annual Report – The report noted that training had been a significant area of growth, with increased delivery of face-to-face sessions tailored to specific teams and areas of practice. This approach had been well received, with growing demand across services and a rise in clinical support requests, particularly for complex cases. • Clinical Board – It was confirmed that concerns previously raised regarding shared care arrangements had been resolved. GPs had now signed up to the new working arrangements. • Committee Effectiveness Review Actions – An update was provided on actions arising from the recent review. A summary paper was presented outlining progress against four key areas. • Committee Terms of Reference – One minor change was proposed (to rename the section titled “Assurance Escalation Reporting” to “Effective Oversight and Escalation Assurance.”)		
Decisions made by Committee	• Approval of the following items: - Minutes from 22 May 2025 - Associate Hospital Managers’ Group Report - Mental Health Legislation Committee Terms of Reference		
New risks identified by Committee	• No new risks identified		
Items to be considered by other Committees/Groups	• N/A		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Corporate Governance Officer	Date	18/07/2025
On Behalf of Chair	Simon Lewis		

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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	02/10/2025
Report from:	Quality and Safety Committee (QSC)	Meeting date:	16/07/2025
Quorate?	Yes ☒ No ☐		
Members present	Alyson McGregor (Chair), Christopher Malish (NED), David Sims		
In attendance	Chris Dixon, Jess Greenwood-Owens (Secretary), Rachel Trawally, Rebecca Jowett, Rachel Howitt, Rebecca Le-Hair, Michelle Holgate Presenter for item; Jaspreet Sohal, Thabani Songo, Eleanor Hinchliffe		
Observers	Sefat Roshny (and presenter for 1 item)		
Apologies	Phil Hubbard, Fran Stead, Bob Champion, Kelly Barker, Sally Napper (NED) Catherine Schofield, Grainne Eloi, Carla Smith, Anita Brewin.		
Best Quality Services	Theme 1 – Access and Flow	BQS:T1	
	Theme 2 – Learning for improvement	BQS:T2	
	Theme 3 – Improving the experience of people using our services	BQS:T3	
Agenda items	• Matters Arising; Update on Quality Account and Annual Governance Report • Learning from your experience: Visit to Nepal • Volunteering and Patient Carer Experience and Involvement – Q4 Update • Strategic Assurance Report; Integrated Performance Report and Strategic Narrative • Quarterly CQC Update • Quarter 1 Report: Equality and Quality Impact Assessment • Risk Management Annual Report • Annual Clinical Audit Report 2024/25 • Medicines Management Annual Report • Safer Staffing Annual Report • Guardian of Safe Working Hours Report • Annual Report: Patient Advice & Complaints • Alert, Advise, Assure + Decision Reports; System Quality Committee; Clinical Board (May & June 2025); Patient Safety and Learning Group; Senior Leadership Team – Quality, Safety & Governance • Annual Effectiveness Review – Action Update • Committee Annual Terms of Reference Review • Strategic Risk Summary • Confirmation of Escalation Reporting • Workplan 2025/26 • Any Other Business • Meeting Evaluation		

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Alert items agreed by Committee	• Use of Section 136 suites as emergency inpatient beds due to lack of immediate bed availability had continued. This practice, while sometimes necessary, was under scrutiny by the CQC. • Out-of-area placements had totalled 116 bed days in May and 961 over the past three months. Although mitigations were in place (e.g. contracted independent sector beds), this remained a significant pressure point.
Advise items agreed by Committee Trawally Rachel 01/10/2025 15:44:14	• Action logs would be developed to include more detail on how/which meeting specifically actions are closed (particularly with regard to where future items need to be considered) A wider piece of work is being undertaken to consider action tracking overall. • AI (e.g. Copilot) had been trialled for minute-taking and action planning. Early feedback was positive; but further testing and governance oversight was still required. • A reset of the involvement and volunteering strategy was underway, with new SOPs and reimbursement policies being developed. Developments aligned with national guidance. • While flow had improved significantly (from worst to best in West Yorkshire), assurance ratings remained 'limited.' There was a call to revisit these ratings and better align them with current performance and develop a reporting technique that would allow members to clearly see this. • The partnership with Jaya Mental Health in Nepal had yielded valuable insights into culturally grounded care, family involvement, and low-resource innovation. Plans for reciprocal mentoring and fundraising were underway. • Two recent CQC enquiries related to staffing concerns and burnout (Airedale and Lynfield sites) had been received. While responses were submitted, the underlying issues may require a broader workforce strategy review. • Persistent delays in dental treatment requiring general anaesthetic due to anaesthetist availability had continued. This was exacerbated by industrial action and may have worsened. • Shared Care Risk: This had posed a high risk previously, however, GPs have now signed up. Some GP practices continued to opt out of some responsibilities, keeping this issue on the risk register but the level of the risk was downgraded. • Medicine Shortages: Ongoing shortages created pressure on teams. • Workforce Gaps: High vacancy rates for healthcare support workers were driven by recruitment challenges and visa policy changes. • Recruitment Strategy: Stronger links with universities and colleges were recommended to improve Band 2 and newly qualified nurse pipelines. • Guardian Role: Proactive support for junior doctors was encouraged to improve exception reporting and rota management.

Assure items agreed by Committee	- The Trust had significantly improved inpatient flow and reduced average length of stay. Further reductions in the 60-day metric were being considered. - Supervision rates had remained above 80%. Spot training compliance was improving, with targeted plans for newly qualified staff. - All CQC enquiries had been responded to within timescales. A new engagement officer had been appointed, and action plans were being co-produced with estates and clinical teams. - A facilitated Learning event involving 60 medical staff (including many consultants) had focused on learning from deaths, including a powerful presentation from a bereaved parent. Plans were in place to expand this to a multidisciplinary audience. - The Volunteer-to-Career Programme had been recognised by Helpforce and seen as a national exemplar. There was potential to scale this further to support NHS prevention and community engagement agendas. - Digital Progress: Electronic prescribing and automated dispensing were in development, aligning with NHS digital strategy. - Clozapine Access: Finger-prick testing had improved access and reduced inpatient admissions. - Governance: Audit processes had strong clinical and executive oversight; risk management training reached 96% compliance. - Staffing Oversight: Despite challenges, governance and mitigation strategies were in place, with improvements in supervision and restraint reduction.		
Decisions made by Committee	The following items were approved by the Committee: - Approval of minutes and AAAD from previous meeting - Action Log - Risk Management Annual Report - Annual Clinical Audit Report 2024/25 - Committee Annual Terms of Reference Review - Strategic Risk Summary		
New risks identified by Committee	There were no new risks, however, the reporting and tracking of risks would be considered for a future meeting.		
Items to be considered by other Committees/Groups	N/A		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	17/07/2025
On Behalf of Chair	Alyson McGregor (NED/Chair)		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	02/10/2025
Report from:	Quality and Safety Committee (QSC)	Meeting date:	17/09/2025
Quorate?	Yes ☐ No ☒		
Members present	Alyson McGregor (Chair), Kelly Barker		
In attendance	Chris Dixon (attending on behalf of Phil Hubbard), Jess Greenwood-Owens (Secretary), Rachel Trawally, Fran Stead, Bob Champion, Anita Brewin, Rebecca Le-Hair, Dr Phalaksh Walishetty, Rachel Howitt, Prabhdeep Sidhu, Catherine Schofield, Thabani Songo, Rebecca Jowett Presenter for item; Lisa Wright, Abigail Larvin, Natalie Watts, Mark Dawson, Anna Scott (external – Baton of Hope)		
Observers	Mike Lodge (Governor)		
Apologies	Sally Napper (NED), Phil Hubbard, Carla Smith, Alix Jeavons, Grainne Eloi		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	• Learning from your experience: Baton of Hope • Suicide Prevention Annual Report • Strategic Assurance Report Supporting item .1 Integrated Performance Report and .2 Strategic Narrative • Patient Safety annual review of plan • PCREF (Patient Care Race Equality Framework) • Infection Prevention & Control Annual Report • NHSE the Knowledge & Library Service Quality Improvement Outcomes Framework Report. • NHS Continued Professional Development submission plan 2025/26 • Sexual Safety bi-annual report • Alert, Advise, Assure + Decision Reports .1 AAAD report: System Quality Committee. 2 AAAD report: Clinical Board .3 AAAD Report - Patient Safety and Learning Group .4 AAAD report: Senior Leadership Team Quality, Safety, Governance .5 AAAD Report: Senior Leadership Team – Care Group Assurance Meeting (CGAM) • Quarterly update report: Patient Safety, Incidents and Complaints Quarter 1: 1 April – 30 June 2025 • Winter Plan • Effectiveness Review • Strategic Risk Summary		

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	• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting • Workplan 2025/26 • Any Other Business • Meeting Evaluation .1 Was the meeting conducted in line with the Trust values
Alert items agreed by Committee	There were no items raised.
Advise items agreed by Committee	Items for Board awareness, discussion, or future consideration. • Medical Leadership Transition & Interim Period: The departure of the Library Manager and Medical Director creates a challenging interim period for strategic direction in the Library & Knowledge Service. Recruitment is underway, but the transition may impact service continuity and strategic progress. • Leadership Absence in Acute & Community Mental Health Teams: July 2025 had seen issues of leadership absences in acute and community mental health teams, which had created operational pressures. Mitigations had reduced risk, but this remained a key area to monitor. • Place IT Outage: An IT outage was found to be a network failure (not cyber-attack). This highlighted ongoing risks to service continuity and the need for robust IT infrastructure and contingency planning. • CPD Budget for Psychological Therapies: It was reported that there was no dedicated CPD budget for psychological therapies, funding had to be sought from multiple places. This presented a challenge as CPD was required for maintaining accreditation status and professional development. The Committee agreed the need to address this. • Changes to Level 7 Apprenticeship Funding: A reduction in national funding for Level 7 apprenticeships, especially for leadership training, would require careful targeting of applications to ensure alignment with strategic priorities. • Strategic Risk Review: The committee was reviewing the format and content of the strategic risk report to ensure it remained responsive to current organisational risks and supported assurance and improvement activity.

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	• Winter Plan & Board Assurance: NHS England has requested greater visibility and assurance from Boards regarding winter operational planning. The Trust had stress-tested its plans and was proactively targeting individuals who present frequently in crisis during winter. Board should note the continuous nature of these plans and the focus on patient safety and health inequalities. • Well-Led Improvement Plan: Three separate effectiveness reviews had culminated in a comprehensive Well-Led Improvement Plan, which would be presented to Audit Committee and Board for approval.
Assure items agreed by Committee	Items providing evidence of good practice, compliance, or positive progress. • Library Service Quality Improvement: NHS England highlighted the Library & Knowledge Service as innovative and impactful at regional and national levels and had noted strong collaborative learning and high usage of resources. The service underpinned evidence-based practice and supported transformational change. • Sexual Safety Charter Implementation: The Trust had established clear policies and robust reporting mechanisms for sexual safety, with significant assurance from internal audit. Increased incident reporting reflected improved confidence and transparency. Minor policy changes had been implemented, and ongoing benchmarking underway. • Clinical Board Oversight of Independent Sector Beds: Monthly reviews ensured contracted inpatient beds with private providers met quality and safety standards. No adverse patient incidents were identified during recent doctor strikes. The Trust's involvement in the DIAMONDS research programme was successful and celebrated. • Patient Safety & Learning Group: Alerts and improvement actions are being tracked, with no new risks identified. Audits and feedback mechanisms (e.g., safety culture cards) were progressing well. The Patient Safety Health Inequalities Framework had been presented and is being integrated into practice. • Staffing & Workforce Planning: Transition groups and work plans were in place to support leadership transitions and ensure appropriate structures and support. Bank fill rates and training compliance was improving, with positive feedback from fire safety officers and quality improvement initiatives • Infection Prevention & Control (IPC): No Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections, one Clostridium difficile case, and robust outbreak management for

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	COVID-19 and influenza. IPC training compliance was high, and collaborative audits with facilities ensure cleanliness standards. Fit testing and bespoke training are ongoing recognising the importance of equality and inclusion. • PCREF (Patient Care Race Equality Framework) Progress: Implementation of requirements was progressing, with reductions in physical restraint for Black communities and ongoing work to address data quality and engagement. Accountability and delivery groups had been established to ensure oversight and continued improvement.		
Decisions made by Committee	The following items were approved by the Committee, however, as the Committee was not quorate the items were circulated to the Non-Executive Director and approved after the meeting: • Item 3 - Minutes of the previous meeting and AAAD 6 July 2025 • Item 5 - Action Log • Item 10 - Infection Prevention & Control Annual Report (enclosure) • Item 12 - NHS CPD submission plan 2025/26 (attached for Board) • Item 15 - Strategic Risk Summary (enclosure) • Item 16 - Quarterly update report: Patient Safety, Incidents and Complaints Quarter 1: 1 April – 30 June 2025 • Item 17 - Winter Plan (attached for Board)		
New risks identified by Committee	• There were no new risks identified.		
Items to be considered by other Committees/Groups	• The Well-Led Improvement Plan, combining recommendations from multiple reviews, is to be presented to the Audit Committee and Board for review, discussion, and approval. • The format and content of the Strategic Risk report are under review, with changes to be discussed at the next Board meeting. • Progress and risks associated with the Patient Care Race Equality Framework (PCREF) may require input from other Committees. • Winter Plan will be presented for ratification to Board.		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	18/09/2025
On Behalf of Chair	Alyson McGregor (NED/Chair) (approved 23/09/2025)		

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Board of Directors – Meeting Held in Public

2nd October 2025

Paper title:	Winter Planning 2025/26	Agenda Item 12.1
Presented by:	Kelly Barker – Chief Operating Officer	
Prepared by:	Kelly Barker, Chief Operating Officer Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check <u>ONE</u> box only:	☒ For approval ☐ For information ☒ For discussion	
Link to Trust Strategic Vision Please check <u>ALL</u> that apply	☒ Providing excellent quality services and seamless access ☐ Creating the best place to work ☐ Supporting people to live to their fullest potential ☐ Financial sustainability, growth and innovation ☒ Governance and well-led	
Care Quality Commission domains Please check <u>ALL</u> that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive	

Purpose of the report
The purpose of the paper is to provide an update on Bradford District Care NHS Foundation Trust's (BDCFT) preparations for winter 2025/26, within the overall Bradford District and Craven and West Yorkshire Integrated Care Board (ICB) winter planning approach. The paper shares BDCFT's developed plans, supportive actions and mitigations. A presentation is added to the report to provide a visual overview and summary of the document.

Executive Summary
During the last year BDCFT has continued to work in partnership across the system to address fluctuations in demand associated with winter. BDCFT's winter plans are made in the context of the Bradford District and Craven health and care winter plan. The Bradford District and Craven health and care winter plan 2025/26 is currently in development and is formed from the multi-agency surge and escalation plan and will follow the approach determined by the West Yorkshire ICB. It is anticipated that this will be finalised in November 2025.

Increased seasonal demand associated with winter is likely to put a significant strain on national and local health and social care systems, with periodic reductions in available staffing and extended waiting lists for treatments.

National NHS England winter plans for 2025 will focus on:

- System resilience and preparedness, including stress-testing against baseline, moderate and extreme demand scenarios.
- Maintaining and improving Urgent and Emergency Care (UEC) to include timely access, and patient safety and dignity.
- Vaccination strategies across communities and the health and care workforce.
- Operational planning & continued focus on productivity - drive productivity, manage within allocated budgets, and flexibly deploy resources to meet local community needs.
- System Collaboration to create system wide resilience and surge and escalation plans – supported by national and regional stress testing exercises during September 25.
- Workforce resilience strategies, including health and wellbeing support, proactive absence management, and maximising vaccination uptake.

The BDCFT plan is designed to ensure continuity of high-quality care, protect patient and staff wellbeing, and support the wider Bradford District and Craven health and care system in managing winter pressures. The plan highlights key actions and strategies the Organisation will take to ensure that we are able to maintain service provision throughout the winter period and are in a state of preparedness for the challenges faced during winter. The plan, in line with national and place-based priorities, focuses on ensuring the safety of patients and staff, minimising disruption to services, and ensuring continuity of care across our community and mental health services to provide where possible care in a person's home, or as close to home as possible. The plan is underpinned by collaboration and partnership working.

Winter preparedness and planning commenced in September 2025 and has followed the same process as in previous years taking the following steps:

- Learning and reflection from previous winters, responses to unexpected surges in demand and adverse weather events or incidents
- Review of data and intelligence to support demand modelling to include workforce and people metrics
- A review of Business Continuity Plans (BCPs)
- Test modelling assumptions and scenarios against plans
- Identification of risks both internal, external, place & system
- Mitigations and responsive actions

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By focusing on high impact actions and interventions relating to workforce resilience, service stability and continuity, and system partnership and collaboration, the Trust aims to manage increased demand and provide timely, safe care to all service users throughout Winter 25/26.

The Winter plan is supported by an Appendix 1 which is the EQIA overview and assurance against the plan.

The Winter Plan was taken to Quality Safety Committee on 17th September 2025 and with delegated authority from Board reviewed its content against the NHSE Board Assurance checklist and which was signed off and approved.

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)
See appendix 1
☐ **No**

Recommendation(s)

The Board of Directors is asked to:

- note the system wide approach to winter planning;
- acknowledge the challenges and associated responses to winter pressures;
- receive further updates as system wide winter planning progresses.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- ☐ **SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- ☐ **SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- ☒ **SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- ☐ **SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- ☒ **SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)
- ☐ **SO6:** To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)

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) • 2926: FastTrack community nursing teams having care package authority limited – impact on bed occupancy/delayed discharge.
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: NA

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Bradford District Care NHS Foundation Trust

Winter Plan 2025

1. Purpose

The purpose of this paper is to present Bradford District Care NHS Foundation Trust's (BDCFT) updated Winter Plan for 2025/26, ensuring alignment with NHS England's national priorities and requirements. This plan sets out the Trust's approach to maintaining safe, effective, and resilient services throughout the winter period, recognising the increased seasonal pressures on the health and care partnership.

2. Introduction

Increased seasonal demand associated with winter is likely to put a significant strain on national and local health and social care systems, with periodic reductions in available staffing and extended waiting lists for treatments.

National NHS England Winter Planning priorities for 25/26 focus upon:

- System Resilience and Preparedness for winter, including stress-testing against baseline, moderate, and extreme demand scenarios.
- Focus on maintaining and improving Urgent and Emergency Care (UEC) to include timely access and patient safety and dignity.
- Vaccination Strategies across communities and the health and care workforce
- Operational Planning & continued focus on productivity - drive productivity, manage within allocated budgets, and flexibly deploy resources to meet local community needs.
- System Collaboration to create system wide resilience and surge and escalation plans – supported by national and regional stress testing exercises during September 25
- Ensure winter plans are taken through a newly introduced Board Assurance process and a statement of assurance signed by Boards by 30th September 2025.

The paper provides an overview of our approach to Winter Planning and the key actions and mitigations put in place to ensure we support service continuity and patient safety during periods of seasonal pressure and demand.

3. Bradford District and Craven health and social care winter plan 2025

BDCFT's winter plans are made in the context of the Bradford District and Craven health and care winter plan. The Bradford District and Craven health and Care winter plan 2025 has been developed and in line with the 25/26 NHSE winter planning priorities. As in previous winters this sits within the context of the overall Bradford and Craven system vision which aims to support people to be 'Happy, Healthy and at Home' with the focus on preventing unnecessary hospital attendance and appropriate support in returning them home quickly and safely.

Bradford District and Craven ICB (BDC ICB) and the provider organisations are taking part in the regional NHSE winter plan stress test exercise to be held 3rd September 2025. This process forms part of the required NHSE Board assurance plan required as part of 25/26 Winter Planning and any feedback and learning will be incorporated into our place and provider plans ahead of the start of the formal winter period.

Structures to support system collaboration and thereby respond to presenting operational issues are in place across the year in line with national OPEL (Operational Pressure Escalation Levels) requirements. These include weekly calls with representation from Health, Local Authority, Independent and Third sector Organisations that enable participants to understand current pressures within the system and facilitate a shared approach to offering mutual aid. Senior operational managers representing both care groups participate in the calls on behalf of BDCFT. These continue throughout the winter period and increase/decrease in frequency based on periods of increasing or decreasing system pressure.

