

Board of Directors held in public

Thu 04 December 2025, 09:00 - 12:00

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



We welcome stakeholders to submit questions to the Board of Directors. Questions can be submitted in advance of the meeting.

Agenda

- 09:00 - 09:02
2 min

1. Welcome and apologies for absence (verbal)
Information *Linda Patterson*
- 09:02 - 09:03
1 min

2. Declaration of any conflicts of interest (enclosure)
Information *Linda Patterson*
 Item 02.0 - Board of Directors - Declaration of Conflicts of Interest Nov 2025.pdf (10 pages)
- 09:03 - 09:04
1 min

3. Questions received (verbal)
Discussion *Linda Patterson*
- 09:04 - 09:08
4 min

4. Minutes of the previous meetings: 2 October 2025 and 22 October 2025 (enclosures)
Decision *Linda Patterson*
 Item 04.1 - Public Board minute 2 October 2025 CHAIR APPROVED.pdf (17 pages)
 Item 04.2 - Extraordinary Public Board 22 October minutes - Chair approved.pdf (4 pages)
- 09:08 - 09:10
2 min

5. Matters arising (verbal)
Information *Linda Patterson*
- 09:10 - 09:15
5 min

6. Action log (enclosure)
Decision *Linda Patterson*
 Item 06.0 - Public Board of Directors - Action Log - for 4 Dec 25.pdf (4 pages)
- 09:15 - 09:20
5 min

7. Chair's Report (enclosure)
Discussion *Linda Patterson*
 Item 07.0 - Chair's Report - 4 December 2025 Final.pdf (5 pages)
- 09:20 - 09:40
20 min

8. Chief Executive's Report (enclosure)
Discussion *Therese Patten*
 Item 08.0 - CE Report Public Dec 25 Final.pdf (7 pages)
- 09:40 - 09:50
10 min

9. Strategic Assurance and Performance Report (enclosure)

03/12/2025 10:05:03
Holly

Decision Phil Hubbard; Kelly Barker

Item 09.0a - Board Integrated Performance Report Cover Paper - December 2025 KB.pdf (5 pages)

Item 09.0b - Board Integrated Board Performance Report - December 2025.pdf (15 pages)

09:50 - 10:00 10. Strategic Risk Summary (enclosure)

10 min

Discussion Fran Stead

Item 10.0 - Strategic Risk Report 2025.11 RT.pdf (10 pages)

10:00 - 10:25 11. Learning from your experience: Living with incontinence (presentation)

25 min

Discussion Suzanne Hala; Chris Skinner; Isla Skinner; James Cooke

10:25 - 10:35 Break

10 min

10:35 - 10:40 12. Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 10 October 2025 (enclosure) and 20 November 2025 (enclosure)

5 min

Discussion Alyson McGregor

Item 12.1 -Effective Oversight Escalation and Assurance - MHLC 10 October 2025 - CHAIR APPROVED.pdf (3 pages)

Item 12.2 - Effective Oversight Escalation and Assurance - 20 November 2025 v.01.1.pdf (3 pages)

10:40 - 10:45 13. Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 19 November 2025 (enclosure)

5 min

Discussion Alyson McGregor

Item 13.1 - AAAD - Effective Oversight Escalation and Assurance - QSC Nov 2025 Chair approved docx.pdf (6 pages)

10:45 - 11:00 14. FTSU bi-annual thematic report (enclosure)

15 min

Discussion Rebecca Wixey

Item 14.0- Freedom to Speak Up Guardian Bi-Annual Activity Report - Nov 2025.pdf (13 pages)

11:00 - 11:25 15. Finance Report (enclosure - to follow)

25 min

Discussion Mike Woodhead

Item 15.0a - Trust Board Cover Sheet (Item 15 Dec 25).pdf (2 pages)

Item 15.0 - Finance Report Trust Board (Month 7 - October 2025).pdf (9 pages)

11:25 - 11:30 16. Alert, Advise, Assure and Decision Report: Finance and Performance Committee held 24 September 2025 (enclosure) and 26 November 2025 (verbal)

5 min

Discussion Maz Ahmed; Mark Rawcliffe

Item 16.1 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 24 September 2025 - Ratified.pdf (3 pages)

11:30 - 11:35 17. Alert, Advise, Assure and Decision Report Charity Funds committee 29 October 2025 (enclosure)

5 min

Discussion Mark Rawcliffe

Close Holly
03/12/2025 10:15:03

11:35 - 11:40
5 min
18. Alert, Advise, Assure and Decision Report: Audit Committee held 27 November 2025 (enclosure)

Discussion *Christopher James Malish*


11:40 - 11:45
5 min
19. Governance report (enclosure)

Information *Fran Stead*

 Item 19.0 - Governance Report - Board of Directors - 4 December 2025 - V.01.pdf (11 pages)


11:45 - 11:55
10 min
20. Go See Thematic report (enclosure)

Discussion *Rachel Trawally; Fran Stead*

 Item 20.0 - Go See Report - Board 04.12.2025 (002) DRAFT v3.pdf (8 pages)

11:55 - 11:55
0 min
21. West Yorkshire West Yorkshire Community Health Services Provider Collaborative AAAD 7 October 2025 (enclosure)

Information *Linda Patterson*

 Item 21.0 - WYCHS Escalation and Assurance Report - 7.10.25 v0.1.pdf (2 pages)

11:55 - 11:55
0 min
22. Board of Directors public meeting work plan 2025-26 (enclosure)

Information *Linda Patterson*

 Item 22.0 -Public board workplan DRAFT.pdf (2 pages)

11:55 - 11:57
2 min
23. Any other business (verbal)

Discussion *Linda Patterson*

11:57 - 12:00
3 min
24. Comments from public observers (verbal)

Discussion *Linda Patterson*

Date of the Next Meeting: 9am on 5 February 2026 – final details to be confirmed by Corporate Governance Team

Close, Holly
03/12/2025 10:05:03

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
Chris Malish	Bradford College: Vice Principal Finance & Corporate Services (declared 23/03/2024)	Nil	Nil	Nil	Nil

Close Holly
03/12/2025 15:03

Simon Lewis	Nil	Nil	Nil	ASDA Foundation trustee/non-Executive Director (declared 23/05/2024)	Barrister: instructed to act for a wide range of people and organisations (including national and local public sector organisations, including relevant local authorities). This also includes acting on behalf of the General Medical Council. (declared 23/05/24)
-------------	-----	-----	-----	---	---

Close Holly
03/12/2025 10:05:03

Alyson McGregor	Nil	Nil	Nil	Altogether Better (NHS hosted organisation): Director (declared 06/03/24)	Nil
				Health Foundation Common Ambition Programme Advisory Group: Expert Advisor (declared 06/03/24)	
Mark Rawcliffe	Nil	Nil	Nil	Nil	Nil

Close Holly
03/12/2025 10:05:03

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

Close Holly
03/12/2025 10:05:03

Phil Hubbard	Nil	Nil	Nil	Nil	Nil
Ian MacBeath	Nil	Nil	Nil	Nil	Nil
Tim Rycroft	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
Dr Salim Uka	Nil	Nil	Nil	Trustee for Overgate Hospice in Helix	Overgate Hospice

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

Close Holly
03/12/2025 10:05:03

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

Close Holly
03/12/2025 10:05:03

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>)	
	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>)	

Close Holly
03/12/2025 10:05:03

	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
Nil	Nil	Nil

Close Holly
03/12/2025 10:05:03

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	

Close Holly
03/12/2025 10:05:03

Bradford District & Craven Quality Committee (declared 04/03/24)	Place based lead as part of the Place based system as Director of Nursing and Quality distributed leadership team (declared 04/03/24)	Langtry Langtons: Employee (declared 04/03/24)
Bradford District Council (declared 01/03/24)	Nil	Nil
Nil	Nil	Nil
Bradford District & Craven Finance Committee	Place based lead as part of the Place based system as Director of Finance	Close associate of MD of Elite Consulting Ltd*
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
Nil	Nil	Nil

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

Close Holly
03/12/2025 10:05:03

**Board of Directors Meeting in Public
On Thursday 2 October 2025 at 09:00
Hybrid meeting held on Microsoft Teams and in Room 4.10 at
New Mill**

Members present in person:	Dr Linda Patterson OBE FRCP Kelly Barker Alyson McGregor Therese Patten Tim Rycroft	Chair of the Trust (Chair of the Board) Chief Operating Officer Non-Executive Director Chief Executive Chief Information Officer
Members present via teams:	Bob Champion Phil Hubbard Mark Rawcliffe Mike Woodhead	Chief People Officer Director of Nursing, Professions and Care Standards, Deputy Chief Executive Non-Executive Director Chief Finance Officer
In attendance in person:	Alan Morford Farhan Rafiq D Bennett MB GH Fran Stead Rachel Trawally Suzanne Hala Phalaksh Walishetty	Public Observer Executive Director Transformation, Improvement and Productivity Care Coordinator, Board story (agenda item 3) Board story (agenda item 3) Service User, Board story (agenda item 3) Board story (agenda item 3) Service User, Board story (agenda item 3) Trust Secretary Corporate Governance Manager and Deputy Trust Secretary Senior Involvement Officer, Board story (agenda item 3) Deputy Medical Director Job Planning, Medical Staffing & Governance & IHTT Consultant' (in absence of Medical Director)
In attendance via teams:	Mike Lodge	Lead Governor (present from 9.30am)
Apologies:	Maz Ahmed Simon Lewis Iain Macbeath Chris Malish Sally Napper	Non-Executive Director Non-Executive Director and Deputy Chair Director of Integration Non-Executive Director Non-Executive Director and SID

MINUTES

Item	Discussion	Action
1	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair opened the meeting at 9.00am.</p> <p>The Chair welcomed the observers and representatives, and noted the apologies received.</p> <p>The Board of Directors meeting was quorate.</p>	
2	<p>Declarations of interest (agenda item 2)</p> <p>No declarations of interest were made.</p>	
3	<p>Board story: EIP Sailing trip (agenda item 3)</p> <p>S Hala, Senior Involvement Officer introduced the EIP sailing trip presentation, expressed gratitude to the service users and staff members for attending</p> <p>The Board welcomed three guests to share their experiences with the "Voyage to Recovery" programme. The three guests introduced themselves: MB was a former service user on the Early Intervention in Psychosis (EIP) programme and a recent volunteer, GH was currently in the EIP, 16 months into treatment, and DB Care Coordinator attended in a supporting role.</p> <p>MB, Service user described participating in two "Voyage to Recovery" trips, one as a service user and the second as a volunteer. The voyages involved adventure therapy, including sailing from Holyhead to Whitehaven via Dublin and the Isle of Man. MB explained that the experience was physically demanding but transformative, providing unique opportunities for service users to engage in activities not otherwise available. MB noted that participants became more focused on their recovery and maintained contact after the voyage, planning future meet-ups.</p> <p>GH, Service user shared that, prior to the voyage, life had felt bleak and negative following psychosis. The trip helped GH regain confidence, reclaim basic life skills, and reconnect with others who had similar experiences. GH highlighted the importance of teamwork, mutual support, and the sense of community developed during the voyage. GH became an RYA sailing certified crew member and was nominated as a "farming hero" by peers. GH emphasised the healing power of nature and the positive impact of peer support, stating that the trip inspired new goals and a desire to help others with psychosis.</p> <p>D Bennet, Care Coordinator supported the speakers and contributed to the discussion about the value of the programme. The speakers collectively</p>	

Item	Discussion	Action
	<p>advocated for more opportunities like the voyage, suggesting that therapy sessions outdoors and peer support groups could help address the isolation often experienced during recovery. They noted that while the voyage was unique, similar benefits could be achieved through other communal and nature-based activities.</p> <p>Board members expressed admiration for the speakers' courage and openness. One member reflected on the importance of connecting with nature and holistic therapeutic approaches, noting that charities often excel in this area. The Board discussed how the Trust could incorporate these lessons into its strategy and service delivery, emphasising the need to create more opportunities for service users to connect and recover in supportive environments.</p> <p>P Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive asked whether the programme was unique and worthy of consideration for a national award. The speakers clarified that the voyage was part of a national EIP network, with different teams across the British Isles participating in similar initiatives.</p> <p>A McGregor, Non-Executive Director thanked the speakers for sharing their story and highlighted the importance of applying the learning from the voyage to benefit more people. A McGregor noted that not everyone had the opportunity to go sailing, but the principles of connection, safety, and self-discovery could be integrated into everyday care models. The Board acknowledged the role of fundraising and the collective effort required to support such programmes, including the involvement of service users in previous fundraising activities.</p> <p>The Board acknowledged the positive impact of the voyage and discussed ways to embed outdoor and communal activities into the Trust's strategy, including linking to green therapy initiatives and maximising the use of local green spaces. The speakers and Board members agreed on the value of bringing people together and connecting various activities across the organisation to enhance recovery and well-being.</p> <p>The Board thanked the speakers for their time and for sharing their experiences so positively. The session was described as powerful and inspiring, with Board members expressing a commitment to consider how the lessons learned could inform future strategy and service development.</p> <p>M Lodge joined the meeting at 9.30am.</p>	
4	<p>Questions received (agenda item 4)</p> <p>No questions had been received.</p>	

Item	Discussion	Action
5	<p>Minutes of the previous private meetings held on 29 January 2025 and 24 July 2025 (agenda item 5)</p> <p>The minutes of the Public Board of Directors held on 29 January 2025, and 24 July 2025 were approved as an accurate record.</p> <p>It was noted the 29 January 2025 minutes had been chair approved some time ago but had not been formally presented to board previously.</p>	
6	<p>Matters arising (agenda item 6)</p> <p>No matters arising had been received.</p>	
7	<p>Action log (agenda item 7)</p> <p>R Trawally, Secretariat noted two actions had been completed:</p> <ul style="list-style-type: none"> • Deep dive on QSC agenda for November, and • Letters had been sent to the observers from the last meeting. <p>The Board of Directors:</p> <ul style="list-style-type: none"> • 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	<p>Chair's Report (agenda item 8)</p> <p>The Chair presented her report to the Board and highlighted the continued engagement with the Trust and external partners.</p> <p>The Chair highlighted ongoing potential changes related to place and the Integrated Care Board (ICB). Despite these external developments, the Trust continued to focus on delivering services and prioritising the wellbeing of its people.</p> <p>The Chair informed the Board that L Maybin had stepped down as Deputy Lead Governor from the Council of Governors at the end of her term of office, but it was hoped she would continue to report back on supporting youth initiatives.</p> <p>The Board was advised that the Council of Governors had commenced the process of electing a new Deputy Lead Governor.</p> <p>No questions or comments were raised.</p> <p>The Board noted the continuing engagement that had taken place with external partners, internally at the Trust and with the Council of Governors.</p>	

Item	Discussion	Action
9	<p>Chief Executive's Report (agenda item 9)</p> <p>T Patten, Chief Executive presented the key highlights:</p> <ul style="list-style-type: none"> • The Trust had received an invitation to participate in the Gardeners World Podcast, which was considered an excellent opportunity to highlight the benefits of health and well-being for patients. • S Uka had joined as interim Medical Director. Although he did not have a mental health background, a strong deputy team was established to provide support. S Uka has experience as a MD, and was a paediatrician by background. Alongside this, he would undertake some community clinical work, which the Board welcomed. • An update on the oversight framework was provided, noting the framework represented a new approach to assessing organisational performance. • P Hubbard added that an induction programme was underway for S Uka, with support from F Stead. The induction aimed to ensure understanding of the Council of Governors, finances, and other key aspects of the Trust. P Hubbard emphasised the importance of providing appropriate support and mechanisms for individuals taking on new roles within the organisation. <p>B Champion, Chief People Officer reported that the Trust had submitted its compliance plan to NHS England as part of the government's initiative to improve conditions for resident doctors. The plan addressed ten key points, including car parking, lockers, meals, and working arrangements. The Trust was compliant with seven out of ten requirements, with further work needed on the built environment at Lynfield Mount and on induction processes for doctors rotating between training posts. B Champion expressed confidence that all requirements would be met. M Rawcliffe, Non-Executive Director asked how relevant these measures were locally and what junior doctors would say about their experience. B Champion responded that while some improvements were visible, others were less apparent to staff but still in place. He confirmed that the Trust performed well in the annual GMC junior doctor survey, though there had been a slight decline in training scores nationally. P Hubbard added that an audit of placements and educational provision was underway, with results to be reported to NHS England and the Board by November. She noted ongoing improvements and engagement with universities.</p> <p>P Hubbard reported that since D Simms departure as Medical Director, K Barker, Chief Operating Officer and P Hubbard had supported the medical leadership team. An induction session for new and existing leaders was scheduled for 12 October. Cover had been provided at several committees during the transition and for some committee's attendance would continue from some deputies to support S Uka. Noted that job planning for support roles was under review.</p>	

Item	Discussion	Action
	<p>The Board noted that the government had published national league tables in early September. These tables assessed provider performance across twelve benefits and six domains. The Trust's current ranking was disappointing, but it was expected to change over time. The next update was anticipated at the end of November. The league tables would be used as a tool for performance improvement and as a baseline for ongoing transformation work. Issues identified were already being addressed. It was discussed that some performance indicators referenced in the league tables were not currently reviewed by the Board, nor was there regular benchmarking against other organisations. The Board agreed to incorporate more comparative data and insights from new guidance on board effectiveness into future reporting.</p> <p>P Hubbard reported on regional work to develop quality metrics, noting a lack of quality markers in the current framework. K Barker confirmed that the Trust had agreed to review performance reporting and structures in line with the insightful board framework, with a board self-assessment scheduled.</p> <p>The Board also celebrated the Trust's success in being named a Pioneer following a competitive national bid. Only 43 organisations were selected out of over 160 applicants. The Board recognised this as a significant achievement and discussed plans to scale up and connect successful initiatives across the Trust.</p> <p>No further questions or comments were raised.</p> <p>The Board noted the Chief Executive's report.</p>	
10	<p>Strategic Assurance and Performance Report (agenda item 10)</p> <p>K Barker, Chief Operating Officer presented the Strategic Assurance and Performance Report, noting it uses committee-aligned metrics and triangulated data. The AAAD process supported assurance levels across the domains of the Trust's strategy. It was reported that the "best place to work" themes continued to show high and significant assurance levels.</p> <p>K Barker acknowledged ongoing challenges in service access and flow, particularly within acute inpatient services. Significant work was underway to stabilise and mitigate these pressures. Despite these efforts, acute services continued to experience pressure, but transformational work was progressing, including a rapid process improvement week focused on community mental health services. K Barker noted the importance of gaining further assurance and noted that the committee had challenged itself to determine when improvements would be realised. While waiting times could not be reduced immediately, the Board was assured that patients were being managed safely whilst they waited, and relevant metrics were being tracked.</p>	

Item	Discussion	Action
	<p>This contributed to the work being done to review the Integrated Performance Reporting and how we better triangulate.</p> <p>K Barker explained the best use of resources would be covered within the Finance update. It was acknowledged that the system, place, and the organisation faced significant financial challenges, but work was ongoing and a PMO was now in place to support programme delivery. Despite progress, financial performance risks remained.</p> <p>K Barker noted the governance and assurance levels, and that the board provider capability assessment work aligned with our strategy pillar of governance. Evidence was being gathered to support the capability assessment submission.</p> <p>P Hubbard agreed that the report was comprehensive and well-articulated. The Chair commented on the value of ongoing transformation work and the importance of understanding actions being taken to address areas not yet meeting expectations.</p> <p>No further questions or comments were raised.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • 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. 	
11	<p>Strategic Risk Summary (agenda item 10.1)</p> <p>F Stead, Trust Secretary explained that the report followed the same template as previous months. In preparation for the November committee meeting, an updated report had been developed, attached in the appendix, to broaden the scope of data and insight. The Board would spend time in a private session to review current strategic risks, consider new risks, and determine which risks no longer required monitoring. This exercise, usually held in quarter four, was being conducted mid-year to ensure confidence in the information being monitored. F Stead agreed that this approach would help maintain a robust and integrated risk management process for the Trust.</p> <p>F Stead noted that information from the Mental Health Legislation Committee was from July, as the committee meeting had been postponed to October. The People and Culture Committee had agreed to increase the risk rating for medical staffing to “significant unlimited.” The Finance Performance</p>	

Close/Holly
03/12/2025 10:05:03

Item	Discussion	Action
	<p>Committee identified two new risks: one concerning data quality and another regarding financial performance at both place and system levels.</p> <ul style="list-style-type: none"> • Data Quality Risk: Identified concerns about data quality. This risk related to the accuracy, completeness, and reliability of data used for decision-making and reporting. The Board recognised that poor data quality could impact productivity, regulatory compliance, and the effectiveness of strategic initiatives. The need for robust data management and ongoing monitoring was emphasised. • Financial Performance Risk: A new risk was raised regarding financial performance at both the place and system level. The Board discussed that financial delivery across West Yorkshire and within the Trust remained uncertain, with potential for underperformance by partner organisations to affect the Trust's own financial stability. This risk required close monitoring and collaboration with other organisations to mitigate possible negative impacts. <p>The Board agreed that both risks would be tracked closely and addressed through strengthened governance, assurance frameworks, and proactive management.</p> <p>P Hubbard questioned the broader implications of these risks, particularly around data quality and financial delivery. It was explained that poor data quality could affect productivity and compliance, while financial risks could arise if partner organisations in West Yorkshire failed to meet their delivery targets. The need for ongoing monitoring and proactive management of these risks was noted.</p> <p>Further questions were raised about staffing challenges, especially in light of national changes affecting roles across nursing, midwifery, and health professions. The Board was assured that efforts were underway to support newly qualified nurses and secure preceptorships, even for those without permanent roles.</p> <p>The Board also asked about the impact of changing immigration regulations on workforce supply. B Champion clarified that rising salary thresholds had made it more difficult to sponsor lower-paid workers, with sponsorship likely to be limited to higher bands in future. The Board learned that recruitment was increasingly focused on partnerships with educational institutions as its prime source of supply for healthcare study students, but vacancies and turnover remained significant risks.</p> <p>The Board acknowledged that these risks required continued attention and that development work was ongoing to strengthen governance and assurance frameworks. The aim was to ensure robust oversight and alignment with regulatory expectations and the Trust's strategic priorities.</p> <p>No further comments or feedback were raised.</p>	

Item	Discussion	Action
	<p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the strategic risks identified by each Committee and discuss the implications for achievement of the Trust's overall Strategy. • Noted the update on ensuring an integrated model of good governance, assurance & risk is embedded robustly within the Trust. • Noted an additional column has been added to the strategic risk table to include an update on progress. 	
12	<p>Alert, Advise, Assure and Decision Report: Mental Health Legislation Committee held 17 July 2025 (agenda item 11)</p> <p>A McGregor, Non-Executive Director presented the report in the absence of S Lewis, Non-Executive Director and Chair of this committee.</p> <p>The July AAAD was presented in the papers for information, this had been provided at the last meeting as a verbal update. A McGregor, Non-Executive Director reminded the Board that at this meeting the Trust had previously been unable to report psychological therapy data to the national benchmark due to missing SNOMED codes. This issue was being addressed with support from the IT team, and recent updates indicated that reporting would improve going forward.</p> <p>The Board also acknowledged ongoing concerns regarding the role of non-executive directors at hospital manager hearings. This had been incorporated into the job descriptions of the new NEDs, but it was not a mandated requirement, and it would be considered going forward if it was appropriate to include in future NED roles. From benchmarking undertaken it had not been introduced as common practice to date.</p> <p>Additionally, involvement partners continued to report low morale, though recent efforts to clarify responsibilities and engage new service user partners had begun to show some improvement.</p> <p>The Board of Directors noted the update on the AAAD.</p>	
13	<p>Alert, Advise, Assure and Decision Report: Quality and Safety Committee held 16 July 2025 and 17 September 2025 (agenda item 12)</p> <p>The Board received two AAA reports, dated 24 July and 17 September. The July AAAD was presented in the papers for information, this had been provided at the last meeting as a verbal update.</p> <p>A McGregor, Non-Executive Director reminded the Board that at the July meeting:</p>	

