



BOARD OF DIRECTORS PUBLIC

BOARD OF DIRECTORS PUBLIC



26 March 2025



09:30 GMT Europe/London



Conference Room, Field House, BRI

AGENDA

• Agenda -26.3.25	1
Bo.3.25.0 - Open Board Agenda 26.3.25.pdf	2
• Bo.3.25.1 - Apologies for absence	5
• Bo.3.25.2 - Declarations of Interest	6
Bo.3.25.2 - Declarations of Interest.pdf	7
• Bo.3.25.3 - Minutes of the meeting held on 30 January 2025.....	8
Bo.3.25.3 - Unconfirmed Minutes of the meeting held on 30 January 2025 - Chair approved.pdf.....	9
• Bo.3.25.4 - Matters arising	19
• Bo.3.25.5 - Report from the Chair	20
Bo.3.25.5 - Report from the Chair.pdf	21
• Bo.3.25.6 - Report from the Chief Executive	24
Bo.3.25.6 - Report from the Chief Executive (cover).pdf.....	25
Bo.3.25.6 - Appendix 1 - Specialised commissioning delegation paper for trust boards v0.1.pdf....	34
• Bo.3.25.7 - Patient story	38
• Bo.3.25.8 - Report from the Chair of the Quality Committee.....	39
- a. February & March 2025	40
Bo.3.25.8a - Report from the Chair of the Quality Committee - February 2025.pdf.....	41
Bo.3.25.8 - Report from the Chair of the Quality Committee - March 2025.pdf.....	43
• Bo.3.25.9 - Maternity & Neonatal services update.....	45
Bo.3.25.9 - Maternity and Neonatal Services update (cover).pdf.....	46
• Bo.3.25.10 - Digital & Data Strategy	54
Bo.3.25.10 - Draft Digital and Data Transformation Strategy 2025-2030 (cover).pdf.....	55
Bo.3.25.10 - Draft - Digital and Data Transformation Strategy - V0.9 FINAL.pdf.....	58
• Bo.3.25.11 - Research activity in the Trust	91
Bo.3.25.11 - Research Activity in the Trust (cover).pdf	92
Bo.3.25.11 - Research Activity in the Trust.pdf	94
• Bo.3.25.12 - Report from the Chair of the People Academy.....	110
- a. February & March 2025	111
Bo.3.25.12a - Report from the Chair of the People Academy - February 2025.pdf.....	112
Bo.3.25.12a - Report from the Chair of the People Academy - March 2025.pdf.....	114
- b. Gender pay gap report	116
Bo.3.25.12b - Gender Pay Gap Report March 25.pdf	117

- c. Workforce Report	133
Bo.3.25.12c - Workforce Report - January 2025.pdf	134
• Bo.3.25.13 - BTHFT EDI update & WYICB EDI strategy and Place level priorities	154
Bo.3.25.13 - EDI update and WY EDI Strategy update March 2025.pdf	155
• Bo.3.25.14 - Equality & Diversity Council quarterly reporting update.....	166
Bo.3.25.14 - Equality & Diversity Council update.pdf.....	167
• Bo.3.25.15 - Apprenticeship update	174
Bo.3.25.15 - Apprenticeship Update.pdf	175
• Bo.3.25.16 - Report from the Chair of the Finance & Performance Committee.....	182
- a. February & March 2025	183
Bo.3.25.16a - Report from the Chair of the FandP Committee - February 25.pdf.....	184
Bo.3.25.16a - Report from the Chair of the FandP Committee - March 25 (2).pdf.....	186
- b. Integrated dashboard	188
Bo.3.25.16b - Integrated Dashboard - March 2025 (cover).pdf.....	189
Bo.3.25.16b - Integrated Dashboard February 2025.pdf.....	191
- c. Finance Report	223
Bo.3.25.16c - Finance Report - Month 11.pdf	224
- d. Performance report	233
Bo.3.25.16d - Operational Performance Report Feb 25 (cover).pdf.....	234
Bo.3.25.16d - Operational Performance Report - Feb 2025.pdf.....	238
• Bo.3.25.17 - Operational Plan Submission	257
• Bo.3.25.18 - Financial plan	258
• Bo.3.25.19 - Capital programme	259
• Bo.3.25.20 - Strategy - Emerging issues	260
• Bo.3.25.21 - Trust Strategic Framework	261
Bo.3.25.21 - Strategic Framework Cover Paper.pdf	262
Bo.3.25.21 - Strategic Framework Information Pack.pdf.....	266
• Bo.3.25.22 - Partnerships - strategic view	277
Bo.3.25.22 - Partnerships - strategic view.pdf	278
• Bo.3.25.23 - Health inequalities	282
Bo.3.25.23 - Health Inequalities update.pdf.....	283
• Bo.3.25.24 - Report from the Chair of the Audit Committee ? 25 February 2025.....	288