4. BDCFT Winter Operational Plan

The BDCFT plan outlines the key actions and strategies the Organisation will take to ensure that we are able to maintain service provision throughout the winter period and are in a state of preparedness for the challenges faced during winter. The plan, in line with national and place-based priorities, focuses on ensuring the safety of patients and staff, minimising disruption to services, and ensuring continuity of care across our community and mental health services to provide where possible care in a person's home, or as close to home as possible. The plan is underpinned by:

- Dynamic oversight and review of resilience and business continuity across services
- Prioritisation of staff health and wellbeing – focus upon vaccination uptake, support to teams under pressure, proactive support around sickness and absence, proactive end effective planning of annual leave.
- System collaboration and partnership working

Winter preparedness and planning commenced in July 25 and taking the following steps:

- Learning and reflection from previous winters, responses to unexpected surges in demand and adverse weather events or incidents
- Review of data and intelligence to support demand modelling to include workforce and people metrics, patient safety as well as performance
- A review of Business Continuity Plans (BCPs)
- Test modelling assumptions and scenarios against plans.
- Identification of risks both internal, external, place & system
- Mitigations and responsive actions

5. Learning from Winter 24/25

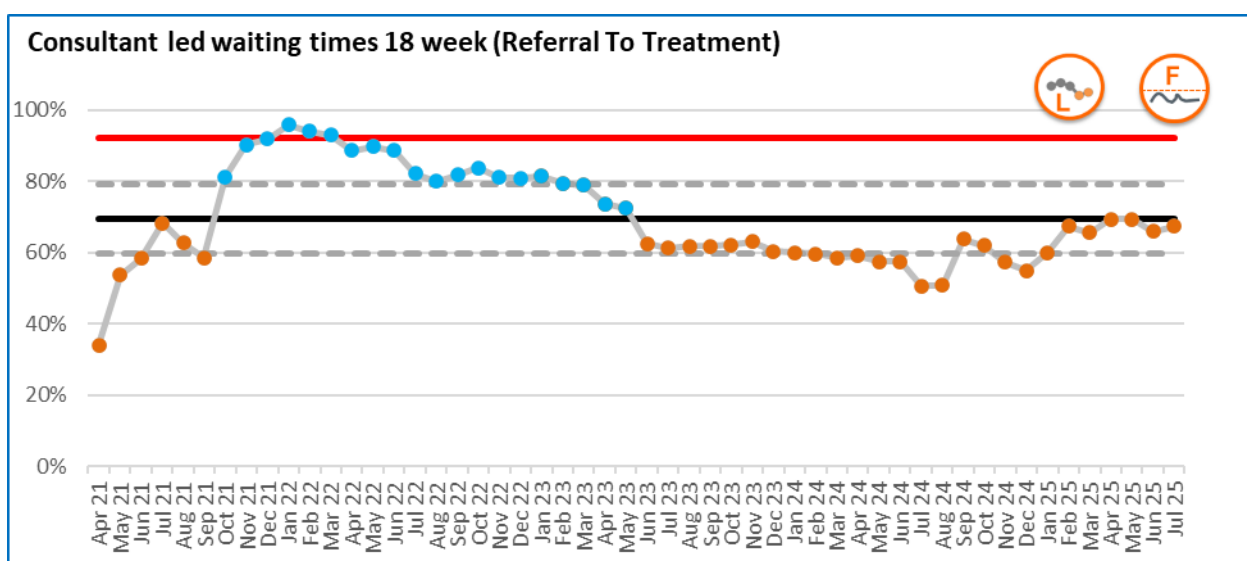
To support planning for Winter 25/26, a range of data has been reviewed. This includes metrics relating to Best Place to Work, Best Use of Resources and Best Quality Services. Our approach around collaboration continues to show our commitment to Best Partner and support to the system. Key performance, quality, and patient safety metrics have been reviewed using strategic

performance reports and operational metrics to track trends in access, flow, and safety with any explicit or implicit references to seasonal variation. This data has been triangulated with the experience and insights from leaders; our staff teams and patient experience data.

Key Data:

Throughout 2024/25 the anticipated increases in demand were felt across the partnership. Both Hospital Trusts declared Operational Pressures Escalation Levels (OPEL) level four status (the highest level) over periods of time in relation to high demand and operational challenges. This was managed using the well embedded and tested Health & Care Partnership surge and escalation calls in place, where partners were able to come together and enact BCP and responses to support de-escalation of pressures. This at times meant that non-essential activity had to be temporarily ceased to prioritise critical services having an impact upon some BDCFT services. This has been of significant impact within our Community Dental Service where we require access to theatre sessions at both acute trusts to manage our most complex pathway and RTT.

Graph – Proportion of patients waiting less than 18 weeks to commence treatment – patients who require dental treatment under general anaesthetic.

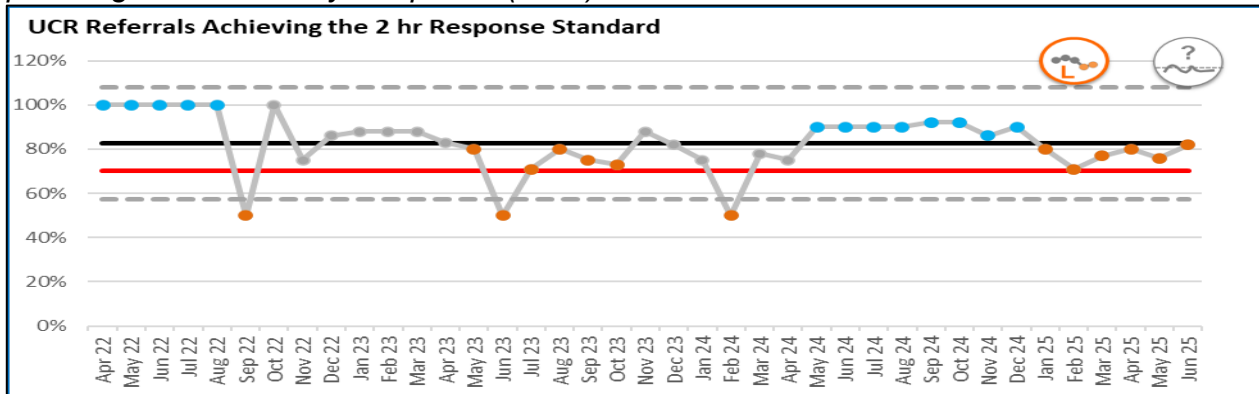


Community Nursing Services provides both planned and unplanned care across the 7-day period. The service also contributes to the nationally performance measured 2 Hour Urgent Community Response. Consistent with the last four years, community nursing services has seen increasing requests for support relating to the administration of insulins and anti-coagulant injections in the home, as well as demand for more wound care procedures.

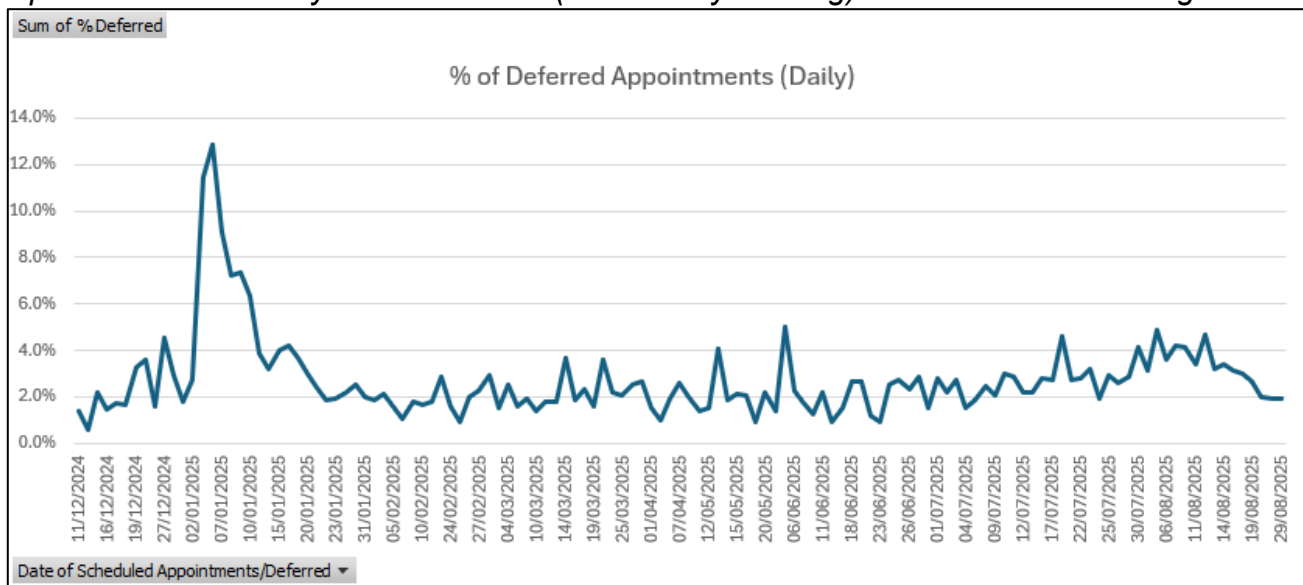
Daily Lean Management (DLM) used daily across the year serves as the operational tool to support oversight and deployment of support and resource across services. This supported daily deployment of capacity to where needed, to maintain extended hours of provision across seven days, and to meet Urgent Community Response requirements during periods of increased pressure. During 24/25 national reporting for Community Services commenced and this formed part of DLM, during winter 24/25 under the thresholds described within the national OPEL levels,

Community services did not exceed OPEL level 2 during the winter reporting period with an overall stable position regarding deferred visits with a spike over 1 week where we noted annual leave planning and sickness and absence contributing to the spike.

Graph – Urgent Community Response (UCR) Within 2 Hours



Graph – Percent of Daily Deferred Visits (Community Nursing) December 2024 to August 2025

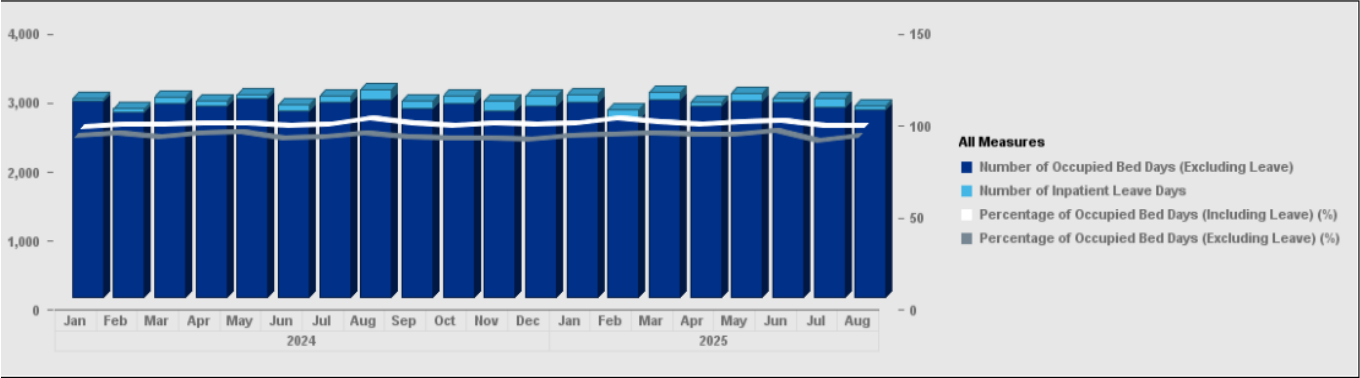


BDCFT mental health services continued to see elevated levels of demand and acuity across all pathways. Demand within the crisis pathway, and in particular for inpatient admissions, continued at greater than average levels, maintaining a need for independent sector adult acute and Psychiatric Intensive Care Unit (PICU) beds to be used.

Out of Area Placements (Inappropriate): The data shows periods of higher usage, but there is no explicit annotation of seasonal spikes. However, historical NHS data often shows increased demand for beds in winter due to higher acuity and delayed discharges.

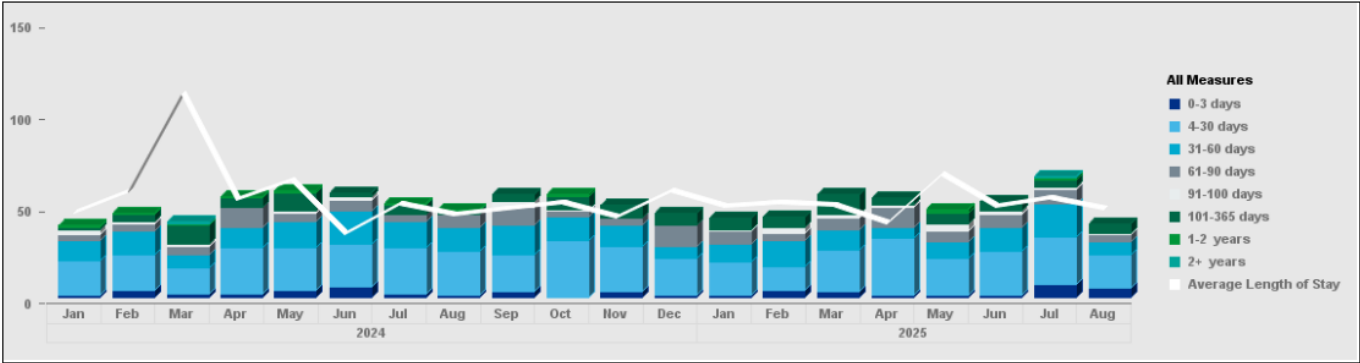
Average Length of Stay (Acute Wards): The trend chart indicates some fluctuation, with longer stays often coinciding with periods of higher system pressure, which can be more pronounced in winter.

Graph – Occupancy Levels Adult Acute Beds

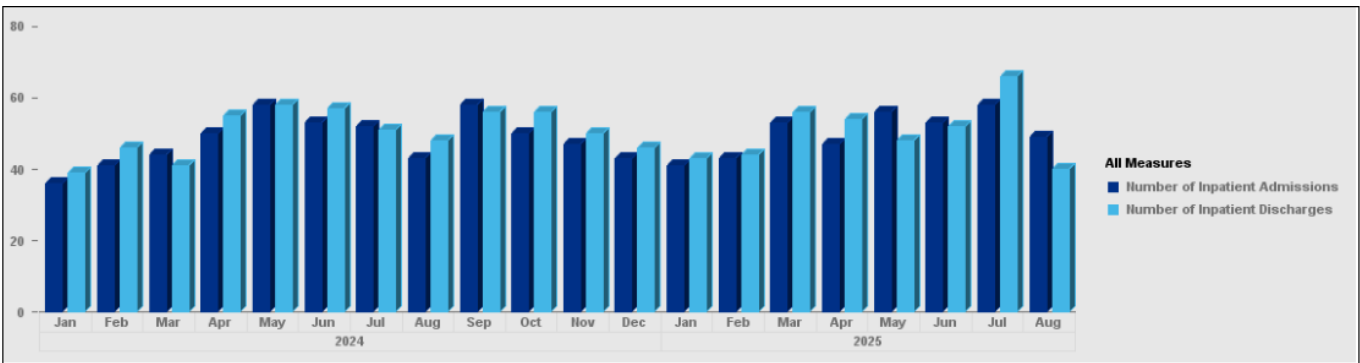


Note – Average occupancy (inc. leave) for November 2024 to February 2025 was 98.1%.

Graph – LoS at Discharge and Average LoS – Adult Acute Beds



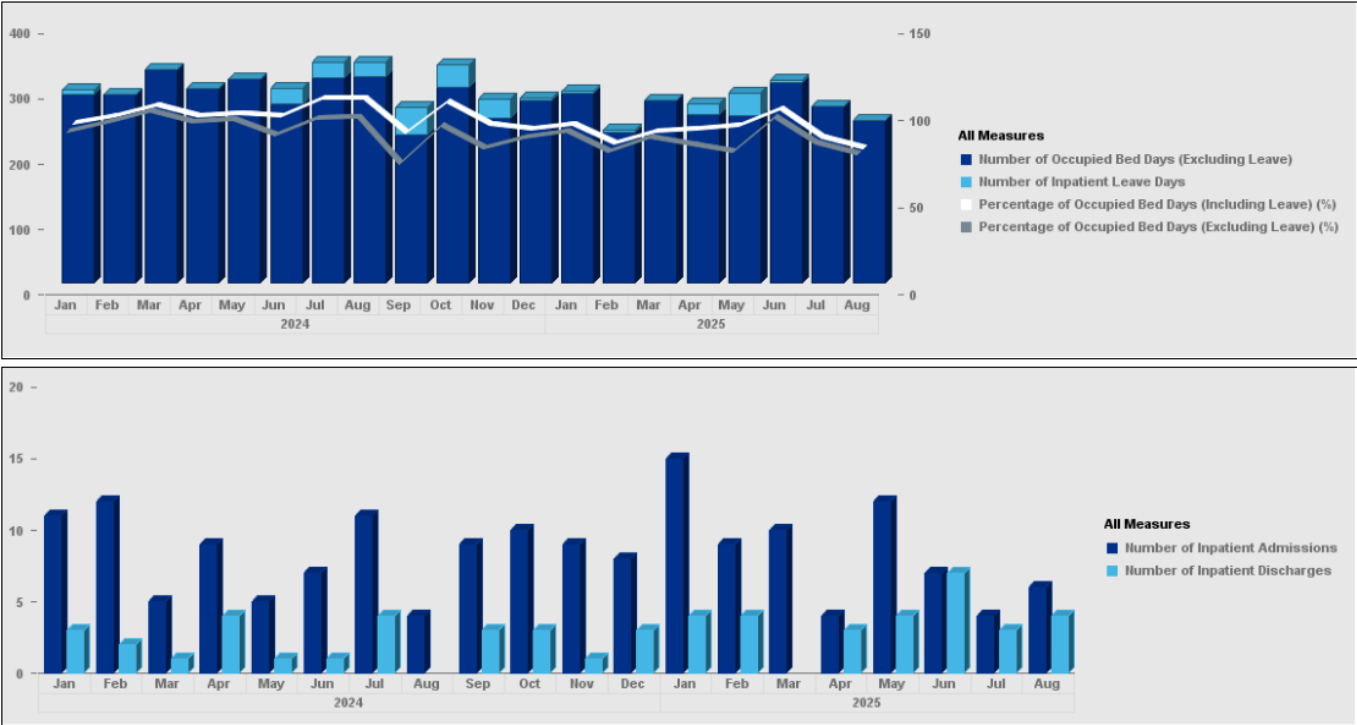
Graph – Admissions and Discharges – Adult Acute Beds



Graph – Occupancy Levels PICU

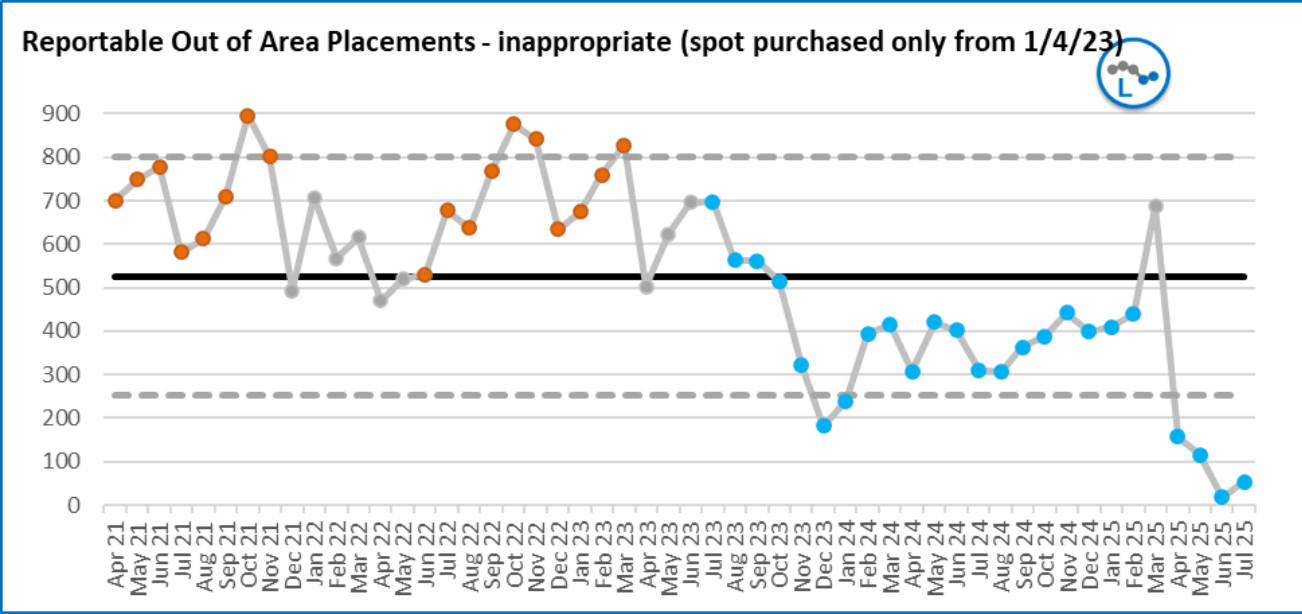
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Graph – Admissions and Discharges – PICU



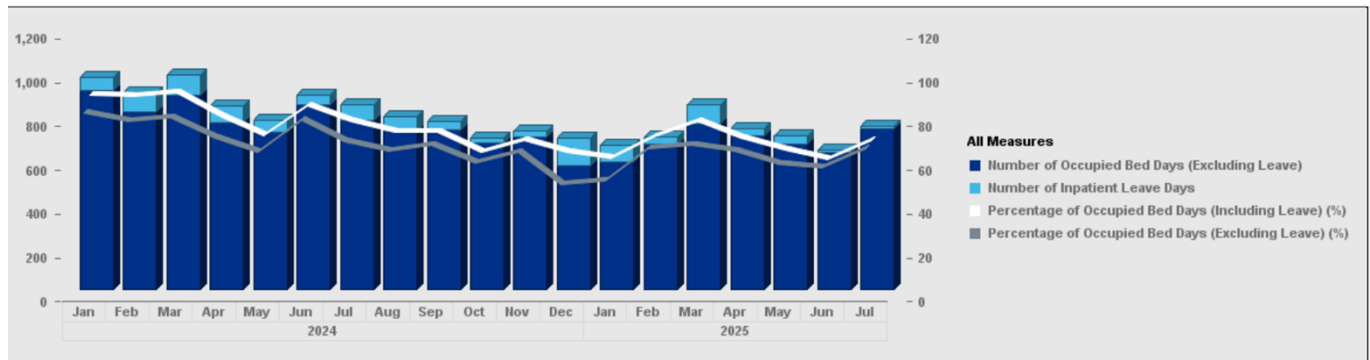
Note: In the last 12 months the average LoS on discharge for PICU ranges from 11 days (Jan 25) to 200 days (Dec 24). This is due to small numbers. The overall average is 53 days.

Graph – Reportable out of area bed days.