Item	Discussion	Action
	<ul style="list-style-type: none"> Section 136 suites had continued to be used as emergency inpatient beds due to a lack of immediate bed availability. This issue remained under scrutiny by the CQC and was being closely monitored. Out of area placement beds continued to pose a significant pressure point in the system, despite mitigations. Delays in dental treatment requiring general anaesthetic had been exacerbated by recent industrial action, though it was anticipated that this issue might be easing. <p>The September report contained no new alerts. However, the following advisory points were noted:</p> <ul style="list-style-type: none"> The organisation was experiencing pressures due to leadership transitions, specifically the departure of the Medical Director and changes in library services. Appointments had been made to fill these posts. Absence in leadership within acute and community mental health teams was identified, with mitigation measures in place and ongoing monitoring required. An issue was raised regarding the lack of a dedicated CPD budget for psychological therapies. It was noted that, nationally, CPD funding for psychological therapies was not dedicated, and local budgets were being used to address this gap. Additional topics discussed included winter pressures and the development of the well-led plan. <p>B Champion noted ongoing discussions regarding apprenticeship funding, referencing recent national commentary. The organisation maintained a strong position, with only £77,000 unallocated from an apprenticeship levy of approximately £1 million. Plans were underway to implement a major development programme to utilise remaining levy funds, potentially supplemented by contributions from other organisations. The Board acknowledged uncertainty regarding future national direction for apprenticeships.</p> <p>The Board of Directors noted the update on the AAAD.</p>	
14	<p>Winter Plan (agenda item 12.1)</p> <p>K Barker reported that winter planning began in summer and now addressed year-round pressures. K Barker noted that there had been strong national, regional, and local collaboration to ensure readiness for winter. Regional exercises had taken place, bringing together systems to test scenarios and strengthen partnership working.</p> <p>NHS England requested board assurance for the winter plan, which was submitted by the 30 September deadline. The supporting paper was detailed and included an Equality and Quality Impact Assessment (EQIA) appendix to</p>	

Item	Discussion	Action
	<p>demonstrate support for staff and services through winter. K Barker emphasised that operational processes did not change significantly in winter, with daily, weekly, and monthly surge escalation processes in place. K Barker noted that previous winters had shown that service resilience was affected by seasonal sickness and poorly planned annual leave. Communications had been sent to encourage staff to book annual leave early and ensure even distribution, considering the diverse cultural and religious backgrounds in Bradford.</p> <p>This year, there was a particular focus on staff health and well-being, especially the vaccination campaign. Only the flu vaccine was being offered this year, due to concerns about vaccine fatigue from offering both flu and COVID vaccines previously. There was a 5% target increase in flu vaccine uptake compared to last year, and this target applied across all systems. The organisation was also using heat maps to monitor sickness and absence at the team level, aiming for early intervention.</p> <p>P Hubbard confirmed that the organisation had received a letter from NHS England regarding monitoring of the vaccination campaign. She reported that discussions with NHS England had already begun in July, and communications had been sent to encourage staff uptake. Early indications showed a more positive response to the flu-only campaign. Phillipa stated she would keep the Board updated as the campaign progressed and after her upcoming meeting with NHS England.</p> <p>B Champion reported that the organisation was currently sponsoring 37 migrant workers across all staff groups, with 11 in bands 2 and 3 support roles. Due to changes in sponsorship rules and salary thresholds, the organisation would no longer be able to sponsor these lower-banded roles, which could affect the ability of some staff to remain with the organisation. In response to a question about who would be affected, B Champion clarified that nine sponsored staff were in medical roles, with the remainder in various other roles. The organisation had a plan to support those below band 5 to develop into roles that met sponsorship criteria, aiming to retain valued staff wherever possible. However, in some cases, individuals might need to reapply for resident status if they no longer qualified for sponsorship.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the system wide approach to winter planning; • acknowledged the challenges and associated responses to winter pressures; • would receive further updates as system wide winter planning progresses. 	
15	NHS CPD submission plan 2025/26 (agenda item 12.2)	

Item	Discussion	Action
	<p>The report was noted and had been presented to the Quality & Safety Committee to review the evidence presented within the 2025/26 NHSE CPD spend plan. Ther report was signed off prior to organisational submission to NEY NHSE and initiation of spend, training commissions with external partners etc.</p> <p>The report was noted for information.</p>	
16	<p>Alert, Advise, Assure and Decision Report: People and Culture Committee held 17 July 2025 and 18 September 2025 (agenda item 13)</p> <p>M Rawcliffe, Non-Executive Director provided an update on the People and Culture Committee that met on 17 July and 18 September.</p> <p>During these meetings, the committee noted a significant concern raised in relation to the disproportionate disciplinary rates among staff from ethnically diverse backgrounds, particularly within inpatient mental health services. The committee recognised this as an issue requiring attention and further action. This concern was consistent with previous alerts and continued to be monitored.</p> <p>In September, the committee focused on sickness and absence rates, noting the impact these had on continuity of care and the increased reliance on temporary staffing with associated financial and compliance implications. The committee flagged the need to monitor areas with high sickness rates, especially those undergoing structural changes as part of cost improvement initiatives. There was also discussion about the correlation between stress in the system and these pockets of high sickness. The committee agreed to continue monitoring these trends.</p> <p>Visa and immigration changes were reviewed for their effects on recruitment and retention. Data quality issues relating to the NOF were also raised and scheduled for further oversight. The committee was encouraged by targeted interventions in areas of high sickness and agreed to keep reviewing health and well-being provisions for staff. Reporting was considered dynamic and provided good oversight. Assurance was given regarding onboarding and induction, with a focus on long-term staff retention. The committee also noted a reduction in employee relations cases, reflecting more effective management. Plans were made to address the disciplinary rate concerns at the executive management team level, and broader support for staff of all backgrounds was discussed. Data quality issues for the NOF were scheduled for discussion in a private session. Action: add to board schedule.</p> <p>The Board of Directors noted the update on the AAAD.</p>	CG Team

Close/Holly
03/12/2025 10:05:03

Item	Discussion	Action
17	<p>Finance Report (agenda item 14)</p> <p>M Woodhead, Chief Finance Officer presented the Finance Report. The narrative remained consistent with previous months, highlighting ongoing pressures in out of area placements, temporary staffing, and under-delivery on cost improvement plans (CIP). At month five, the net risk figure stood at £1.6 million, an improvement from £3.3 million at month four. However, out of area placements had risen sharply in the past week, from around 30 to 40, before decreasing slightly. This fluctuation was expected to influence the risk assessment for month six.</p> <p>M Woodhead explained a minor regulatory intervention had taken place, with a board-to-board meeting held between the Chair, Chief Executive, and counterparts at West Yorkshire ICB to explain the Trust's financial position and actions. The Board noted that if the risk figure increased again, further regulatory attention was likely.</p> <p>M Woodhead updated that preparations were underway for the five-year financial plan due in December. The underlying deficit was estimated at £5 million, excluding additional pressures and inflation, which would increase the gap in next year's plan. More detailed plans were scheduled to be presented to the Finance Performance Committee and the Board.</p> <p>The Board was informed of a national initiative to move away from block contracts towards activity-based funding. The Trust's figures suggested an apparent overpayment for mental health services by £26 million, largely due to data quality issues. This risk was being monitored and would be discussed further in the Private meeting. The Board acknowledged that similar issues were affecting other mental health community trusts, with the exception of SWYFT, and planned to compare data to understand differences.</p> <p>The Board of Directors noted the content of the report.</p>	
18	<p>Alert, Advise, Assure and Decision Report: Finance and Performance Committee held on 23 July 2025 and 24 September 2025 (agenda item 15)</p> <p>M Rawcliffe, Non-Executive Director presented the report in the absence of M Ahmed, Non-Executive Director and Chair of this committee.</p> <p>M Rawcliffe reported that the Trust was about £1 million off plan, covered by non-recurrent mitigation. Concerns remained about long-term sustainability, as the financial plan was weighted towards the second half of the year. The committee discussed challenges with the Lynfield Mount redevelopment and procurement. Progress was noted on the digital strategy, including the AI steering group and Co-pilot initiatives. The committee emphasised that digital activities must lead to efficiency or savings reflected in future financial plans.</p>	

Item	Discussion	Action
	<p>T Patten questioned sickness absence rates and the approach to improvement through the organisational programme board. K Barker and B Champion provided an update and explained that teams had worked together to analyse service-level data and identify teams with high sickness and absence rates. These rates were affecting supervision, appraisals, and manager training. Teams with minimal ongoing transformation or sustainability work were selected for targeted discovery. Operational managers and B Champion's team began investigating root causes of sickness within these teams. Bespoke support packages were developed, acknowledging that different teams required different solutions. A new approach was introduced, involving intensive 12-week support periods tailored to each team, with progress tracked throughout. The committee had also reviewed health and well-being offers to ensure they were targeted where most needed.</p> <p>The Board discussed the recent spike in out of area placements and K Barker explained a "stop the line" event was held to rapidly assess the situation and identify contributing factors. It was found that the increase was due to a halt in discharges during September, resulting in more patients clinically ready for discharge and longer stays. Targeted actions around discharge were implemented, leading to 22 discharges in 10 days. This improvement was attributed to strong teamwork and support from the local authority. The team developed an escalation plan to address pressures before reaching crisis point and challenged teams to consider more radical options. Lessons from the COVID period were applied, including supporting service users in non-acute settings to improve flow. Opportunities were identified to use Willow ward and step-forward pathways to provide safe care closer to home. Support from older people's services enabled temporary pathways for patients with complex needs, ensuring safe management despite lower occupancy. These escalation options were temporary and managed by the clinical team. The Board noted that numbers had improved, and a two-week improvement plan was in place, aiming to maintain progress with safety valves such as step-forward. Long-term planning was discussed, including collaboration with housing and council partners to explore radical solutions for future winters. P Hubbard also noted the potential for central government funding to support mental health protocols in the community.</p> <p>The Board of Directors noted the update on the AAAD.</p>	
19	<p>Enabling & Assessing: Better Lives, Together – good governance, effective oversight, accountability (item 16)</p> <p>F Stead, Trust Secretary presented and discussed the Well-Led Development Plan. The purpose of the plan was to support the organisation's strategy by strengthening good governance, oversight, and accountability. The Board reaffirmed its aspiration to be outstanding, in line</p>	

Item	Discussion	Action
	<p>with the CQC's well-led framework, and committed to fostering a culture of continuous learning and improvement. The Board reviewed the governance tools and processes in place, including annual internal audits, joint committees, annual reviews, and external independent reviews. These measures were designed to ensure robust governance and compliance with NHS requirements. The Well-Led Development Plan consolidated recommendations and actions from three sources: the independent external review, the internal annual audit, and effectiveness discussions with the Board, committees, and Council of Governors.</p> <p>F Stead explained the responsibility for monitoring progress against the development plan was assigned to the Audit Committee. The committee was tasked with tracking delivery, escalating issues, and celebrating achievements. The Board agreed that the plan should be embedded across the organisation and tailored to its specific needs. All action leads were asked to make their actions "SMART"—specific, measurable, achievable, relevant, and time-bound. Progress would be tracked and reported at future meetings, with updates scheduled for the November committee meetings.</p> <p>Action: add an update on the well led development plan actions to Board schedule to return to a future meeting of Board.</p> <p>F Stead emphasised the importance of staff engagement at all levels and the need for evidence-based discussions to ensure meaningful change. It was noted that the plan was a dynamic tool, evolving with organisational needs and supporting the integration of strategy, governance, and assurance across committees and meetings. The Board discussed the value of critical feedback from staff and the importance of holding robust discussions about evidence of improvement.</p> <p>F Stead also reflected on the need for performance integration, acknowledging that previous attempts had not fully achieved a shared understanding across the organisation. The Board agreed to continue refining the approach, focusing on strategic risk and accountability. Workshops and development sessions were planned to further embed the plan and improve performance reporting. Action: to add to the Board schedule.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the update provided • were assured that this work is linked to compliance within the Trust on good governance standards • were assured that this work is linked to national expectations & guidance on good governance, culture & Board performance • were assured that an integrated governance model will be in place 	<p>CG Team</p> <p>CG Team</p>

Close: Holly
03/12/2025 10:05:03

Item	Discussion	Action
	<ul style="list-style-type: none"> noted the work that has taken place to create the new Well Led Development Plan noted 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 were 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 welcomed 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. 	
20	<p>Alert, Advise, Assure and Decision Report: Audit Committee held on 23 July 2025 and 25 September 2025 (agenda item 17)</p> <p>M Rawcliffe, Non-Executive Director presented the report in the absence of C Malish, Non-Executive Director and Chair of this committee.</p> <p>M Rawcliffe reported that no alerts requiring board attention were raised at the September meeting. The committee discussed an information governance breach, where a welcome email was mistakenly sent to 11,000 recipients. The incident was reported to the Information Commissioner's Office, which was satisfied with the Trust's response. Change controls and access protocols were implemented to prevent recurrence.</p> <p>M Rawcliffe noted the committee reviewed follow-up reports and strong compliance, with 168 out of 181 tracked recommendations closed. Internal audit was progressing well, with a third of audit days already delivered. Key audits, including the well-led review and consent audits, provided significant assurance. The committee also reviewed the rights to work and taxi travel audits, which identified areas for control improvements and resulted in further actions.</p> <p>A question was raised regarding an alert from the July meeting about the dental contract. It was clarified that a revised paper was expected at the next audit committee. M Woodhead explained that NHS England had challenged the Trust's approach to recovering overpayments, and the dental manager was now working to recover the full amount from affected dentists. An update on this issue would be provided at the next Audit Committee and Board through the AAAD report.</p> <p>The Board of Directors noted the update on the AAAD.</p>	
21	<p>West Yorkshire MHLDA Collaborative Committees in Common 23 July 2025 (agenda item 18)</p>	

Item	Discussion	Action
	The Board of Directors noted the content of the report, which was provided for information.	
22	Any Other Business (agenda item 19) None received.	
23	Comments from public observers (agenda item 20) M Lodge, Lead Governor responded that he had no comments and thanked the Board for an interesting meeting. A Morford, Public observer expressed gratitude for the warm hospitality received, and congratulated the Trust on becoming a pioneer for the neighbourhood model, and mentioned an upcoming conference in Birmingham, noting that someone from the Trust would be attending and that further details would be sent by email. The observers were thanked for their attendance and comments.	
24	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 meeting evaluation confirmed that everyone felt included, had the opportunity to contribute, and that the discussion was positive and respectful. The meeting was confirmed to have been conducted in line with trust values. The meeting was closed at 11.28.	

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

Close/Holly
03/12/2025 10:05:03

**Extraordinary Public Board of Directors Meeting
On Wednesday 22 October 2025 at 09:30
Hybrid meeting held on Microsoft Teams and in 4.10 New Mill**

Present in person:	Therese Patten	Chief Executive
	Phil Hubbard	Director of Nursing, Professions and Care Standards, Deputy Chief Executive
	Kelly Barker	Chief Operating Officer
	Chris Malish	Non-Executive Director
	Alyson McGregor	Non-Executive Director
	Simon Lewis	Non-Executive Director
	Farhan Rafiq	Executive Director, TIP
	Mark Rawcliffe	Non-Executive Director
	Tim Rycroft	Chief Information Officer
	Sal Uka	Chief Medical Officer
Present via MS Teams:	Dr Linda Patterson OBE FRCP	Chair of the Trust (Chair of the Board)
	Bob Champion	Chief People Officer
	Sally Napper	Non-Executive Director
Observers via MS Teams:	Paul Hodgson	Public Governor: Shipley
	Aidan Jones	Staff Governor: Non-Clinical
In attendance in person:	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary
Apologies	Maz Ahmed	Non-Executive Director
	Mike Woodhead	Chief Finance Officer

MINUTES

Item	Discussion	Action
1	Welcome and Apologies for Absence (agenda item 1) The Chair, Dr Linda Patterson OBE FRCP opened the hybrid meeting. Apologies as noted above. The Extraordinary Public Board of Directors was quorate.	

Item	Discussion	Action
2	<p>Declarations of any conflicts of interest (agenda item 2)</p> <p>No declarations of interest were made for this meeting.</p>	
4	<p>NHS England Emergency Preparedness, Resilience & Response (EPRR) Assessment & Declaration (agenda item 3)</p> <p>K Barker, Chief Operating Officer presented the annual self-assessment against NHS National Core Standards for Emergency Preparedness, Resilience and Response (EPRR). The process was in its second year and had become more rigorous, following NHS England's directive after incidents like Grenfell and the Manchester bombings. Last year, the Trust declared 65.2% compliance.</p> <p>This year, improvements were made, including investment in the EPRR team and additional staff had strengthened the function. Peer assessment and sector collaboration had supported transparency and improvement. Staff training standards had been strengthened linked to national NHSE training capability, and new software was introduced to support training portfolios.</p> <p>The Trust was partially compliant, 45 out of the 58 standards being met, which was in line with sector colleagues and noted thanks to the team for their achievement. The current compliance status would be reported to the West Yorkshire Local Health Resilience Partnership later this month.</p> <p>The Chair asked for clarification regarding the key areas of improvement and the detail in the core standards, particularly about the wording in the job description for the Accountable Emergency Officer (AEO). K Barker confirmed that there was a strong focus on clearly stating accountability and the role played in the organisation. Improvements had been made in training capability, with robust training standards developed internally and linked to national NHS training and capability.</p> <p>The Board was informed that, in addition to meeting the requirements set out in the standards, staff were required to maintain portfolios of their training and experience. This was recognised as a significant task, and to support staff, the organisation had invested in additional software to help maintain evidence and assurance around training portfolios.</p> <p>The Trust remained non-compliant with CBRN (Chemical, Biological, Radiological, Nuclear) standards due to sector limitations. The Chair asked for clarification on CBRN compliance, and it was explained that CBRN refers to chemical, biological, radiological, and nuclear incidents. The Trust could not fully comply due to lack of equipment and facilities, a challenge shared by all mental health and community trusts. The Trust linked into acute trust responses for such incidents.</p>	

Item	Discussion	Action
	<p>Clarification was requested on the reasons for non-compliance with the cooperation, demand and control standards and K Barker explained these areas related to how business continuity planning was managed and documented. She said the core standards required clear evidence of EPRR and business continuity in agendas and work plans. She added that actions from the well-led audit aimed to better align and document these processes for best practice.</p> <p>S Lewis, Non-Executive Director asked about the implications of a partially compliant status, as well as the expected timeframe for achieving full compliance, acknowledging that some areas would remain unachievable. K Barker explained that last year, NHS England accepted that mental health and community trusts could not comply with CBRN standards. She said the Trust’s compliance status was reported publicly and reflected in local and national reporting. She noted there was less national oversight this year, with more responsibility delegated to the region.</p> <p>The Chair asked if achieving compliance in the three remaining areas (excluding CBRN) would give the highest possible rating. K Barker confirmed this would result in a “substantially compliant” rating. She identified the three areas as command and control, cooperation, and training/exercise, and stated there was a plan to achieve compliance by the next reporting period.</p> <p>The Chair acknowledged the plan and asked if the Board could see how this linked to the well-led review and the need for Board oversight. S Uka asked if there was a leadership ask of the executive team or direct reports to strengthen EPRR and business continuity. K Barker confirmed that there was strong commitment and buy-in from teams, but attendance at the Risk and Resilience Forum sometimes dropped due to scheduling. She suggested that more frequent, shorter sessions might improve engagement.</p> <p>P Hubbard asked what NHS England’s position was, given that community and mental health trusts could never be fully compliant with CBRN standards, and whether there should be an acknowledgement of this in the rating system. K Barker explained that this issue had been raised with NHS England, but no alternative rating or set of standards had yet been offered. She said the challenge was to document the narrative within meetings and ensure sector differences were acknowledged.</p> <p>The Board agreed to submit the assessment as partially compliant.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the findings of this report. • Agreed with the assessment of compliance as PARTIALLY COMPLIANT 	

Close: Holly
03/12/2025 10:05:03

Item	Discussion	Action
5	<p>Any Other Business (agenda item 4)</p> <p>No other business was raised.</p> <p>Observers had no further questions.</p>	
6	<p>Meeting evaluation (agenda item 5)</p> <p>The Chair noted the meeting was carried out in line with Trust values and closed the meeting.</p> <p>The next public Board meeting was scheduled for 4 December at 9:00am.</p> <p>The meeting closed at 09.53.</p>	

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

Close/Holly
03/12/2025 10:05:03

Action Log for the Public Board of Directors' Meeting – 4 December 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
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 December	Update to be provided at the December meeting
02/10/2025	Alert, Advise, Assure and Decision Report: People and Culture Committee Data quality issues for the NOF were scheduled for discussion in a private session. To add to board schedule.	CG Team	October	Complete

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
02/10/2025	Enabling & Assessing: Better Lives, Together – good governance, effective oversight, accountability An update on the well led development plan actions to be added to the Board schedule to return to a future meeting of Board.	CG Team	January 2026	Complete
	Add strategic risk and accountability board session to board schedule	CG Team	December 2026	Complete: session scheduled for 17 December 2025
Actions closed at the last meeting				
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.
24/07/2025	<u>Biannual report access/waiting list</u>	CG Team	December	Complete: action passed to QSC

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
	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.			M Holgate confirmed this has already been presented to QSC so can be closed.
24/07/2025 <small>24/07/2025 10:05:09</small>	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	CG Team	July	Complete: email circulated after the meeting

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

Close Holly
03/12/2025 10:05:03

Board of Directors – meeting held in public

4 December 2025

Paper title:	Chair of the Trust's Report	Agenda Item 07.0
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:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

Recommendation(s)
The Board is asked to: <ul style="list-style-type: none"> 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	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> Well-Led Compliance NHS Code of Governance NHS Act Health and Social Care Act Health and Care Act Nolan Principles Provider Licence

Close/Holly
03/12/2025 10:05:03

Board of Directors – meeting held in public

4 December 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
7 October	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting
7 October	Rainbow Alliance Network Meeting and celebration event
8 October	Yorkshire and The Humber Chairs' Meeting
15 October	Cllr Susan Hinchcliffe monthly catch up
15 October	Bradford District and Care collaboration Board – Committee in Common
16 October	Extraordinary Board of Directors – held in Private
16 October	Council of Governors – Nominations and Remuneration Committee
17 October	Bradford District and Craven Partnership Board – Development Session
20 October	Council of Governors meeting (in Private)
22 October	Extraordinary Board of Directors held in Public
22 October	Learning Session Board of Directors
29 October	Bradford District Care three Chairs informal meeting
29 October	West Yorkshire Mental Health Services Collaborative Committees in Common
5 November	Strategic Staff EDI Partnership 2025 to 2026 series
10 November	NHS Confederation All Members Chairs Group
11/12 November	NHS Providers Annual Conference and Exhibition
12 November	NHS Providers Conference Chairs and Chief Executives of Trusts and ICBs met with Rt Hon Wes Streeting Secretary of State for Health and Social Care and Sir James Mackey Chief Executive NHS England
13 November	Extra ordinary combined Board and Finance and Performance Committee
13 November	Leading Better Lives Together Event – Senior Leaders of Bradford District Care Foundation Trust
14 November	Bradford District and Craven Partnership Board meeting
19 November	Bradford District Care three Chairs informal meeting
20 November	Bradford District and Care collaboration Board – Committee in Common
25 November	Council of Governors Nominations and Remuneration Committee
26 November	Lynfield Mount Hospital Redevelopment sign off
26 November	GoSee visit Children's Services West Team Bradford
2 December	Trust Welcome to new employees
2 December	NHS Providers Chairs and Chief Executives Network

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 \(bdcpartnership.co.uk\)](http://bdcpartnership.co.uk)

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

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

The Trust Chair attended the NHS Providers Conference in November, the conference provided an opportunity for the Chairs and CEOs to meet separately with the RT Hon Wes Streeting Secretary of State for Health and Social Care and Sir James Mackaey, Chief Executive, NHS England.

Council of Governors

Recent Council of Governors Meetings

The last Council of Governors meeting agreed to extend the contract for three months of the Deputy Trust Chair, this will allow the transition/handover of the new Chair when appointed.

Non-Executive Director Chris Malish was approved at the last Council of Governors meeting for another term in office until 2029.

Non-Executive Director recruitment was held in November to replace two Non-Executive Directors whose terms have come to an end.

02/05/2025 10:05:03

Chair Retirement

It has been a great privilege to have chaired BDCT for the last three and a half years . We have endeavoured to serve our patients, service users and our communities , delivering high quality care with dignity and compassion. There is always more work to be done, to transform the way we work , to be more efficient and to deliver better services alongside our partners , but I am confident that the leadership team, along with our fantastic staff will rise to the challenge.

I am sad to go, but the time has come for me, after 50 years in the NHS , to make the transition to “retirement “ . I remain committed to our NHS, as a public service , a testament to a civilised society and I wish the services across Bradford and Craven well.

My last day as Chair will be end December 2025 and we are actively making arrangements for a successor .

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

Close, Holly
03/12/2025 10:05:03

Board of Directors – Meeting held in Public

4 December 2025

Paper title:	Chief Executive's Report	Agenda Item 8.0
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:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> 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:

- Creative Connections
- Alzheimer's Trial
- Strategic Partnership with Multiverse
- Awards and Recognition
- CQC Unannounced inspections
- West Yorkshire Integrated Care Board Voluntary Redundancy and Consultation

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 <u>ALL</u> that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Well-Led
Compliance & regulatory implications	N/A	

Close, Holly
03/12/2025 10:05:03

Board of Directors – Meeting held in Public 4 December 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

Creative Connections: A slice of Bradford 2025 on Inpatient Wards

During November we held a 2-week programme of events at LMH and ACMH called 'Creative Connections' in partnership with BDC Mind and Bradford 2025 artists. The aim was to bring Bradford 2025 to the wards, to support people in mental health services to access, engage and connect through creative cultural activities, and to support people to build links when discharged home to support recovery.

Over 40 service users, volunteers and staff engaged in the creative programme through music, dance and visual art in a celebration of our City's diversity. The success of the event is informing a *think tank* within the Trust to consider the Legacy of Bradford 2025, linking to the work we are already doing to embed green and nature-based therapies in care, and to reenergise our Lynfest and Lynfrost celebrations.

Alzheimer's Trial

The Trust has been successful in applying to be a recruiting site in a trial of a new treatment for Alzheimer's disease. Unlike previous trials of treatment that we have supported, this study is funded by a pharmaceutical company and is of a new type of medication which is not currently used in clinical practice. Increasing participation in such *commercial* studies is a high priority in the UK Government's Life Sciences Sector Plan, and we are the first mental health Trust in Yorkshire and the Humber to open a commercial dementia study.

The study is being run by Roche and is of a monoclonal antibody which removes a protein called amyloid from the brains of people developing Alzheimer's disease. It is hoped this will slow down the progression of the condition, with fewer side effects than other recently developed drugs which have taken this approach. We are collaborating with colleagues at the Commercial Research Delivery Centre (CRDC) at BTHFT. This is a UK 'first', as none of the other 25 CRDCs across the country have opened a dementia study yet.

This study is an opportunity to offer cutting-edge developments in therapeutics to residents of Bradford, and our progress with it is being watched by the NIHR Research Delivery Network, to see if it can be a model that is promoted more widely. The study is open now and will be recruiting for around 1 year.

Accelerating Digital Transformation at BDCFT: Strategic Partnership with Multiverse

As part of the Trust priority to drive and support organisational transformation and sustainability, in September we formed a strategic partnership with Multiverse to help accelerate digital, data, and AI upskilling across our Trust. Multiverse, a leading national training provider, will help equip our workforce with essential AI and data skills, enabling us to deliver innovative, efficient, and patient-focused services across the organisation.

This collaboration is highly relevant to delivery of the NHS 10 Year Plan, supporting the shift from analogue to digital by investing in our people and culture while building a future-ready digital workforce. In December, forty colleagues from a range of corporate services will join the first cohort, undertaking tailored programmes in AI, data, and digital transformation, all of which is fully funded through the Apprenticeship Levy.

By embedding digital skills at key levels in the Trust, we aim to strengthen evidence-based decision-making, boost productivity and efficiency and drive innovation in service delivery. Over the next three years, our ambition is for more than 200 colleagues from clinical and non-clinical areas to participate in this programme, reaffirming our commitment to continuous improvement and making the Trust the best place to work.

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.

Sep-25
<p>We care - Chloe Steel, Healthcare Assistant, Heather Ward For her work supporting patients on their recovery journey with compassion and empathy. Chloe builds rapport rapidly, creating a safe and supportive space, making time for each person and validating their experiences. She proactively seeks supervision to ensure her interventions are appropriate.</p> <p>We listen - Stuart Hymas, Wheelchair Technician, Patient Transport Services For his kind, compassionate and deeply human approach during the delivery of a wheelchair, supporting the user to gain confidence with it. Stuart's team says he demonstrated care, patience and empathy throughout, fulfilling his role with professionalism and leaving a lasting impression on the patient.</p> <p>We deliver - Mick Mesa, Individual Placement and Support and Early Intervention in Psychosis Clinical Manager For demonstrating his compassionate leadership, commitment to service improvement and excellent guidance and support which helped the IPS service leadership team gain the IPS Quality Kite Mark last year, and be benchmarked in the top ten services in the country for supporting individuals into paid work.</p>
Oct-25
<p>We care - Administration Supervisor Catherine Franklin For her leadership and support to her whole team. Catherine is always willing to find ways to support staff, offering guidance, making herself available and always going the extra mile. Her team say she deserves recognition for her dedication, commitment and approachability.</p>

We listen - Apprentice Dietician Mohammed Rashid

For offering a sympathetic ear, advice and support to patients and staff and quietly and reliably 'getting on with things'. Mohammed is an outstanding advocate for dietician assistants, showing care and compassion and demonstrating a proactive approach.

We deliver - Falls Prevention Nurse Dawn Mitchell and Team Leader Sharon Bond

For being supportive and caring to their team and delivering high standards of compassionate care and innovative service to patients. Dawn and Sharon are both positive role models in their team and passionate about reducing falls risk and the harm contributed by falls.

Thanks a Bunch Nominations

Month	Total nominations received	Total awards given	Breakdown of nominations			Breakdown of awards		
			Single nominations	Team nominations	Grouped nominations	Single awards	Team awards	Group awards
Sept-25	10	9	9	0	0	9	0	0
Oct-25	13	10	12	1	0	9	1	0

4 CQC Notifiable Incidents, Regulatory Matters and Visits (1 Sept – 31 Oct 2025)

Regulatory matters and visits

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

Mental Health Act (MHA) Visits

There has been one Mental Health Act visit during this time period to Maplebeck ward on the 29 October 2025. The report from this visit is currently awaited.

Unannounced inspections

There have been two unannounced inspections during this time period. The Step Forward Centre was inspected on the 16 September 2025 and Low Secure Services were inspected on the 7 October 2025. We have received a draft report for the Step Forward Centre and are currently going through the factual accuracy process.

Close, Holly
03/12/2025 10:05:03

CQC Notifiable incidents

Number by category	Detail
1 x AWOL	Ilkley ward – Returned voluntarily within 24 hours

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

Four inquests were concluded during this period in which BDCFT had provided some level of evidence to the Coroner. BDCFT staff were not called by the Coroner to give evidence in any of these 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
- Drug related x 1
- Narrative x 2

Patient Safety Incidents and Never Events

Since the last report there have been no Never Events reported. Four new Patient Safety Incident Investigations (PSII's) have been reported since the last report, three suspected suicide (community) and one unexpected/unexplained death (community).

Currently we have 10 open PSII's. A number of response approaches are being utilised regularly as per the PSIRP: Thematic analysis, After Action Review and Local Learning Reviews. Two PSII's were completed in the reporting period, two Thematic Analysis and five Local Learning Reviews. The learning from these reviews will inform the next quarterly Patient Safety, Incidents, Experience, Feedback report to QSC. However, any significant learning/immediate safety actions identified are below for this reporting period:

For this report 0 investigations have highlighted immediate safety action requirements.

5 Media Coverage

Media and news highlights since the last Board meeting.

Area / dates	Details
Proactive Care Team offers support for complex conditions in Keighley – 13 November 2025 10:05:03	Bradford District Care Trust's award-winning Proactive Care team (PACT) has expanded into the central ward of Keighley. The team offers holistic short-term support for adults with long-term, complex health problems. This service is now available for patients over 18 who are registered with Farfield Surgery, Holycroft Surgery, Kilmeny Group Medical Practice and Ling House Medical Centre.

Bradford District Care team wins national award for lifesaving Keeping My Chest Healthy project – 6 November	Bradford District Care's Learning Disabilities team has been recognised nationally for its groundbreaking Keeping My Chest Healthy initiative, winning the Learning Disabilities Nursing Award at the Nursing Times Awards 2025.
Simple quick mouth check could save your life – 30 October	Last year over 3,600 people lost their lives to mouth cancer. An early diagnosis boosts survival chances from 50 to 90 per cent, yet only 17 per cent of people are aware of the major signs and symptoms of this disease.
Paracetamol in pregnancy: no evidence of a link to autism – 1 October	Recent US commentary suggesting that taking paracetamol in pregnancy may cause autism has caused understandable concern. However, health experts and autism charities are clear: there is no credible evidence to support this claim and using paracetamol, in line with NHS advice, is safe.
Care Trust appoints Interim Chief Medical Officer – 29 September	Bradford District Care NHS Foundation Trust has appointed Dr Salim Uka to the role of Interim Chief Medical Officer, following the retirement of Medical Director Dr David Sims.

6 National, Place and System

West Yorkshire Integrated Care Board Voluntary Redundancy and Consultation

In November NHS England (NHSE) confirmed that the Treasury has approved a national model Voluntary Redundancy scheme for staff within NHSE and ICBs. There will be a partial contribution to the financial costs of redundancy which will be managed through regions which is expected to cover at least 60% of the costs required. There is a national expectation that ICBs now move rapidly towards the future organisational structure which delivers within the £19 per head envelope by early 2026-27. It is expected that this will be reflected in allocations for next financial year.

West Yorkshire confirmed that it will launch a VR scheme on 26 November, with indicative structures, followed by a full consultation early in the new year. The rationale behind this option is to allow staff to make an informed decision based on indicative structures, and to allow time to refine structures in line with national guidance and work with the wider system with regards to transitional arrangements.

The ICB has confirmed that its priorities for the next period are to:

- Create the new ICB, a new operating model and create new ways of working including with place provider partnerships and provider collaboratives
- Deliver core business including planning, managing winter, responding to industrial action and maintaining priority developments on areas like neurodiversity and neighbourhood health.

Close, Holly
03/12/2025 10:05:03

Board of Directors – Meeting Held in Public

4 December 2025

Paper title:	Board Integrated Performance Report – September 25 Data	Agenda Item 09.0
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:	<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> 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 (1being 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. The Q2 position is due to be published early December 2025.

This report presents two types of information:

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

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

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

October 2025 data has been presented for all operational performance and workforce sections, and the most recent published September or October data for the quality and safety sections.

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

1. Best Place to Work

Themes & Assurance Levels

- **Looking After Our People**
 - *Assurance Level:* Significant (3)
 - *Key Data:*
 - Staff survey engagement: 7.08 (target 7.4, stable/increased)
 - 64.28% would recommend the Trust (above sector average)
 - Labour turnover: 10.8% (target 10%, improved from 13.68%)
 - Sickness absence: 7.22% overall (target 4%), stress/anxiety 2.68% of total
 - Return to Work interviews: 47.76% (target 95%)
 - Leavers in first 12 months: 18.6% (down from 19.3%)
- **Belonging in Our Organisation**
 - *Assurance Level:* High (4)
 - *Key Data:*
 - WRES: 5/8 areas improved (target 8/8)
 - WDES: 6/12 improved (target 12/12)
 - Gender pay gap: 1/2 improved
 - Appraisal rates: 77.5% (target 80%)
 - Grievances involving discrimination: 4; Disciplinarys involving BAME staff: 13 (36.96% of ER casework)
- **New Ways of Working & Delivering Care**
 - *Assurance Level:* Significant (3)
 - *Key Data:* Digital enablement, transformation programmes, dual qualification pilots
- **Growing for the Future**
 - *Assurance Level:* High (4)
 - *Key Data:*
 - Bank/agency fill rates: 87.04% (target 100%), agency 5.17%, bank 81.87%, unfilled 12.96%
 - Vacancy rate: 5.2% (target 10%)
 - Apprenticeships: 135 (up from 116, target 63)
 - New roles recruited: -1 (down from 1)

2. Best Quality Services

Themes & Assurance Levels

- **Access & Flow**
 - *Assurance Level:* Limited (2, Quality); Low (1, Finance & Performance)
 - *Key Data:*
 - Out of area placements: 6 bed days in Oct 25 (mean 500)
 - Inpatient length of stay ≤3 days: 1; >60 days: 13 (target 0)
 - Consultant-led waiting times: 53.4% (target 92%)
- **Learning for Improvement**
 - *Assurance Level:* Significant (3)
 - *Key Data:*
 - Freedom to Speak Up: 93 staff (YTD Sep 25)

Close, Holly
03/12/2025 10:05:03

- CTW training: Champion 44.1% (target 50%), Leader 23.6% (target 20%), Practitioner 33.6% (target 3%), Sensei 74.3% (target 0.5%)
 - Research study participants: 22 (target 400)
- **Improving Experience for Service Users**
 - *Assurance Level:* Limited (2, Quality); Significant (3, MHLC)
 - *Key Data:*
 - Patient safety incidents while waiting: 39 (target 0)
 - Complaints related to waiting: 12 (target 0)
 - Patient experience score: 96.52% (target 90%)
 - Safety incidents (moderate/major harm): 38 (target 0)

3. Best Use of Resources

Themes & Assurance Levels

- **Financial Sustainability**
 - *Assurance Level:* Low (1)
 - *Key Data:* Financial balance, value for money, return on investment
- **Environment & Workspaces**
 - *Assurance Level:* Low (1)
 - *Key Data:* Sustainability, digital maturity, green plan targets
- **Giving Back to Communities**
 - *Assurance Level:* Limited (2)
 - *Key Data:* Social value in procurement, climate change adaptation plan

4. Good Governance

- **Governance, Accountability, Oversight**
 - *Assurance Level:* Significant (3)
 - *Key Data:* Well-embedded governance processes, clear and effective oversight

Key Performance Insights

- **Staff Engagement & Retention:** Positive trends in engagement, turnover, and appraisal rates, with targeted improvements for protected groups.
- **Service Access & Flow:** Challenges remain in waiting times, length of stay, and out of area placements, with limited assurance.
- **Quality & Safety:** High patient experience scores, but notable incidents and complaints related to waiting and harm.
- **Resource Management:** Financial sustainability and environmental targets require further improvement.
- **Governance:** Strong processes in place, supporting effective oversight.

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

Do the recommendations in this paper have any impact upon the requirements of the protected

☐ **Yes** (please set out in your paper what action has been taken to address this)

Close/Holly
09/12/2025 10:05:03

groups identified by the Equality Act?

☒ **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 **ALL** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> 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.

Close, Holly
03/12/2025 10:05:03

Board of Directors Integrated Strategic Performance Report and Board Assurance Framework

4th December 2025

Close Holly
03/12/2025 10:05:03



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)

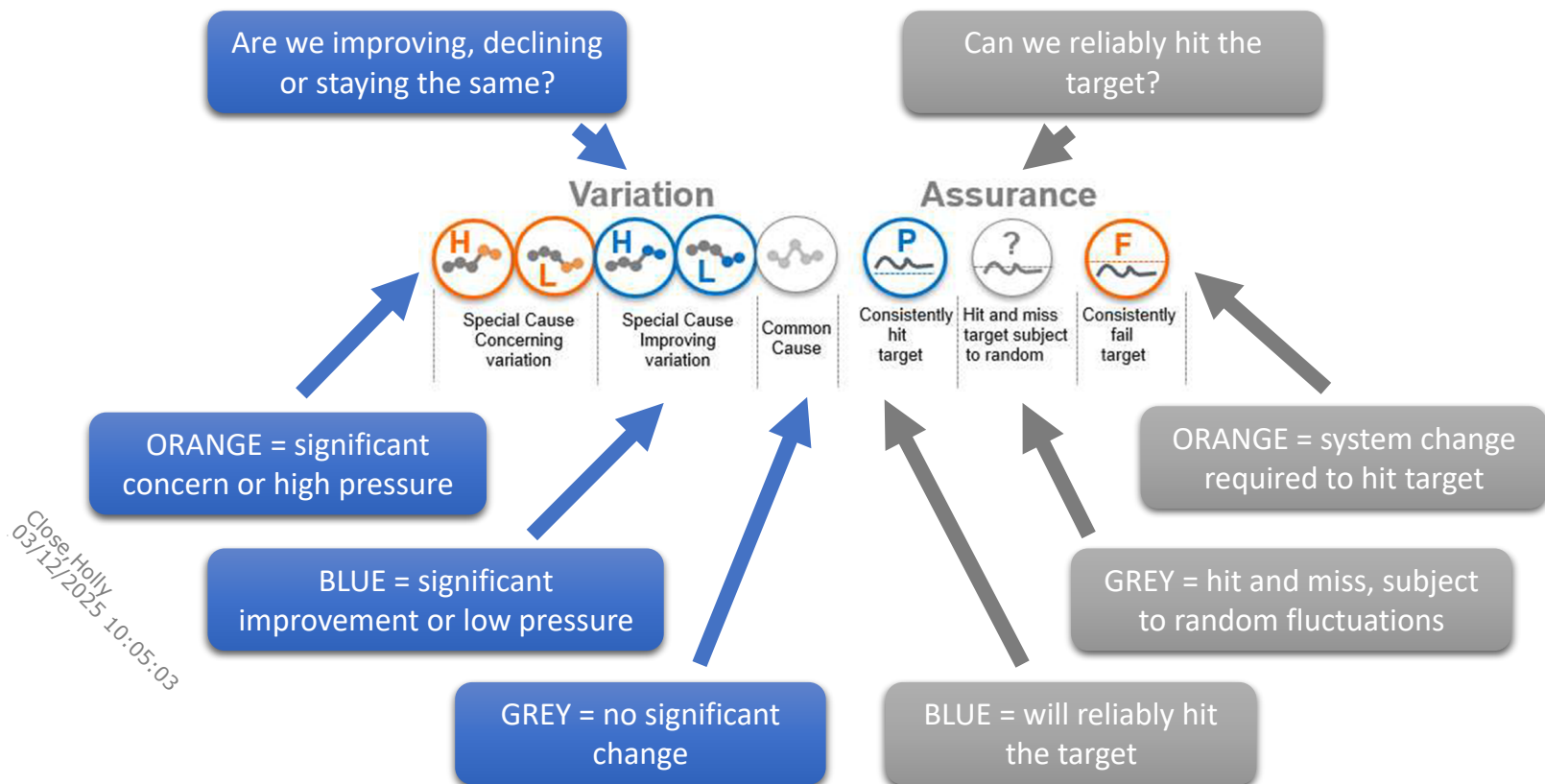
The performance overview also contains a section which uses a wide range of sources, including the performance data in this report, to describe how assured the Trust is that it is meeting the priorities and objectives described within the trust strategy, better lives, together and is operating safely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

<p>Theme 1: Looking after our people – we will</p> <ul style="list-style-type: none"> • 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. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>PROPOSED Current Assurance Level:</p> <p>3. Significant</p>
<p>Theme 2: Belonging in our organisation – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>PROPOSED Current Assurance Level:</p> <p>4. High</p>

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

Close, Holly
03/12/2025 10:05:03


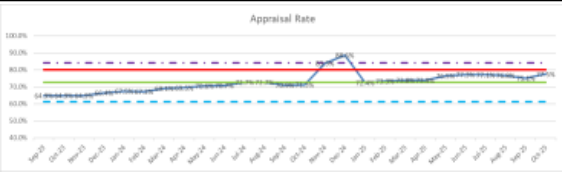
Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting g 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)	<table><thead><tr><th></th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr></thead><tbody><tr><td>Your org</td><td>66.33%</td><td>63.10%</td><td>63.99%</td><td>62.26%</td><td>64.28%</td></tr><tr><td>Best result</td><td>77.76%</td><td>73.57%</td><td>73.02%</td><td>75.47%</td><td>78.15%</td></tr><tr><td>Average result</td><td>67.83%</td><td>63.10%</td><td>62.73%</td><td>65.57%</td><td>65.21%</td></tr><tr><td>Worst result</td><td>49.05%</td><td>43.47%</td><td>39.54%</td><td>39.56%</td><td>42.78%</td></tr><tr><td>Responses</td><td>1269</td><td>1412</td><td>1329</td><td>1671</td><td>1755</td></tr></tbody></table>		2020	2021	2022	2023	2024	Your org	66.33%	63.10%	63.99%	62.26%	64.28%	Best result	77.76%	73.57%	73.02%	75.47%	78.15%	Average result	67.83%	63.10%	62.73%	65.57%	65.21%	Worst result	49.05%	43.47%	39.54%	39.56%	42.78%	Responses	1269	1412	1329	1671	1755
	2020	2021	2022	2023	2024																																					
Your org	66.33%	63.10%	63.99%	62.26%	64.28%																																					
Best result	77.76%	73.57%	73.02%	75.47%	78.15%																																					
Average result	67.83%	63.10%	62.73%	65.57%	65.21%																																					
Worst result	49.05%	43.47%	39.54%	39.56%	42.78%																																					
Responses	1269	1412	1329	1671	1755																																					
Labour turnover	Strategic	13.68%	Oct 25	10.8%	10%	<p>Labour Turnover (Number of Leavers in the first 12 months)</p>																																				
Number of leavers in 1st 12 months of employment	Supporting	93 (19.3%)	Oct 25	69 / 370 (18.6%)	N/a	<p>The top 3 reasons for leaving (excluding resignation – other/not known) are retirement, VR – Relocation and VR – promotion. 10.54% left due to the end of a FTC, 19.19% through retirement and 4.86% through dismissal.</p>																																				
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Oct 25	2.68 of the 7.22% (37.07% of all absence)	N/a	<p>Sickness Absence</p>																																				
Sickness absence (Overall)	Supporting	6.6%	Oct 25	7.22%	4.0%	<p>Stress Related Absence Episodes</p>																																				
Return to Work Interviews –% (based on RTW's being recorded in a timely manner)	Supporting	N/a	Oct 25	47.76% (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 disciplinaries involving BAME staff	Strategic	1 Grievance 12 Disciplinaries (15.38% of all ER Casework)	Oct 25	4 Grievances 13 Disciplinaries (36.96% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Oct 25	77.5%	80%	

Close Holly
03/12/2025 10:05:03

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	Oct 25	87.04% 5.17% Agency 81.87% Bank 12.96% 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	Oct 25	5147 requested 266 Agency 4214 Bank 667 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Oct 25	49.77 Agency 259.61 Bank Ratio: 16.09% Agency 83.91% Bank	N/a	
Vacancy rates	Strategic	7.4%	Oct 25	5.2%	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	Oct 25	135	63	Increase
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Oct 25	-1	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
& &
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

Close, Holly
03/12/2025 10:05:03

Key Performance Indicators

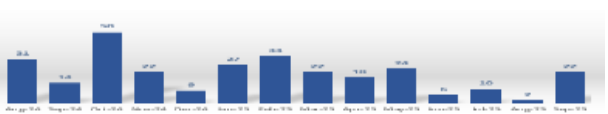
Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area Placements Monthly Bed Days – Inappropriate	Strategic	Oct 25 Aug-Oct (3m)	6 130				500	
Number of people with inpatient length of stay <=3 days (Acute wards)	Strategic	Oct 25	1	TBC			3	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	Oct 25	13	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Oct 25	53.4%	92%			68.8%	

Close Holly
03/12/2025 10:05:03

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) Sep 25	93	N/A																													
% of staff trained as a CTW Champion	Strategic	Oct 25	44.1%	50%																													
% of staff trained as a CTW Leader	Strategic	Oct 25	23.6%	20%																													
% of staff trained as a CTW Practitioner	Strategic	Oct 25	33.6%	3%																													
% of staff trained as a CTW Sensei	Strategic	Oct 25	74.3%	0.5%																													
No of participants in research studies (YTD)	Strategic	Sep 25	22	400	 <table><caption>Monthly Performance for Research Studies (YTD)</caption><thead><tr><th>Month</th><th>Performance</th></tr></thead><tbody><tr><td>Dec 24</td><td>10</td></tr><tr><td>Jan 25</td><td>5</td></tr><tr><td>Feb 25</td><td>20</td></tr><tr><td>Mar 25</td><td>10</td></tr><tr><td>Apr 25</td><td>5</td></tr><tr><td>May 25</td><td>10</td></tr><tr><td>Jun 25</td><td>15</td></tr><tr><td>Jul 25</td><td>10</td></tr><tr><td>Aug 25</td><td>10</td></tr><tr><td>Sep 25</td><td>5</td></tr><tr><td>Oct 25</td><td>10</td></tr><tr><td>Nov 25</td><td>5</td></tr><tr><td>Dec 25</td><td>10</td></tr></tbody></table>	Month	Performance	Dec 24	10	Jan 25	5	Feb 25	20	Mar 25	10	Apr 25	5	May 25	10	Jun 25	15	Jul 25	10	Aug 25	10	Sep 25	5	Oct 25	10	Nov 25	5	Dec 25	10
Month	Performance																																
Dec 24	10																																
Jan 25	5																																
Feb 25	20																																
Mar 25	10																																
Apr 25	5																																
May 25	10																																
Jun 25	15																																
Jul 25	10																																
Aug 25	10																																
Sep 25	5																																
Oct 25	10																																
Nov 25	5																																
Dec 25	10																																

Close Holly
03/12/2025 10:05:03

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	Sep 25	39	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Sep 25	12	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Sep 25	96.52%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Sep 25	38	0	N/A	N/A	N/A	

Close, Holly
03/12/2025 10:05:03

* 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
---	--	---

Close Holly
03/12/2025 10:05:03

Board of Directors – meeting held in public**04 December 2025**

Paper title:	Strategic Risk Assurance Report	Agenda Item 10.0
Presented by:	Fran Stead – Trust Secretary	
Prepared by:	Fran Stead – Trust Secretary	
Committees where content has been discussed previously	Mental Health Legislation Committee; Quality & Safety Committee; Finance & Performance Committee, Audit Committee, People & Culture Committee; Board of Directors	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

Purpose of the report

The purpose of this report is to provide an update on the developments of the Strategic Risk Assurance Report as part of the Board Assurance Framework.