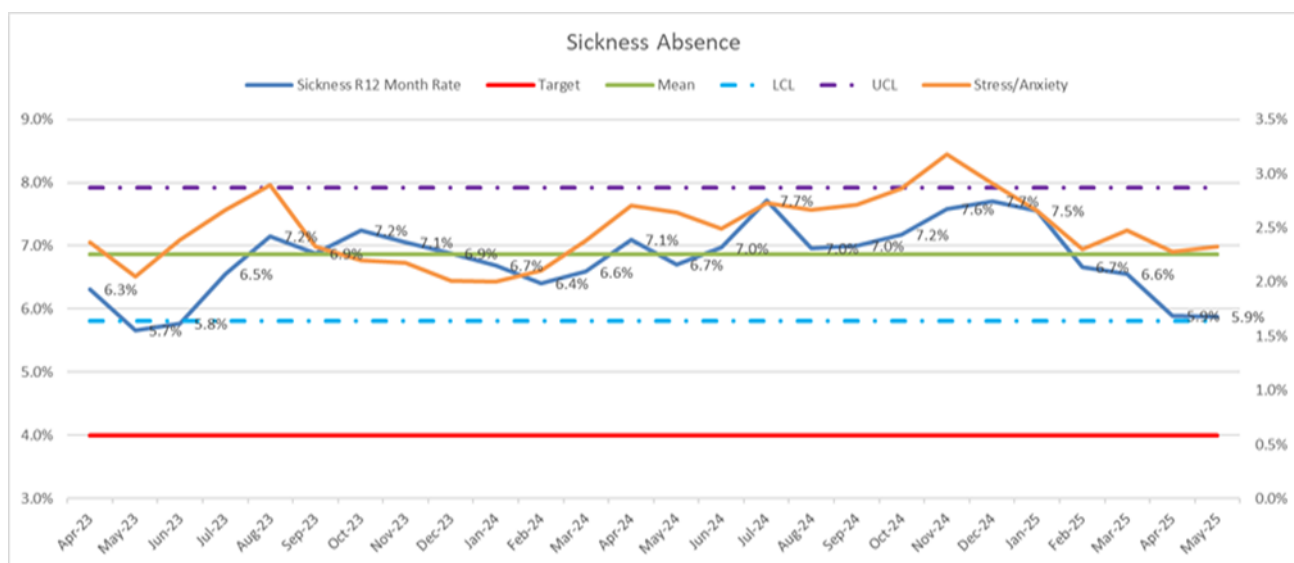
Capacity within older people's mental health, both functional and dementia assessment, was managed within BDCFT commissioned capacity. Monthly occupancy including leave was between 65.7% and 79.9% over the period October 2024 to March 2025, compared to winter 23/24 where occupancy was over 90%.

Graph – Older people’s inpatient occupancy.



Workforce

Sickness Absence: Overall Sickness Absence: The data shows a seasonal pattern, with sickness absence rates peaking during December and dropping in Q4.



Labour Turnover: Turnover Rates: Labour turnover is generally lower in winter months, with a slight increase in spring. The number of leavers within the first 12 months of employment also dips in winter, suggesting retention is slightly better during this period.

Temporary Workforce Usage - Fill Rates and Usage: There is an overall increase in usage and unfilled shifts during winter months aligned to periods of higher sickness rates and maintaining safer staffing levels.

Vacancy Rates: Vacancy rates tend to rise in winter, peaking in December and January, before declining in spring. Recruitment activity is lower in winter, with fewer advertised vacancies and a lower percentage of vacant WTE being recruited to.

Recruitment Rate: The percentage of vacant WTE being recruited to drops in winter months, indicating slower recruitment cycles during this period.

Mandatory Training and Appraisal: Mandatory training compliance and appraisal rates remain relatively stable throughout the year, with no significant seasonal dips.

Patient Safety and Experience trends noted.

Patient Safety Incidents While Waiting: The data over the previous 24 months showed peaks in incidents during winter months (Dec–Feb), suggesting a seasonal increase in risk when demand is highest. A deep dive completed for Quality Safety Committee identified that this increase related to the use of Section 136 Suites to support individuals requiring admission, this indicated the rise in demand during these months for inpatient care, as opposed to a spike in patient safety incidents where harm occurred.

Safer Staffing Compliance: The data is relatively stable but dips slightly in winter aligned the periods of higher sickness and absence during early winter months.

FFT / Local Patient Survey: The chart shows consistently high scores, but response rates dip slightly in winter months.

Throughout winter 24/25, the embedded and well tested Daily Lean Management and Communication Cell escalation structures were used alongside service level data and intelligence to dynamically assess and test pressures and risks across the services. We were then able to deploy the agreed winter planning actions and mitigations to manage any Trust and/or place based operational challenges.

Services overall showed resilience and an ability to maintain service continuity and patient safety in the face of the already pressured system and the additional pressures winter brings. When considering the factors that contributed to this, we can conclude that the actions put in place to bolster and support delivery and BCP were effective. The Daily Lean Management escalation structures were responsive and able to respond proactively and proportionately to issues as they arose or indeed before they happened so we could proactively prioritise, deploy, and respond. Most importantly we were able to support the health and wellbeing of the workforce sufficiently to avoid any escalations in seasonal illness.

6. BDCFT Scenario Planning – Winter 2025

Effective scenario planning is central to BDCFT's winter preparedness, ensuring the Trust can respond flexibly and robustly to varying levels of demand and operational pressure. In line with NHS England's requirements, BDCFT has developed and stress-tested its winter plan against three distinct demand scenarios:

1. Baseline Scenario (OPEL 1&2):

Represents expected seasonal demand based on historical data and current trends. The Trust will maintain core service provision, monitor pressures daily, and deploy established escalation protocols as needed.

2. Moderate Scenario (OPEL3):

Reflects increased demand due to factors such as higher rates of respiratory illness, workforce shortages, or local outbreaks. In this scenario, BDCFT will activate its usual actions aligned to

OPEL 3 escalation to include flex and deploy staffing and work closely with system partners to ensure continuity of care and timely discharge.

3. Extreme Scenario (OPEL 4):

Models a significant surge in demand, potentially driven by widespread outbreaks, severe weather, or concurrent system pressures. The Trust will implement full business continuity measures, prioritise critical services, redeploy staff, and escalate to system-wide mutual aid arrangements. Non-essential activities may be suspended to protect patient safety and maintain essential services.

For each scenario, BDCFT has:

- Clear escalation and decision-making processes
- Identified key risks and mitigation strategies.
- Established mechanisms sharing operational data and intelligence to support daily monitoring, to support intelligence and data driven decision making and effective communication across services and with system partners.
- Participated in regional stress-testing exercises to validate plans and ensure readiness for extreme events.

This approach ensures BDCFT can respond proactively to emerging pressures, maintain safe and effective care, and support the wider health and care system throughout the winter period.

7. Demand and Capacity

BDCFT anticipates continued pressure and complexity across all services during winter 2025/26, set against a backdrop of ongoing system pressures and financial constraints. It is to be acknowledged that winter pressures are pressures and challenges felt across the year. BDCFT Organisational Sustainability and Improvement Plans developed and implemented in 25/26 have within them supportive actions and mitigations to support the management of demand, improve productivity and deliver patient safety and quality to our communities. In developing the delivery and benefits realisation plans seasonal demand and modelling of capacity through winter has been factored into our planning considerations.

An overview of key capacity and demand considerations from areas across the care groups are provided.

Community Health Services - Adults

Community services remain under pressure with demand and capacity being challenged. It is probable that additional demands associated with winter will exacerbate this situation. These include:

- Winter illnesses that affect staff and patients e.g. Norovirus, COVID, Influenza. These can increase service demand, and diminish staffing capacity where absence levels increase.
- Increased hospital demand indirectly increases the number and rate of discharges for people who require community service input post discharge. This includes end of life care.

- Staffing challenges within independent and local authority home care providers. Community service maybe required to 'step in' and provide direct care e.g. delivering personal cares, or increase demand is generated when basic needs are not met e.g. pressure area relief.
- Sustained winter weather can reduce staff capacity leading to deferred visits and delays in care.
- Cancelled theatre lists impact on community dental care provided under anaesthetic. Hospital staffing capacity, particularly anaesthetists is often redirected toward critical activities during winter pressures.

Tried and tested business continuity plans are in place for adult community services and will be mobilised through daily lean management processes in response to emerging pressures.

Children's Services

All teams in children's services are expected to experience increased staff absence due to winter-related illness. Staff with long-term health conditions may be disproportionately affected, impacting overall service resilience.

Public Health Nursing

The Public Health Children's Nursing teams (Health Visiting, School Nursing) are particularly vulnerable due to the requirement to complete all mandated contacts with babies, children and families face to face within family homes.

Children in Care (CIC) – Initial Health Assessments

Capacity is already constrained across the two acute NHS Trusts involved in delivering CIC initial health assessments. We envisage that winter pressures in paediatric acute services will further impact along with seasonal illness among medical colleagues across the acute trusts as well as BDCFT medics with responsibility for Initial Health Assessments, thus further impacting capacity. Due to the highlighted delays in obtaining consent from the Children's and Family Trust there could be additional risk to meeting statutory and contractual timelines for both initial and review health assessments (nurse led). Due to the necessary requirement to complete review health assessments for children in care face to face CiC Nurses are also vulnerable to winter seasonal illness.

Special Needs School Nursing

Rising pupil numbers in Special Schools have led to caseloads exceeding recommended ratios. Seasonal illness among staff and families will increase demand for out-of-school support and reintegration planning. This increases the pressure on the team to maintain safe and effective service delivery.

Immunisation and Vaccination teams (Bradford and Wakefield)

Sessions for the flu campaign may need to be rearranged due to impact of seasonal illness and impact on staffing capacity to safely deliver vaccination sessions in school. All schools will be notified and sessions rearranged promptly should this occur.

SaLT

SaLT work is allocated to staff at the beginning of each term and the team are able to identify any work that may need picking up in case of sickness and absence.

Mental health

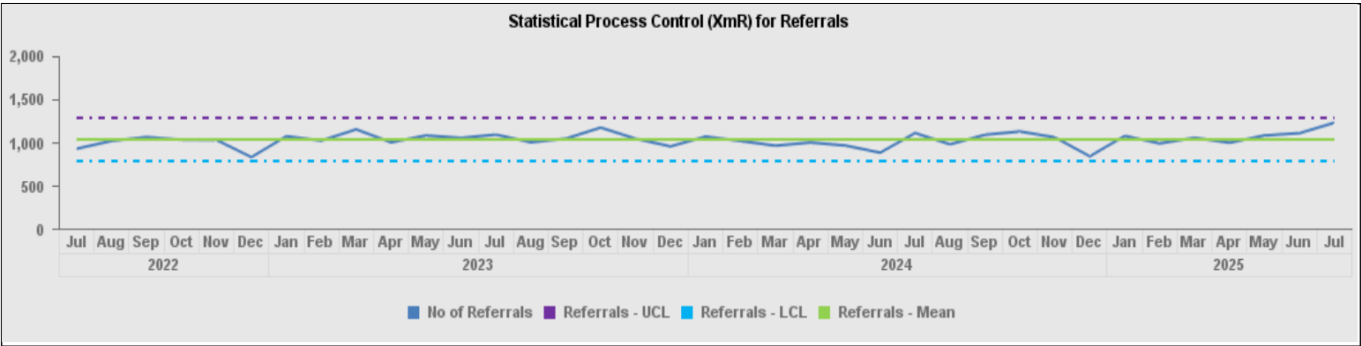
There has overall, been a relatively stable and sustained level of demand for mental health services throughout 2025. Seasonal trends in demand are not statistically significant across community mental health services however crisis-based presentations do peak during festive periods such as Christmas and Easter. As noted earlier in the paper correlations to effective planning of annual leave and prevention of seasonal illness are key actions and mitigations to this for 25/26 winter planning. We continue to see high numbers of assessments being carried out in the Emergency Departments by the Acute Liaison Psychiatry Service and service design and workforce deployment is underway to support the appropriate signposting to services to prevent unnecessary A&E attendance and to also ensure that when a person does require support in A&E they are offered a timely and responsive assessment and intervention .

Our Acute Community Services pathway and partnership with the LA and also VCSE and who deliver Safer Spaces and non-medicalised alternatives to hospital are key in managing support to people in mental health distress and crisis throughout the year and during winter. Winter intensifies factors that contribute and exacerbate mental health difficulties such as social isolation, housing and fuel poverty, financial stress, and long-term physical health issues.

These seasonal and systemic factors highlight the need for services to work collaboratively and in an integrated way as is evidenced within our pathways and structures. the urgent need for better resourcing, workforce expansion, and integrated support across health and social care systems.

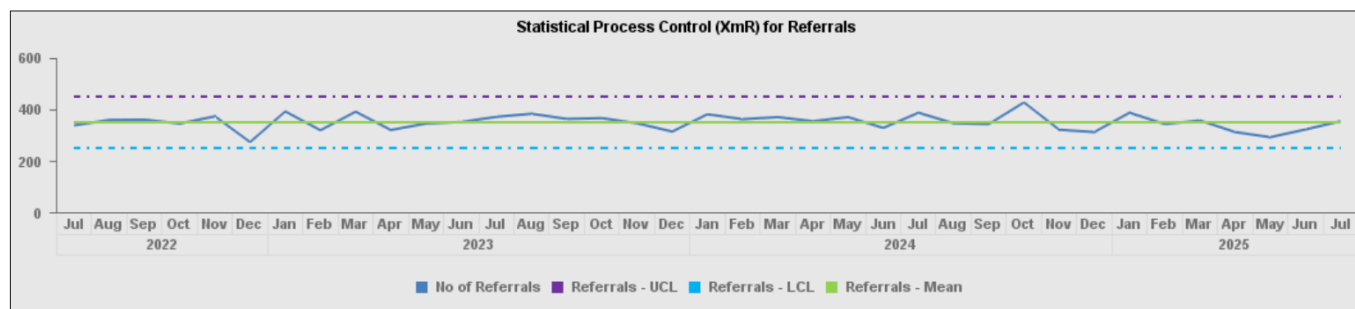
An additional risk and pressure for winter 25/26 is the ongoing states work at the Airedale Centre for Mental Health which has resulted in an acute ward moving sites to Lynfield Mount Hospital. This is part of a 12-month programme of capital works and will have an impact on flow and available beds. This has been modelled into our anticipated bed usage across Winter 25/26 with a mitigation plan for each phase to support and maintain safe access and flow.

Graph – Referrals of Adult CMHTs

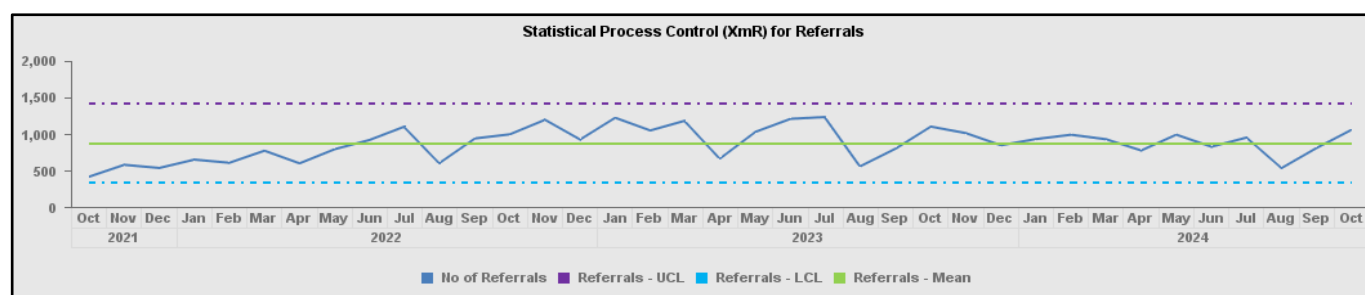


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Graph – Referrals of Older Peoples CMHTs



Graph –Referrals for CAMHS



8. Workforce and Improving Workforce Resilience Through Winter

As identified in the learning from previous winters, we can see that a factor impacting our ability to remain stable across previous winters has been our ability to maintain more stable levels of staff sickness and promote health and wellbeing of our workforce. A resilient, healthy, and supported workforce is fundamental to BDCFT's ability to deliver safe and effective care throughout the winter period.

Key Actions to Improve Workforce Resilience:

Proactive Health and Wellbeing Support will continue to promote and expand access to health and wellbeing resources, and bespoke interventions for teams experiencing high pressure and levels of absence. Targeted support will be offered to staff groups with higher rates of absence or those less able to access standard offers.

Effective planning of annual leave across the year:

Supporting leaders and manages to have proactive conversations within teams about effective management of annual leave and headroom to avoid peaks in annual leave usage across festivities, celebrations, school holidays and financial year end.

Vaccination Uptake:

Maximising uptake of flu vaccinations among all staff is a priority. The Trust will deliver a flexible vaccination programme, including on-site clinics, outreach to community teams. Operational Services are working with IPC leads to look at dynamic and responsive ways to capture staff out in community. Vaccination uptake is being discussed through DLM structures to support

vaccination uptake and look at the barriers and what more we can do to support and improve during winter 25/26.

Flexible Staffing and Deployment:

Rosters are developed xx weeks in advance. Rostering oversight structures are in place proactively reviewing and assuring that appropriate skill mix and decision-making capability is in place especially during times of pressure and anticipated spikes in demand.

Daily Lean Management (DLM) and OPEL command structures will be used to monitor staffing levels in real time, enabling rapid redeployment of staff to areas of greatest need.

Absence Management and Early Intervention:

Managers will receive ongoing training and support to identify early signs of stress, fatigue, or illness, and to intervene promptly. The Trust will maintain clear processes for reporting, monitoring, and managing sickness absence, with a focus on early return-to-work and supportive conversations.

Workforce Planning and Scenario Modelling:

Workforce plans have been developed and stress-tested against baseline, moderate, and extreme demand scenarios. This ensures the Trust can flex capacity, prioritise essential services, and maintain safe staffing even during periods of significant pressure.

Collaboration and Mutual Aid:

The Trust will continue to work closely with system partners to share workforce intelligence, coordinate mutual aid, and support redeployment across organisational boundaries when required.

By embedding these actions, BDCFT aims to protect the health and wellbeing of its workforce, minimise disruption to services, and ensure the Trust remains responsive and resilient throughout the winter period.

Potential risks and areas to consider relating to workforce are:

- Workforce uptake of Flu
- Workforce impacted by seasonal illness
- Workforce morale and stress and anxiety increases
- LTO and vacancy rates increase.
- increased reliance on temporary staffing (quality and financial impacts)

9. BDCFT Supportive Actions

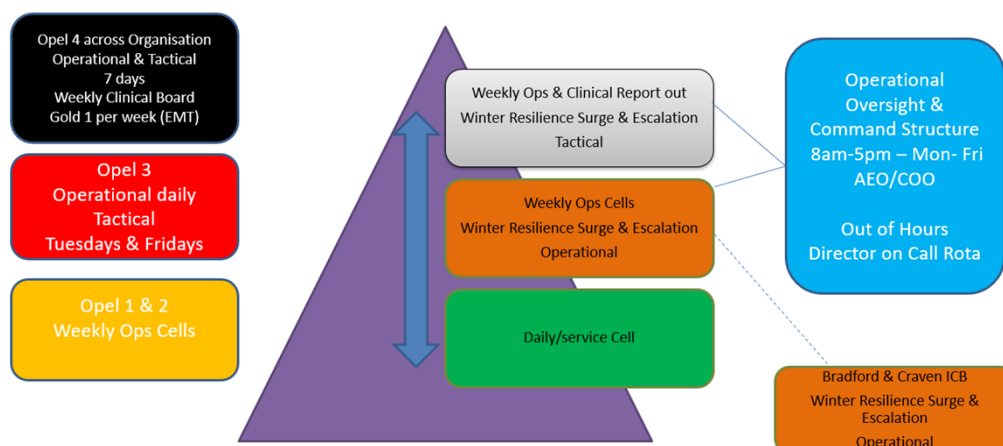
BDCFT have reviewed and assessed the impact of previous winter plan actions and initiatives aligned to the refreshed assessment and assumptions relating to anticipated demand and operational challenges for the coming winter. Some of these actions are actions that are in place throughout the year, others are additional to bolster and support seasonal specific risks and concerns. The high impact actions and interventions are as follows:

- Community services will continue to support Local Authority residential units to enable people to 'step up,' or 'step down' from hospital. Nursing input into these facilities enables people with more complex needs to be supported outside of a hospital setting.
- Community services will continue to work with Yorkshire Ambulance Service (YAS) aside of agreed clinical pathways that support 'suitable' patients identified by YAS to be attended by community nursing services, thereby reducing the likelihood of unnecessary conveyance to hospital. A 'standardised' directory of services (DOS) has just been adopted across West Yorkshire community providers.
- Community services continue to collaborate with the Urgent Community response standard, attending to conditions likely to be escalated within the two-hour time frame. These pertain to end-of-life care and catheter 'crises'.
- Keighley PACT has been launched alongside of a modality e-frailty pilot. Both schemes will work to keep vulnerable people well, reducing dependence on secondary care.
- Community services will continue to support timely discharge from acute hospitals thereby supporting flow.
- The YAS Mental Health Response Vehicle is live in the Bradford District. This vehicle is deployed to MH related ambulance calls and looks to divert away from A&E and support the de-escalation of crisis within a person's home or at scene.
- BDCFT work in partnership with YAS and support a 'push' MODEL category 3 calls – this supports the appropriate deployment of the right service to people calling 999 where joint decision making takes place between YAS and First Response on the right type of response from the most appropriate service.
- Daily huddles within acute hospitals to support multi-agency decision making and support for children & adults in crisis presenting to acute hospital.
- Care home liaison and outreach to prevent hospital admissions.
- Ongoing contract with the independent sector to mitigate inpatient bed pressures, potential seasonal bed closures and the current capital estate works and associated lost bed capacity.
- Collaborative work with Creative Support to provide crisis beds offering a non-medical approach to supporting a mental health crisis.
- Case Finding service users who have presented in crisis more frequently through winter months – putting in place proactive multi agency care plans to seek to improve their experience of winter and look to prevent frequent access to crisis pathways.
- Collaborative work on maximising pathways into Urgent and Emergency Care Delivery Board funded 'Wellbeing Hubs' offering pre crisis support and diversion from ED.
- Ongoing provision of Core 24 across both acute hospital sites through ALP Service.
- Provision of vaccination clinics through the Learning Disability Community Teams as well as targeted activity to vaccinate all eligible inpatients.
- The children's influenza campaign will be delivered to over 200 schools from October to December 2025, for a total of 100,000+ children. Inactivated vaccine (injection which is gelatine free) will be offered at the same time as the nasal spray. Additional community clinics will be needed.