Executive Summary	
<p>In 2022 the Board agreed to develop the Board Assurance Framework to move from a risk-based approach to an assurance-based approach. The work included benchmarking and opportunity to reflect and utilise external independent review.</p> <p>As a learning organisation, it was agreed with the Board that an effectiveness review would be undertaken during 2024/25 to identify any success and areas of further development.</p> <p>This report outlines the changes that have happened and the next steps of the work.</p>	
<p>Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?</p>	<p><input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this)</p> <p><input checked="" type="checkbox"/> No</p>

Recommendation(s)
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the update provided and the next steps as part of the agreed development work.

<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <p>Not applicable</p>						
<p>Care Quality Commission domains Please check <u>ALL</u> that apply</p>	<table> <tr> <td><input type="checkbox"/> Safe</td> <td><input type="checkbox"/> Caring</td> </tr> <tr> <td><input type="checkbox"/> Effective</td> <td><input checked="" type="checkbox"/> Well-Led</td> </tr> <tr> <td><input type="checkbox"/> Responsive</td> <td></td> </tr> </table>	<input type="checkbox"/> Safe	<input type="checkbox"/> Caring	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led	<input type="checkbox"/> Responsive	
<input type="checkbox"/> Safe	<input type="checkbox"/> Caring						
<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Well-Led						
<input type="checkbox"/> Responsive							
<p>Compliance & regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance 						

Close Holly
03/12/2025 10:05:03

Board of Directors – meeting held in public

04 December 2025

Strategic Risk Assurance Report

Introduction

As a learning organisation there is a strong commitment and culture to undertake regular review to Trust practices. An example of that occurred 2022 when the Board agreed to change the model of the 'Board Assurance Framework' delivered at that point.

The reason for the change was to create a new process that relied on assurance of progress with accountability for mitigating deviation from plan, rather than a risk-based approach to oversight and assurance.

This resulted in the following process changes:

- Board Assurance Framework: the introduction of a Strategic Narrative Report at Board Committees, relating to the strategic priorities assigned to the Committee. Each Committee would agree the 'assurance' level based on the conversation, management of strategic risk, and assurance received throughout the meeting. It was agreed that the output and supporting strategic narrative would then feature within the Integrated Strategic Performance and Assurance Report, presented to Board held in public.
- Strategic Risk: Committees were asked to identify the strategic risks based on the discussion. A report was created to assist in the monitoring of the risks, with Committee agreeing the 'assurance' level for each to allow for tracking of mitigations.

As a new process for the Trust, external independent advice was sought throughout the changes to provide opportunity for reflection. Benchmarking has also taken place throughout the last two-years.

It was agreed that an effectiveness review would take place in support of identifying further learning, which has taken place throughout 2025.

Closed
03/12/2025 10:05:03

The Board is asked to be re-assured that as an NHS organisation we are required to have an annual internal audit on 'board assurance' with the findings resulting in 'significant assurance' each year for the Trust whilst the changes have taken place. As part of the Annual Report process, the Head of Internal Opinion has also confirmed that Trust has good governance, risk management and effective assurance in place.

Learning identified

The development identified so far is:

Audit Committee

The Committee is responsible for assurance and escalation of the strategic principle of 'good governance, accountability, effective oversight'. Work has taken place to consider the remit, Terms of Reference and workplan of the Committee. This was supported by a Committee focused effectiveness review, based on the HFMA Audit Committee Handbook and model Terms of Reference. A series of improvements have been identified for the Committee, one of which is to improve how Board assurance, and Strategic Risk is reported as a whole-process to the Committee.

Another relevant improvement area is the Audit Committee role in reviewing the establishment & maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust, that supports the achievement of the Trust's strategic objectives. As part of the Audit Committees integrated approach, it will have effective relationships with other Committees so that it understands processes and linkages. Work will take place with the other Board Committees to consider how this will work and agree the process for delivery.

Alert, Advise, Assure + Decision reporting

The template for the AAA+D has been expanded to become more robust. The report from Committees is presented to the Board and subsequently presented back to the next Committee. This is to provide opportunity for any feedback or action from the Board to be presented to the Committee formally. The template includes a section of 'risk'.

Board Assurance Framework

Development of the Integrated Strategic Performance Report will take place shortly. This will include discussion on whether the report will continue to feature the assurance and supporting narrative within it, or whether it should be a separate report. The external Well Led review noted the separation of 'Board assurance' and 'strategic risk', noting that it could create a potential dilution of profile and focus on both areas at Board.

Close by
03/12/2024 10:30

Board Development

A new 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) took place on 2 October.

Risk appetite and associate tolerance

The Board uses the Good Governance Institute matrix for risk appetite. A Board Development Session took place Autumn 2024 to facilitate the Board agreeing the appetite for the five domains (financial; regulatory; quality; reputation; people). This will be reviewed annually, with the next review being scheduled to take place over the next few months.

Once the appetite across the five domains has been agreed, work will take place to incorporate this within the Strategic Risk Assurance Report to ensure integrated governance in support of good decision making.

Strategic risk identification process

The Board Committees are routinely asked to identify any strategic risks as part of every meeting. This culminates in an assurance report, which allows for monitoring and includes mitigations. Until now, the Committees have been identifying the strategic risks based on the discussion within each meeting and receiving the updated monitoring report. Following discussion with the Board it has been agreed that the Board will agree the strategic risks, with assurance and escalation reporting delegated to the Committees. A Board Development Session on 17 December will facilitate this. It was noted that the current process has worked but has allowed for operational risks to be captured as part of the 'strategic risk reporting process'. Within the Committee meetings and reporting arrangements, there will be chance for any new risks to be capture as part of the AAA+D process.

Strategic Risk Assurance Report

During 2025, the report template has been expanded to ensure robust reporting and a clear connection of this work to the Trust's strategy, Better Lives Together. To support standardisation, all strategic risks will follow this format:

If then resulting in.....

To promote consistency across the Trust with the broader Well Led framework & with the approach of Internal Audit, the evidence collated as part of the assurance report 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 within the Strategic Risk Assurance Report:

High Assurance

Significant Assurance

Limited Assurance

Low Assurance

Closed
03/12/2025 10:03:03

Strategy

The Better Lives, Together strategy will reach the end of its term July 2026. Work has commenced to support development of a strategy. Once the Board has approved the new strategy, all strategic governance will be updated to align to the strategic priorities.

Close down of existing process

A discussion took place on 2 October to consider the next steps in the development work. This included a review of the 3 overarching strategic risks (which had originally been agreed by Board December 2023).

The Board agreed the new 3 overarching risks of:

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 and, 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 and 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 and acuity of patients relating to the impact of waiting for treatment, and that this will impact on colleague experience due to increased workload and 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 recurrent funding to invest across the Trust** will lead to patient and colleague safety incidents as well as continued poor experiences for patients and colleagues.

The Board also reviewed the strategic risks that had been previously identified by Committees and agreed the next step for the work:

Committee:	Risk identified:	Next step/update:
QSC	Pressure on workforce impacting on quality of care to patients, patient experience & outcomes (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.

QSC	Recruitment challenges to some services having a negative impact on wellbeing & culture (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
QSC	An increase in pressure ulcers were noted from Care Homes (limited)	Delegated: to Quality and Safety Committee as part of the broader reporting on this topic, within the workplan.
PCC	Workforce utilisation & effective rostering (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
PCC	Medical locums (assurance gained)	Removed: assurance gained September 2025.
PCC	Manager capability & competence, in light of new financial challenges (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
PCC	Threat to culture change in light of additional performance/financial pressures (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
FPC	Maintained risk of the Trust being unable to maintain financial sustainability in medium to long term (low)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
FPC	Ongoing lack of capital funding regarding Lynfield Mount redevelopment (assurance gained)	Removed: assurance gained September 2025.
FPC	Data quality – new (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
FPC	System/Place financial performance – new (limited)	Still relevant: to be considered as part of process on 17 December to agree new Strategic Risks.
MHLC	Insufficient recruitment of Associate Hospital Managers & those acting as Chair (assurance gained)	Removed: assurance gained September 2025.
MHLC	Safety & experience compromised by ability to respond to estate issues (assurance gained)	Removed: assurance gained September 2025.

Close fully
03/12/2025 10:05:03

MHLC	Safety & experience compromised by sub-optimal use of restraint/intervention (assurance gained)	Removed: assurance gained September 2025.
MHLC	Sub-optimal application of 'best interest' principles (limited)	Delegated: to Mental Health Legislation Committee as part of the broader reporting on this topic, within the workplan.
MHLC	Risk that the Trust may not act in a fully compliant / best practice way in relation to AHMs (limited)	Delegated: to Mental Health Legislation Committee as part of the broader reporting on this topic, within the workplan.

Review and identification of the new strategic risks

At the Board Development Session on 17 December the above 'still relevant' and new strategic risks will be considered by the Board. The new risks will be based on Board members views of what the potential strategic risks are currently facing the Trust. Group discussion will allow for consideration and agreement of these. This group discussion approach will be replicated annually.

Board members are encouraged to consider the four strategic priorities and supporting principle when considering the new strategic risks.

Close Holly
03/12/2025 10:05:03

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

When considering what the new strategic risks might be, the Board is encouraged to think about whether the strategic risk matters or not. If the uncertainty happened, would it affect delivery of one or more of the strategic priorities. Our objectives define what matters to our Trust, & what we are here to achieve.

The risk management process requires clearly defined objectives; it is not possible to define risk without context. We need to understand what is at risk, what matters, what are we trying to achieve. Then we can consider risks that might affect the objectives.

By ensuring that we have clear objectives, making us think in advance about what might affect whether we meet them, identifying the most important risks, and helping us to find appropriate ways of dealing with them, the risk process gives us the best possible chance to succeed in achieving our objectives.

Next steps

When the Board agrees on 17 December the new strategic risks, they will be added to the new Strategic Risk Assurance Report. Once the Board has agreed the risk appetite and associated tolerance for the five domains, this will also be added to the Assurance Report.

Following development of the Integrated Strategic Performance Report (commencing November), the Board will agree whether the 'assurance' and associated strategic narrative, will remain in the ISPR. If not, consideration will be given to whether it should be a standalone report or be part of the Strategic Risk Assurance Report. Noting the comments on this from the external Well Led review.

The programme for development for the Audit Committee will continue. The next focus of this will be on the inclusion of the Strategic Risk Assurance Report; and 'assurance' report as a standing item for meetings, it will be added to the workplan.

Discussion will take place with Audit Committee, and other Committee Chairs to agree the new process for how the Audit Committee receives assurance on how effective the other Committees risk monitoring and supporting governance is. This will be scheduled as a Board Development Session. Subsequent actions will be tracked as part of the Well Led Development Plan.

Fran Stead
Trust Secretary

Close Holly
03/12/2025 10:05:03

Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	04/12/25
Report from:	Mental Health Legislation Committee	Meeting date:	10/10/25
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Chair/NEDs/Exec Directors: Simon Lewis (Chair), Non-Executive Director; Kelly Barker, Chief Operating Officer; 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 Dr Sal Uka, Chief Medical Officer ("CMO").		
In attendance	Simon Binns, Mental Health Legislation Lead; Marilyn Bryan, Associate Hospital Manager; Richard Cliff, Head of Legal Services; Mathew Cook, Management of Violence and Aggression Trust Lead; Keith Double, Involvement Partner; Katie Eacret Ward Manager, Clover Ward (PICU – Psychiatric Intensive Care Unit); Karan Essien Involvement Partner; Thabani Songo Head of Nursing – Mental Health; Fran Stead Trust Secretary; and Dr Phalaksh Walishetty, Deputy Chief Medical Officer for Quality and Patient Safety, Mental Health Legislation, Inpatients/Intensive Home Treatment Team/Liaison Psychiatry/Forensic Psychiatry and Intellectual Disability, Performance.		
Observers	Masira Hans, Governor Observer.		
Apologies	Apologies from (members and attendees): Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer); Holly Close, Corporate Governance Officer (Secretariat); Chris Dixon, Deputy Director of Nursing and Professions; Baljit Kaur Nota, LA Team Manager; Alyson McGregor, Non-Executive Director; Teresa O'Keefe, Mental Health Act Advisor; and Jo Tiler, Mental Capacity Act Clinical Lead.		
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	<ul style="list-style-type: none"> Learning from your experience: The use of seclusion and long term segregation Feedback from Involvement Partners Strategic Performance Report Alert, Advise, Assure + Decision Report: Positive & Proactive Group, including Use of Force Bill updates Mental Health Act Reform Update 		

Close, Holly
03/12/2025 10:05:03

	<ul style="list-style-type: none"> • Associate Hospital Managers' Report • Strategic Risk Report • CQC Update: Mental Health Act Monitoring Review Visits • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) and Mental Capacity Act Annual Report • Community Treatment Orders update • Searching of patients & their property • Alert, Advise, Assure + Decision Report: Clinical Board • Committee Effectiveness Review Actions • Committee Annual Work Plan
Alert items agreed by Committee	<ul style="list-style-type: none"> • No alerts to report.
Advise items agreed by Committee	<ul style="list-style-type: none"> • Feedback from Involvement Partners: concerns raised re communications between GPs and mental health teams (including apparent challenges linked to electronic record sharing). • AAAD report Positive & Proactive Group: (1) The Committee was made aware of reporting issues in relation to incidents – reported that figures often increase after publication as managers complete required actions after report publication. (2) Low attendance for Oliver McGowen training recorded – the CMO offered support. • Associate Hospital Managers' Report: Highlighted that in Sept there were 5 discharges from just 13 (unusually high). Concerns raised about the quality of reports, in particular the need for medical information and clinical advice to be clear. • CQC update: Mental Health Act Monitoring Review Visits – CQC carried out 1-day inspection across 5 wards in late Aug: Learning Disabilities Najuarally Centre, Thornton Ward (low secure), Ashbrook (female acute), Mapleback and Willow Wards (male acute). Focused on restrictive practices, recording of blanket restrictions and service user engagement, including community meetings on wards between colleagues and service users. Feedback received on 29 Sep – submission deadline of 14 Oct, to be co-ordinated by Nursing and Governance teams. • Mental Capacity Act update and annual report: an internal audit of Mental Capacity Act processes scheduled – scope still to be confirmed but update to be provided at next Committee (in Nov).
Assure items agreed by Committee	<ul style="list-style-type: none"> • Learning from your experience – focused on use of seclusion and long term segregation. (1) The Committee was assured that the Trust is improving staff education re the use of both practices and that wards were increasingly using de-escalation / open door options. (2) Clover ward had begun to incorporate seclusion and de-escalation planning into patient care discussions, exploring triggers, helpful strategies, and preferences. • Feedback from Involvement Partners: some assurance provided re waiting list for ADHD diagnosis, in that individuals presenting with mental health difficulties would be supported by mental health services while awaiting ADHD assessment/diagnosis.

Close/Holly
03/12/2025 10:05:03

	<ul style="list-style-type: none"> • Strategic Assurance Report: The Committee assured that 100% of reports to hospital managers submitted on time in recent period. • AAAD report Positive & Proactive Group: monthly ethnicity analysis was now produced from SystmOne, and Business Intelligence team, working with Equality & Diversity, building a richer dashboard (time/date patterns, ward population, community geography) to guide resource planning and provide population context. • Community Treatment Orders (CTOs) update: deep dive into CTOs. Despite higher use in the past 7 years, CTOs had been used less frequently overall, indicating a downward trend. • Searching of patients & property: policy changes – now includes 3 defined approaches (searches with consent and capacity, searches without consent or capacity, and self-searching for individuals with sensory or trauma needs). • Annual effectiveness review: findings from review and well-led assessment consolidated into a single integrated process, to avoid siloed actions and enable efficient monitoring. 		
Decisions made by Committee	<ul style="list-style-type: none"> • As meeting not quorate, any substantive decisions would require formal approval via email. 		
New risks identified by Committee	<ul style="list-style-type: none"> • No significant new risks identified. However, there was a discussion about health equity, noting how it features in various committees: it was agreed this will be considered further in light of the refresh work re the Strategic Risks. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> • N/A 		
Feedback following discussion at 'parent' meeting			
Report completed by	Corporate Governance Officer	Date	16/10/25
On Behalf of Chair	Simon Lewis		

Close, Holly
03/12/2025 10:05:03

Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	04/12/25
Report from:	Mental Health Legislation Committee	Meeting date:	20/11/25
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Simon Lewis, Non-Executive Director (Chair of the Committee), Alyson McGregor, MBE, Non-Executive Director (<i>from agenda item 01 – 9 & 11 – 19</i>), Dr Sal Uka, Chief Medical Officer, Kelly Barker, Chief Operating Officer, 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		
In attendance	Simon Binns, Mental Health Legislation Lead, Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer), Richard Cliff, Head of Legal Services, Keith Double, Involvement Partner (<i>from agenda item 01 – 8.1 & 11 – 19</i>), Raj Gohri, BI Integration Manager (<i>for agenda item 06</i>), Mary Litchfield, Associate Hospital Manager, Teresa O’Keefe, Mental Health Act Advisor, Fran Stead, Trust Secretary, Dr Phalaksh Walishetty, Deputy Chief Medical Officer for Quality and Patient Safety, Mental Health Legislation, Inpatients/Intensive Home Treatment Team/Liaison Psychiatry/Forensic Psychiatry and Intellectual Disability, Performance, Holly Close, Corporate Governance Officer (Committee Secretariat)		
Observers	None.		
Apologies	Apologies from (members and attendees): Chris Dixon, Deputy Director of Nursing and Professions, Karan Essien, Involvement Partner, Baljit Kaur Nota, LA Team Manager, Thabani Songo, Head of Nursing – Mental Health, Jo Tiler, Mental Capacity Act Clinical Lead		
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	<div>Close Holly 03/12/2025 10:05:03</div> <ul style="list-style-type: none">Learning from your experience: Business Intelligence Team – Pilot DashboardFeedback from Involvement PartnersAlert, Advise, Assure + Decision Report: Positive & Proactive Group, including Use of Force Bill updatesStrategic Performance ReportStrategic Risk Report		

Close, Holly
03/12/2025 10:05:03

	<ul style="list-style-type: none"> • Mental Health Act Reform Update • Associate Hospital Managers' Report • Annual Report on the use of the Mental Health Act • CQC Update: Mental Health Act Monitoring Review Visits • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) • Alert, Advise, Assure + Decision Report: Clinical Board • Committee Annual Work Plan
Alert items agreed by Committee	<ul style="list-style-type: none"> • No alerts to report.
Advise items agreed by Committee	<ul style="list-style-type: none"> • Associate Hospital Managers' Report - Concerns were raised about the quality and timeliness of reports submitted to tribunals and hospital managers. The Committee agreed that the ambition should remain at 100% timely submission, as delay could cause distress and disrupt hearings. Further review of the issue would take place to understand the problem. • Associate Hospital Managers' Report - The Committee agreed urgent recruitment of additional Associate Hospital Managers, with a recommendation for legal training to support new and existing managers. • Associate Hospital Managers' Report - The Committee observed that Local Authority representatives and Approved Mental Health Professionals (AMHP) had not attended meetings regularly, it was agreed that a discussion would take place on this. • Alert, Advise, Assure + Decision Report: Positive & Proactive Group, including Use of Force Bill updates – The Committee was advised that the Trust is reviewing its zero-tolerance approach to self-harm in inpatient settings and considering harm minimisation strategies, following data which showed that although women made up just over one third of the inpatient population, they accounted for more than half of restrictive interventions, with full restraint disproportionately applied to female service users—a trend linked primarily to incidents of self-harm rather than aggression towards others. • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) – The Committee was advised that the scheduled internal audit to review compliance with the Act had been deferred to 2026–27.
Assure items agreed by Committee Close, Holly 03/12/2025 10:05:03	<ul style="list-style-type: none"> • Learning from your experience: Business Intelligence Team – Pilot Dashboard - The Committee was assured by the demonstration of new Power Business Intelligence dashboards, which now allowed for more sophisticated analysis of equality, restraint, and intervention data. The dashboards can filter data by ethnicity, deprivation, gender, and ward, and include forecasting and analysis. Assurance was given that the dashboards are being embedded into operational reporting, not just equality monitoring, making them a routine part of service oversight.

	<ul style="list-style-type: none"> Alert, Advise, Assure + Decision Report: Positive & Proactive Group, including Use of Force Bill updates – The Committee was assured that the use of restrictive practices (such as restraint and seclusion) was consistently decreasing, remaining below the mean for several months. This was not attributed to a reduction in incidents of violence or aggression, but rather to improved clinical practice and staff education. Strategic Risk Report - The Committee was assured that strategic risk reporting is being strengthened. A Board Development session is scheduled to identify and monitor new strategic risks, ensuring alignment with the “Better Lives, Together” strategy. Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) – The Committee was assured that, although the external audit of Mental Capacity Act processes has been postponed, weekly internal audits are continuing to provide oversight and maintain compliance. 		
Decisions made by Committee	<ul style="list-style-type: none"> Item 03.0 – Minutes of the last meeting 10 October 2025 Item 11.0 - Associate Hospital Managers’ Group Report Item 14.0 - Mental Health Act – Half Year Activity Report 		
New risks identified by Committee	<ul style="list-style-type: none"> No significant new risks identified. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> N/A 		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Corporate Governance Officer	Date	21/11/2025
On Behalf of Chair	Simon Lewis		

Close, Holly
03/12/2025 10:05:03

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	4.12.2025
Report from:	Quality and Safety Committee (QSC)	Meeting date:	19.11.2025
Quorate?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor (Chair), Philippa Hubbard, Dr Sal Uka		
In attendance	<p>Sally Napper (NED), Fran Stead, Bob Champion, Anita Brewin, Chatherine Scholfield, Rebecca Le-Hair, Catherine Schofield, Rebecca Jowett Jess Greenwood-Owens, John Hartley (ICB), Nazmeen Khan (secretary)</p> <p>Presenters for items; Dr Emma Van Der Gucht, Sophie (service user), Mike Whitehouse (MIND), Jaspreet Sohal. Dawn Lee, Sarah Firth.</p>		
Observers			
Apologies	Carla Smith, Alix Jeavons, Grainne Eloi, Kelly Barker, Thabani Songo, Rachel Howitt, Christopher Dixon.		
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	<ul style="list-style-type: none"> Learning from your experience: Stepping Stones Project Strategic Assurance Report Supporting item .1 Integrated Performance Report and .2 Strategic Narrative The Care Quality Commission (CQC) quarterly report: engagement and activity Quarterly Patient Safety, Incidents, and Experience and feedback: Q2 report (July 2025 - September 2025) PCREF (Patient Care Race Equality Framework) Volunteering and Patient Carer Experience and Involvement Quarter update NHSE the Knowledge & Library Service Quality Improvement Outcomes Framework Report. NHS Continued Professional Development submission plan 2025/26 Equality and Quality Impact Assessment: Quarter Report Organisational Learning from Improvement Equality delivery system 22 (EDS22) - update and methodology proposal Smoke Free Implementation Update Specialist Education Needs and Disabilities Framework Update Pressure Ulcer Strategy Report - 6-month update Specialist Mother and Baby Mental Health Service (SMABS) Report Alert, Advise, Assure + Decision Reports .1 AAAD report: System Quality Committee. 2 AAAD report: Clinical Board .3 AAAD Report 		

Close/Holly
03/12/2025 10:05:03

	<p>- Patient Safety and Learning Group .4 AAAD report: Senior Leadership Team Quality, Safety, Governance .5 AAAD Report:</p> <ul style="list-style-type: none"> • Strategic Risk Summary • 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-Was the meeting conducted in line with the Trust values
Alert items agreed by Committee	Issues that require urgent attention or escalation due to risk, concern, or significant change.
Advise items agreed by Committee	<p>Items for Board awareness, discussion, or future consideration.</p> <p>The Care Quality Commission (CQC) quarterly report: engagement and activity: CQC activity had increased, and they have committed to 7,000 assessments within the calendar year. CQC management changes have introduced a new inspection manager and relationship manager for BDCFT, with engagement meetings resuming and monthly operational catchups in place to address enquiries.</p> <p>Volunteering and Patient Carer Experience and Involvement Quarter update: The committee was advised that ongoing review work was being undertaken to strengthen involvement approaches and future engagement models. Updates include enhancements to experience-sharing initiatives progress on the Triangle of Care Stage 3 process, and involvement in PE Craft pilot projects and collaborative work such as the West Yorkshire Community Dental initiative.</p> <p>Friends and Family Test data had been incorporated into the Q2 report, with plans to triangulate this alongside complaints and other feedback for improved insight.. The committee also noted the positive impact of volunteering and community engagement activities on health and well-being outcomes, supported by recent celebration events and work together groups. Challenges were highlighted within the Well Together volunteering programme due to staffing issues (sickness and maternity leave) and financial constraints following budget reductions. Creative approaches are being explored to optimise resources, the service was currently in a maintenance phase, and some group activities may need to be paused. This will require a review of priorities in the context of neighbourhood models, the requirement to coproduce with patients and people in communities as partners and prevention-focused strategies.</p> <p>Specialist Education Needs and Disabilities Framework Update: The committee was advised on progress with the Specialist Education</p>

Close/Holly
03/12/2025 10:05:03

	<p>Needs and Disabilities (SEND) Framework. Key developments include delivery of the SEND Service Standards Charter presentation across multiple services, creation of a self-assessment tool, and completion of RAG ratings within Community Children's Services. Work was underway to consolidate findings into a combined action plan to ensure readiness for inspection. Collaboration opportunities with CAMHS were highlighted as a priority, alongside plans to establish a monthly monitoring cycle to provide assurance of compliance with the Charter. The committee also noted the ongoing parent/carer survey and the introduction of a continuous feedback mechanism to capture service user experience.</p> <p>Strategic Risk Summary: The committee received an update on the ongoing review of the Board Assurance Framework and strategic risk management processes. Changes introduced two years ago are being monitored to assess effectiveness, supported by external review and independent assurance. A discussion at the October Board meeting confirmed updates to the reporting template and highlighted the need to review the current list of strategic risks, noting that some risks are now operational or have been mitigated. A further Board discussion was scheduled for December to agree the revised strategic risk profile, after which monitoring will commence using the new reporting format from next year.</p>
<p>Assure items agreed by Committee</p> <p>Close/Holly 03/12/2025 10:05:03</p>	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <p>Learning from your experience: Stepping Stones project: The pilot initiative promotes NHS values of listening, caring, and person-centred practice, creating safe spaces for engagement with patients.</p> <p>Success and Impact:</p> <ul style="list-style-type: none"> • Positive feedback from staff and service users. • Participants prioritised completing sessions, showing strong engagement. • The pilot delivered demonstrable health benefits comparable to clinical therapeutic offers, improving outcomes and patient experience. • Improved access for individuals with chronic conditions and neurodiversity, supporting equality. <p>Key Enablers:</p> <ul style="list-style-type: none"> • Sustainability requires long-term investment and system-level ownership. • Risk mitigation includes pre-group one-to-one meetings and ongoing support. • Senior leaders and external partners were actively involved in delivery and evaluation. <p>The Committee supported this as a way forward, recognising its potential to transform care. Ways to sustain the approach to be considered.</p>

The Care Quality Commission (CQC) quarterly report: engagement and activity: Recent activity included two unannounced visits Step Forward and Low Secure. Step Forward report was positive and would be shared with the committee. CQC management changes have introduced a new inspection manager and relationship manager, with engagement meetings resuming and monthly operational catchups in place to address enquiries.

Integrated Performance Report:

Neurodevelopmental Waiting Lists: A system-wide approach was being implemented to address excessive waiting times, currently spanning years. A detailed paper outlining this collaborative work will be presented at the next Quality and Safety Committee.

Workforce and Training: Oliver McGowan training was being rolled out across services to strengthen staff understanding of autism and learning disabilities, with positive feedback from external reviews and therapeutic intervention initiatives.

Staffing and Service Challenges: Children's services are undergoing management reorganisation, with mitigations in place for team-specific challenges. Friends and Family Test scores remain high (95.79%), though targeted work which was underway to address areas of lower engagement and improve patient experience through digital innovation.

Learning for Improvement: Assurance was noted around research and improvement initiatives, with further work planned to embed and evidence consistent application of Care Trust standards.

Strategic Narrative Report: The committee received assurance that actions are underway to improve access, patient experience, and workforce well-being. Positive trends were noted in inappropriate out-of-area placements, length of stay on acute wards, and adult mental health discharges. A temporary dip in discharge performance in September prompted swift corrective action. Ongoing work with performance teams to eliminate 52-week waits in community services, with trajectories in place to achieve zero breaches.

Quarterly Patient Safety, Incidents, and Experience and feedback: Q2 report: The committee received assurance that patient safety incident response processes are being strengthened through triangulation of complaints, incidents, and local learning reviews. Q2 saw only three complaints reopened, indicating improved quality of initial responses and engagement with service users. A slight increase in local learning reviews was noted, reflecting a proactive approach to identifying learning opportunities.

Close/Holly
03/12/2025 10:05:03

	<p>The committee received assurance that a comprehensive analysis of multi-factor issues impacting discharge performance was undertaken as part of the recent RPIW rapid improvement programme work. Capacity challenges affecting investigation timelines are being addressed through a comprehensive staffing review to ensure compliance with the patient safety framework.</p> <p>Volunteering and Patient Carer Experience and Involvement Quarter update: The committee noted positive impacts from volunteering activities and community engagement events, which continue to support health and well-being outcomes.</p> <p>Equality delivery system 22 (EDS22) - update and methodology proposal: The committee approved the proposed Equality Delivery System (EDS) assessment plan for 2025/26, including the selection of the following services for review:</p> <ul style="list-style-type: none"> • Proactive Care Team • City Community Mental Health Team • Learning Disabilities Inpatient Team <p>The committee noted the rationale for these priorities and the planned timeline for engagement and support as outlined in the accompanying paper.</p> <p>Smoke Free Update: The committee received assurance that the Smoke Free programme was being reset and refocused following leadership changes, with Kelly Barker confirmed as the new Executive Lead. The programme will move from operational management of vaping and smoking risks toward its core aim of improving health and supporting patients and staff to abstain or quit smoking. Actions include refreshing the steering group's terms of reference, revising membership, and realigning work with the implementation plan to embed smoke-free principles into business-as-usual processes.</p>
Decisions made by Committee	<p>The following items were approved by the Committee,</p> <ul style="list-style-type: none"> • Item 3 - Minutes of the previous meeting and AAAD September 2025 • Item 5 - Action Log • Item 8 - The Care Quality Commission (CQC) quarterly report: engagement and activity • Item 10 - Volunteering and Patient Carer Experience and Involvement Quarter update • Item 12 - Equality delivery system 22 (EDS22) - update and methodology proposal •
New risks identified by Committee	<ul style="list-style-type: none"> • There were no new risks identified.

Items to be considered by other Committees/Groups			
Feedback following discussion at ‘parent’ meeting			
Report completed by	Nazmeen Khan Corporate Governance Officer	Date	19.11.2025
On Behalf of Chair	Alyson McGregor (NED/Chair)		

Close/Holly
03/12/2025 10:05:03

Board of Directors – Meeting held in Public

4 December 2025

Paper title:	Freedom to Speak Up Guardian Bi-annual Report (Q1 & 2 2025/26)	Agenda Item 14.0
Presented by:	Rebecca Wixey – Freedom to Speak Up Guardian	
Prepared by:	Rebecca Wixey – Freedom to Speak Up Guardian Emma Greenwood – Deputy Freedom to Speak Up Guardian	
Committees where content has been discussed previously	Not applicable	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	X
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	X
	Improving the experience of people who use our services	X
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

This paper provides information about Freedom to Speak Up activity for Q1 & Q2, 2025/26. It is presented in a format to comply with the Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts, published by the office of the National Guardian FTSU and NHSE/I in July 2019.

Executive Summary

The key issues are:

1. A total of 69 cases were reported to the BDCT Guardian team during Q1 & Q2.
2. The number of anonymous concerns received has decreased.
3. The number of cases with perceived disadvantageous or demeaning treatment as a result of speaking up has also decreased and is now below the national average of 3%. However the recent pulse staff survey indicates a more worrying picture.
4. A large number of concerns relate to poor culture/leadership/management behaviours and this is a key issue which underpins the majority of cases.
5. Speaking up cases continue to contribute to the broader improvement strategy.
6. All of the outstanding actions agreed with Internal Audit have now been completed.

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 this report.

Links to the Strategic Organisational Risk register (SORR)

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

- n/a

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe | <input checked="" type="checkbox"/> Caring |
| <input checked="" type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input checked="" type="checkbox"/> Responsive | |

Compliance & regulatory implications

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

- n/a

Board of Directors – Meeting held in Public

4 December 2025

Freedom to Speak Up Bi-Annual Report (Q1 & Q2, 2025/26)

1 Purpose

This paper provides information about FTSU activity for the period April to September 2025. The format complies with the 2018 and 2019 publications by the National Guardians Office (NGO) and NHS Improvement published guidance concerning FTSU Guardians Board Reporting.

Section 1 - Assessment of FTSU cases April to September 2025

Section 2 - Themes

Section 3 - Learning and improvement undertaken

Section 4 - Actions taken to improve access to the FTSU Guardian route

Section 5 - Speaking up/listening up culture and actions taken to improve culture

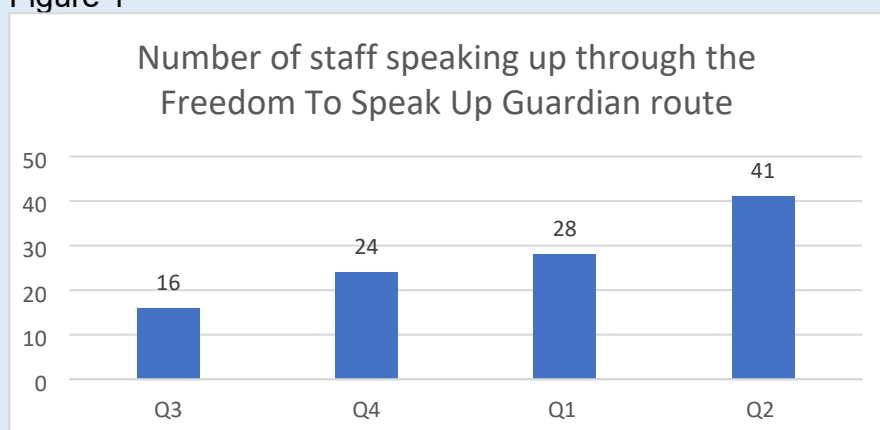
Section 6 - National/regional activities and information

Section 7 - Future actions

Section 1 - Assessment of FTSU cases Q1 & Q2

Figure 1 shows the number of FTSU cases by quarter. Only cases that involve colleagues directly contacting the Guardian or the Deputy Guardian for advice or support in speaking up can be classified as FTSUG cases.

Figure 1



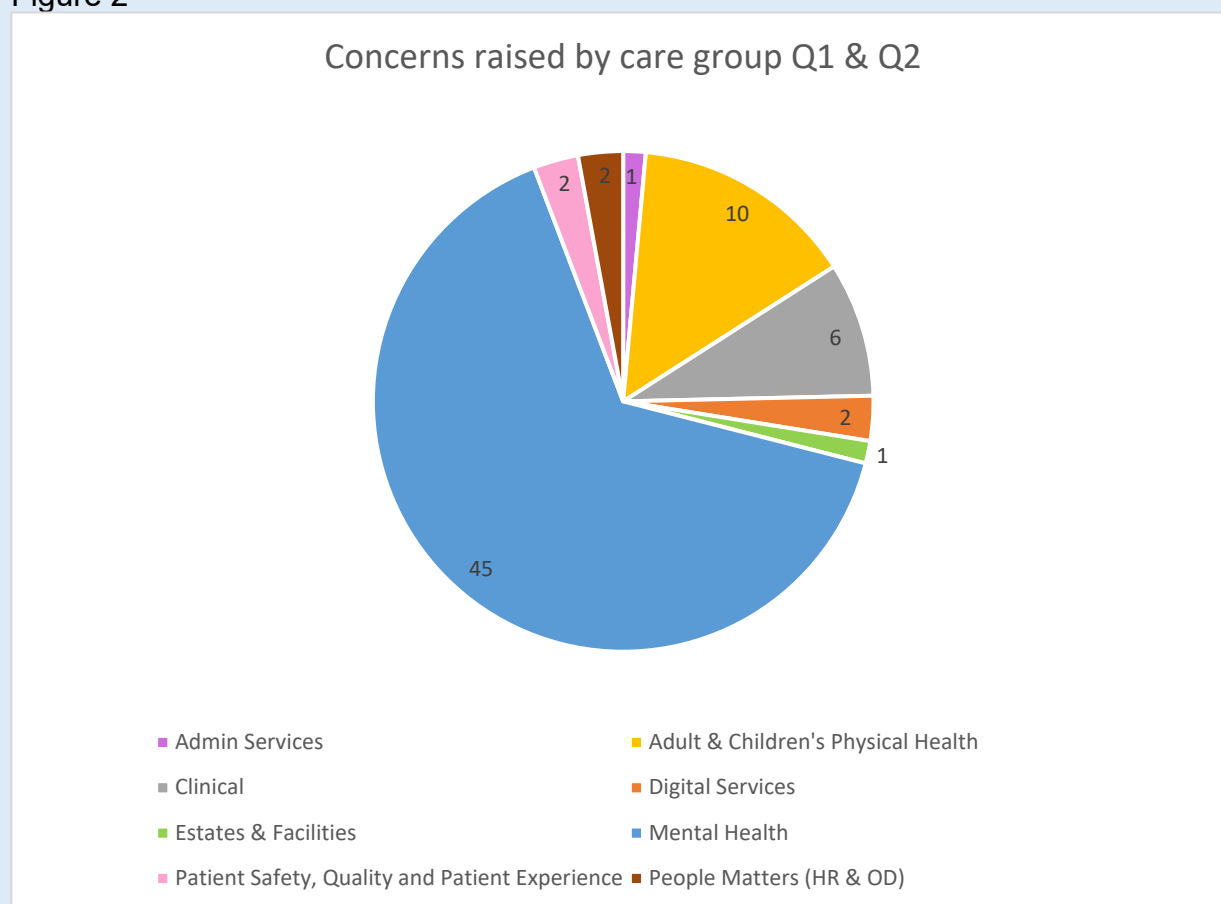
Board members will note the high number of cases in Q2 compared to the rest of the year. Please note that we had several clusters of concerns reported which have contributed to this: 8 concerns from inpatient wards related to short staffing (1 Ashbrook, 1 Thornton, 2 Maplebeck, 4 Willow ward). Three from one team relating to an HR matter (mental health directorate), 7 from one team relating to managerial/leadership concerns (mental health directorate), and 5 from another team also related to managerial/leadership concerns (clinical directorate).

According to NGO guidance each person speaking up to a Freedom to Speak Up Guardian should be counted as a separate case even if they are speaking up about the same issue, together or separately.

Concerns Raised by Area

Figure 2 shows the areas in which concerns were raised. The mental health care group continues to be the biggest reporter, and accounts for 76% of activity. Please note that for ease any directorates with zero concerns raised are not included in the chart.

Figure 2



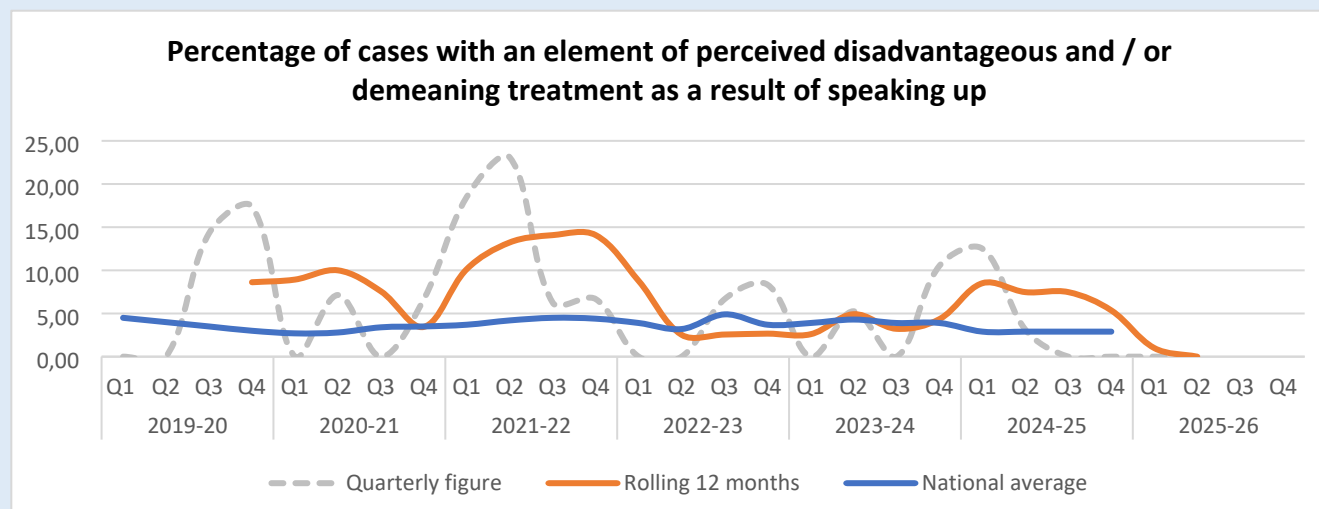
Number of colleagues speaking up by professional group

During Q1 & Q2, nursing colleagues were the highest reporters, which is in line with previous years, followed by admin and clerical.

Number of colleagues with an element of perceived disadvantageous and/or demeaning treatment as a result of speaking up

Figure 3 shows the percentage of cases with an element of perceived disadvantageous and/or demeaning treatment (detriment) as a result of speaking up. Our percentage has dropped and is now below the national average of 3%.

Figure 3



An investigation into a case of perceived detriment was also concluded in August 2025 (relating to a case from June 2024). The concern was escalated to the Exec and NED leads for FTSU, who commissioned an investigation in line with our local process. The report concluded that there had been no malicious intent to treat people detrimentally, rather there was an accumulation of unfortunate events in people's personal and professional lives, that led people to feel they were treated detrimentally – which must also be validated, as it's clear their needs could not then be met. Recommendations were for further mediation sessions for those involved, ongoing leadership and management support for the team leader, and encouraging discussions about how team members were feeling in their 121s. There was no significant organisational learning identified.

Closure of Concerns

As at 22/10/2025, of the 69 cases raised during Q1 & Q2, 54 have been closed (78%) and 15 remain outstanding. The mean time taken to closure was 24 days (median 18 days), with a range of zero (closed on the same day) to 88.

Section 2 – Themes

Table 1 shows the total number of cases from 1 April to 30 September 2025, broken down into those with an element of patient safety/quality of care, bullying and harassment, worker safety or wellbeing and other inappropriate attitudes or behaviours. These are the thematic elements that we are required to report on to the National Guardian's Office. Please note that some cases involve a number of different matters, and this is reflected in the figures. The table also shows the numbers of colleagues who wanted to remain anonymous to the Guardian and the numbers who considered they had experienced disadvantageous and/or demeaning treatment because of speaking up.

Closed, Holly
03/12/2025 10:05:03

Table 1

Item	2021/22	2022/23	2023/24	2024/25	Q1 & Q2 2025/26
Total no of cases	71	76*	69	112	69
Patient safety and quality of care concerns	16 (23%)	20 (26%)	17 (25%)	46 (41%)	27 (39%)
Bullying and harassment concerns	33 (47%)	19 (25%)	27 (39%)	43 (38%)	10 (15%)
Worker safety or wellbeing concerns**	13 (18%)	59 (78%)	54 (78%)	88 (79%)	52 (75%)
Concerns related to other inappropriate attitudes or behaviours	Not collected	41 (54%)	41 (59%)	72 (64%)	41 (59%)
Colleagues wishing to remain anonymous to Guardian	4 (6%)	8 (11%)	14 (20%)	12 (11%)	3 (4%)
Colleagues perceiving an element of disadvantageous and/or demeaning treatment as a result of speaking up	10 (14%)	2 (3%)	3 (4%)	6 (5%)	0 (0%)

* Corrected figure, originally reported as 75 in the 2022/23 annual report

** Please note change in wording to include worker wellbeing from 1 April 2022. This may have influenced the rise in cases compared to 2021/22.