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10. Resilience and Escalation Structures

Winter Resilience Cell Structures



Daily lean management structures are embedded across services enable operational challenges to be addressed in a timely manner and escalated as required. Our approach across the year ensures we have continual and dynamic oversight of key metrics and early warning signs of pressure or impacts upon patient and staff safety and applying CTW tools and improvement to respond and support mitigation and action.

OPEL framework scoring is now in place for elements of both Mental Health and Physical Health Community services, with daily reporting and scores. This is used to further help and identify current and emerging challenge.

As in previous winters we will continue to:

- Participate in the Bradford and Craven surge and escalation group to respond successfully to seasonal pressures, particularly as some influencing factors are not within the control of BDCFT or system partners.
- work together within the organisation and across the system with regards to the deployment of staff and resource, support for redeployment and stepping down non-essential services if required.

BDCFT has in place its operational, clinical and corporate on call structures (Strategic, Tactical & Operational). On call arrangements and rotas are developed in advance ensuring full coverage across periods of anticipated demand and have been tested as part of EPRR arrangements within the Trust.

Specific UEC Planning and Winter Planning Structures

Building on the roll out and learning from the launch of Community and Mental Health National Opel reporting and action cards, for winter 25/26 NHSE are consulting with ICBs, MH provider Trusts and Acute Sector UEC leads on the formalisation of a national UEC Mental Health Escalation and Response to MH pressures in emergency departments. BD&C have well understood, embedded and effective escalation structures in place. The proposed national UEC escalation process reflects what is already working however they will be refreshed in line with the NHSE plan and be signed off by relevant executive leads for winter across ICB and providers.

Kelly Barker, COO and AEO is named Executive Lead for escalation in regard to UEC Waits and is overseeing the review of the UEC MH Escalation Action Cards.

11. IPC arrangements and Vaccination Programme.

NHSE have asked Organisations to ensure that they review their IPC arrangements going into Winter 25.26. Key asks are:

- IPC are engaged in developing the Winter Plan and review of any associated polices and programmes to support targeted mitigation for noted seasonal demand
- Fit testing takes place across relevant staff groups and this is recorded and monitored through governance structures and all relevant PPE and stock flow is in place
- There is a patient cohorting plan in place and can be enacted by clinical and operational teams
- To have a plan in place to improve vaccination uptake by 5% on last years target

BDCFT still has in place well tested IPC arrangements put in place during COVID 19 pandemic. IPC colleagues have been involved in learning from Winter 24/25 and the development of our plan.

We continue to utilise isolation areas within inpatient wards where required and also put in place bespoke isolation care plans, all oversee and supported by our IPC colleagues.

We utilise DLM to monitor stock levels for PPE and ensure where we have stock levels replenished through well tested processes.

Fit testing is a rolling programme of activity and is recorded and overseen within the Organisational IPC oversight structures.

The winter vaccination programme for Trust staff has been reviewed and the action plan updated reflecting on learning from previous campaigns and programmes. The table below shows the 24/25 rate of uptake.

Table – Flu Vaccination Uptake 2024/25

Trust Update Rate	Number of HCWs involved with direct patient care	Number vaccinated with flu vaccine	Percentage flu vaccine uptake (%)
Bradford District Care NHS Foundation Trust	2,634	1,165	44.2
North East and Yorkshire Commissioning Region	187,103	76,756	41.0
National (England)	1,176,102	503,499	42.8

Vaccinations are an effective defence against infection and this year all trust staff will be offered the influenza vaccine. The campaign commences on the 1st of October 2025 with the aim of vaccinating as many staff members as possible prior to the expected winter pressures.

Additional actions will be undertaken during 25/26 to support vaccine uptake to include; additional education as part of mandatory infection prevention training to improve vaccination uptake, ensuring staff are aware that this year we will only be offering flu vaccine after taking feedback from regional and national intelligence that vaccine fatigue has been noted to be a factor in lower uptake.

Operational Services are working with IPC leads to look at dynamic and responsive ways to capture staff out in community. Vaccination uptake is being discussed and tracked through DLM structures to support vaccination uptake and look at the barriers and what more we can do to support and improve during winter 25/26.

Conclusion

The BDCFT Winter Plan 2025/26 demonstrates a robust, data-driven, and collaborative approach to managing the complex challenges of winter pressures. By aligning with NHS England’s national priorities and integrating learning from previous years, the Trust has developed a comprehensive strategy that prioritizes patient safety, workforce resilience, and service continuity.

Key actions include proactive scenario planning, dynamic daily oversight, and robust system partnerships to ensure that care remains safe, effective, and as close to home as possible—even during periods of peak demand. The plan’s emphasis on staff wellbeing, flexible deployment, and vaccination uptake reflects a commitment to supporting the workforce, which is fundamental to sustaining high-quality care.

Through continuous monitoring, agile escalation protocols, and a culture of mutual aid, BDCFT is well-positioned to respond to both anticipated and unforeseen challenges. The Trust's focus on improvement, innovation, and integrated working will help mitigate risks, maintain service stability, and deliver timely, compassionate care to the communities it serves.

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Bradford District Care NHS Foundation Trust

Winter Plan 2025 EQIA

1. Executive Summary

This Equality and Quality Impact Assessment (EQIA) provides assurance to the Board that the BDCFT Winter Plan 2025 is robust, inclusive, and designed to maintain safe, effective, and equitable services for all service users and staff during periods of increased winter pressure. The plan aligns with NHS England priorities and incorporates learning from previous years to mitigate risks and promote equality, diversity, and quality.

2. Assessment Methodology

- **Data Sources:** Strategic performance reports, operational metrics, patient experience data, staff feedback, and historical winter learning.
- **Stakeholder Engagement:** Input from service users, staff, system partners, and Board members.
- **Approach:** Systematic review of plan actions, scenario modelling, and risk identification for equality and quality impacts.

3. Impact Analysis

A. Service Access and Continuity

- Prioritises continuity of care for vulnerable groups (older adults, children with special needs, mental health service users).
- Supports rapid discharge and home-based care, reducing unnecessary hospital admissions.
- Risks of service disruption due to winter surge are mitigated by prioritisation of critical services, flexible deployment, and mutual aid arrangements.

B. Workforce Wellbeing and Support

- Proactive health and wellbeing support, vaccination uptake, flexible staffing, and targeted interventions for teams under pressure.
- Early intervention for sickness absence, stress, and fatigue, with attention to staff with long-term health conditions and minority backgrounds.
- Risks of increased sickness absence and stress are mitigated by enhanced wellbeing resources, dynamic rostering, and supportive absence management.

C. Scenario Planning and Risk Mitigation

Stress-tested against baseline, moderate, and extreme demand scenarios, with clear escalation protocols and business continuity measures.

- Risks of workforce shortages and increased demand are mitigated by daily monitoring, rapid redeployment, and system-wide collaboration.

D. Collaboration and Mutual Aid

APPENDIX 1

- System-wide collaboration with local authorities, independent and third sector organisations enables shared approaches to operational challenges.
- Risks of inequalities in access are mitigated by weekly system calls, dynamic escalation structures, and Board oversight.

E. Patient Safety and Experience

- Monitoring of patient safety incidents, especially during high demand, with actions to mitigate risks for those waiting for treatment.
- Use of patient experience data to inform service improvements and address disparities.
- Risks of increased incidents while waiting are mitigated by daily Lean Management, escalation protocols, and proactive care planning.

F. Specific Considerations

- **Children's Services:** Risk of delays in statutory health assessments for children in care due to staff illness and capacity constraints. Mitigated by scenario planning, flexible staffing, and outreach.
- **Mental Health:** Seasonal factors (social isolation, poverty, housing) exacerbate inequalities and require integrated, multi-agency responses. Mitigated by crisis beds, wellbeing hubs, and partnership working.
- **Community Services:** Support for care homes and vulnerable adults, with business continuity plans to address staffing and capacity challenges.

4. Actions and Mitigations

Area	Potential Impact	Groups Affected	Mitigation/Action
Service Access	Disruption due to winter surge	Older adults, those with serious mental health conditions and long-term health conditions, those with a learning disability, children, and children within vulnerable groups	Prioritise critical services, rapid discharge, home care support
Workforce Wellbeing	Increased sickness, stress	Staff with health conditions, staff with disabilities staff from minoritised communities and groups	Proactive health & wellbeing support, flexible & targeted deployment, vaccination outreach, promotion of staff networks, safe spaces, and reflective spaces
Mental Health	Higher crisis presentations	Socially isolated, individuals living in deprived areas, homeless/roofless, low-income families, those with serious mental health issues and poor physical health – multiple levels of adversity	Multi-agency support, crisis beds, wellbeing hubs, care coordination, outreach models, proactive case finding and management through multi agency care planning.

Area	Potential Impact	Groups Affected	Mitigation/Action
Children’s Services	Delays in health assessments	Children in care, special needs	Scenario planning, flexible staffing, outreach, and targeted offers
Patient Safety	Increased incidents while waiting	All service users	Daily monitoring, escalation protocols, waiting well initiatives

5. Monitoring and Review

- **Continuous Monitoring:** Daily oversight of key metrics and early warning signs of pressure or impacts upon patient and staff safety.
- **Feedback Mechanisms:** Regular review of patient experience, staff feedback, and operational data.
- **Scenario Testing:** Participation in regional stress-testing exercises to validate plans and ensure readiness for extreme events.

6. Recommendations

- Support and maintain targeted outreach to vulnerable groups during winter.
- Enhance data collection on equality impacts and service user experience.
- Maintain agile escalation protocols and mutual aid arrangements.
- Continue Board oversight and assurance processes for winter planning.

7. Conclusion

The BDCFT Winter Plan 2025 demonstrates a robust, data-driven, and collaborative approach to managing winter pressures. The EQIA confirms that the plan supports equality, diversity, and quality, with clear actions and mitigations to address risks and maintain high standards of care. Continuous monitoring, agile escalation protocols, and a culture of mutual aid ensure that BDCFT is well-positioned to respond to both anticipated and unforeseen challenges.

Prepared by:

Kelly Barker, Chief Operating Officer
Bradford District Care NHS Foundation Trust
Date: September 2025

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01/10/2025 15:44:14



Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust



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Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025**.

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Provider:

Double click on the template header to add details

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.		
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	YES	Appendix 1 of Winter Plan Document
The Trust's plan was developed with appropriate input from and engagement with all system partners.	YES	Co-ordinated by ICB
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	YES	3rd September 2025 – NHSE regional Event held in York.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	YES	Kelly Barker, COO & AEO
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	YES	SEE PAPER
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	YES	SEE PAPER
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	NA	

Provider CEO name	Date	Provider Chair name	Date

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Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	YES	SEE PAPER
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	YES	SEE PAPER
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	YES	SEE PAPER
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	NA	
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	NA	
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	YES	SEE PAPER
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	YES	SEE PAPER
8. A patient cohorting plan including risk-based escalation is in place and	YES	SEE PAPER

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	understood by site management teams, ready to be activated as needed.		
	Leadership		
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	YES	SEE PAPER
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	YES	SEE PAPER
	Specific actions for Mental Health Trusts		
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	YES	SEE PAPER
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	YES	SEE PAPER

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Quality and Safety Committee

Wednesday 17th September 2025

Paper title:	NHS CPD submission plan 2025/26	Agenda Item 12.3
Presented by:	Chris Dixon (Deputy Director of Nursing	
Prepared by:	Debbie Cromack (Operational Manager Centre for Clinical Education and Professional Development)	
Committees where content has been discussed previously	Not applicable for this item	
Purpose of the paper Please check <u>ONE</u> 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	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	X
	Giving back to our communities	
Being the Best Partner	Partnership	X
Good governance	Governance, accountability & oversight	X

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Purpose of the report (50 words)

To provide an overview of the 2025/25 learning need priorities as identified by nursing and the allied health professions and associated spend plan aligned to the NHSE CPD award. The monies must be allocated to education and training provision for **registrants only** with a total award sum based on BDCFT workforce headcount as submitted to NHSE in January 2025.

Executive Summary (100 words)

The BDCFT annual learning need priorities exercise is captured via a live document open across a 12 month period. This document affords services/professions to update and amend priorities dependent on workforce need/service transformation outputs. The focus of spend spans across formal HEI provision <£1000 per person, funding external training providers, access to external courses/study days and development of in-house provision.

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 Quality & Safety Committee is asked to:

- Review the evidence presented within the 2025/26 NHSE CPD spend plan (link within the main body of the paper (section 2))
- Highlight any omissions/amends to the learning need priorities for BDCFT
- Sign off content prior to organisational submission to NEY NHSE and initiation of spend, training commissions with external partners etc.

Links to the Strategic Organisational Risk register (SORR)

The work contained with this report links to the following corporate risks as identified in the SORR:

-
-

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|--|--|
| ☒ Safe | ☒ Caring |
| ☒ Effective | ☒ Well-Led |
| ☒ Responsive | |

Compliance & regulatory implications

The following compliance and regulatory implications have been identified as a result of the work outlined in this report:

-

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Quality and Safety Committee

Wednesday 17th September 2025

NHS CPD submission plan 2025/26

1 Purpose

To provide an overview of the 2025/26 learning need priorities as identified by nursing and the allied health professions and associated spend plan aligned to the annual NHSE CPD award. The monies must be allocated to education and training provision for **registered roles only across nursing and the allied health professions** (as per NHSE strict directive) with a total award sum based on BDCFT workforce headcount as submitted to NHSE in January 2025.

The CPD funding is intended to be used as an individual development fund for frontline clinical professionals to:

- Equip them with new clinical skills to enhance the care they provide to patients and develop their careers.
- Support staff in moving between sectors, for example, by enabling nurses and AHPs in hospitals to move to new roles in primary care and community care, supporting improved primary care access and out of hospital care through provision of targeted development.
- Support the maintenance of their continuing professional registration by helping them to meet requirements from their professional regulators.

This funding is an investment solely for CPD and cannot be used for funding backfill or statutory and mandatory training

2 Proposed Outcome

- Assurance that the annual BDCFT learning needs analysis/priorities approach and NHSE submission document identifies key priorities for education and training provision for the registered workforce across 2025/26 (please see attached NHSE CPD submission document).
- This NHSE investment will provide access to funding tailored to personal professional requirements as well as national, regional, system and population health priorities.
- The aim is to support the NHS and enhance the skills and expertise of our workforce, which are vital to our services and communities
- CPD funding is available to the specific eligible professions of nursing associates, registered nurses, midwives and allied health professionals (listed below)

- | | | |
|-------------------|-------------------------------------|---|
| • Art Therapist | • Occupational Therapist | • Prosthetist/Orthotist |
| • Podiatrist | • Operating Department Practitioner | • Radiographer (Diagnostic & Therapeutic) |
| • Dietitian | • Orthoptist | • Speech and Language Therapist |
| • Drama Therapist | • Osteopath | |
| • Music Therapist | • Physiotherapist | |
| • Paramedic | | |

3 Options

- Rather than allocating an annual personal CPD budget (which equates to £333 for each eligible staff member) BDCFT has a portal for named representatives to record learning need priorities on behalf of a service. This spreadsheet is open across the year to afford the organisation timely access to any underspend. It can be altered/amended as needs change in response to local, regional, national guidance/reports associated with workforce upskilling, changing workforce needs/scope of practice requiring education and training and the outputs of transformation workstreams/service delivery which require upskilling the workforce.
- This BDCFT approach affords the organisation to be creative in its application of the CPD spend remit with an aim to ensure high priority items are covered alongside opportunities to invest and develop training provision which can reach across all fields of nursing and the allied health professions. Some provision is generic eg clinical supervision whilst others are bespoke service/role specific needs.
- BDCFT commences its annual learning needs priorities workstream in January each year in preparation for the NHSE CPD confirmation and associated timeline for the new financial year as below;

When	Activity
May 2025	NHS England to send confirmation of 2025/26 CPD allocations and share investment planning template with organisations / Training Hubs
July 2025	Organisations will receive 100% of their confirmed allocation in July 2025 as part of the funding transfer for the NHSE Education Funding Agreement finance schedule *
August 2025	Organisations/Training Hubs to develop CPD investment plans for 2025/26 and return them to NHS England by 22 nd August 2025.
October/ November 2025	NHS England Regional Teams carry out review/assurance process with organisations to reflect on progress to date, identify risks and gauge confidence in delivery for the remainder of Q3 & Q4.
1 st May 2026	Organisations /Training Hubs to submit their final plan detailing actual activity for 2025/26 FY by 1 st May 2026 demonstrating 100% utilisation of the 25/26 CPD investment.

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4 Risk and Implications

- There is an associated risk for those professions such as Psychology who are not included in the NHSE CPD spend remit in terms of this workforce group being able to access a funding stream for professional development. However, over the past couple of years the trust has been able to redirect some underspend to support high priority training for a proportion of this workforce group for both Foundation and Intermediate System Practice modules at Leeds University (advising NHSE of the need to default from its prescribed mandate due to the withdraw of funding for this critical programme). The NHSE CPD monies are also not applicable to the unregistered workforce that continues to be without a dedicated national/regional NHSE funding stream.
- The CPD plan is on the agenda as a standard item at the Safer Staffing forum to afford the trust an opportunity to triangulate any targeted training/development lead from IRE thematic reviews etc. It is also discussed at both Nursing and AHP council to allow for timely amendment or re-direction of underspend when this occurs.
- The live portal approach to capturing CPD priorities over the past 3 years has afforded the organisation to highlight and target spend on specific areas of need to ensure the workforce are upskilled to endeavour to maintain safe and competent practitioners. Historically focus on CPD lent towards more formal and often credit bearing HEI modules/course which were costly and in part not meeting the full learning need of the individual/staff group. The current approach allows the trust to look at internal expertise, partnering at Bradford place to afford economies of scale and value for money and working with HEI partners to design and develop shorter study days/modules around high priority topics. It also enables the Centre for Clinical Education and Professional development to support meeting newly identified training needs by developing bespoke training days for internal delivery.

5 Results

- The 2025/26 BDCFT CPD spend plan has been reviewed at SLT and approved on 21st August 2025
- Outcome of consideration and review by Quality and Safety Committee on 17th September 2025 pending.

Author: Debbie Cromack

Title: Operational Manager Centre for Clinical Education and Professional Development

Date: 6th September 2025

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25/26 CPD Investment and Assurance Workforce Transf **NHS** Plan

Background:

The purpose of this reporting template is to provide a standard tool for reporting on the utilisation of the CPD funding allocation for Nursing Associates, Nurses, Midwives and AHPs in NHS organisations/Training Hubs.

This will aid in providing a transparent report on how and where the CPD funding is utilised across the region aligned to NHSEs five key enablers of workforce transformation (previously the HEE Star) - Supply, Up-skilling, New roles, New ways of working and Leadership

CPD funding should be aligned to these five enablers (at least one or more), to ensure appropriate use of resource and establish a common understanding of shared workforce priorities.

The reporting framework is aligned to the five key enablers to facilitate aggregation and analysis at regional and national level – providing improved oversight of economies of scale, gaps in activity and impact/outcomes

Instructions for completion:

The **Contact details sheet** (Tab 2) asks for the details of the main contact for this information and the details of the Senior Responsible Officer who has overall accountability for the CPD funding on behalf of the organisation.

The **Assurance sheet** (Tab 3) please describe the steps you took to ensure effective governance, advance equality of opportunity and eliminate discrimination and the benefits and outcomes of this investment.

The **CPD investment plan detail** (Tab 4) asks for a breakdown of the CPD activity (a brief description of the headings has been detailed below:)

Education Provider: Please state the education provider for the CPD activity

Provider Type: Select from the list

Description of activity: State the CPD title or description of CPD activity (e.g. course name)

Activity category: Select from key enablers of workforce transformation

Activity type: Select from the list

Planned Delivery: Select which quarter the CPD activity will be delivered

Unit cost: The cost per person for full CPD completion

Number of places for Nurses/Midwives: State the number of participants on the specified CPD activity (E.G. '10' not 'ten')

Nursing and Midwifery Staff Group: Select from the list

Nursing & Midwifery Cost: This is automatically calculated. **Do not edit this column.**

Number of places for AHPs: State the number of participants on the specified CPD activity (E.G. '10' not 'ten')

AHP Staff Group: Select from the list

AHP Cost: This is automatically calculated. **Do not edit this column.**

Total amount: This is automatically calculated. **Do not edit this column.**

Spend status: Select from the list the current status of spend for that activity (select 'planned' for spend that is expected / intended to take place; select 'actual' for spend that has already taken place)

Intended Impact of Activity: Select from the list of impacts based on the following description of each:

To maintain/refresh existing skills = Activity that supports the maintenance of existing skills used within current role (e.g. an update or refresher course)

To develop new skills/techniques = Activity that provides learning in a new skill that will be used within existing role (e.g. expanding breadth of knowledge)

To support career progression = Activity that supports readiness for progression to next step

To respond to a new service need = Activity that supports delivery of a service in a new way (e.g. system/strategic priorities)

Additional Info: This column is optional. You may fill it with any notes to help you track your organisation's CPD plan.