Figure 4 overleaf provides a longitudinal view of FTSU cases and the frequency in which different themes have appeared since 2022/23. Over the 3.5 year period, more colleagues have spoken up with concerns about worker safety and wellbeing, and attitudes and behaviours, than direct patient safety/quality concerns, which is in line with a national trend. However it should be noted that these types of concerns can still have an indirect impact on patient/service user safety and quality.

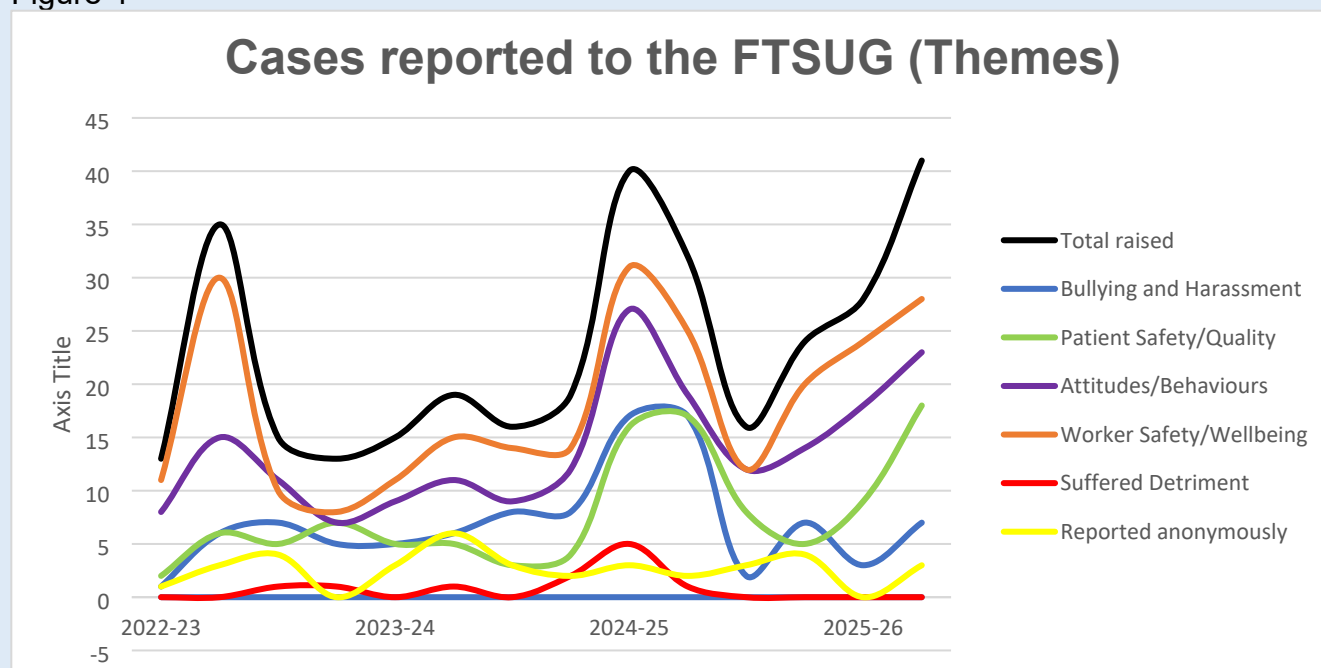
In Q1 & 2 the main themes spoken up about were poor culture, leadership and management behaviours. This seems to be an underlying thread that we see running through the vast majority of concerns raised to the Guardian – often being cited as reasons people have felt unable to speak up within their management structure or where concerns have been raised previously but the issue has not been resolved.

Other themes that have come through during April to September 2025 are:

- Staffing levels
- Staff mental health – burnout and stress
- Poor communication
- Discontent with ongoing HR processes (timeliness, communication)
- A number of concerns are specifically alleging racial and/or disability discrimination as a component of their experience.

Close/Holly
03/12/2025 10:05:03

Figure 4



Equality, Diversity & Inclusion – Protected Characteristics

The information below shows equality monitoring information gathered from staff who have spoken up to the Freedom to Speak Up team. As at 17/11/2025 approximately half of the people speaking up (34 of the 69 cases – 49%) have provided some or all of this information. Notably this reporting period there have been more LGBTQ+ people and more young people (21-30 age bracket) sharing this information following speaking up.

Ethnicity	Number
Black – including Black British & Black British Mixed heritage	<5
British Asian – including Pakistani, Bangladeshi & Indian	6
White British	20
White – any other group	<5
Other ethnic group	<5
Not answered	1

Disability	Number
No	23
Prefer not to say	<5
Yes	10

Gender	Number
Female (including transgender women)	27
Male (including transgender men)	5
Prefer not to say	<5

Sexuality	Number
Bisexual	5
Heterosexual	24
Lesbian	<5
Prefer not to say	<5
Prefer to self-describe	<5

Age	Number
21-30	6
31-40	9
41-50	9
51-60	9

Maternity

Earlier in the year the Guardian and Deputy identified an emerging theme around maternity and colleagues feeling that they had been treated poorly on their return to work. This was shared with the EDI team and colleagues in People Matters as part of our triangulation discussions, and a deep dive is now underway to review this and understand people's experiences in more detail. An anonymous online survey was sent out to all employees returning from any type of parental leave and the information is currently being analysed to identify any improvements needed to our current processes. This is an example of where triangulation between FTSU and People Matters has identified a wider issue than either of the individual teams were aware of in isolation – providing the opportunity for some proactive improvement work.

Racism & Disability Discrimination

Three of the cases reported in this period related to racism and discrimination, 2 of which also had an element of disability discrimination and a lack of adherence to reasonable adjustments. This points to the intersectionality of protected characteristics and the challenges some colleagues face in relation to this. We will continue to monitor the number of concerns around racism closely in light of the current political climate.

Section 3 - Learning and improvement

Managers/leaders are asked to identify the changes made, lessons learnt and any transferable learning that results from FTSU cases. They are responsible for ensuring the implementation of the learning relevant to their service area and for sharing transferable learning within appropriate forums/structures. The Guardian shares themes and overall learning from cases at SLT, the Patient Safety and Learning group, triangulation meetings with People Matters and the EDI leads, and the Board.

Learning and improvements made following colleagues speaking up through the FTSU Guardian route in Q1 & 2:

- Importance of completing IREs straight after an incident occurs and offering relevant staff a debrief.
- Importance of clear communication to teams regarding any changes to processes etc.
- 2 cases were signposted to Counter Fraud. Comms shared in eUpdate and Viva Engage to reassure staff they can contact the Counter Fraud Specialist directly if they have concerns about fraud, bribery or corruption.
- The Trust is working with MHOST and ETOC which is part of NHSE initiative to support safer staffing and review against need. Active recruitment drive taking place for HSCWs and B5 nurses
- Met twice with EDI team for opportunity to input into WRES action plan.
- Trust policy around improvement notices being reviewed by People Matters
- Update needed to the leavers procedure to make the exit interview process clearer
- A number of colleagues were signposted to the appropriate HR process and supported to access their Trade Union.
- A number of colleagues were also supported and empowered to speak to their line manager/relevant manager directly to achieve resolution.

The following two case studies give insight into the FTSU process, the changes made and identified learning:

Case Studies

Case Study 1

An email was received from a member of staff who had recently left the Trust, outlining numerous concerns about unsafe working conditions, excessive and unrealistic workload leading to staff burnout and other quality issues. The FTSU Guardian met with the Professional Lead for AHPs and the service professional lead, who then reviewed the document in detail to pull out the key themes and developed a comprehensive action plan to address the points raised. The plan comprised actions around the broad themes of health & safety, infection prevention & control, physical and emotional demands of the role, premises & IT, recruitment, CPD, business planning and admin support. The plan is being monitored at service level to ensure timely completion of these identified actions for improvement.

A programme of enhanced clinical supervision and coaching was also established for the team to support building resilience and promote well-being. Staff were offered both one-to-one and group coaching sessions, using a range of tools to help them reflect, increase self-awareness, and move toward their personal, team, and service goals, whilst strengthening resilience along the way.

Learning

Unfortunately this member of staff only felt able to speak up about these issues once they had left the organisation, which means we missed the opportunity to make improvements at an earlier stage. This highlights the importance of ensuring that colleagues feel psychologically safe enough to share concerns at a local level, before they accumulate such that they require an entire action plan to fix them.

Case Study 2

A member of staff approached the Guardian and explained that they had experienced racism and discrimination from a patient and was concerned about management's handling of this as they believed the policy had not been followed.

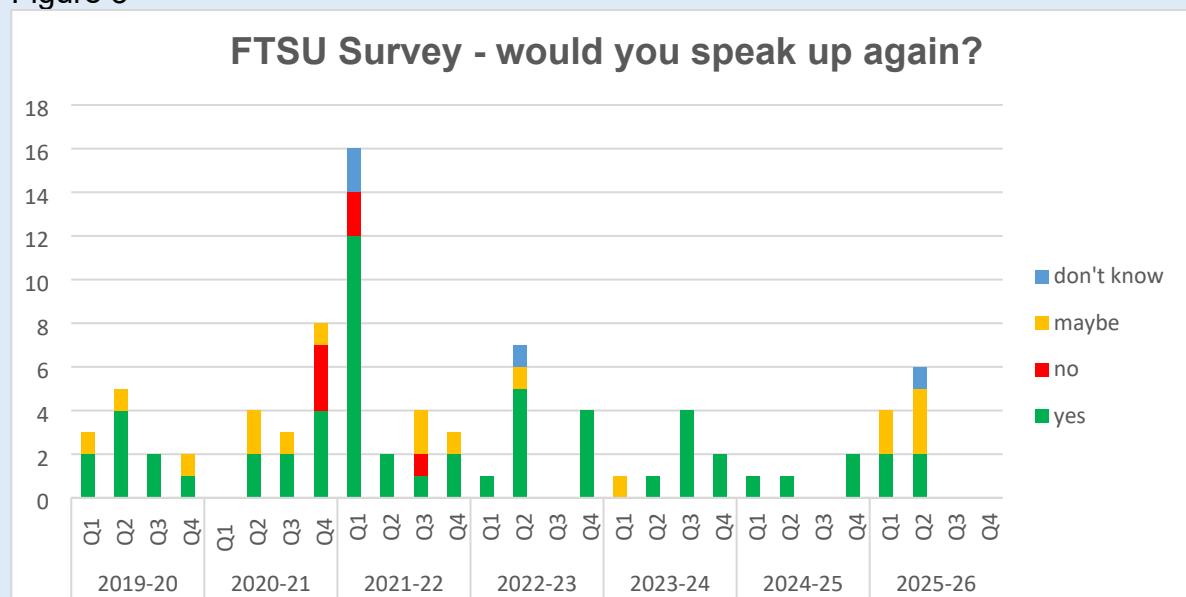
Learning

The Guardian signposted the colleague to the Aspiring Cultures staff network Connect page and policy for the "How your Trust tackles racial harassment" survey and support. After supportive discussion with the FTSU Guardian, the staff member felt empowered to speak directly to her line manager about the concern, following which she felt much better and the line manager now has a clearer understand of the policy checklist should a similar incident occur in the future.

Feedback about FTSU process

Once a case is closed a survey is sent to the person who spoke up asking questions about their experience of the FTSU process and if they would speak up again. Figure 5 shows the number of people completing the survey and the response to the question “would you speak up again?” Please note cases may be closed in a different quarter to when they were raised, so numbers saying they would speak up do not necessarily relate to cases raised in that quarter.

Figure 5



Qualitative feedback provided to the team is generally positive, however a worry has been voiced that information doesn’t stay confidential. The Guardian and Deputy always discuss with individuals regarding confidentiality and any times where identifying information may need to be shared in order to progress investigation/resolution of their concern. We also have an anonymous reporting form available on Connect for individuals who may be particularly concerned about sharing their details.

“Thank you for all your support, we wouldn’t have got this far without it”

“Thanku for that least I know you’ll still be there especially now I’ve found someone who has listened to me...x”

“I just want to thank Rebecca and all the FTSU team for the wonderful work you do in supporting staff, who are struggling and who have not felt supported after an incident. This is such a wonderful service. THANK YOU!”

“Overall really pleased. The response I received was speedy as well which was reassuring”.

“Thanks so much for listening and taking action 😊”

“I felt listened to and was give time and space to explain my situation. I felt the follow up was sufficient and I would feel confident to speak up again in future should I feel the need to.”

Closed Holly
03/12/2025 10:05:03

Section 4: Actions taken to improve access to the FTSU Guardian route

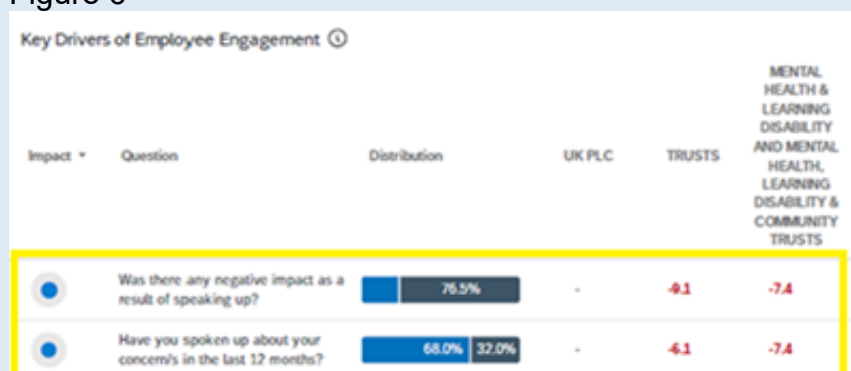
- Much of the team's communications plan is now embedded practice, though we review this regularly to ensure it remains fit for purpose and to include any *ad-hoc* items identified.
- Building on the excellent platform of presenting to new staff at Trust Welcome, the FTSU team are now being included more frequently in a range of events and away days which all provide additional opportunities to raise the positive profile of 'speaking up' in the organisation. So far this year we have attended the Estates & Facilities celebration day, the AHP celebration day, the annual members' meeting and 2 CAMHS health and wellbeing events.
- Our Speak Up Ambassadors also continue to form a crucial part of our network, promoting the 'Speak Up, Listen Up' message and signposting to the Guardian. 6 new Ambassadors were inducted during October 2025 bringing our total active in the network to 26.

Section 5 – Speaking up/listening up culture

Pulse survey results

Results from the recent Pulse staff survey (July 2025) give an insight into the speaking up culture. Unfortunately, some of the questions didn't have sufficient responses for an analysis to be provided. The numbers of staff saying they spoke up about their concerns (68%) is not as high as we would like and the percentage saying there was a negative impact as a result of speaking up (23.5%) is unacceptably high. It is notable that this figure is much higher than those reporting detriment through the FTSU satisfaction survey, and this may reflect whether people have spoken up at a local level or via the Guardian route.

Figure 6



Action taken to improve the 'speak up, listen up, follow up' culture.

The Trust took the decision to mandate the National Guardian's Office "Speak Up" eLearning in 2021, and completion currently stands at 90.34%. However, the continuing improvement in the culture (making speaking up business as usual) depends not only on staff having access to the FTSU Guardian arrangements and feeling they can speak up, but much more importantly on the behaviour and response by our managers when they hear concerns, either directly from their team members or via the Guardian.

We inform new staff from day one that the expectation is that any concerns they have that affect the quality of care we are providing or their experience of working in the Trust should in the first instance be raised with their line manager. To support our managers in responding appropriately to the person speaking up, we continue to offer managers' study sessions that recognise the challenges they face in incorporating this often unscheduled and unpredictable part of their leadership role. It could be argued that the 'take up rate' for this enhanced training is a barometer of the culture change necessary to maintain the momentum for the Trust in establishing speaking up as a welcome and valuable activity. During Q1 & Q2 we ran 2 managers' sessions and 14 people attended. "Listen Up" and "Follow Up" eLearning is also available on ESR; to date 86 people have completed Listen Up training (recommended for all managers) and only 4 have completed Follow Up (aimed at senior leadership including the Board and Governors).

Section 6 - National/Regional activities and information

The *Patient Safety Landscape Review* ('Dash Review') published in July 2025 set out a recommendation to "streamline functions relating to staff voice". This was echoed in the publication of the NHS 10-year plan, and work is now underway to ensure that relevant functions of the National Guardian's Office can be transferred to NHS England by the end of the financial year.

In August it was confirmed that Freedom to Speak Up, and the role of Guardians, will be incorporated into the NHS Standard Contract for 2026/27. NHS England will assume responsibility for leading this work from 2026/27 onwards.

It is clear that the crucial role that FTSU plays has been recognised and the onus will be on providers to ensure that appropriate arrangements are in place locally.

Many of the NHS' worst scandals happened - or lasted longer - because staff were ignored, or did not feel able to speak up. We will act more quickly on staff concerns. The National Guardian for Freedom to Speak Up in the NHS trains and supports a network of 1,300 freedom to speak up guardians across England, offering guidance to encourage employees to share concerns about patient safety.

Now that these guardians have been established, we will do more to integrate their role. The National Guardian's work will align with other national staff voice functions, such as the existing freedom to speak up case management function - meaning the distinct role of the guardian will no longer be required. As part of its wider inspection responsibilities, a core function of CQC will be to assess whether every provider (and in time, ICB) has effective freedom to speak up functions, and the right skills and training in place.

Fit for the Future: 10 Year Health Plan for England (July 2025)

- Regular regional network meetings and peer support sessions remain in place and provide a helpful forum for sharing good practice and learning. It is currently unclear what will happen with regional networks when the NGO disbands but as a network, we have fed into the consultation process to help identify key functions which need to transfer.
- The Guardian continues to attend group psychological supervision being delivered by the West Yorkshire Health and Care Partnership - Staff Mental Health and Wellbeing Hub, however it has unfortunately been announced the Hub will also be closing by March 2026.

- There has been one new case review published by the NGO in May 2025 - *Listening & Learning: amplifying the voices of overseas trained workers*. Relevant recommendations have been added to the Trust's gap analysis.

Section 7 – Future actions

- Board development session (December 2025)
- Completion of the Board Reflection & Planning Tool (last done December 2023 and required every 2 years)
- Ratification of reviewed policy by SLT (December 2025)

Name of author/s: Rebecca Wixey and Emma Greenwood

Title/s: Freedom to Speak Up Guardian and Deputy Guardian

Date paper written: 17 November 2025

Close, Holly
03/12/2025 10:05:03

Trust Board Meeting

4th December 2025

Paper title:	Month 7 Trust Finance Report	Agenda Item 15.0
Presented by:	Mike Woodhead, Chief Finance Officer, Bradford District Care NHS Foundation Trust and Place Director of Finance for Bradford District and Craven Health and Care Partnership	
Prepared by:	Mike Woodhead, Chief Finance Officer, Bradford District Care NHS Foundation Trust and Place Director of Finance for Bradford District and Craven Health and Care Partnership	
Committees where content has been discussed previously		
Purpose of the paper Please check ONE box only:		<input checked="" type="checkbox"/> For approval <input type="checkbox"/> For information <input type="checkbox"/> For discussion

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

Purpose of the report

Month 07 Trust Finance Report

Executive Summary

We are reporting slightly better than **plan at Month 7** 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 7 by £1.2m and is forecast to underdeliver by £4.2m for the year**. Forecast CIP performance is largely in line with that reported in Month 6.
- **Further risks** to delivery of the efficiency programme could worsen performance by **between £1.6m and £2.3m** – mainly in the Purposeful and Productive and Digital 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 £3m. After taking account of the remaining contingency of and further non recurrent mitigations, the likely net risks is c£1.1m.

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 November. Draft plans are required in December and Final plans in February.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

☐ **Yes** (please set out in your paper what action has been taken to address this)

☒ **No**

Recommendation(s)

The Trust Board is asked to:

- Note the challenging financial position, and the actions being taken to deliver the agreed financial position;
- Note the level of risk and actions being taken to mitigate and
- Highlight any further assurances required

Close/Holly
03/12/2025 10:05:03

Trust Board

4th December 2025

Item 15 Finance Report – Month 7 (October 2025)

Close Holly
03/12/2025 10:05:03

Financial Performance – Key Messages & Risks

Key Messages

We are reporting slightly better than **plan at Month 7** 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 7 by £1.2m and is forecast to underdeliver by £4.2m for the year**. Forecast CIP performance is largely in line with that reported in Month 6.
- **Further risks** to delivery of the efficiency programme could worsen performance by **between £1.6m and £2.3m** – mainly in the Purposeful and Productive and Digital 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 £3m. After taking account of the remaining contingency of and further non recurrent mitigations, the likely net risks is c£1.1m.

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 November. Draft plans are required in December and Final plans in February.

Reporting breaches:

At Month 7, the Agency cap has been breached by **£0.7m YTD** and forecast to breach by **£1.0m for the year** – this is mainly due to an exceptional package of care for a service user on the Najurality 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 7 the ICB was forecast to breach its ceiling by £1m.