Linked to a priority area: This column is optional but is useful to understand if the development is linked to an organisational /regional/ national priority – please choose the appropriate drop down.

The **CPD investment plan summary sheet** (Tab 5) The majority of this tab is automatically populated from the investment plan detail sheet (tab 3). **You only need to populate the CPD Allocation** -(this information can be found in the schedule within your CPD allocation letter) **Also please include the headcount of nursing and midwifery staff group and AHP staff group (yellow shaded cells) on this tab.**

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Organi

Name of organisation:

Region

ICB

Contact Name

(person completing this Investment plan):

Job title:

Telephone number:

Email address:

Name of Organisational Executive Sponsor/SRO:

Job title:

Telephone number:

Email address:

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sation Contact details		NHS	
Bradford District Care NHS Foundation Trust			
North East and Yorkshire			
NHS West Yorkshire ICB			
Debbie Cromack			
Operational manager - Centre for Clinical Education & Professional Development			
N/A			
debbie.cromack@bdct.nhs.uk			
Phillipa Hubbard			
Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive			
07715 038563			
phillipa.hubbard@bdct.nhs.uk			

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Governance

Describe what governance arrangements you put in place to: assure funds were deployed in a timely manner and were utilised as stated in the guidance; assured the quality of upskilling purchased or delivered; identify and effectively manage risks and issues; and evaluate impact on investment (400

The BDCFT learning needs analysis scoping tool is a live document open across the year. This has afforded named representatives from across the professions to input and update learning needs alongside projected demand and preferred quality assured training provided if know. This scoping tool requires information around staff groups, role, banding alongside a rag rating for prioritisation/demand. Consideration is made to the frequency of delivery of courses/training programmes and timetabling of HEI modules in terms of the realistic ability for the organisation to release staff. This has been managed by offering a cohort approach where numbers of staff are higher to enable equity of access for those needing the training/upskilling. The learning need priorities are discussed at forums such as nursing council, AHP council, safer staffing and senior leadership forums across the year to ensure that all priorities are captured and themes coming through as learning opportunities for the workforce are addressed. There are also regular conversations at place to compare priorities, in-house provision that can be opened up to neighbouring organisations where capacity allows and content meets the identified need and discussion around where a joint commissioning approach may be appropriate if no known provider identified. CPD funding is also aligned to mandatory training/upskilling requirements that may come from national directives, serious incidents etc.

Equality Impact Analysis

Describe what you did to promote equality of opportunity amongst all eligible staff and eliminate discrimination (200 words).

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As detailed above the live learning needs spreadsheet has nominated leads from each service area span

Impact & Value

Describe the **benefits and outcomes** of the utilisation of the CPD funding in relation to the development of the clinically registered workforce (400 words)

CPD funding has enabled the organisation to address priority learning requirements and recommendation

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ning across nursing and the allied health professions. This has enabled an overarching review of the p

ns from skill gap analysis workstreams. Staff have been able to access a wide range of learning and de

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priorities submitted, where there are commonalities and where there are specific needs for a workforce (

development offers ranging from clinical skills, upskilling around processes and leadership development,

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group. This has enabled offers to the workforce in terms of a range of learning programmes including o

confidence and wider awareness. There has also been investment in developing and facilitation of a w

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online study sessions, face to face study days, short courses, conference attendance, development and

wide range of in-house offers and accessing specialist education provision from a number of quality assi

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| delivery of new in-house offers and more formal credit/non credit bearing HEI modules. Once the CPD

ured xternal providers. Staff provide evaluations on their learning experience, content of the education,

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) spend plan is approved the range of opportunities are shared in an open and transparent manner to th

implementation of learning experience and impact. Data also comes through via staff survey and oppo

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re clinical workforce where appropriate acknowledging that some learning requirements are specific to

rtunities such as stay conversations with regards to the impact of accessibility to ongoing training and c

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role and priorities identified by a range of learning programmes including online study sessions, face to

development on job satisfaction and retention of the workforce.

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face study days, short courses, conference attendance, development and delivery of new in-house off

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From 1970-1980

From 1970-1980

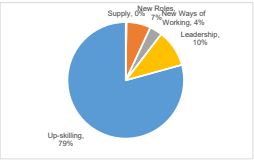
From 07/11/19 to 20/12/19

From 07/12/2020 to 16/01/21

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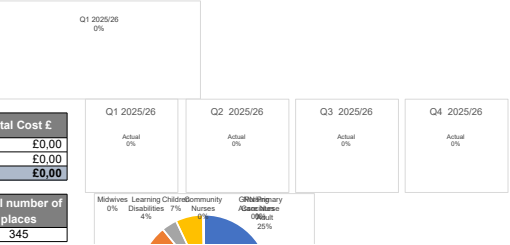
Course category	Number of places for Nurses and Midwives	Number of places for AHPs	Total number of places	Total cost £
Supply	0	1	1	£850.00
New Roles	23	5	28	£25 200.00
New Ways of Working	87	60	147	£13 130.00
Leadership	742	448	1190	£38 700.00
Up-skilling	2690	759	3449	£297 986.00
Total	3542	1273	4815	£376 866.00
Trust allocation (to be added manually)				£376 472
Trust head count nursing & midwifery staff group (to be added manually)				1 054
Trust head count AHP staff group (to be added manually)				51
Total Trust head count				1 054
Variance in headcount to places accessed				3761
Investment plan variance to allocation				-£606.00



Activity Analysis

Note: The activity analysis below will work well once you have filled all the columns in the 'CPD investment plan detail' spreadsheet.

Activity by planned delivery				
Planned Delivery	Number of places for Nurses and Midwives	Number of places for AHPs	Total number of places	Total Cost £
Q1 2025/26	0	0	0	£0.00
Q2 2025/26	0	0	0	£0.00
Q3 2025/26	0	0	0	£0.00
Q4 2025/26	0	0	0	£0.00
Total	0	0	0	£0.00
Activity by spend status				
Spend Status	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Actual	£0.00	£0.00	£0.00	£0.00
Planned	£0.00	£0.00	£0.00	£0.00
Total	£0.00	£0.00	£0.00	£0.00
Activity by staff group and number of places				
Nursing and Midwifery Staff Group	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Adult	0	21	189	135



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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	02/10/2025
Report from:	People and Culture Committee	Meeting date:	17/07/2025
Quorate?	Yes ☒ No ☐		
Members present	Mark Rawcliffe (NED/Chair) Sally Napper (NED), Phil Hubbard, David Sims, Mike Woodhead.		
In attendance	Jess Greenwood-Owens, Michelle Holland, Fay Davies, Lisa Wright, Jo Wilson, Rachel Trawally, Farhan Raf, Michelle Holgate. Timed business: Claire Ingle, Emma Stott, Brontë Dines-Allen, Kathryn Callaghan, Wali Nazar, Naomi Fernandez.		
Observers	N/A		
Apologies	Fran Stead, Jeanette Homer, Kelly Barker, Bob Champion.		
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	
Agenda items	• Matters Arising – WRES and WDES correction to a previous report due to data. • Strategic Assurance Report; Strategic Narrative Report • Integrated Strategic Performance Report including: Medical Staffing Update; Recruitment Activity Update and Rostering Activity • Belonging & Inclusion Update • Staff Networks Annual Report 2025 including; Rainbow Alliance Annual Report; Aspiring Cultures Annual Report and Beacon Network Annual Report • Annual Report on Leadership & Management Development • WRES Update • Strategic Risks • Committee Terms of Reference • Annual Effectiveness Review – Update on Actions • Committee Workplan 2025–26 • Confirmation of Escalation Reporting; Strategic priority assurance levels; Top 3 strategic risks for AAA report; Alert, Advise, Assure + Decision Reporting • Any Other Business • Meeting Evaluation		
Alert items agreed by Committee	• Disproportionate Disciplinary Rates: There had been a significant increase in the proportion of staff from ethnically diverse backgrounds entering disciplinary processes, particularly in inpatient mental health services. This had been flagged as a serious concern to address		

	• Sickness Absence: Although it had been improving overall, sickness absence remained a concern and had become a key metric in the national oversight framework. The Trust was still considered an outlier. • Vacancies in Healthcare Support Workers: Due to more rigorous recruitment standards, there had been more vacancies in this area. • Organisational Change Impact: Concerns had been raised about the cumulative impact of multiple organisational changes, which might have led to increased ER cases, grievances, and sickness absence. • A discrepancy in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data were identified. The issue arose from differing definitions of “shortlisted” between the Trust’s recruitment system (TRAC) and NHS England’s criteria. A correction was made to a previously submitted AAAD to the Board: initial WRES data inaccurately indicated that white candidates were four times more likely to be appointed post-shortlisting. After correction, this disparity reduced to 1.25 times, aligning more closely with internal representation. However, the revised WDES data revealed a worsening trend—non-disabled candidates were 2.08 times more likely to be appointed than disabled candidates. Neither the WDES or the WRES data had been released as public reports yet. Corrections would be made to the various locations that this information has been reported.
Advise items agreed by Committee Trawally Rachel 01/10/2025 15:44:14	• Model Roster Oversight: It had been advised that oversight of the model roster should sit with OSPB, with highlights reported back to the People & Culture Committee for visibility and assurance. • EDI Disciplinary Review: A workshop had been planned with inpatient services to understand the root causes of disproportionate disciplinary actions. The Aspiring Cultures Network had been involved in shaping this work. • Inclusive Recruitment: Adjustments to recruitment processes for candidates with autism and learning disabilities had been advised and implemented, including tailored onboarding and assessment centre support. • Apprenticeship Strategy: There had been a recommendation to explore apprenticeships more broadly as a strategic workforce solution. • ER Case Volume: Although it had improved, ER case volumes remained high and were sensitive to organisational change and workforce pressures. • Staffing Pressures in Inpatient Units: High usage of bank and agency staff, particularly in areas like Ashbrook and Bracken, had been linked to increased observations, patient acuity, and vacancies. • Recruitment Freeze: While onboarding efficiency had improved, the recruitment freeze had reduced the number of live adverts, potentially affecting future workforce capacity.

	Unavailability and Effectiveness in Rostering: High levels of unavailability and ineffective rostering practices had been flagged as areas needing urgent improvement.		
Assure items agreed by Committee	- Improved Recruitment Metrics: Time-to-hire and onboarding processes had significantly improved, with KPIs ahead of target. - Leadership Development: A new three-day mandatory leadership programme had been launched, with strong early feedback and a clear evaluation framework in place. - Beacon Network Growth: The Beacon Network and its subgroups (e.g. ADHD, Autism, Working Carers) had grown significantly, providing safe spaces and influencing policy and practice. - Staff Networks Influence: All staff networks (Rainbow Alliance, Aspiring Cultures, Beacon) had demonstrated strong engagement and influence on Trust policy, culture, and inclusion efforts. - Medical Staffing Stability: Recruitment of international doctors and reduction in locum usage had led to a 31% decrease in agency costs and 45% in bank costs.		
Decisions made by Committee	The following items were approved: - Minutes and AAAD of the previous meeting held 22/05/2025 - Action Log - Strategic Risks - Committee Terms of Reference		
New risks identified by Committee	None were identified, however, the risk report would be revised for the next Committee to better align with the changing risks.		
Items to be considered by other Committees/Groups	- Model Roster Oversight should be OSPB for primary oversight, PCC would receive updates on this. - Workforce Productivity and Attendance Management - OSPB for governance and tracking; PCC for assurance and visibility. - National Oversight Framework – Sickness Absence: Board of Directors (paper was in preparation) - ER and Attendance Management Hubs: PCC to continue monitoring; OSPB to support operational delivery - Medical Staffing and Locum Reduction: Finance Committee (track financial impact). - Disciplinary Cases: Executive Management Team (EMT) – operational response. PCC – oversight.		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	17/07/2025
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	02/10/2025
Report from:	People and Culture Committee	Meeting date:	18/09/2025
Quorate?	Yes ☒ No ☐		
Members present	Mark Rawcliffe (NED/Chair) Sally Napper (NED), Mike Woodhead, Kelly Barker, Bob Champion, Therese Patten.		
In attendance	Fran Stead, Chris Dixon (on behalf of Phil Hubbard), Jess Greenwood-Owens (secretary), Fay Davies (part of meeting), Lisa Wright, Jo Wilson, Anitha Mukundan, Timed business: Jonathan Guy, Claire Ingle, Emma Stott, Jo Wilson, Ruth Ozolins, Helen Farrer.		
Observers	Danielle Stephenson (and presenter for 1 item)		
Apologies	Jeanette Homer, Phil Hubbard (Chris Dixon representing), Farhan Rafiq, Michelle Holland		
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	
Agenda items	• Minutes and AAAD of the previous meeting • Matters Arising • Action Log • Learning from your experience – culture of care and the impact that this has had on inpatient services • Strategic Assurance Report .1 Strategic Narrative Report • Integrated Strategic Performance Report (dashboard – enclosure) • .1 Medical Staffing Update, .2 Recruitment Activity Update, .3 Employee Relations Activity, .4 Rostering Activity and OSPB highlights report • Staff Survey Update – progress report • NHS Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Metric 3 updated reports. • NHS Workforce Equality Standards inclusive recruitment • Alert, Advise, Assure + Decision AAA+D Report/s: • .1 Senior Leadership Team, People, Planning & Innovation .2 Strategic EDI Partnership Group, .3 AAA Staff Partnership Forum, • .4 AAAD: Workforce Productivity, .5 AAA+D Report/s: Place Regional and National Updates, .6 AAA+D Leading better Lives Together update • Strategic Risks • Annual Effectiveness Review • Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels 2 Confirming top 3 strategic risk		

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	to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting • Committee Workplan 2025-26
Alert items agreed by Committee	• The Committee raised alerts regarding rising sickness absence, noting it was approaching 7%. This trend was flagged as a concern due to its impact on continuity of care, increased use of temporary staffing, and financial & compliance consequences. The Committee highlighted that sickness absence was a key metric in the NHS Oversight Framework rating. • The Committee also flagged the need to monitor pockets of high sickness absence within teams, especially in areas undergoing change or facing high demand and complexity. The importance of triangulation and using data as insight was noted. • Visa and immigration changes were identified as a risk, particularly affecting recruitment and retention of healthcare support workers. Including long-term impacts on workforce planning and service delivery. (immediate impact to band 2 and 3 and long-term higher bands). • A conversation took place on data quality within the Trust, with Committee noting that reports on this would be presented to the Finance and Performance Committee.
Advise items agreed by Committee	• Targeted interventions in three services to address sickness absence, including mentoring for managers and training on systems, processes, and policies was continuing. These interventions were intended to support management and improve access to health and well-being facilities. • It was recommended to disaggregate sickness absence data to identify and address issues and pathways, rather than relying solely on overall figures. • Ongoing review of health and well-being service provision to ensure it was reaching all staff noting that the Place included areas of high deprivation. • The Committee noted continued advocacy for staff and communities affected by inequalities and recommended that the organisation remain proactive in addressing these challenges. • Well-Led Improvement Plan: Three separate effectiveness reviews had culminated in a comprehensive Well-Led Improvement Plan, which would be presented to Audit Committee and Board for approval.

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Assure items agreed by Committee	• Actions were being taken to address sickness absence, including targeted mentoring, training, and health and well-being initiatives. • Improvements in onboarding and induction processes were reported, with attrition of new starters continuing to reduce. The effectiveness of these processes was being monitored and further actions were planned to enhance local induction experiences. • Employee relations cases were being managed effectively, with average open times reduced and a significant number of cases closed during the reporting period. A new disciplinary policy focusing on avoidable harm was being implemented, supported by a grant to reduce employee harm. • Strategic risks and assurance ratings were being reviewed and updated, with changes to reporting formats and processes planned to improve oversight and drive improvement activity.
Decisions made by Committee	The following items were approved: • Minutes and AAAD of the previous meeting • Action Log • Strategic Risks
New risks identified by Committee	• None were identified, however, the risk report would be revised for the next Committee to better align with changing risks//a new report format.
Items to be considered by other Committees/Groups	• Strategic Risks & Assurance Ratings strategic risks and assurance ratings would be taken as an agenda item to Board. • Data Integrity & Reporting: recommendation to bring this as a broader discussion point to the Board to ensure organisational-level data quality and consistency. • Annual Effectiveness Review & Well-Led Development Plan: Actions from the annual effectiveness review and the new well-led development plan were to be monitored by the Board and Audit Committee. • Sickness Absence & Workforce Planning The committee discussed the need for ongoing board-level oversight of sickness absence trends, especially as they relate to financial impact, service delivery, and the NOF.
Feedback following discussion at 'parent' meeting	

Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	19/09/2025
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

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Trust Board

2nd October 2025

Item 14.0 Finance Report – Month 5 (August 2025)

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Financial Performance – Key Messages & Risks

Key Messages

We are reporting slightly better than **plan at Month 5** and continue to forecast meeting our planned surplus of £2m.

The main risk to achieving the financial plan is under-delivery of the efficiency programme.

- The efficiency programme is offtrack at Month 5 by £1m and is forecast to underdeliver by £2.8m for the year. This has worsened from the previous month due to reduced confidence in delivering the Workforce Productivity Programme.
- Further risks to delivery of the efficiency programme could worsen performance by between £1.7m and £2.9m – mainly in the Purposeful and Productive, Digital and Continence workstreams.

The Trusts contingency and other fortuitous non recurrent measures have been deployed to mitigate under-delivery of the efficiency programme and to support the bottom-line financial position.

In addition to the efficiency delivery risk, there are further risks (as detailed on the Risks and Mitigations slide) taking the gross risk that requires focused attention to £4m. After taking account of the remaining contingency of £0.7m and further non recurrent mitigations, the likely net risks is c£1.6m.

Pipeline opportunities continue to be sourced, overseen by the Organisational Sustainability Programme Board, to fully mitigate the risks and support the Trust in delivering the £2m agreed surplus. Focus is now turning to the planning activities for 2026/27 and the 5-year medium term financial plan. High level planning guidance has been received, with more detailed guidance (with allocations) expected at end of September. Draft plans are required in November and Final plans in December.

Reporting breaches:

At Month 5, the Agency cap has been breached by **£0.5m YTD** and forecast to breach by **£0.9m for the year** – this is mainly due to an exceptional package of care for a service user on the Najurally Centre. As lead provider gross costs are reported in BDCFT books, contributions are received from PC partners however these do not net off against the agency spend. NHS England measure the agency cap at West Yorkshire level, at Month 4 the ICB were not breaching its cap, awaiting Month 5 figures.

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	40,686	41,203	517	95,542	96,800	1,258
Adults and Children's Comm. Care Group	27,830	27,630	(200)	66,315	66,463	148
Medical Directorate	7,250	7,470	220	17,261	17,421	160
Central Reserves & Developments	3,278	2,806	(472)	7,217	5,197	(2,020)
Contract Income	(94,263)	(94,149)	114	(226,173)	(225,691)	482
Estates & Facilities	5,115	4,949	(166)	12,268	12,214	(54)
Finance	1,120	1,115	(5)	2,694	2,607	(87)
Trust General Management	1,537	1,481	(56)	3,690	3,590	(100)
Nursing, Quality and Gov	2,602	2,616	14	6,184	6,178	(6)
People Matters	2,251	2,196	(55)	5,197	5,242	45
Digital Services	2,291	2,440	149	4,984	5,474	490
Transformation	1,154	956	(198)	2,821	2,479	(342)
(Surplus)/Deficit	851	713	(138)	(2,000)	(2,026)	(26)
Technical Adjustment - Horton Park		26	26		26	26
Reported (Surplus)/Deficit	851	739	(112)	(2,000)	(2,000)	0

Statement of Financial Position

Statement of Financial Position £000's	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Non-Current Assets	61,689	58,804	(2,885)	80,797	80,797	0
Current Assets	25,350	31,721	6,371	21,729	21,729	0
Current Liabilities	(19,603)	(33,195)	(13,592)	(13,253)	(12,612)	641
Non-Current Liabilities	(9,262)	(8,217)	1,045	(7,301)	(7,301)	0
Total Assets Employed	58,174	49,113	(9,061)	81,972	82,613	641
Public dividend capital	42,232	40,562	(1,670)	68,179	68,820	641
Income and expenditure reserve	(1,254)	(8,201)	(6,947)	(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	58,174	49,113	(9,061)	81,972	82,613	641

Managing the in year position

Headlines:

The current forecast includes pressures that have been non recurrently mitigated of £842k year to date and £2.7m for the full year. These are mainly due to the efficiency plans being offtrack.

The mitigations include deployment of the Trust contingency and a range of one-off benefits/ underspends. Whilst this allows for the Trust to report a position in line with plan, there are 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 Position	1,046,392	2,771,615
Care Groups and departments positions	(204,856)	(55,409)
Total Risks to be mitigated	841,537	2,716,206
Mitigations		
Contingency Deployment	(643,681)	(2,368,904)
Non recurrent measures	(197,856)	(347,302)
Sub total: mitigations released in the position	(841,537)	(2,716,206)
Revised Forecast	0	(0)

Underlying Position

Headlines:

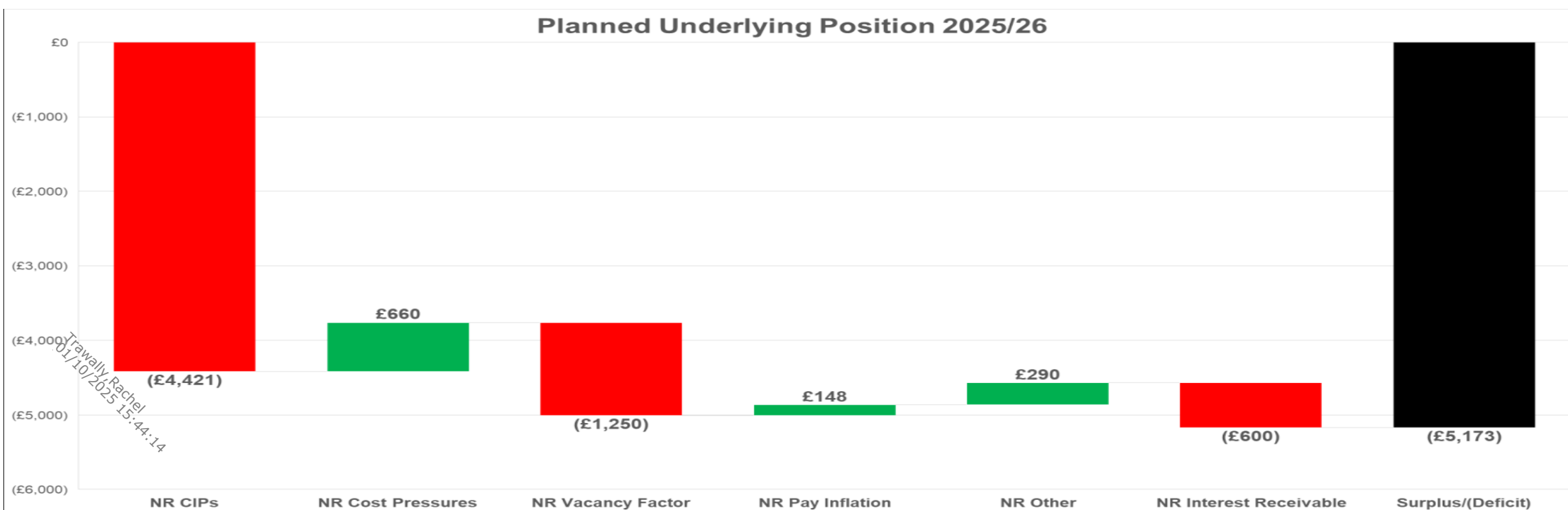
The underlying deficit going into 2026/27 is currently £5.17m (before applying 2026/27 planning assumptions), mainly driven by non recurrent efficiency in 25/26 and delivery risk on Strategic Programmes.

The non recurrent CIP consists of:

- £0.275m non recurrent CIP in 25/26
- £2.5m delivery risk for Workforce Productivity and Digital
- £1.646m difficult decisions delivered through non recurrent measures in 25/26

The Trust planned for a £4m vacancy factor in 25/26 to support delivery of the plan, of which £1.25m will be delivered non recurrently. Work is ongoing to source recurrent delivery of the full £4m vacancy factor.

Interest receivable is expected to be c£1.1m in 2025/26, however due to the need to use cash balances to support the capital plan in 26/27 and the use of non recurrent measures to deliver 2025/26 revenue plan it is expected that interest receivable will reduce by c£600k (to £500k in 26/27).



Efficiency Programme

The Month 5 position includes under delivery on the efficiency programme of £1.05m YTD and £2.77m 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 main movement from Month 4 is that the achievement of the Workforce Productivity Programme is now reporting fully off track, due to confidence levels in plans. Work continues to scope opportunities and when robust plans are in place this would provide an upside.

The risk assessed delivery ranges from £1.7m to £2.9m, with a **likely case additional risk of £2.4m** (equates to a 21% delivery risk of Q2-Q4 target). Mitigation plans to address the risk are outlined further in the paper.

Efficiency Plan	Director Lead	YTD Planned Savings	YTD Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing	Variance from Plan Positive = offtrack Negative = better than plan	Full Year Planned Savings	Full Year Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing	Variance from Plan Positive = offtrack Negative = better than plan	Delivery Risk Rating	Best Case Risk Assessment	Likely Case Risk Assessment	Worst case Risk Assessment
1. Purposeful and Productive Adult & Community Pathway (LOS/OAPs)	Kelly Barker	590,590	290,028	300,562	3,192,718	2,892,156	300,562	Medium	817,063	1,298,136	1,636,650
1. Purposeful and Productive Adult & Community Pathway (Staffing)	Kelly Barker	426,814	195,753	231,061	1,365,740	1,095,432	270,308	Medium	520,271	624,921	754,648
1. Purposeful and Productive Adult & Community Pathway Total		1,017,404	485,781	531,623	4,558,458	3,987,588	570,870				
2. Medical Staffing	David Sims	26,296	(156,976)	183,272	233,281	128,713	104,568	Medium			
3. Continence service review	Kelly Barker	0	(4,405)	4,405	349,000	343,832	5,168	High			
4. Enteral Feeding consumables	Kelly Barker	0	43,675	(43,675)	85,000	128,675	(43,675)	Low			
5. CYP Leadership restructure	Kelly Barker	55,556	0	55,556	250,000	167,000	83,000	Medium			
6. Adults Non Pay budget	Kelly Barker	208,335	114,552	93,783	500,000	448,316	51,684	Medium			
7. Estates Rationalisation	Mike Woodhead	157,550	140,830	16,720	385,681	385,681	0	Low			
7. Estates Rationalisation	Mike Woodhead	59,245	59,245	0	142,180	142,180	0	Low			
8. Corporate Services review	EMT	372,658	372,658	0	958,094	958,094	0	Low			
9. Workforce Productivity	Bob Champion	444,444	0	444,444	2,000,000	0	2,000,000	High			
10. Digital Optimisation (PKB)	Tim Rycroft	52,650	52,650	0	126,353	126,353	0	Low			
10. Digital Optimisation	Tim Rycroft	0	0	0	500,000	500,000	0	High	387,000	387,000	400,000
11. Difficult decisions	Mike Woodhead	816,596	816,596	0	3,645,906	3,645,906	0	Low	-	89,508	89,508
12. LMH Development	Mike Woodhead	0	0	0	10,257	10,257	0	Low			
SUB TOTAL: Strategic Programmes		3,210,733	1,924,605	1,286,128	13,744,210	10,972,595	2,771,615				
13. Technical: Income Opportunities	Claire Risdon	200,001	138,000	62,001	200,000	200,000	0	Low			
14. Technical: Lively up Yourself	Bob Champion	19,790	19,790	0	47,500	47,500	0	Low			
14. Technical: Procurement	Mike Woodhead	83,335	83,335	0	200,000	200,000	0	Low			
14. Technical: CNST	Phil Hubbard	12,200	12,200	0	24,395	24,395	0	Low			
14. Technical: Telphony	Tim Rycroft	12,305	12,305	0	29,533	29,533	0	Low			
15. Vacancy Factor	Kelly Barker/Mike	1,666,673	1,968,410	(301,737)	4,000,000	4,000,000	0	Medium			
16. SpA	Kelly Barker	0	0	0	100,000	100,000	0	Medium			
Efficiency Programme Performance		5,205,038	4,158,645	1,046,392	18,345,638	15,574,023	2,771,615		1,724,333	2,399,565	2,880,806
Contingency Deployed		0	643,681	(643,681)	0	2,368,904	(2,368,904)				
Non Recurrent Mitigations		0	402,711	(402,711)	0	402,711	(402,711)				
Reported Position		5,205,038	5,205,037	0	18,345,638	18,345,638	0				

Headlines:

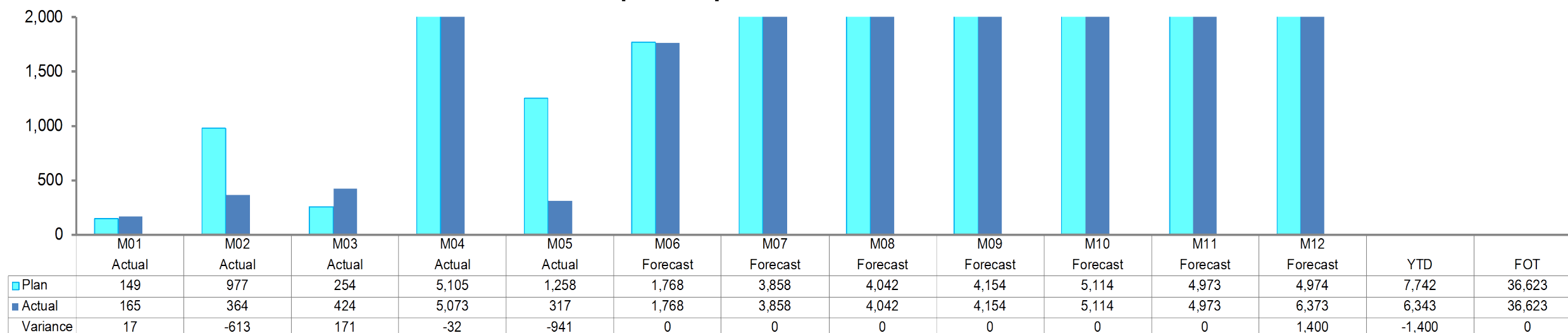
After taking account of known risks noted below:

- To deliver the planned surplus, the likely case risk assessment requires gross mitigations amounting to £4m, mainly driven by the risk of delivering the efficiency programme
- After taking account of the remaining contingency and further non recurrent mitigations, c£1.6m of risks require cover.

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	OAPS £'000	Adult inpatient wards £'000
Variance from plan in reported position		£0	£0	£0	(£6,697)	(£14,863)
Downside						
Out of Area Placements (OAPs) - Baseline risk	Baseline in plan assume 30 beds before improvement plans. Risk reflects 2 beds above baseline in 'best case' and 3 for 'likely' and 4 for 'worse' for remaining months of the year	(£341)	(£511)	(£681)	(£511)	£0
Efficiency delivery risk	See efficiency modelling	(£1,724)	(£2,400)	(£2,881)	(£1,299)	(£814)
Provider Collaboratives	Eating disorder PC currently forecasting small surplus: * Likely case assumes deliver breakeven * Worse case assumes same as 24/25 outturn	£0	(£20)	(£39)	£0	£0
	Adult Secure - currently forecasting breakeven : Worse case based on 24/25 outturn	£0	£0	(£237)		
	Children and Young People PC currently forecasting surplus: * Likely underspend not materialising * Worse case - 24/25 overspend	£0	(£525)	(£837)	£0	£0
Lead Provider	Exit from MH Wellbeing Hub	TBC	TBC	TBC		
Depreciation	Dispute over baseline funding	£0	(£204)	(£204)	£0	£0
Total Downside Risks		(£2,065)	(£3,660)	(£4,879)		
Upside						
Remaining Contingency		£688	£688	£688		
Non recurrent mitigations		£1,333	£1,333	£1,333		
Total Upside Mitigations		£2,021	£2,021	£2,021		
Risk assessed plan - Surplus/ (Deficit)		(£43)	(£1,639)	(£2,858)	(£8,507)	(£15,676)
					(£10,562)	(£18,290)

Capital Expenditure Plan vs Actual/Forecast



The capital position in August is underspent by £1.40m with a YTD spend of £6.34m. The likely capital forecast for the year is within plan at M05.

The initial Trust capital plan is allocated as follows:

- Operational Capital - £3.67m
- IFRS16 Lease Renewals, Additions and Remeasurements - £5.33m
- Initial PDC Plan Funding
 - £25.04m -Lynfield Mount Redevelopment
 - £2.57m – Estates Safety Fund (funding now increased to £3.21m, offset by a reduction in operational capital)

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. This will change the initial PDC funded allocation of £25.04m in 2025/26.

Self certification

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.

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.

Self-cert
declarations

Confirmed

Name

CFO

Mike Woodhead

Email address

Mike.Woodhead@bdct.nhs.uk

Job title

Chief Finance Officer

Date

15/09/2025

Name

CEO or Chair

Therese Patten

Email address

Therese.Patten@bdct.nhs.uk

Job title

Chief Executive Officer

Date

15/09/2025

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.

The reconciliation point values included in this return are:

FOT - Bank
FOT - Agency
YTD - TOTAL Provider Surplus/(Deficit) - System performance measure
FOT - TOTAL Provider Surplus/(Deficit) - System performance measure
YTD - Less Non-Recurrent Deficit Funding
FOT - Less Non-Recurrent Deficit Funding
YTD - TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding
FOT - TOTAL Provider Surplus/(Deficit) Excluding Non-Recurrent Deficit Funding
FOT - Total Charge against Capital Allocation (including impact of IFRS 16)
YTD - Total Efficiencies
FOT - Total Efficiencies

Confirmed

(12,180)

(4,336)

(739)

2,000

0

0

(739)

2,000

8,365

6,019

18,346

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

Date of board report (please note that this can be a future date)

In the exceptional event that the forms are not consistent with the board report, please itemise the reasons why it is different

Yes

02/10/2025

No

12

Yes

4. 2025-26 Dissolution

Has the trust dissolved in the financial year?

Number of months as a trust

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

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

Not in breach of
Foundation Trust
license

No

Yes

Have you been in receipt of DHSC revenue support from 1 April 2022 (received or planned)?

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.

Trawally Rachel
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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
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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	02/10/2025
Report from:	Finance & Performance Committee	Meeting date:	23/07/2025
Quorate?	Yes ☒ No ☐		
Members present	Maz Ahmed (Chair/NED), Mark Rawcliffe (NED), Mike Woodhead, Phil Hubbard, Dr David Sims. Farhan Rafiq and Tim Rycroft		
In attendance	Holly Close, Shane Embleton, Theresa Fawcett, David Gibson, Michelle Holland, Alix Jeavons, Claire Risdon and Rachel Trawally		
Observers	Paul Hodgson		
Apologies	Kelly Barker, Bob Champion, Therese Patten and Fran Stead		
Best Quality Services	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	• Integrated Strategic Performance Report • Strategic Risk Report • AAAD: Senior Leadership Team – Care Group Assurance Meeting • AAAD: System Finance & Performance Committee • Finance Report – Month 3 • Organisational Sustainability Board (OSPB) Update • Finance Report Month 3 • Quarterly submission to NHS England • Costing transformation programme • NHS Oversight Framework • Lynfield Mount Hospital Redevelopment • Health, Safety & Security Annual Report and Policy Annual Assurance Report • Fire Safety Annual Report and Annual Assurance Report • Microsoft Licensing Update • Committee annual Terms of Reference review • Committee Annual Governance Report		
Alert items agreed by Committee	• Finance Report – Month 3 - £7.3m in total risk identified, with £1.4m still unmitigated. Heavy reliance was reported on non-recurrent mitigations and the need for further detailed breakdown of the risks and plans behind them.		
Advise items agreed by Committee	• Integrated Strategic Performance Report – Concerns were raised about the potential impact of the upcoming resident doctor industrial action on length of stay • AAAD: Senior Leadership Team – Care Group Assurance Meeting - Leadership Capacity in Children and Young Peoples Mental Health: Only 3 of 11 team manager posts were filled due to sickness, employee relation cases and vacancies, triggering business continuity measures and operational strain		

Trawally Rachel
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	• Organisational Sustainability Board (OSPB) Update – Programme remained off plan with strategic programme one £390k behind target • Organisational Sustainability Board (OSPB) Update - A digital services review was underway, with findings expected by November to look at digital transformation capacity. • NHS Oversight Framework - Trust placed in Segment 4 with a score of 2.80. Improvements were needed to improve data quality and the use of existing data more strategically • Health, Safety & Security Annual Report and Policy Annual Assurance Report - The Committee was notified on legislative requirements under the Terrorism Protection of Premises Act (Martin's Law), which introduced new security obligations for healthcare premises.
Assure items agreed by Committee	• Integrated Strategic Performance Report – Out of area placements fell by 128 bed days (Apr–Jun), due to Organisational Sustainability Programme Board efforts. • Integrated Strategic Performance Report - Improved Length of Stay Metrics: Patients with stays over 100 days reduced from 32 to 15. • Lynfield Mount Hospital Redevelopment: £65m funding confirmed; project remained on track with Cabinet Office assurance status retained. • Fire Safety Annual Report and Annual Assurance Report - Enforcement notice resolved; training compliance now above target • Microsoft Licensing Update - £55k savings reinvested in Power BI and Copilot licences, maintaining cost neutrality. • Organisational Sustainability Board (OSPB) Update - Equality Impact Assessments (EQIAs) had been completed for most teams as part of the corporate cost reduction programme.
Decisions made by Committee	• Approved - Finance and Performance Committee Minutes – 28 May 2025 • Approved – NHS England Quarterly Return Declaration • Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Pre-Submission Report • Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Post Submission Report • Approved - Health, Safety and Security Annual Report • Approved - Fire Safety Annual Report • Approved - Finance and Performance Committee Terms of Reference • Approved – Finance and Performance Committee Annual Governance Report
New risks identified by Committee	• No New risks identified.

Trawally Rachel
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Items to be considered by other Committees/Groups	Joint Committee to be planned with the Quality & Safety Committee to align financial, performance and quality data.		
Feedback following discussion at 'parent' meeting			
Report completed by	Holly Close Corporate Governance Officer	Date	24.07.2025
On Behalf of Chair	Maz Ahmed (Chair)		

Trawally Rachel
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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	02/10/2025
Report from:	Finance & Performance Committee	Meeting date:	24/09/2025
Quorate?	Yes ☒ No ☐		
Members present	Mark Rawcliffe (Chair/NED), Alyson McGregor (NED), Mike Woodhead, Therese Patten, Kelly Barker, Farhan Rafiq, Tim Rycroft, Bob Champion		
In attendance	Holly Close, Shane Embleton, Chris Dixon, Fran Stead and Rachel Trawally		
Observers	Paul Hodgson		
Apologies	Maz Ahmed, Phil Hubbard, Claire Risdon, Theresa Fawcett		

Best Quality Services	Theme 3 – Improving the experience of people using our services	BQS:T3
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Agenda items	- Minutes of the previous meeting & AAAD report held on 23 July 2025 - Action log - Strategic Risk Report - Integrated Strategic Performance Report - Alert Advise, Assure + Decision (AAAD): Senior Leadership Team Care Group Accountability Meeting - AAAD: System Finance & Performance Committee - Organisational Sustainability Board Update - Finance Report (including Capital Expenditure when required) - Digital Strategy Update - Data quality update - Lynfield Mount Redevelopment - LMH Project Board Revised Terms of Reference - Estates Strategy - Deconstructing the NHS Blocks - Annual Effectiveness Review
Alert items agreed by Committee Trawally Rachel 01/10/2025 15:44:14	- Integrated Performance Report – There was a significant challenge in recruiting and retaining healthcare support workers, exacerbated by changes to visa and immigration rules. - Integrated Performance Report - Rising sickness and absence rates were being closely monitored, with targeted interventions in high-risk teams. The financial impact was substantial. - Data Quality Update - Data quality issues were a major concern, particularly around recording how the system was originally configured to support efficient recording of clinical activity. - Organisational Sustainability Board Update - There were delivery risks in key programmes: workforce productivity and digital optimisation, with associated financial risk. Committee noted

	concerns about the ability to deliver back-loaded savings plans within year. • Lynfield Mount Redevelopment - The Lynfield Mount redevelopment project faces potential procurement risks in relation to the part two refurbishment stage, legal advice is being sought.
Advise items agreed by Committee	• Integrated Performance Report – There was a increase in demand for inpatient beds over the last two weeks. This had been exacerbated by a few delayed discharges. To mitigate this a discharge event had been held and a further ‘stop the line’ event had been planned. • AAAD: Senior Leadership Team Care Group Accountability Meeting – There had been an increase in the number of routine formal reviews by the CQC to the Trusts services. • AAAD: System Finance & Performance Committee – The Chair of the Trust, Chief Executive Officer and Chief Finance Officer had met with the Integrated Care Board (ICB) to discuss financial risk. The reported financial risk & performance at other partner NHS organisations was noted. • Deconstructing the NHS Blocks - The Committee was advised that there was a national review of block contracts to test whether current block payments align with delivery.
Assure items agreed by Committee	• Integrated Performance Report - Despite challenges, the Trust was outperforming regional and national targets in some areas, with robust operational structures in place for patient safety and workforce management. • Integrated Performance Report - There were well developed recovery plans for Dental Services that had been impacted by industrial action, with expectations that performance would return to previous levels. • Strategic Risk Report – Review of the current format of the strategic risk report & agreement of the 2025/26 strategic risks would be undertaken at Board on 2 October 2025. • Organisational Sustainability Board Update – It was shared that going forward the Finance and Performance Committee would receive case studies and learning from experience items to supplement levels of assurance. • Finance Report: The Trust was currently on plan financially, with mitigations in place to address risks. • Data Strategy Update - Progress was being made in digital transformation, including successful pilots of Microsoft Co-pilot and the establishment of an AI steering group, with positive early results in productivity. • Data Quality Update – The Trust was building on improvements on existing data quality interventions which had predated the National Oversight Framework. • Lynfield Mount Redevelopment – The enabling works (Phase one) programme continues to progress to time. • Lynfield Mount Redevelopment – Full Business Case development continues to make good progress to meet target date.

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	Annual Effectiveness Review – The actions that arose out of the Committee Annual Effectiveness Review would now sit within the Trust wide Well Led Development Review.		
Decisions made by Committee	- Approved - Finance and Performance Committee Minutes – 23 July 2025 - Lynfield Mount Redevelopment - LMH Project Board Terms of Reference - Estates Strategy		
New risks identified by Committee	- System-wide financial pressures and the potential implications for the Trust. - Data Quality - There was a risk that poor data quality could have significant financial and reputational consequences.		
Items to be considered by other Committees/Groups	- Further discussion to be undertaken at Private Board on 2 October 2025 in relation to system wide financial pressures and the potential implications for the Trust. - Depending on the outcome of the legal advice in relation to the Lynfield Mount Hospital redevelopment, a discussion might need to be held within Private Board on 2 October 2025 on next steps in terms of procurement on the phase two of the redevelopment.		
Feedback following discussion at 'parent' meeting			
Report completed by	Holly Close Corporate Governance Officer	Date	24.09.2025
On Behalf of Chair	Mike Rawcliffe (Chair)		

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Board of Directors – Meeting held in Public

2 October 2025

Paper title:	Enabling & Assessing: Better Lives, Together – <i>good governance, effective oversight, accountability</i>	Agenda Item 16.0
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Board Committee’s throughout 2025; Executive Management Team August & September	
Purpose of the paper Please check <u>ONE</u> 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
To provide an update regarding an effectiveness review of the Trust's Well Led workstream, aligned to the Better Lives, Together strategy.