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	56,620	57,607	987	95,592	98,080	2,488
Adults and Children's Comm. Care Group	38,865	38,780	(85)	66,164	66,915	751
Medical Directorate	10,107	10,078	(29)	17,244	16,943	(301)
Central Reserves & Developments	4,510	3,842	(668)	7,389	4,635	(2,754)
Contract Income	(132,097)	(131,946)	151	(226,458)	(226,171)	287
Estates & Facilities	7,148	6,916	(232)	12,246	12,046	(200)
Finance	1,553	1,526	(27)	2,694	2,654	(40)
Trust General Management	2,152	2,069	(83)	3,690	3,602	(88)
Nursing, Quality and Gov	3,746	3,814	68	6,437	6,421	(16)
People Matters	3,094	2,967	(127)	5,197	5,117	(80)
Digital Services	3,119	3,326	207	4,984	5,329	345
Transformation	1,630	1,314	(316)	2,821	2,403	(418)
(Surplus)/Deficit	447	293	(154)	(2,000)	(2,026)	(26)
Technical Adjustment - Horton Park		26	26		26	26
Reported (Surplus)/Deficit	447	319	(128)	(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	66,320	59,125	(7,195)	80,797	62,809	(17,988)
Current Assets	24,547	27,678	3,131	21,729	21,729	0
Current Liabilities	(20,649)	(28,742)	(8,093)	(13,253)	(12,612)	641
Non-Current Liabilities	(8,799)	(7,733)	1,066	(7,301)	(7,301)	0
Total Assets Employed	61,419	50,328	(11,091)	81,972	64,625	(17,347)
Public dividend capital	46,406	41,357	(5,049)	68,179	50,832	(17,347)
Income and expenditure reserve	(1,183)	(7,780)	(6,597)	(403)	(403)	0
Revaluation Reserve	6,000	6,556	556	4,000	4,000	0
Miscellaneous Other Reserves	10,196	10,196	0	10,196	10,196	0
Total Taxpayers' and Others' Equity	61,419	50,329	(11,090)	81,972	64,625	(17,347)

Managing the in year position

Headlines:

The current forecast includes pressures that have been non recurrently mitigated of £1.2m year to date and £4.2m for the full year. These are 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 - offtrack	1,162,399	4,213,742
Mitigations		
Contingency Deployment	(934,000)	(2,000,000)
Non recurrent measures	(228,399)	(2,213,742)
Sub total: mitigations released in the position	(1,162,399)	(4,213,742)
Unmitigated	0	0

Close, Holly
03/12/2025 10:05:03

Efficiency Programme

The Month 7 position includes under delivery on the efficiency programme of £1.16m YTD and £4.21m 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 6 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 £1.6m to £2.3m, with a **likely case additional risk of £1.8m** (equates to a 18% delivery risk of the target for the remaining months). 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	1,086,833	447,983	638,850	3,192,718	2,151,213	1,041,505	Medium	974,901	1,091,549	1,208,198
1. Purposeful and Productive Adult & Community Pathway (Staffing)	Kelly Barker	690,050	273,040	417,010	1,365,740	713,470	652,270	Medium	169,138	244,552	336,550
1. Purposeful and Productive Adult & Community Pathway Total		1,776,883	721,023	1,055,860	4,558,458	2,864,683	1,693,775				
2. Medical Staffing	David Sims	85,434	85,434	0	233,281	233,281	0	Low			
3. Continence service review	Kelly Barker	58,167	0	58,167	349,000	0	349,000	High			
4. Enteral Feeding consumables	Kelly Barker	14,167	57,217	(43,050)	85,000	128,050	(43,050)	Low			
5. CYP Leadership restructure	Kelly Barker	111,112	0	111,112	250,000	84,000	166,000	Medium			
6. Adults Non Pay budget	Kelly Barker	291,669	203,919	87,750	500,000	451,983	48,017	Low			
7. Estates Rationalisation	Mike Woodhead	227,388	227,388	0	385,681	385,681	0	Low			
7. Estates Rationalisation	Mike Woodhead	82,943	82,943	0	142,180	142,180	0	Low			
8. Corporate Services review	EMT	563,382	563,382	0	958,094	958,094	0	Low			
9. Workforce Productivity	Bob Champion	888,888	0	888,888	2,000,000	0	2,000,000	High			
10. Digital Optimisation (PKB)	Tim Rycroft	73,710	73,710	0	126,353	126,353	0	Low			
10. Digital Optimisation	Tim Rycroft	83,333	0	83,333	500,000	500,000	0	High	350,000	350,000	350,000
11. Difficult decisions	Mike Woodhead	1,375,706	1,375,706	0	3,645,906	3,645,906	0	Low	89,508	89,508	379,508
12. LMH Development	Mike Woodhead	0	0	0	10,257	10,257	0	Low			
SUB TOTAL: Strategic Programmes		5,632,782	3,390,722	2,242,060	13,744,210	9,530,468	4,213,742				
13. Technical: Income Opportunities	Claire Risdon	200,001	145,916	54,085	200,000	200,000	0	Low			
14. Technical: Lively up Yourself	Bob Champion	27,706	27,706	0	47,500	47,500	0	Low			
14. Technical: Procurement	Mike Woodhead	116,669	116,669	0	200,000	200,000	0	Low			
14. Technical: CNST	Phil Hubbard	17,080	17,080	0	24,395	24,395	0	Low			
14. Technical: Telphony	Tim Rycroft	17,227	17,227	0	29,533	29,533	0	Low			
15. Vacancy Factor	Kelly Barker/Mike	2,333,343	3,467,089	(1,133,746)	4,000,000	4,000,000	0	Medium			
16. SpA	Kelly Barker	0	0	0	100,000	100,000	0	Medium	50,000	50,000	50,000
Efficiency Programme Performance		8,344,808	7,182,409	1,162,399	18,345,638	14,131,896	4,213,742		1,583,547	1,775,609	2,274,256
Contingency Deployed		0	934,000	(934,000)	0	2,000,000	(2,000,000)				
Non Recurrent Mitigations		0	228,399	(228,399)	0	2,213,742	(2,213,742)				
Reported Position		8,344,808	8,344,808	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 **£3m**, mainly driven by the risk of delivering the efficiency programme
- A **new risk** has been recognised in Month 7 relating to the 0-19 service redesign – work is continuing into December to identify redeployment/ alternative roles for staff at risk. A provision was made in 24/25 for the non recurrent costs associated with the redesign, however there is a risk that costs may be c£300k in excess of the provision.
- After taking account of the remaining contingency and further non recurrent mitigations, **c£1.1m of risks require cover.**

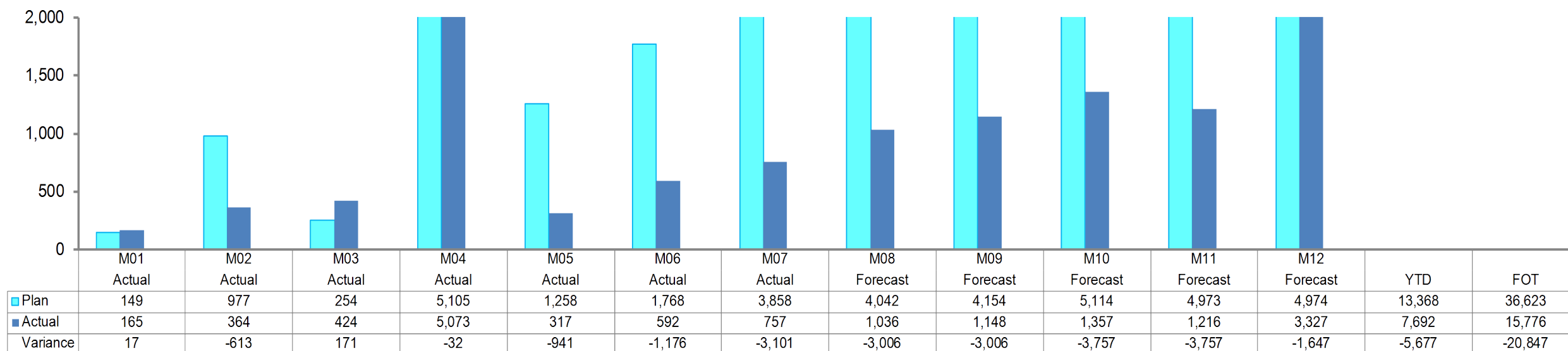
The risk assessment reflects all known risks. Risks are likely to change on a monthly basis and we will continue to remain dynamic in responding to changing pressures/ opportunities.

Detail	Assumption	Best £'000	Likely £'000	Worse £'000
Variance from plan in reported position		£0	£0	£0
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	(£233)	(£350)	(£467)
Efficiency delivery risk	See efficiency modelling	(£1,584)	(£1,776)	(£2,274)
<i>Note: Within in the financial position and the downside risk the number of daily OAPs includes:</i> <i>* Best case - 32 in November and 29 for the remainder of the year</i> <i>* Likely case - 34 in November and 31 for the remainder of the year</i> <i>* Worse case - 36 in November and 33 for the remainder of the year</i>				
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)
	Adult Secure - currently forecasting breakeven : Worse case based on 24/25 outturn	£0	£0	(£237)
	Children and Young People PC currently forecasting surplus: * Likely case assumes that only 50% of the underspend will be realised; * Worse case assumes that only 25% of the underspend will be realised	(£37)	(£372)	(£557)
0-19 Redundancy	Risk in excess of provision	(£100)	(£300)	(£300)
Lead Provider	Exit from MH Wellbeing Hub	TBC	TBC	TBC
Depreciation	Dispute over baseline funding	£0	(£204)	(£204)
Total Downside Risks		(£1,954)	(£3,021)	(£4,078)
Upside				
Remaining Contingency		£1,000	£1,000	£1,000
Non recurrent mitigations		£949	£949	£949
Total Upside Mitigations		£1,949	£1,949	£1,949
Risk assessed plan - Surplus/ (Deficit)		(£5)	(£1,072)	(£2,129)

Capital Expenditure

Bradford District Care
NHS Foundation Trust

Capital Expenditure Plan vs Actual/Forecast



The capital position in October is underspent by £5.7m with a YTD spend of £7.7m. The changes on the phasing of spend for the Lynfield Mount re-development, were reflected in the capital forecast at M06. This has changed the initial PDC funded allocation of £25.04m 2025/26 to approximately £6.5m, resulting in a movement in the capital forecast against plan of £18.5m at M07. The remaining movement relates to £1.2m of in year PDC received on other capital schemes and £3m WYICS support on Lynfield Mount, now prioritised into a future financial year.

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)

On conclusion of the Full Business Case, this may now change the initial PDC funded allocation of £25.04m in 2025/26 to approximately £9m (currently £6.5m until the FBC is fully completed and submitted).

112/142

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.

Close Holly
03/12/2025 10:05:03

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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
-----------------------	---	--------

Agenda items	<ul style="list-style-type: none"> 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 <div>Close, Holly 03/12/2025 10:05:03</div>	<ul style="list-style-type: none"> 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

	<p>concerns about the ability to deliver back-loaded savings plans within year.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Close/Holly
03/12/2025 10:05:03

	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)		

Close, Holly
03/12/2025 10:05:03

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	04/12/2025
Report from:	Charitable Funds Committee	Meeting date:	29/10/2025
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Mark Rawcliffe (Chair), Mike Woodhead		
In attendance	Catherine Jowitt, Claire Blamires, Chris Smith, Jess Greenwood-Owens Timed business - Mary Pegington		
Observers	N/A		
Apologies	Maz Ahmed (NED), Rachel Trawally, Kelly Barker, Stacey Pearson		
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	
Agenda items (not including standard items)	<ul style="list-style-type: none">• Learning from your experience: charity funded bike scheme• Charity Risk Register• Charity Strategic update• Charity Annual Accounts 2024/25 (final)• Charity Annual Report 2024/25 (final)• External Audit Reporting on the 2024/25 Annual Accounts Narrative: .1 ISA 260, .2 Auditors Report, .3 Management Letter• Approval of fund objectives & managers• 2025/26 Charitable Funds Transactions April – September 2025• Effectiveness Review Actions• Workplan 2025/26		
Alert items agreed by Committee	<ul style="list-style-type: none">• There were no items identified		
Advise items agreed by Committee	<ul style="list-style-type: none">• Repeat Funding: The Committee discussed whether to agree to repeat funding for Trust initiatives.• Lynfield Mount Appeal Planning: There was an upcoming need for input on the Lynfield Mount fundraising appeal, including ambition level and resource investment. The Committee agreed to provide the Board with headline updates via the AAAD and would seek a firmer view on campaign priorities and focus areas.• Governor Engagement: Discussion on how engagement can be developed which will be progressed between the Chairty team and Corporate Governance team.• Resourcing needed to match aspirations, as there was currently a gap. C Blamires’s significant workload was acknowledged and appreciated.		
Assure items agreed by Committee	<ul style="list-style-type: none">• Positive Outcomes and Impact: The Committee reported successful fundraising events (Golf Day, Great North Run, Dragon Boat, quiz nights), increased traction, and positive feedback from		

	<p>beneficiaries (e.g., bike scheme for service users). These demonstrate effective use of charitable funds and impact on service users.</p> <ul style="list-style-type: none"> • Audit and Annual Accounts: The annual accounts audit was completed with an unqualified opinion and no significant issues. The Trust had received the Letter of Representation, ISA 260 and Auditors Report. • Staffing Progress within the Charity team: Recruitment for key charity roles was underway, with new appointments expected before Christmas, this should strengthen capacity and delivery. • Strong and consolidated position, with improvements evident compared to discussions held four years ago. • Growth plans were progressing well, and the Committee agreed that ambitions should remain high. • Confidence in the charity's direction and highlighted the importance of organisational support to scale successful initiatives. • Members were committed to continuing efforts to secure wider engagement and move the charity forward. • Corporate Volunteering: First partnership with B&Q delivered a successful volunteering day at the allotment, including £1,000 donation and site improvements. The Committee agreed that funding decisions should not be rigid; repeat funding could be allowed in exceptional circumstances where there was a legitimate cause. • 2024/25 Charitable Funds Annual Report provided assurance of the operational functioning of the charity in 2024/25, including an overview of responsible officers of the charity, operational management, and income and expenditure delivery. • Effectiveness Review two standing annual processes in place 1. An internal audit aligned to the CQC Well-Led expectations and policy statements. 2. An effectiveness review for strategic meetings, including the Board, Council of Governors, and supporting committees. In addition to these, an externally commissioned independent Well-Led review was undertaken this year, as required by the NHS Code of Governance every three to five years. All three processes were conducted around the end of the financial year and spring, resulting in a consolidated action plan within the Well-Led framework.
<p>Decisions made by Committee</p> <p>Close, Holly 03/12/2025 10:45:00</p>	<p>The Committee was not quorate, therefore the following items were approved by members within the meeting and then approved by the NED via email:</p> <ul style="list-style-type: none"> • Charity Annual Accounts 2024/25 (final) • Charity Annual Report 2024/25 (final) • External Audit Reporting on the 2024/25 Annual Accounts Narrative
<p>New risks identified by Committee</p>	<p>No items were raised.</p>

Items to be considered by other Committees/Groups	No items were raised.		
Feedback following discussion at ‘parent’ meeting	No items were raised		
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	11/11/2025
On Behalf of Chair	M Rawcliffe, Non-Executive Director		

Close: Holly
 03/12/2025 10:05:03

Board of Directors – meeting held in public

04 December 2025

Paper title:	Governance Report	Agenda Item 19.0
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Holly Close, Corporate Governance Officer	
Committees where content has been discussed previously		
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check <u>ALL</u> that apply	<input type="checkbox"/> Providing excellent quality services & seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth & innovation <input checked="" type="checkbox"/> Governance & well-led	
Care Quality Commission domains Please check <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report
Governance Report to the Board of Directors on key governance matters that have taken place over the last two months, & upcoming areas of interest for the Board of Directors to be aware of.

Executive Summary
<p>Governance Report to inform Board of Directors on key updates on governance matters from the past two months and highlighted upcoming areas for Board attention. The Trust completed a Provider Capability Assessment under the National Oversight Framework, submitting partial compliance in most domains and full compliance in financial oversight. Strengths were identified in the quality governance framework, values-led culture, collaborative strategy, and commitment to equality and health equity. Areas for improvement were noted in Board diversity, data quality, mandatory training, colleague engagement, and financial constraints impacting service growth.</p> <p>The report also covered planning activities, including new self-assessment requirements for national and medium-term planning, with assurance statements confirming readiness,</p>

governance, and risk management. Winter planning arrangements were described as robust and collaborative, prioritising patient safety and workforce resilience. Engagement strategies were being refreshed, and a new Deputy Lead Governor had been appointed. The Trust's "Better Lives, Together" strategy continued to guide its work, with a new strategy in development to further embed governance, oversight, and accountability as core enablers.

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 content of the report.

- Note the contents of the report.
-
-

Links to the Strategic Organisational Risk register (SORR)

N/A

Care Quality Commission domains

Please check **ALL** that apply

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Effective | <input checked="" type="checkbox"/> Well-Led |
| <input type="checkbox"/> 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

Close/Holly
03/12/2025 10:05:03

Board of Directors – meeting held in public

4 December 2025

Governance Report

Background / Context:

The Corporate Governance Team have introduced the use of a Governance Report to feed into the Board of Directors meeting held in Public. This report will provide key updates on governance matters that have taken place over the last two months and will be used to share upcoming areas of interest for the Board of Directors to be aware of.

Compliance - submissions

Provider Capability Assessment:

As part of the revised approach to the oversight of providers, which includes the new National Oversight Framework (NOF) it is important that alongside the outcomes reported in metrics included in the NOF, that there is the leadership capacity and capability to deliver on the NHS's priorities and provide high quality, sustainable care. The Trust is currently NOF category 4 with improvement work taking place across the categories and on data quality.

A view of provider capability has therefore been developed by NHS England, in line with the Insightful Provider Board framework, against which providers are asked to self-assess their capability. These assessments will inform the response that NHS England as the regulator has towards providers in respect of their NOF delivery segment, including informing any support or interventions necessary.

The approach is driven by the following principles:

- Both identify their organisations' strengths and address their areas for Development.
- An oversight approach that can take a holistic approach to organisations, seeing them through multiple lenses.
- Information from not only providers but other stakeholders and third parties, including other regulators, system partners, colleagues and patient groups and representative groups of clinical professionals.

This self-assessment will be completed on an annual basis in line with domains in the Insightful Provider Board, and the questions and criteria focus on the quality and nature of the Board level discussion, and the visibility of data and scrutiny of improvement plans.

The Trust has submitted 'Partial Compliance' with the capability self-assessment across the following domains:

- Strategy, Leadership and Planning
- Quality of Care
- People and Culture
- Access and Delivery of Services

- Productivity and Value for Money.

The Trust has submitted 'Compliance' with the capability self-assessment across the following domain:

- Financial Performance and Oversight.

The Board self-assessment reflects, in all domains, areas of good practice where we are able to confirm individual statements, including:

- Approach to ensuring safe and good quality services, supported by a robust quality governance framework.
- Values-led organisation with a strong sense of pride amongst colleagues and teams.
- Colleague owned strategy with strong collaboration and involvement.
- Quality improvement framework, Care Trust Way.
- Alignment of annual plans and priorities with system annual plans and Priorities.
- Visible compassionate leadership and a strong learning culture.
- Strong commitment to equality, diversity and inclusion, underpinned by Just Culture, which is embedded in quality improvement activity.
- Collaborative working across organisational boundaries and System leadership.
- Strong commitment to health equity with clear priorities identified and a delivery model developed.
- Board sponsorship for staff networks, work continuing to create more feedback opportunities.
- Robust and well utilised Freedom to Speak Up framework.
- The Trust is sighted on the improvement areas, which are based on quality improvement, productivity and efficiencies. Supported by a strong oversight model. A balanced approach to reviewing performance is maintained, including strategic decision making and overseeing the 11 improvement programmes. To ensure that robust financial planning, oversight and the impact on quality, equality and diversity is protected appropriately.
- Governance and oversight of financial plans.
- Robust internal audit plan.
- Emergency, planning, response and resilience is a strength within the Trust.

The Board recognised the areas of identified improvement:

- Natural Board personnel changes and the impact this will have on the dynamic and corporate memory. Commitment to working towards a diverse and representative Board.
- Data quality issues have been identified which are being overseen by an Executive led improvement group in support of the Trust become a data-led organisation.
- Creation of a Quality Management System.
- Refresh of the involvement and engagement strategy due to the current one reaching its natural end and linking the work to the development of a new Trust strategy.
- Work to do on mandatory training and appraisal rates, including consideration of the current targets, and improvement work to recover the position.
- Further work taking place on colleague engagement, Staff Survey score for 2024 was 53%, which does not provide a representative view of all teams / colleagues.

Close Holly
03/12/2025 14:05:03

- Refresh of the risk management strategy due to the current one reaching its natural end and linking the work to the development of a new Trust strategy.
- Whilst the audit function outlines that 'value for money' is maintained, the Board recognises that investment to services cannot take place due to financial constraints. Financial performance is largely based on non-recurrent mitigations and a diversion of Trust funds to financial performance rather than service growth. The Trust has 11 improvement programmes to ensure service improvement and efficiencies are delivered.
- Levels of colleague absence and the impact this has on workforce stability, service delivery and morale. With a significant associated financial cost.

Close/Holly
03/12/2025 10:05:03

Provider Capability - Self-Assessment Template

The Board is satisfied that...

Strategy, leadership and planning	<ul style="list-style-type: none"> The trust's strategy reflects clear priorities for itself as well as shared objectives with system partners The trust is meeting and will continue to meet any requirements placed on it by ongoing enforcement action from NHSE The board has the skills, capacity and experience to lead the organisation The trust is working effectively and collaboratively with its system partners and provider collaborative for the overall good of the system(s) and population served 	Partially confirmed
Quality of care	<ul style="list-style-type: none"> Having had regard to relevant NHS England guidance (supported by Care Quality Commission information, its own information on patient safety incidents, patterns of complaints and any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients Systems are in place to monitor patient experience and there are clear paths to relay safety concerns to the board 	Partially confirmed
People and Culture	<ul style="list-style-type: none"> Staff feedback is used to improve the quality of care provided by the trust Staff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levels Staff can express concerns in an open and constructive environment 	Partially confirmed
Access and delivery of services	<ul style="list-style-type: none"> Plans are in place to improve performance against the relevant access and waiting times standards The trust can identify and address inequalities in access/waiting times to NHS services across its patients Appropriate population health targets have been agreed with the ICB 	Partially confirmed
Productivity and value for money	<ul style="list-style-type: none"> Plans are in place to deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant 	Partially confirmed
Financial performance and oversight	<ul style="list-style-type: none"> The trust has a robust financial governance framework and appropriate contract management arrangements Financial risk is managed effectively and financial considerations (for example, efficiency programmes) do not adversely affect patient care and outcomes The trust engages with its system partners on the optimal use of NHS resources and supports the overall system in delivering its planned financial outcome 	Confirmed
	In addition, the board confirms that it has not received any relevant third-party information contradicting or undermining the information underpinning the disclosures above.	Confirmed

Planning Phase 1 – National Planning Framework

In response to national requirements and new requests, the introduction of two new self-assessments in support of planning have been mandated. The first is Phase 1 assurance which focuses on self-assessment by organisations to confirm they have the necessary planning foundations in place.

This tool aligns with Phase One – Setting the Foundations in the NHS Planning Framework, which is designed to demonstrate readiness; assess effectiveness; and escalate issues to the Board through a self-review.

Key Expectations for Providers are that they should be able to evidence their plans with data, covering:

1. Credibility
 - Assumptions and targets are evidence-based.
 - Supported by quantitative data.
 - Convincing to stakeholders (including regulators and the public).
2. Deliverability
 - Plans are realistic given resources and operating environment.
3. Affordability
 - Financial assumptions are sustainable.
 - Align with available funding and budget limits.

The Business Support team led the exercise, supported by the Chief Operating Officer and Director of Nursing and Deputy Chief Executive to deliver the work, which has been submitted as required. This work aligns to proactive Trust activity to work together, across departments, and with partners, in response to operational planning, aligned to financial and workforce planning. The work aligns to the Provider Capability Assessment requirements, with the findings considered together to ensure any agreed areas of improvement are integrated.

Areas of strength were recognised as:

- The Trust has in place a Clinical Professions Strategy, 2024-27, which is being reviewed in the context of the NHS 10-year Plan. Further review will take place once the Trust's overarching strategy has been developed.
- A formal Programme Management Office (PMO) is in place that leads on delivery of key sustainability programmes aligned to agreed service improvement linked to Trust strategy.
- The Care Trust Way, as the quality improvement framework is robust with discussion taking place to create a Quality Management System.
- An Executive level "Integrated Planning Working Group" is in place which includes the Chief Operating Officer, Operational Director of Finance and Director of Transformation Improvement and Productivity. A Head of Service/Deputy Director level working group, the "Integrated Planning Oversight Group" is also in place with representatives from operational services, finance, workforce, digital services, business support, business intelligence, PMO and innovation teams.
- The Trust is seen as a strong and capable partner who is represented in Place, System and National meetings.
- The clinical triumvirate leadership model directly supports Integrated Plan development by embedding shared accountability and multidisciplinary input into every stage of planning.

- Equality and Quality Impact Assessment (EQIA) is a key governance tool used to ensure that service changes, policies, and projects uphold equality, diversity, and quality standards.
- Strategic risks and strategic performance issues are known at the Trust and articulated within the governance framework. 11 areas of service improvement are being delivered, which align to the Trust strategy.

Areas of identified improvement:

- The Organisational Sustainability Programme Board (OSPB) is continuing to develop, with work taking place to progress the pipeline process.
- As the PMO and OSPB continue to mature, prioritisation of capacity and resources will evolve, aligned to the strategic priorities.
- Financial performance is largely based on non-recurrent mitigations and a diversion of Trust funds to financial performance rather than service growth.
- More work to do on the Trust becoming data-led, including scandalised approach to benchmarking, improving data quality and digital maturity. A data quality improvement plan is in place.

Medium Term Planning – Board Assurance

The second is the Medium Term Planning, which includes self-reflection and Board assurance. The boards of individual Integrated Care Boards and providers are ultimately accountable for the development and delivery of their plans and have a responsibility to be assured in terms of the deliverability, credibility and affordability of the plans that have been agreed.

To support this a set of statements have been created which outline the key areas that boards should have confidence in as part of the development of the medium-term plans.