Executive Summary

The Trust's Better Lives, Together strategy describes our role to connect people to the best quality care, where & when they need it, & be a national role model as an employer. We will do this by 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.

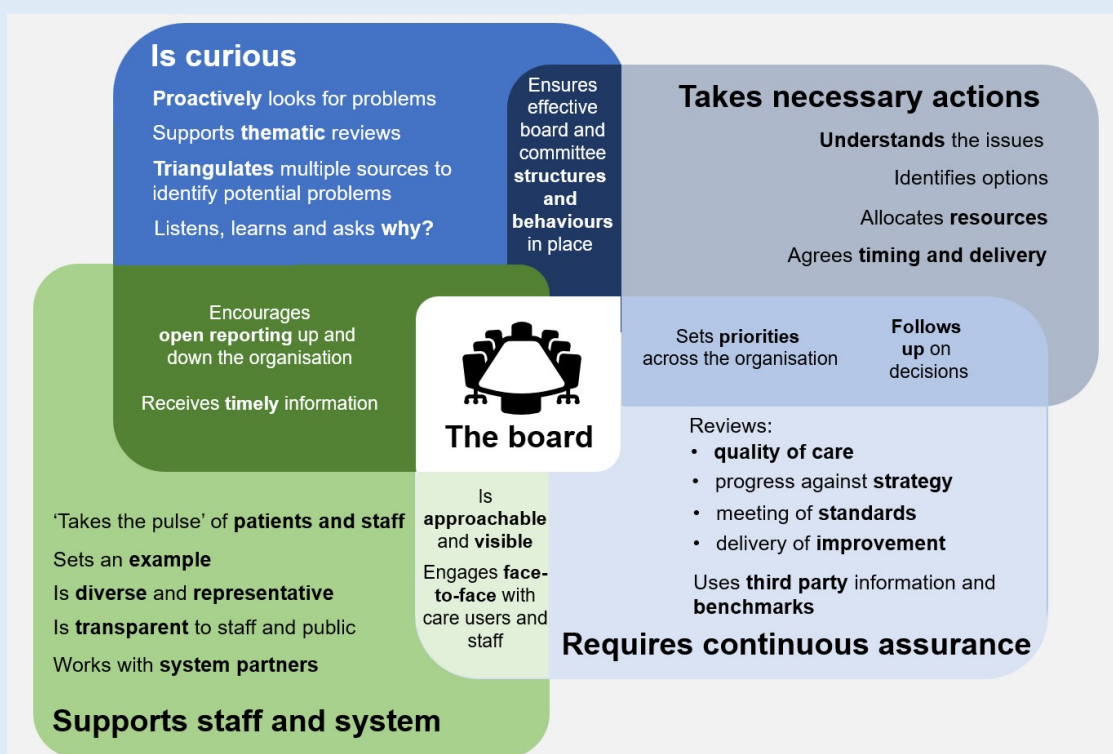
Effective governance & the right culture, aligned to a clear & deliverable strategy, is what supports organisations to succeed.

Governance:

High-performing organisations are accountable to users, partners, colleagues & the wider society. Governance supports an organisation to remain compliant & safe within their legal operating model. Good governance adds value, it is lean, ethical, led by strategic thinking, fosters ongoing improvement, & is transparent. Regular, robust & independent review supports governance & leaders to be responsive & fostering ongoing learning.

Culture:

A Board shapes the culture of an organisation by how it operates & behaves. The Insightful Board helpfully outlines the behaviours of high-performing Boards:



Better Lives, Together

Our framework for Well Led is the 'good governance, effective oversight, accountability' principle which underpin the Better Lives, Together strategy. This was further supported 2024 through a Board Development Session, where the Board agreed the Trust's Well Led ambition to support this work, it is:

“We have an inclusive & positive culture of continuous learning & improvement. This is based on meeting the needs of people who use our services, wider communities & ensuring health equity. All our leaders & colleagues share this. Leaders proactively support colleagues to collaborate with partners to delivery care that is safe, collaborative, person-centred & sustainable.”

The Trust has 3 processes it uses to review the effectiveness of this work. They are:

- annual reviews, considering experience & quantitative data
- annual internal audit aligned to the CQC Well Led quality statements
- external & independent well led review aligned to the CQC Well Led quality statements.

The processes form part of the compliance requirements with the NHS Code of Governance; Provider Licence; Constitution; NHS England Leadership Competency Framework; NHSE Provider Capability Assessment & National Oversight Framework; NHSE Insightful Board.

This bringing together of the 3 processes has resulted in a new ‘Well Led Development Plan’ being established. The plan will be an action log, act as an assurance report within year on governance improvement activity & be a new tool for our Trust to assess & enable the supporting principle for the strategy of, ‘good governance, effective oversight, accountability’.

The Audit Committee is considering how ‘good governance, effective oversight, accountability’ can be measured & monitored within our Trust. Further consideration of this will take place, along with a review of the Trust’s governance framework & various systems/tools that feature within it. This is to ensure that an integrated governance model remains in place. Once this has taken place, an engagement plan will be created to support all colleagues within our Trust to understand their role within good governance, personal responsibility, & what the Trust framework is, how it links to the strategy.

Next steps

- Delegated responsibility has been given to the Audit Committee for the ‘good governance, effective oversight & accountability’ strategic principle, encompassing the Well Led work & the Board Assurance Framework.
- All recommendations within the plan will be turned into SMART actions by the Board/EMT lead.
- All actions will be assigned to a delivery lead, Board/EMT lead, & an oversight group.
- All actions will be assigned a delivery due date, with Board/EMT reminded of the importance of setting realistic dates to avoid change to agreed plans.
- Delivery of the entire Well Led Development Plan will be monitored by Corporate Governance, progress reports & escalations will be made to the Audit Committee.
- All actions assigned to delivery groups will be added to their work plans, & reported on at the meetings.

The Board will receive an assurance report on this work & other developments taking place within the context of the Better Lives, Together strategy; & the ‘good governance, effective oversight & accountability’ supporting principle.

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
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Recommendation(s) The Board of Directors is asked to: - note the update provided - be assured that this work is linked to compliance within the Trust on good governance standards - be assured that this work is linked to national expectations & guidance on good governance, culture & Board performance - be assured that an integrated governance model will be in place - note the work that has taken place to create the new Well Led Development Plan - note the work that will commence October to make each action SMART & relevant to our Trust; be assigned to a delivery lead, Board/EMT lead, delivery group; be given a realistic due date - be assured on the evolving role of the Audit Committee as the Committee acting as the assurance receiver for the Trust's Board Assurance Framework & good governance - welcome the opportunity to be involved with this work as a whole-Board, with every Board member sharing equal responsibility to ensure good governance is in place, & being equally accountable for the culture within our Trust.
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Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check <u>ALL</u> that apply	☒ Safe ☒ Caring ☒ Effective ☒ Well-Led ☒ Responsive
Compliance & regulatory implications	Well Led Trust Constitution NHS Code of Governance Health & Care Act 2022 NHS Act 2006 Provider Licence

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Enabling & assessing: Better Lives, Together

The Trust strategy describes our role to connect people to the best quality care, where & when they need it, & be a national role model as an employer.

We will do this by 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.

Everything the Trust does during this period will be focused upon making better lives, together.

During the refresh of the Trust's strategy 2022/23, a commitment was made to ensure 'governance, effective oversight & accountability' underpins the 4 strategic objectives as a golden thread & enabler. This was further supported 2024 through a Board Development Session, where the Board agreed the Trust's Well Led ambition to support this work, it is:

We have an inclusive & positive culture of continuous learning & improvement. This is based on meeting the needs of people who use our services, wider communities & ensuring health equity. All our leaders & colleagues share this. Leaders proactively support colleagues to collaborate with partners to delivery care that is safe, collaborative, person-centred & sustainable.



Better lives, together



Good governance, effective oversight & accountability



We Care



We Listen



We Deliver

Well Led Development Plan - 2025

1. Overview

As a learning organisation we welcome the opportunity to review the effectiveness of our work & utilise national guidance to supplement our wider reflection & compliance requirements. This supports our commitment as an NHS provider to ensure safe, high-quality, compassionate care is provided to patients & communities. Sitting underneath that is being a sustainable, complaint organisation, one which support colleagues by creating the best place to work, & seeking opportunity to work collaboratively.

The Trust has several tools in place to support ongoing review, facilitate learning, ensure compliance, & deliver an integrated governance model which is dynamic. This is our Well Led framework, which supports strategy deployment & includes external validation.

In support of tracking progress against our Well Led framework & Board ambition, a Well Led Development Plan has been created. The Trust strategy is due for refresh 2026 as the current version reaches the end of its term. Consideration will be given to the Well Led framework as part of this review, which will involve working with the Improvement & Innovation team. This is to ensure that improvement activity & alignment to national improvement expectations continue to be considered as part of strategy deployment.

2. Purpose

This plan has been created to provide visibility for the findings & supporting actions relating to the Trust's Well Led framework. The plan is an amalgamation of 3 effectiveness reviews undertaken over the last year, but will be expanded as required, when additional findings from other reviews are agreed. The 3 effectiveness reviews undertaken are outlined below.

The 1st was an external governance review aligned to the Care Quality Commission Well Led framework. This identified 32 actions across the 8 CQC quality statements. The review supported triangulation across a desktop review, interviews, observations & surveys.

The 2nd was the annual effectiveness review for the Board Committees, where feedback is gathered on how each Committee had performed during the previous year. This took place for the Charitable Funds; Finance & Performance; Mental Health Legislation; People & Culture; Quality & Safety Committees. The questions cover four areas: committee operation; committee administration; terms of reference; strategy. This identified 15 consolidated actions, which have been assigned to the 8 CQC quality statements for consistency. The actions that arose from this process are marked as '**Committee**' within the plan.

Well Led Development Plan - 2025

In support of good governance practices & being a learning organisation, an annual effectiveness review for the Council of Governors also took place. 8 actions were agreed some mirror those identified by the Committees, which are marked as 'CoG'. The others will feature within the action identified within the external review on the support function for the Governor work.

The 3rd is the Trust's Well Led Quality Assurance Framework. An annual internal audit takes place, which is aligned to the CQC Well Led Framework; the NHS Trust Code of Governance, & The Healthy NHS Board guidance. 12 actions were agreed & have been marked as (IA) within the plan.

As agreed with the Audit Committee, a specific effectiveness review took place for that Committee which was based on best practice from the new HFMA guidance on Audit Committee effectiveness. High-level findings have been presented to the Audit Committee, with specific actions being developed which will be reported to Audit Committee for progression, & to the Board for oversight.

There are 58 actions in this plan. Where appropriate, actions have been amalgamated with other similar actions from other reviews within this workstream.

3. Supplementing Trust learning & ensuring compliance

As an organisation committed to improvement, the Trust welcomes the opportunity for additional independent analysis of current governance arrangements & Trust performance. We recognise the importance of independent review of intelligence, feedback & experience, which will support the Trust's self-awareness & enhance levels of assurance by providing insight. The Trust has several tools to support delivery of this, with additional national guidance supplementing Trust learning, development & compliance assessment.

There are 4 NHS England guidance & assessment frameworks that helpfully supplement the Trust in further reflection & assessment. They provide guidance on governance & culture success, which is aligned to high-performing boards. As well as specific criteria & compliance requirements to support achievement of good governance, assurance, insight, strategy deployment success & continuous improvement. This is all in support of a high-performing NHS provider board being responsible for ensuring service quality & safety, improvement based on experience, & promoting long-term sustainability.

The 4 national guidance & assessment frameworks are: Leadership Competency Framework; Insightful Provider Board; NHS Oversight Framework; Provider Capability Assessment.

This plan will be updated to include agreed actions from additional reviews and supports compliance of the Provider Licence.

Inline with the Trust operating model & legal requirements, it is essential to remain compliant with the national Well Led framework, as outlined by the Trust's regulators. The Trust undertakes an annual review to validate compliance with the expectations outlined with the NHS England Code of Governance. The Trust welcomes the clarity set out within the CQC's assessment framework, which focuses on 5 key questions, 1 of which to assess whether an organisation is 'well led'. In support of this, the Trust uses the CQC well led framework as the model to assess existing governance performance. The framework comprises of 8 quality statements across the areas of:

- shared direction & culture
- capable, compassionate & inclusive leaders
- freedom to speak up
- workforce equality, diversity & inclusion
- governance, management & sustainability
- partnerships & communities
- learning, improvement & innovation
- environmental sustainability

4. Assurance monitoring & independent review

The Well Led Development Plan will form the basis of the improvement work at the Trust for the 'good governance, effective oversight, accountability' workstream, as the supporting principle for delivery of the Better Lives, Together strategy. The strand will be in place to support all future Trust strategy. With delegated responsibility given to Audit Committee to oversee that. The Audit Committee will be accountable for monitoring:

- individual actions assigned to the Audit Committee within the development plan
- the whole Well Led Development Plan, compliance against delivery, as the Trust's governance system.

5.1 External governance review

Overall, the findings of this review were reported as positive with many of the quality statement areas showing as Trust strengths. With the external company stating: “the Trust has demonstrated substantial energy & focus in addressing known historic issues with a real focus on values, culture & learning over recent years which is both recognised & appreciated by staff. Feedback from staff showed a real sense of pride in working for the Trust & an increased sense of psychological safety & openness.

Key areas of strength include inclusive leadership, culture, diversity, collaboration & partnership working & demonstrating being a learning organisation. Some statement areas such as strategy, accountability & governance we have noted generally positive processes in place with greater opportunities to improve effectiveness & impact through improved follow through of agreed actions, more demonstrable strategic measures of success, & adopting a more balanced approach to coaching/ support & holding to account.”

5.2 Annual Committee & Council of Governors review

Overall, each group was found to work effectively, be well supported & operating within its Terms of Reference. Similar themes & actions were identified across all meetings which are captured within this plan. The actions will support each group to develop further, ensuring that dynamic governance takes place & that the members / attendees are supported to join the group & to fulfil their role during their time involved with it.

5.3 Internal Audit: Well Led

This audit commenced 2022/23 & takes place annually. Annual findings consistently outline ‘significant assurance’ that the Trust is well led. This is based on the Trust demonstrating that it has appropriate leadership & culture, supported by robust processes to deliver good quality & sustainable care. The 2024/25 findings are:

KLOE	Individual Assurance Level	Overall Assurance Level
1. Shared Direction and Culture	Significant	Significant
2. Capable, Compassionate and Inclusive Leaders	Significant	
3. Freedom to Speak Up	Not Assessed	
4. Workforce Equality, Diversity and Inclusion	Significant	
5. Governance, Management and Sustainability	Significant	
6. Partnerships and Communities	High	
7. Learning, Improvement and Innovation	Not Assessed	
8. Environmental Sustainability	Significant	

6. Key themes

- Trust strategy builds on the previous framework, emphasising co-production, quality improvement which has created a strong sense of compassion, inclusion & purpose.
- There is opportunity for further strategic assurance reporting by developing the work plans & reviewing the flow of reporting throughout the Trust. This would be supplemented by strategy deployment measures & capturing feedback.
- Culture within the Trust is recognised as strong & reported as being values driven, with many feeling a sense of pride working for the Trust.
- The Trust has a good governance framework, with development areas being progressed to strengthen accountability, oversight of strategic delivery, including financial sustainability.
- The comprehensive governance framework would benefit from development on the execution & understanding of it.
- Development plan in place for the Audit Committee to strengthen its oversight role of system of internal control.
- Current approach to the integrated performance report & Board assurance reports excludes reference to strategic risks which might create a disconnect / dilution.
- Development work taking place to embed health equity oversight, feedback & decision making.
- Board dynamics show robust challenge & alignment to values, opportunities exist to strengthen the effectiveness of challenge, being a unitary Board, & developing the governance support model.
- The Executive Management Team were seen as visible, compassionate & values-driven. Externally viewed as capable of difficult decision making. The Go See programme offers a good platform to grow further Board engagement & visibility.
- Leadership programmes & reciprocal mentoring are in place, with work taking place to support succession planning & diversity.

6. Key themes continued

- The Trust is aware of diversity representation & has identified priorities to support progression.
- It was found that the Trust listens & responds to staff to drive meaningful change across workforce & patient experience.
- Investment into the support for the Council of Governors would be beneficial.
- Consideration to the schedule of meetings, work plan review, & reporting back on the work of the Board, Committee's, Governors would help with broader understanding of corporate governance.
- Opportunities to strengthen the Trust's approach to data maturity & being a data-led organisation.
- Clarity & completeness of quality governance assurance flows through the organisation into Board.
- Refreshing Trust's Risk Management Strategy & approach.
- Mature, structured approach to quality improvement, incorporating quality planning, assurance, control & improvement.
- Patient safety processes are robust with opportunity to learn further from complaints.
- Strong internal & external collaboration that fosters engagement was noted.
- Opportunity for greater inclusive approach to service user involvement including broadening the demographic reach.
- Since 2019 the Trust has made significant cultural progress fostering openness, kindness & psychological safety through values-based leadership training & a just culture approach. Staff are encouraged to raise concerns without fear, supported by approachable & accessible Freedom to Speak Up Guardians.
- Staff wellbeing is prioritised; however mandatory training & appraisal compliance remain below target.
- The Trust demonstrates a strong commitment to equality, diversity & inclusion, strategically & operationally.

7. Rating methodology

To promote consistency across the Trust with the broader Well Led Quality Assurance Framework & with the approach of Internal Audit, the evidence collated as part of the assessment framework will be reviewed in terms of the strength of assurance it provides that we are meeting the ambitions described. The following definitions of assurance will be used:

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.



8. Next steps

Each action will be assigned to a delivery lead, a Board/EMT accountable officer & a oversight group. The delivery lead will be guided by the Board/EMT accountable officer to support progression of the action. They will be required to submit update narrative to the Board/EMT accountable officer so an assurance rating can be assigned. The oversight group will take responsibility for wider discussion on the actions to utilise the experience of the members & attendees. The group will also be accountable for monitoring progress. Following the Board discussion, work will take place to mobilise this which will include updating meeting workplans.

Overview

Quality Statement reference	Quality Statement	Completion performance	Progress				Comments
			S e p	N o v	J a n	M a r	
QS1	Shared direction & culture						
QS2	Capable, compassionate & inclusive leaders						
QS3	Freedom to speak up						
QS4	Workforce equality, diversity & inclusion						
QS5	Governance, management & sustainability						
QS6	Partnerships & communities						
QS7	Learning, improvement & innovation						
QS8	Environmental sustainability						

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Quality Statement 1: Shared Direction & Culture

We have a shared vision, strategy & culture. This is based on transparency, equity, equality & human rights, diversity & inclusion, engagement, & understanding challenges & the needs of people & our communities in order to meet these.

Covering	Strategy & vision – organisational culture – values – addressing social impact
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Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS1.1	The Trust should consider ways in which it can reinforce its strategy & objectives through day-to-day operations including greater linkage with operational plans, team meetings, supervision etc.	31/07/2026	Fran Stead	Linda Patterson & Therese Patten	Board of Directors		
QS1.2	The Trust should review its approach to receiving feedback in terms of its feedback loops i.e., 'You said, We did'.	31/12/2025	Fiona Bray	Bob Champion & Mark Rawcliffe	People & Culture Committee		
QS1.3	The Trust should consider expanding its current range of measurements to oversee the delivery of its strategy within the context of the Board's Integrated Performance & Assurance Report. To include consideration of corporate performance.	30/04/2026	Clifton Springthorpe	Farhan Rafiq	Board of Directors	Executive workshop due to take place October 2025, aligned to Insightful Board guidance.	

Quality Statement 1: Shared Direction & Culture

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS1.4	The Trust should ensure that it has an up-to-date suite of connected enabling strategies that together support delivery of the overarching Trust strategy.	31/07/2026	SLT lead's	Fran Stead	Board of Directors		
QS1.5	The Trust should consider reviewing its approach to 'Go See' visits to ensure a more consistent level of Board member involvement which focuses on wider engagement, continuous improvement & accountability of follow up actions. IA: The Trust should ensure that all areas on their 'Go See' tracker that have been identified for a visit, are visited as scheduled by an Executive Director or Non-Executive Director. Where visits have not taken place, steps should be made to re-arrange.	31/03/2026	Rachel Trawally	Fran Stead	Board of Directors	To be combined with QS6.3	
QS5.6	Consideration to be given to values & culture performance, staff engagement & feedback loops for this.	31/12/2025	Michelle Holland & Fiona Bray	Bob Champion & Mark Rawcliffe	People & Culture Committee		

Quality Statement 2: Capable, compassionate & inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment & support & embody the culture & values of their workforce & organisation. They have the skills, knowledge, experience & credibility to lead effectively. They do so with integrity, openness & honesty.