Board assurance statements have been created covering the key expectations and role of board outlined in the planning framework for the NHS in England (the planning framework) and cover the following areas:

- Foundational activities: acknowledgement and confirmation that the key planning actions outlined in the planning framework as part of Phase 1 have been conducted and reviewed.
- Governance and leadership: confirmation that appropriate decision-making structures are in place as well as key input and sponsorship at a senior and clinical level.
- Plan development: to provide assurance that plans have been developed in line with the standards outlined in the planning framework and the Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 (MTPF), have been co-produced, are evidence based and align with national ambitions.

Additional set of statements covering some specific areas of assurance:

- Productivity: confirmation that all opportunities for productivity have been considered and are reflected in plans.
- Risk: confirmation that risk management is embedded throughout plan development with a specific emphasis on financial risk.
- NHS standard contract & commissioning: early assurance that processes are in place to enable contracts to be agreed and signed off in line with the national timetable and considerations are in place in terms of commissioning and plan alignment.

- Workforce: confirm the impact of the 10 Year Health Plan on the workforce is being considered in the development of plans.

The Business Support team are leading the exercise, supported by Chief Operating Officer and Director of Nursing and Deputy Chief Executive and Trust Secretary to deliver the work. Submission dates are mid-December. This work aligns to existing proactive Trust activity to work together, across departments, and with partners, in response to operational planning, aligned to financial and workforce planning. The work aligns to the Provider Capability Assessment requirements, with the findings considered together to ensure any agreed areas of improvement are integrated. A Board Assurance statement is required as part of the process, a discussion on this and agreement of the delivery plan was discussed at the Finance and Performance Committee on 26 November. This is being overseen by the Trust Secretary and will be delivered inline with national expectations.

Winter Planning 2025/26 Board Assurance Statement

A new requirement has been introduced from NHS England in support of a self-review and submission being made on Winter Planning. This is aimed at ensuring that NHS boards have oversight of all key considerations within this have been met, which is signed by the Chair and Chief Executive. This work forms part of the Winter Planning NHS Checklist as a new mandatory requirement.

As reported previously to the Board, the Trust Planning arrangements demonstrated 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. 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.

The Board Assurance Statement was completed in partnership with operational and emergency planning colleagues, led by the Chief Operating Officer, and submitted as required.

Engagement and Involvement

Membership

Engagement Strategy:

In line with the refresh of the overarching Trust Strategy, which will take place in Summer 2026, the Trust will also be refreshing the Membership Engagement Strategy. The Membership Engagement Strategy is a governor owned strategy, and the Council of Governors will stand up a Membership and Development Committee to help with refreshing the Strategy, which will be facilitated by the Corporate Governance team.

Council of Governors

Deputy Lead Governor Nominations:

The Board of Directors should be aware that following an expressions of interest and voting by the Council of Governors a new appointment has been made to the Deputy Lead Governor. This will be ratified at the Council of Governors meeting on 10 December and the

individual will begin their two year tenure as Deputy Lead Governor as per the job description. They will conclude their appointment on 10 December 2027.

Accountability

Trust Strategy

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.

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.

In July 2026, Better Lives Together, will reach its natural end point. A programme of work has been initiated to support the development of a new Trust strategy. The Trust Secretary, and Director of Transformation, Improvement and Productive are leading the work. Which has commenced with an audit phase as part of the analysis. Individual meetings with Board members are taking place November and December to gather feedback and peoples experience. Analysis will then take place, alongside confirmation of the programme plan to deliver the work. As done previously, this will include opportunities to listen and gather peoples experience to ensure the strategy is co-produced.

This work is part of the Care Trust Way framework, as a lean-based management system for performance, accountability, linked to the Trust strategy. The Board will continue to be involved with this work, including opportunities to engagement throughout the co-production, and receive assurance reports on programme delivery.

Once the audit phase has completed, broader work will commence which will include listen in support of co-production, and alignment to national and local priorities. There are three person-centred approaches being considered, with the NHS accountable to 'the people', with a common set of principles and values binding it to communities. The focus will be on:

- 1) Patients, carers, communities and public
- 2) Colleagues within our Trust

- 3) Partners, Place, System, National that we work with.

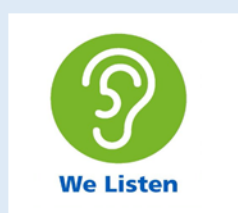
An update on the delivery programme will be presented to the next Board meeting. Once the new strategy has been agreed, work will take place to update Trust governance to align to the new priorities.



Better lives, together



Good governance, effective oversight & accountability



Close, Holly
03/12/2025 10:05:03

Board of Directors – Meeting held in Public

04 December 2025

Paper title:	Go See Update and Development Plans	Agenda Item 20.0
Presented by:	Rachel Trawally – Corporate Governance Manager and Deputy Trust Secretary	
Prepared by:	Naz Khan – Corporate Governance Officer	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check <u>ONE</u> box only:	<div><input type="checkbox"/> For approval</div> <div><input type="checkbox"/> For information</div> <div><input checked="" type="checkbox"/> For discussion</div>	

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

Purpose of the report

The purpose of this report is to provide an overview and analysis of the Trust's Go See visits conducted between April 2024 to November 2025, and visits scheduled until March 2026. These visits are designed to support Board engagement and visibility, as well as helping Board members—including Executive and Non-Executive Directors and Governors—engage directly with staff and observe services first-hand. Well-led audit recommendations and next steps are set out for further development of the process, to include a Go See Development Plan.

Executive Summary

Go See visits enable the Trust to “Know, Run, and Improve its Business” by giving leaders first-hand insight into services, strengthening relationships, and providing assurance. They enhance visibility, inform strategic decisions, and support local improvements. The Go See framework supports insights from the visits to be triangulated with other data to identify systemic issues and ensure sustainable change. This work is part of the Trust's ‘good governance, effective oversight and accountability’ framework, which aligns to the Care Quality Commissions Well Led expectations. The work supports the Trust's ambition within this area of:

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

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 and discuss the report.

Links to the Strategic Organisational Risk register (SORR)

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

-
-

Care Quality Commission domains

Please check **ALL** that apply

☒ Safe

☒ Effective

☒ Responsive

☒ Caring

☒ Well-Led

Compliance & regulatory implications

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

-

Close, Holly
03/12/2025 10:05:03

Board of Directors – Meeting held in Public

04 December 2025

Go See Update

1 Purpose

This report provides an overview and analysis of the Trust's Go See visits conducted between April 2024 and March 2025. Go See visits are designed to strengthen the Trust's ability to "Know, Run, and Improve its Business" by enabling Board members, including Executive and Non-Executive Directors and Governors, to engage directly with staff and observe services first-hand. Go See is part of the Care Trust Way, as the Trust's performance and accountability framework linked to delivery of the Trust's strategy: Better Lives, Together.

These visits foster open communication, build trust, and provide valuable insights into operational practices, challenges, and opportunities for improvement. The report summarises key trends identified during the visits, highlights operational challenges, and outlines steps to enhance the process and embed learning. The findings support assurance at Board level and inform strategic decision-making, contributing to the Trust's commitment to quality, governance, and continuous improvement.

The Go See framework supports insights from the visits to be triangulated with other data to identify systemic issues and ensure sustainable change. This work is part of the Trust's 'good governance, effective oversight and accountability' framework, which aligns to the Care Quality Commissions Well Led expectations.

Information of Go See activity will be presented to the Council of Governors within the new Governance Report. This is to show activity that has taken place, as work that the Governors are involved with. This is also to act as an assurance report to Governors on Chair and Non-Executive Director activity as the Governors hold those individuals to account.

52 Go See visits took place over the 12-month period from 01 April 2024 – 31 March 2025 different services. 8 visits were cancelled.

Month	No of Visits	Executive Director	Non- Executive Director	Governor
April 2024	4	4	2	-
June 2024	5	5	1	-
July 2024	5	5	1	-
August 2024	1	1	0	-
September 2024	3	3	3	-
October 2024	3	3	1	-

November 2024	4	4	0	-
December 2024	5	5	1	-
January 2025	6	6	0	2
February 2025	6	6	3	6
March 2025	3	3	1	3

In January 2025, the Governors were given the opportunity to attend Go See visits. From January 2025 – March 2025 they attended 11 visits.

Services/Teams Visited	No of Visits
Clinical Teams/Services	33
Corporate Teams	19

See below table of visits for 2025/2026

A total of 54 Go See visits are scheduled across different services during the 12-month period from 1 April 2025 to 31 March 2026. Of these, 22 visits were cancelled and required rescheduling, highlighting the need for improved planning and coordination to ensure delivery against the programme.

Month	No of Visits	Executive Director	Non- Executive Director	Governor
April 2025	6	6	2	2
May 2025	3	3	0	1
June 2025	4	4	1	0
July 2025	1	1	0	0
August 2025	1	0	0	0
September 2025	5	5	3	0
October 2025	6	6	1	4
November 2025	5	5	2	4
Scheduled Visits Dec 2025 – March 2026				
December 2025	7	7	1	5
January 2026	5	5	1	2
February 2026	5	5	0	0
March 2026	6	6	0	0

Services/Teams Visited	No of Visits
Clinical Teams/Services	39
Corporate Teams	15

2 Proposed Outcome

The Trust aims to maintain visibility, engagement and a clear understanding of services. This is to continue to build trust between Board members and staff, and gain direct insights into operational practices, celebrated areas of good practice and note challenges. The overarching goal is to enhance assurance, inform decision-making, and drive continuous improvement across the organisation. The framework provides opportunity for triangulation and gathering experience.

The aspirations of the framework are to:

- Foster open communication and strong relationships between leadership and staff.
- Identify opportunities for improvement and share good practice.
- Embed learning from visits into strategic planning and operational processes.
- Support the Trust's strategic aims, including quality, governance, and being the best place to work.

The report proposes:

- Continued coordination of Go See visits by the Corporate Governance Team, with improved scheduling and standardised processes, including resilience within the processes.
- Booking visits up to six months in advance to increase engagement from all involved.
- Enhanced collaboration with Executive Personal Assistants for efficient administration.
- Development of a SharePoint page for resources and easier access to documentation.
- Quarterly reporting to the Board of Directors and to the Council of Governors.

A Development Plan is being created to monitor the improvement work. The work will include benchmarking, and gathering feedback from individuals involved with the visits. This is in support of co-producing a new delivery model.

The Board is asked to be re-assured that the work is part of the Trust's Well Led Development Plan and progress will also be monitored as part of that work.

The new process will also consider revisiting teams or services where concerns have been raised or where issues require follow-up. This approach will strengthen oversight, ensure accountability for actions taken, and provide assurance that identified problems are being effectively addressed. It will also support relationship building and management.

3 Risk and Implications

Short notice cancellations: A number of visits were cancelled at short notice, disrupting planned engagement and limiting opportunities for direct observation. Some of the reasons visits had to be rescheduled was attendees having to deal with emergencies, team/service/ward acuity, workloads, annual leave, sickness and relocation of teams.

Timeliness of documentation: There were issues with the timely completion and return of pre-visit and post-visit documentation, which can delay feedback and action planning. Work is taking place to review the process for this, including digitalising elements. This will be considered as part of the feedback process, with further changes reported on in future reports.

Engagement: The Trust process aimed at an Executive, Non-Executive and Governor attending each visit. This has not always been doable for a variety of reasons. Work has taken place to review this in support of it remaining appropriate but not restrictive to always being three people.

Due to the agile arrangements of some services, it can sometimes pose a challenge to services to facilitate an in-person visit due to estate limitations and service working conditions. The services proactively book rooms where appropriate, but feedback received from some services have highlighted this as a challenge for them. This will be considered as part of the feedback process.

4 Results

Go See Visits are conducted by Executive Directors, Non-Executive Directors and Governors, ensuring a balanced and comprehensive level of oversight and assurance and fostering engagement. These visits are undertaken in person at designated team or service locations, enabling direct observation of operational practices. This approach enhances the quality and depth of insights gained, thereby strengthening the overall assurance framework.

Timely completion and return of documentation remain a challenge for the Go See programme. Although the Corporate Governance Team aims to provide feedback to teams within two weeks of each visit, delays in receiving documentation have resulted in additional administrative workload and the need for repeated follow-up. Addressing these issues is essential to ensure prompt feedback, effective action planning, and continuous improvement across the Trust.

Non-Executive Director (NED) involvement in Go See visits has shown some improvement, supported by the advance planning of visits up to six months ahead. This approach has helped increase NED participation and broaden the oversight provided during these visits, contributing to a more comprehensive assurance framework for the Trust.

Between 01 April 2025 and the present, 31 Go See Visits have been completed, with an additional 24 visits scheduled through March 2026. The programme has faced operational challenges, with 30 visits requiring rescheduling due to factors such as emergencies, availability, team workloads, acuity and ward pressures, annual leave and sickness.

5 Well Led and next steps

The Well Led external review recommended:

- Formalise and clarify the Go See visit programme.
- Mandate and increase Board (especially NED) participation.
- Ensure visits are value-adding for both visitors and staff/service users.
- Focus on wider engagement, continuous improvement, and clear accountability for follow-up actions.

- Improve communication about the purpose, selection, and outcomes of visits.

The above will all be part of the new Go See Development Plan and will be considered as part of the feedback, as appropriate.

The Corporate Governance Team is developing a new Connect Page to enhance engagement and visibility across the organisation. To support this initiative, quarterly communications will be issued via the weekly bulletin, inviting teams to share examples of best practice and achievements.

Additionally, the Connect Page will incorporate QR codes linked to feedback proformas, enabling faster and more streamlined responses. This approach aims to improve two-way communication and strengthen organisational learning.

Despite these challenges, the Go See initiative continues to provide valuable opportunities for Board members to engage directly with staff, observe services, strengthen assurance across the Trust and foster engagement.

Close, Holly
03/12/2025 10:05:03

Escalation and Assurance Report (AAA)

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

Date of meeting: 7th October 2025

Agenda
Item

XX

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
N/A			
Advise:			
<p>Phase 1 Stocktake Feedback & Phase 2 Planning</p> <ul style="list-style-type: none">Final baseline report shared with ICB and presented at key forums.Positive feedback highlighted community services as foundational to neighbourhood health.Strategic commissioners encouraged Collaborative to propose WY-wide service models (e.g., falls, SaLT).Phase 2 will begin with a deep dive into Speech and Language Therapy (SaLT) due to long waits and variation.Goals include defining a WY-wide model of care, improving data comparability, and co-designing outcome measures. <p>2025/26 Collaborative Workplan</p> <p>Four priorities proposed and agreed:</p> <ol style="list-style-type: none">Standardised Community Offer – Reduce variation, improve outcomes, enable integrated care.System Transformation – Support place-based partnerships and strategic commissioning.Children’s Health Information Service (CHIS) – Create a consistent, collaborative model across WY.Community Waits Recovery – Reduce long waits (>52 weeks) across all age groups. <p>The meeting asked that the workplan;</p> <ul style="list-style-type: none">Ensure neighbourhood priorities and digital enablers are reflected.Use Collaborative to share best practice.Balance standardisation with population-based approaches.Support clinically driven transformation. <p>Provider Updates: Place Partnerships & Neighbourhood Health</p> <p>Updates shared from Kirklees, Calderdale, Bradford, Wakefield, and Leeds. Key themes included:</p> <ul style="list-style-type: none">Progress on place-based collaboratives and neighbourhood teams.Shared learning and legal advice opportunities.Importance of patient insight and long-term population health planning.			

Assure:
N/A

Report completed by:

Becca Spavin
Programme Director: West Yorkshire Community Healthcare Provider Collaborative
09.10.25

Report distribution:

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

Close/Holly
03/12/2025 10:05:03

DRAFT WORKPLAN	
Name of meeting:	Board of Directors held in public
NED Chair:	Linda Patterson (LP)
Lead Director:	Fran Stead (FS)
Secretariat:	Rachel Trawally (RT)
Year:	2025/26



Category	Agenda item	Paper author	Item presenter	Lead Director	Lead PA/Admin	Date	Date	Date	Date	Date	Date
						05.06.25	24.07.25	02.10.25	04.12.25	05.02.26	02.04.26
Good Governance	Apologies	Verbal	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Declarations of conflicts of interest	RT (Deputy Trust Secretary)	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Service User or Carer Story	Suzanne Hala	Suzanne Hala	PH (DoN, Deputy CE)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Minutes of last meeting	RT (Deputy Trust Secretary)	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Matters arising	RT (Deputy Trust Secretary)	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Action log	RT (Deputy Trust Secretary)	LP (Chair)	FS (Trust Secretary)	Executive Assistant	X	X	X	X	X	X
Good Governance	Work Plan	RT (Deputy Trust Secretary)	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Executive Assistant	X	X	X	X	X	X
Good Governance	Any other business	Verbal	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
Good Governance	Meeting evaluation	Verbal	LP (Chair)	LP (Chair)	RT (Deputy Trust Secretary)	X	X	X	X	X	X
All	Chairs Report	FS (Trust Secretary)	LP (Chair)	FS (Trust Secretary)	MH (Executive Assistant)	X	X	X	X	X	X
All	Chief Executive Report	TP (Chief Executive)	TP (Chief Executive)	TP (Chief Executive)	HD (Executive Assistant)	X	X	X	X	X	X
Best Quality Services	Suicide prevention annual report	Medical Director	Medical Director	Medical Director	RS (Executive Assistant)		X				
Best Quality Services	Winter planning	KB (COO)	KB (COO)	KB (COO)	DS (Executive Assistant)			X	X		
Best Quality Services	Access and waits	KB (COO)	KB (COO)	KB (COO)	DS (Executive Assistant)						
Best Quality Services	NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration	KB (COO)	KB (COO)	KB (COO)	DS (Executive Assistant)			X			
Best Quality Services	Learning from Deaths report	Medical Director	Medical Director	Medical Director	RS (Executive Assistant)		X				
Best Quality Services	Organisational Risk Register	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant	X	X	X	X	X	X
Best Quality Services	Risk Management - update on RMS/risk tolerance	FS (Trust Secretary)/ Paula Rielly	FS (Trust Secretary)/ Paula Rielly	FS (Trust Secretary)/ Paula Rielly	Executive Assistant			X			
Best Quality Services	AAAD Mental Health Legislation Committee	SL (NED)/CGT	SL (NED)	DS (Medical Director)	RS (Executive Assistant)		X		X		
Best Quality Services	AAAD Quality and Safety Committee	AM (NED)/CGT	AM (NED)	PH (DoN/Deputy CE)	JR (Executive Assistant)			X			
Best Quality Services	Compliance Against Care Quality Commission Registration		PH (DoN/Deputy CE)	PH (DoN/Deputy CE)	JR (Executive Assistant)						
Best Quality Services	Care Quality Commission Update and Developments		PH (DoN/Deputy CE)	PH (DoN/Deputy CE)	JR (Executive Assistant)						
Best Quality Services	NHS Improvement Quarterly Submissions	C Risdon	MW (CFO)	MW (CFO)	ZN (Executive Assistant)		X				
Best Quality Services	Complaints annual report	Rebecca Le-Hair/Elizabeth Hadley-Day	PH (DoN/Deputy CE)	PH (DoN/Deputy CE)	JR (Executive Assistant)		X				
Best Quality Services	Annual quality account (for info)	L Graham	PH (DoN/Deputy CE)	PH (DoN/Deputy CE)	JR (Executive Assistant)						
Best Quality Services	GoSee report thematic learning report	RT (Deputy Trust Secretary)	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer				X	X	X
Best Place to Work	Staff Survey Results	H Farrar	H Farrar	B Champion (CPO)	RO (Executive Assistant)	X					
Best Place to Work	Staff survey mid year review	H Farrar	H Farrar	B Champion (CPO)	RO (Executive Assistant)				X		
	Annual safer staffing report			P H (DoN/Deputy CE)	JR (Executive Assistant)	X					
Best Place to Work	AAAD People and Culture Committee	MR (NED)/CGT	MR (NED)	B Champion (CPO)	RO (Executive Assistant)			X			
Best Place to Work	WRES and WDES	L Wright	L Wright	B Champion (CPO)	RO (Executive Assistant)			X			
Best Place to Work	Freedom to speak up guardian annual report	R Wixey	R Wixey	PH (DoN/Deputy CE)	JR (Executive Assistant)				X		
Best Place to Work	Freedom to speak up guardian thematic report	R Wixey	R Wixey	PH (DoN/Deputy CE)	JR (Executive Assistant)				X		
Best Place to Work	Medical appraisal and revalidation annual report	Medical Director	Medical Director	Medical Director	RS (Executive Assistant)		X				
Best Place to Work	Guardian of safe working annual report			B Champion (CPO)	RO (Executive Assistant)		X				
Best Place to Work	Gender pay gap annual report (include in PCC AAAD report)	L Wright	L Wright/ B Champion	B Champion (CPO)	RO (Executive Assistant)						X
Best Use of Resources	Board Integrated Performance Report	C Springthorpe	P Hubbard/ K Barker	P Hubbard/ K Barker	Executive Assistant	X	X	X	X	X	X
Best Use of Resources	Statagic Risk Assurance Report	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant	X	X	X	X	X	X
Best Use of Resources	Final financial plan 2024-25			MW (CFO)	ZN (Executive Assistant)						
Best Use of Resources	Operational plan 2025-26			MW (CFO)	ZN (Executive Assistant)						
Best Use of Resources	Finance report	C Risdon	C Risdon	MW (CFO)	ZN (Executive Assistant)	X	X	X	X	X	X
Best Use of Resources	Green plan	Emma Clarke	Emma Clarke	MW (CFO)	ZN (Executive Assistant)		X				
Best Use of Resources	AAAD Finance and Performance Committee	MA (NED)/CGT	MA (NED)	MW (CFO)	ZN (Executive Assistant)						
Best Use of Resources	AAAD Charity Funds Committee?	MR (NED)/CGT	MR (NED)	MW (CFO)	ZN (Executive Assistant)						
Good Governance	Approval of the 2024/25 Charity Annual Accounts and Annual Report	C Jowitt	C Jowitt	MW (CFO)	ZN (Executive Assistant)				x		
Good Governance	AAAD Audit Committee	CM (NED)/CGT	CM (NED)	FS (Trust Secretary)	Executive Assistant						
Good Governance	Annual Declaration of Interest for the Board of Directors	Executive Assistant/CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Annual Declaration of Fit and Proper Person Regulation for the Board of Directors	Executive Assistant/CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Annual Declaration of Independence (NED)	Executive Assistant/CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Annual Review of Division of Duties of the Chair and Chief Executive	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant						
Good Governance	Scheme of Delegation and Standing Financial Instruction Ratification	C Risdon	C Risdon	MW (CFO)	ZN (Executive Assistant)			X			
Good Governance	Use of the Trust Seal - annual report	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	BoD Annual Effectiveness Review	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	BoD Terms of reference annual review	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				

Good Governance	Sub-Committee annual reports	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Sub-Committee annual terms of reference report	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Sub-Committee annual effectiveness review report	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Senior Information Risk Owner Annual Report	Delphine Fitouri (Head of Digital Services)	TR (CIO)	TR (CIO)	Executive Assistant		X				
Good Governance	Annual Review of the Constitution	FS (Trust Secretary)	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant			X			
Good Governance	Health Safety and Security Annual Report			FS (Trust Secretary)	Executive Assistant		X				
Good Governance	Board Development Programme Work Plan	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant	X			X		X
	Board of Directors meeting Annual work plan	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant	X	X	X	X	X	X
	Notification future public meeting dates	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant				X		
Good Governance	Joint Committee minutes (as required)	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant						
Good Governance	AAA: WY&H Mental Health, Learning Disabilities and Autism Committee in Common (as required)	Provided to us from WY&H	For information only	FS (Trust Secretary)	Executive Assistant						
Good Governance	AAA: Committees in Common (CinC) for the Community Collaborative (as required)	Provided to us from CiC	For information only	FS (Trust Secretary)	Executive Assistant						
Good Governance	Annual Review of Board Skills Matrix	CGT	FS (Trust Secretary)	FS (Trust Secretary)	Executive Assistant			X			