Covering	Leadership competency, support & development – safe recruitment of leaders / FPPR – compassionate & capable leaders – roles & accountability – succession planning / talent management
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Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS2.1	The Trust should consider its overall NED capacity alongside the requirements of the Trusts forward agenda & the need for postholders to fulfil in-role responsibilities.	31/03/2026	Rachel Trawally	Linda Patterson	Board Nomination & Remuneration Committee		
QS2.2	Board members should prioritise attendance at Board & committee meetings wherever possible to help discharge personal & corporate responsibilities and liabilities. Committee: including in-person attendance, suggested at twice / year minimum.	31/03/2026	Rachel Trawally	Linda Patterson	Board of Directors		
QS2.3	The Trust should consider the merits / demerits of continuing its current approach to hybrid meetings for all Board & committee meetings.	31/03/2026	Rachel Trawally	Linda Patterson	Board of Directors		

Quality Statement 2: Capable, compassionate & inclusive leaders

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS2.4	IA: Steps should be taken to ensure the Trust's compliance target of 80% of staff having completed an appraisal in the last 12 months is achieved, as a minimum.	31/03/2026	Fay Davies	Bob Champion & Mark Rawcliffe	People & Culture Committee		
QS2.5	IA: The Trust should seek to review and update their Clinical Workforce Strategy: Future Proofing Our Clinical Workforce 2021-2024, to ensure that it reflects current aims and objectives of the Trust.		Chris Dixon	Phil Hubbard & Committee Chair's	Quality & Safety Committee & People & Culture Committee		

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Quality Statement 3: Freedom to Speak Up

We foster a positive culture where people feel that they can speak up & that their voice will be heard.

Covering Speaking up culture – Freedom to Speak Up Guardian – Whistleblowing – Closed Cultures

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS3.1	The Trust should continue to respond effectively to identified cultural hot spots & matters of concern with a Board-led emphasis that focusses on 'shifting the dial' for these intransigent 'sticky' issues.		Rebecca Wixey	Phil Hubbard & Simon Lewis	Quality & Safety Committee		
QS3.2	The Board should consider the format & content of the FTSU report, beyond national requirements to focus more so on themes, learning and actions.		Rebecca Wixey	Phil Hubbard & Simon Lewis	Quality & Safety Committee		
QS3.3	The Board should review its approach to the setting of mandatory training targets & have forensic oversight over delivery.	31/01/2026	Fay Davies	Bob Champion & Mark Rawcliffe	People & Culture Committee		

Quality Statement 4: Workforce equality, diversity & inclusion

We value diversity in our workforce. We work towards an inclusive & fair culture by improving equality & equity for people who work for us.

Covering	Fair & equitable treatment of staff – staff human rights – well-being of workforce – gender pay gap – workforce diversity – flexible working arrangements – WRES & WDES
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Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS4.1	The Trust should consider how it can improve the collection & use of diversity data to inform action planning & tracking of outcomes across all protected characteristics.	31/03/2026	Lisa Wright	Bob Champion & Mark Rawcliffe	People & Culture Committee		
QS4.2	The Trust should continue to actively consider ways in which it can attain a representative Board & senior leadership cohort.	31/03/2026	Lisa Wright & Rachel Trawally	Bob Champion & Linda Patterson	Board Nomination & Remuneration Committee		

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Quality Statement 5: Governance, management & sustainability

We have clear responsibilities, roles, systems of accountability & good governance. We use these to manage & deliver good quality, sustainable care, treatment & support. We act on the best information about risk, performance & outcomes, & we share this securely with others when appropriate.

Covering	Roles, responsibilities & accountability – governance, quality assurance & management – cyber security, data security & protection toolkit (DSPT) – emergency preparedness, including climate events – sustainability, including financial & workforce – data security/data protection – statutory & regulatory requirements – workforce planning – external actions (e.g. safety alerts) – records / digital records
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Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.1	The Trust should consider the outcome of this review & ensure that it has adequate & effective Board & Committee oversight and governance processes of all relevant aspects of Trust business.	30/04/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors		
QS5.2	The Trust should consider ways in which the Audit Committee can effectively discharge its role of overseeing an effective system of internal control without duplicating the work of other Committees.	31/03/2026	Rachel Trawally	Fran Stead & Chris Malish	Audit Committee		
QS5.3	The Trust should clarify governance reporting flows, especially between SLT QSG, QSC & the Board, & ensure all forums have formal workplans to ensure that an appropriate flow is maintained.		Chris Dixon	Phil Hubbard & Alyson McGregor	Quality & Safety Committee		

Quality Statement 5: Governance, management & sustainability

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.4	The Trust should continue to pursue the implementation of an effective performance & accountability framework.	30 April 2026	Chris Hunt	Farhan Rafiq & Maz Ahmed	Finance & Performance Committee	Ongoing work as part of the Quality Management System planning. Next discussion scheduled for October 2025.	
QS5.5	The Trust should consider strengthening support for governors & the effectiveness of the Council of Governors meetings to enable effective discharge of their role. CoG: training on the role of Senior Independent Director (& other roles). CoG: consider framework for Governor Time Out sessions. IA: The Trust should ensure that discussions during Governor's meetings are aligned with the activities, roles and responsibilities required of the governor role, as per their job descriptions.	31/12/2025	Rachel Trawally	Linda Patterson & Fran Stead	Council of Governors		
QS5.6	The Trust should ensure that it implements its development plans to address recognised inadequacies in the current approach to risk management.		Chris Dixon	Phil Hubbard & Sally Napper	Quality & Safety Committee		
QS5.7	The Trust should ensure that the Board retains adequate oversight of the effectiveness of EPRR.	31 January 2026	Chris Wright	Linda Patterson & Kelly Barker	Board of Directors		

Quality Statement 5: Governance, management & sustainability

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.8	The Trust should review its approach to minuting of meetings to ensure that discussions, agreed outcomes & any required follow through is adequately captured. Committee: ensure timely circulation of minutes & actions.	31/01/2026	Rachel Trawally	Fran Stead Committee Chair's	Audit Committee Committee's (all)		
QS5.9	Committee: some reports were too operational. CoG: consideration on inclusivity & accessibility of reports.	30/09/2026	Rachel Trawally	Fran Stead	Audit Committee Council of Governors		
QS5.10	Committee: an induction would be beneficial for joiners.	31/03/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors		
QS5.11	Committee: further work to do on the flow & interaction across Committee's & Board. Formalise Joint Committee.	31/03/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors		
QS5.12	Committee: workplan review, benchmarking & development to take place. Aligned to mapping of oversight & assurance reporting.	31/03/2026	Rachel Trawally	Fran Stead & Committee Chair's & Lead Directors	Committee's (all)		

Quality Statement 5: Governance, management & sustainability

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.13	Committee & CoG: ensure timely circulation of paperwork, including presentations.	30/09/2026	Rachel Trawally	Fran Stead	Committee's (all) Council of Governors		
QS5.14	Committee & CoG: undertake annual review of membership & attendance, & work with the Chair to ensure all members & attendees contribute.	31/03/2026	Rachel Trawally	Committee Chair's Linda Patterson	Committee's (all) Council of Governors		
QS5.15	Committee: work with the Chair & members to ensure non-quorate meetings are avoided.	30/01/2026	Rachel Trawally	Committee Chair's	Committee's (all)		
QS5.16	Committee & CoG: consideration on how health equity becomes embedded across all meetings.		Lisa Wright	Kelly Barker & Committee Chair's	Committee's (FPC; MHLC; PCC; QSC) Council of Governors	Working in partnership with Farhan to revise the IPR, Health Equity Dashboard linked to PCREF in test mode. Mental Health will happen much quicker due to PCREF.	
QS5.17	Committee & CoG: make the work of the Board & Committees, Governors more visible.	30/09/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors Council of Governors		
QS5.18	Committee: work with the Chair to understand how decision making & reflection takes place within the meetings	31/03/2026	Rachel Trawally	Committee Chair's	Committee's (all)		

Quality Statement 5: Governance, management & sustainability

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.19	Committee: consideration on how all members & attendees can be involved with the annual review of the Terms of Reference.	31/03/2026	Rachel Trawally	Committee Chair's	Committee's (all)		
QS5.20	Committee: consideration on how Trust priorities & strategy feature in assurance / escalation reporting.	31/03/2026	Rachel Trawally	Fran Stead & Committee Chair's	Committee's (FPC; MHLC; PCC; QSC)		
QS5.21	Committee: consideration of regular review of Committee priorities to support dynamic governance & emerging issues.	31/03/2026	Rachel Trawally	Committee Chair's	Committee's (all)		
QS5.22	CoG: review frequency of meetings.	31/03/2026	Rachel Trawally	Linda Patterson	Council of Governors		
QS5.23	IA: The Trust should ensure the Appraisal and Pay Progression Procedure document is reviewed and updated, as required.	30/11/2025	Michelle Holland	Bob Champion	SLT PPI		
QS5.24	IA: The Trust should ensure the Disclosure & Barring Service (DBS) Procedure document is reviewed and updated, as required.	30/11/2025	Michelle Holland	Bob Champion	SLT PPI		

Quality Statement 5: Governance, management & sustainability

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS5.25	IA: The Trust should ensure the Fit & Proper Persons Regulations Procedure document is reviewed and updated, as required.	31/12/2025	Fran Stead	Fran Stead	Audit Committee		
QS5.26	IA: The Trust should ensure the Board of Directors Remuneration Committee Terms of Reference document is reviewed and updated, as required.	31/03/2026	Rachel Trawally	Linda Patterson	Board of Directors		
QS5.27	IA: The Trust should ensure that the Data Quality Steering Group Terms of Reference is ratified by the Information Governance Group.	31/01/2026	Raj Gohri	Farhan Rafiq	Information Governance Group	New governance group on data quality being established who will undertake this responsibility.	
QS5.28	IA: The Trust should ensure that the Council of Governors Declaration of Interest document is updated at least annually, the date that each Governor makes a declaration should also be documented.	31/03/2026	Rachel Trawally	Fran Stead	Audit Committee		

Quality Statement 6: Partnerships & communities

We understand our duty to collaborate & work in partnership, so our services work seamlessly for people. We share information & learning with partners & collaborate for improvement.

Covering Sharing good practices & learning – integration health & social care – partnership working & collaboration

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS6.1	The Trust should consider the merits / demerits if wider involvement of the whole Board in system/partnership engagement including Board oversight & ownership of the external communications strategy/plan and stakeholder mapping.		TBC	Linda Patterson, Therese Patten	Board of Directors		
QS6.2	The Trust should consider ways in which it can increase service user involvement in relevant system/partnership service redesign discussions.		Chris Dixon	Phil Hubbard & Sally Napper	Quality & Safety Committee		
QS6.3	The Trust should consider its approach to 'Go See' visits with an aim to improve the value add for all participants. IA: The Trust should ensure that all areas on their 'Go See' tracker that have been identified for a visit, are visited as scheduled by an Executive Director or Non-Executive Director. Where visits have not taken place, steps should be made to re-arrange.	31/03/2026	Rachel Trawally	Fran Stead	Board of Directors	Merge with QS1.5	

Quality Statement 6: Partnerships & communities

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS6.4	The Trust should consider the adequacy of current qualitative feedback in Board & Committee meetings & whether there is an appropriate balance of quantitative & qualitative feedback to inform discussions.	31/03/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors		
QS6.5	The Trust should ensure that the staff appraisal rate is improved & that the target is sufficiently stretching & benchmarks well with other providers.	31/03/2026	Fay Davies	Bob Champion & Mark Rawcliffe	People & Culture Committee		

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Quality Statement 7: Learning, improvement & innovation

Bradford District Care
NHS Foundation Trust

We focus on continuous learning, innovation & improvement across our Trust & the local system. We encourage creative ways of delivering equality of experience, outcome & quality of life for people. We actively contribute to safe, effective practice & research.

Covering Innovation – learning & improvement – research – learning from deaths

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS7. 1	The Trust should consider how it can strengthen thematic learning & improvement planning from its quality governance outcomes & ensure effective cross organisational communication & learning is in place.		Chris Dixon	Phil Hubbard & Sally Napper	Quality & Safety Committee		
QS7. 2	The Trust should consider strengthening its approach to benefits realisation in relation to its investment in its transformation & change capabilities.	30/04/2026	Ava Green	Farhan Rafiq & Maz Ahmed	Finance & Performance Committee	Additional scoping beyond Organisational Sustainability Programme Board to take place.	
QS7. 3	The Trust should consider ways in which it can improve coordination & governance alignment across its QI, research, & patient safety activities.	31/07/2026	Chris Hunt	Farhan Rafiq & Alyson McGregor	Quality & Safety Committee	Ongoing work as part of the Quality Management System planning. Next discussion scheduled for October 2025.	
QS7. 4	The Trust should consider ways in which it can raise the profile & value add from its research activities including supporting health inequalities improvements.		Mark Dawson	Medical Director	Quality & Safety Committee		

Quality Statement 8: Environmental sustainability – sustainable development

We understand any negative impact of our activities on the environment & we strive to make a positive contribution in reducing it & support people to do the same.

Covering	Staff awareness & education – carbon reduction – health promotion & prevention – estates & facilities – efficient service delivery with resource optimisation
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Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS8.1	The Trust should consider ways in which it can strengthen consistency of consideration of sustainability impacts when considering service or policy changes.	31/03/2026	Emma Clarke	Mike Woodhead	Audit Committee		
QS8.2	The Trust should consider ways in which it can improve the connectivity of EPRR plans being involved into business as usual risk & planning processes.	31/12/2025	Chris Wright	Kelly Barker	Quality & Safety Committee	Review of current process & aligned to NHS England EPRR Core Standards.	

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Quality Statement 8: Environmental sustainability – sustainable development

Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight group	Progress	Rating
QS8.3	IA: The Trust should demonstrate that it is actively seeking to improve the assurance level/rating as the Trust helps support the NHS's net zero ambition. It should actively monitor progress against the areas outlined in 2024-2027 Green Plan to address areas identified for improvement where it has been identified that the Trust is performing below the national average.	31/03/2026	Emma Clarke	Mike Woodhead & Maz Ahmed	Finance & Performance Committee		
QS8.4	IA: The Trust should seek to confirm whether it has taken action to reduce its actual carbon emissions, through the implementation of identified opportunities. Action should also be taken to identify and implement new opportunities to reduce carbon emissions to build on improvement works completed in 2024/25.	31/03/2026	Emma Clarke	Mike Woodhead & Maz Ahmed	Finance & Performance Committee		

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	02/10/2025
Report from:	Audit Committee	Meeting date:	23 July 2025
Quorate?	Yes ☒ No ☐		
Members present	Chris Malish, Sally Napper.		
In attendance	Philipa Hubbard, Leanne Sobratee, Salma Younis, Rachel Trawally, Claire Risdon, Chris Boyne, Anne Marie Dorrington, Richard Cliff		
Observers	No observers		
Apologies	Apologies were noted from Simon Lewis, Fran Stead.		
Good Governance	Governance, accountability and effective oversight		GG
Agenda items	• Matters arising • Dentist Pay Discretionary • Strategic Assurance Report, Strategic Narrative Report, Compliance & Risk Report • Annual Litigation Report • Review of Loses & Special Payments • Waiver of Standing Orders & Standing Financial Instructions • Proposed Write Off of Outstanding Debt (• Internal Audit: Progress report, Follow Up Reports • Committee Annual Terms of Reference Review • Committee Annual Report • Draft report - Well Led (BDCFT/19/2025) • Alert, Advise, Assure and Decision Report to Board of Directors • Audit Committee Workplan 2024/25		
Alert items agreed by Committee	• The dentist pay discrepancy issue was highlighted, with ongoing work to resolve overpayments and the approach to reclaiming funds being reviewed for fairness and compliance.		
Advise items agreed by Committee	• The committee reviewed the strategic assurance report, agreed with the assurance levels, and discussed the need for clear reporting and triangulation of data, especially regarding financial and quality risks		
Assure items agreed by Committee	• The Annual Litigation report was received, noting low claims numbers, effective benchmarking, and established learning processes. • No new losses or special payments were reported. • Internal audit progress was confirmed, with only one report slightly delayed. • The annual terms of reference were reviewed and recommended for board approval. with minor updates pending.		

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	The draft well-led report was received, with the full report to be presented in September.		
Decisions made by Committee	.		
New risks identified by Committee	There were no new risks identified by the Committee.		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Nazmeen Khan – Corporate Governance Officer	Date	23.07.2025
On Behalf of Chair	Chris Malish, Non-Executive Director		

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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	25 September 2025
Report from:	Audit Committee	Meeting date:	25 September 2025
Quorate?	Yes ☒ No ☐		
Members present	Chris Malish, Mark Rawcliffe		
In attendance	Helen Higgs, Leanne Sobratee, John Blewitt, Rachel Trawally, Stacey Person, Chris Boyne, Fran Stead, Tim Rycroft, Mike Woodhead, Rebecca Wixey		
Observers	Stephanie Alexander (KPMG)		
Apologies	Apologies were noted from Philippa Hubbard, Simon Lewis, Sally Napper , Claire Risdon		
Good Governance	Governance, accountability, and effective oversight		GG
Agenda items	• Strategic Narrative Report • Organisational Compliance & High Risk Alert Advise Assure Decision Report • Compliance and Risk Group Terms of Reference • Review of Losses & Special Payments • Waiver of Standing Orders & Standing Financial Instructions • Proposed Write Off of Outstanding Debt • Write off of lost tablet devices • Information Governance breach & learning report • Internal Audit: Progress report • Freedom To Speak Up (FTSU) Benchmarking Report • Follow Up Reports		
Alert items agreed by Committee	• No new alerts		
Advise items agreed by Committee	• Write-off Lost Tablet devices advised for re-audit consideration in 2026–27. • Information Governance Breach: A welcome email was mistakenly sent to over 11,000 recipients. The Information Commissioners Office (ICO) was notified and satisfied with the Trust’s response. Strengthening of Trust processes, change control and access protocols was underway. • Follow-Up Report: Out of 181 tracked recommendations, 168 were closed. The committee noted the strong compliance and tracking mechanisms in place.-		
Assure items agreed by Committee	• No New Waivers or Standing Orders.		

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	- Internal Audit Progress: The committee received assurance that 33% of the audit plan had been completed, with over 80 audit days delivered. Key audits included the Well-Led review and Consent Audit (Significant Assurance). The Rights to Work Audit and Taxi Travel Audit flagged areas for improvement, with actions underway. - Follow-Up Compliance: Out of 181 tracked recommendations, 168 were closed. The committee was assured by the strong compliance and tracking mechanisms.		
Decisions made by Committee	The committee ratified the updated terms of reference for the Risk and Compliance Group, which includes a dual focus on high risks and compliance across domains.		
New risks identified by Committee			
Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan – Corporate Governance Officer	Date	25.09.2025
On Behalf of Chair	Chris Malish, Non-Executive Director		

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Escalation and Assurance Report

Report from: West Yorkshire MHLDA Collaborative Committees-in-Common

Date of the meeting: 23rd July 2025

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert/Action:

- There remain concerns regarding where some of the functions undertaken by the MHLDA collaborative on behalf of the ICB will sit in within the new system architecture. This includes strategic commissioning roles (ie ND commissioning policy development), statutory functions (eg LD Dynamic Support Register), system convening (eg MHLDA networks and steering groups) and a range of other functions relating to the performance/assurance relationship with NHSE, representation at national/regional forums etc
- The committee received an update on the West Yorkshire position against the NHSE mandate to ensure full coverage of Mental Health Support Teams. NHSE trajectory indicates 5 more teams are required in West Yorkshire this year, with Bradford and Leeds prioritised for further roll out.
The ICB are no longer receiving funding separately/through Service Development Funding, the expectation being that MHSTs will be funded by the ICB, creating a cost pressure from new and existing teams (as they move towards full mobilisation in 2025 and 2026). NHSE have requested confirmation of West Yorkshire position by 31st July 2025.

Advise:

- The WY Neurodiversity programme is presenting the Neurodiversity commissioning policy to WY ICB Transformation committee in July for the final decision on whether formal public consultation is required. If agreed, consultation expected to begin early autumn.
- Trust Executive collaborative meeting planned for 30th July to identify opportunities for a shared West Yorkshire work programme across across Trusts.
- The committee agreed the importance of continuing to hold the committee in the coming months and to ensure that MHLDA system expertise and focus continues as part of the new ICB system architecture.
- The Complex Rehabilitation programme presented an update of the prior 24/5 objectives that included Community Rehabilitation Enhanced Support Team. Transfers to local services completed for most people with 3 final transfers in progress to Calderdale local services.
- New ICB commissioning focused objectives agreed for the Complex Rehabilitation programme: Objective 1. Develop a W Yorks approach to realising financial efficiencies, Objective 2. Develop an agreed W Yorks approach to Quality Assurance & Surveillance.

Trusts are working to complete the NHSE Serious Mental Illness review of assertive and community mental health services, due to NHSE in September. Trusts have worked hard to implement all of the 'low cost, no coast' actions associated with the review; however,

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concerns raised around the increased resource required to meet NHSE standards in full across all West Yorkshire Mental Health Trusts given the variation in models and some places taking a Core/Enhanced approach. This is not just a challenge in West Yorkshire, but nationally with similar challenges echoed across the country.

Assure:

- Provider Trusts and West Yorkshire MHLDA Team working closely with ICB Core Team to feed into the future operating model. Trusts Execs attending workshops throughout August.
- The ICB joint committee for Yorkshire and Humber has supported the decision to enact the optional plus one of the NHSE Lead provider contract. The NHSE lead provider contract, any and all sub contracts will run until March 2027.
- West Yorkshire specialised commissioning hub has developed a standard operating policy for the patient safety incident response framework to support a consistent approach. This has been shared and has now been adopted nationally.
- There is work underway as part of the Secondary Care Pathways Programme, in partnership with the West Yorkshire Mental Health Police Forum to develop a shared work plan to support the implementation of Right Care Right Person and ensure that appropriate governance structures are in place.

Report completed by: Charlotte Whale, Programme Manager, Mental Health Delivery, West Yorkshire MHLDA

Date: 24th July 2025

Distribution: Chairs and Company Secretaries of Bradford District Care NHS Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds & York Partnership NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust.

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