Bo.3.25.24 - Report from the Chair of Audit Committee - February 2025.pdf.....	289
• Bo.3.25.25 - Report from the Chair of the Charitable Funds Committee ? 4 February 2025.....	292
Bo.3.25.25 - Report from the Chair of the Charitable Funds Committee - February 2025.pdf.....	293
• Bo.3.25.26 - Bradford Hospitals Charity 12 month review.....	294
Bo.3.25.26 - BHC 12 month review.pdf	295
Bo.3.25.26 - Appendix 1 - Charity Independence Project Milestones March 25.pdf.....	301
• Bo.3.25.27 - Charitable Funds Committee Terms of Reference	305
Bo.3.25.27 - CFC Terms of Reference (cover).pdf	306
Bo.3.25.27 -Appendix 1 - Draft Charitable Fund Committee TOR (track changes).pdf.....	308
• Bo.3.25.28 - High level risk register	313
Bo.3.25.28 - HLRR - Board cover paper.pdf	314
Bo.3.25.28 - Appendix 1 - March 2025_All open Operational Risks with a current scoring of 15 or over (as at 25.02.2025).pdf	319
Bo.3.25.28 - Appendix 2 - Risk on a Page Report v1.pdf	326
Bo.3.25.28 - Appendix 3 - Target Mitigation Date Changes.pdf.....	327
• Bo.3.25.29 - Any other business	328
• Bo.3.25.30 - Issues to refer to Committees/Academies or elsewhere.....	329
• Bo.3.25.31 - Review of meeting	330
• Bo.3.25.32 - Date and time of next meeting.....	331
• Bo.3.25.33 - Board of Directors work plan	332
Bo.3.25.33 - Board Open Work Plan 2024-26 (1).pdf	333

REFERENCES

Only PDFs are attached



Bo.3.25.0 - Open Board Agenda 26.3.25.pdf

BOARD OF DIRECTORS MEETING IN PUBLIC AGENDA

Date:	Wednesday, 26 March 2025	Time:	09:30 – 12:45
Venue:	Conference Room, Field House, BRI	Chair:	Sarah Jones, Chair

Attending for specific items only:

- 09:50 -10:05 - Natalie Stephenson and Colette Bramley, Bo.3.25.7 - Patient Story
- 10:15 – 10:25 – Carly Stott, Bo.3.25.9 Maternity and Neonatal Services update
- 10:25 – 10:35 – Adam Griffin, Bo.3.25.10 Digital & Data Strategy Update
- 10:55 – 11:10 – Kez Hayat, Bo.3.25.13 BTHFT EDI update & WYICB EDI strategy and Place level priorities
- 11:15 – 11:25 – Georgie Dyson and Faye Alexander, Bo.3.25.15 Apprenticeships Update
- 12:20 – 12:30 - Laura Riach, Bo.3.25.26 Bradford Hospitals Charity 12 Month Review

Observers:

- John Waterhouse, Charlotte Walker and Emma Fleary, Governors
- Nas Ali, Co-Lead Maternity and Neonatal Voices Partnership, Bradford District and Craven

No.	Agenda Item	Lead	Outcome	Papers attached
09:30 Section 1: Opening matters				
Bo.3.25.1	Apologies for absence <ul style="list-style-type: none"> • Mohammed Hussain, NED • Prof Louise Bryant, NED 	Chair	For information	Verbal
Bo.3.25.2	Declarations of interest	Chair	For information	Bo.3.25.2
Bo.3.25.3	Minutes of the meeting held on 30 January 2025	Chair	For approval	Bo.3.25.3
Bo.3.25.4	Matters arising	Chair	For information	Verbal

09:35 Section 2: Business Reports				
Bo.3.25.5	Report from the Chair	Chair	For information	Bo.3.25.5
Bo.3.25.6	Report from the Chief Executive	Chief Executive	For information	Bo.3.25.6

09:50 Section 3: Patient Care				
Bo.3.25.7	Patient Story	Chief Nurse	For information	Bo.3.25.7
Bo.3.25.8	Report from the Chair of the Quality Committee a. February & March 2025	Chair of the Quality Committee	For assurance	Bo.3.25.8
Bo.3.25.9	Maternity and Neonatal services update	Chief Nurse	For assurance	Bo.3.25.9
Bo.3.25.10	Digital & Data Strategy	Chief Digital and Information Officer	For approval	Bo.3.25.10
Bo.3.25.11	Research Activity in the Trust	Chef Medical Officer	For assurance	Bo.3.25.11

10:45 Section 4: People				
Bo.3.25.12	Report from the Chair of the People Academy: a. February & March 2025 b. Gender pay gap report c. Workforce report	Chair of the People Academy	For assurance	Bo.3.25.12
Bo.3.25.13	BTHFT EDI update & WYICB EDI strategy and Place level priorities	Chief People & Purpose Officer	For approval	Bo.3.25.13 Presentation
Bo.3.25.14	Equality & Diversity Council quarterly reporting update	Chief Executive	For assurance	Bo.3.25.14

Bo.3.25.15	Apprenticeships Update	Head of Education	For assurance	Bo.3.25.15
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BREAK 11:25 – 11:30

11:30 Section 5: Finance and Performance				
Bo.3.25.16	Report from the Chair of the Finance and Performance Committee a. February & March 2025 b. Integrated Dashboard c. Finance Report d. Performance Report	Chair of the Finance and Performance Committee	For assurance	Bo.3.25.16
Bo.3.25.17	Operational Plan Submission	Chief Operating Officer/Chief Finance Officer	For approval	Presentation (covers items Bo.3.25.17, 18 & 19)
Bo.3.25.18	Financial Plan	Chief Finance Officer	For approval	
Bo.3.25.19	Capital Programme	Chief Finance Officer	For approval	

12:00 Section 6: Strategy & Partnerships				
Bo.3.25.20	Strategy – emerging issues	All	For information	Verbal
Bo.3.25.21	Trust Strategic Framework	Director of Strategy & Transformation	For approval	Bo.3.25.21 presentation
Bo.3.25.22	Partnerships – strategic view	Director of Strategy & Transformation	For information	Bo.3.25.22
Bo.3.25.23	Health Inequalities	Director of Strategy & Transformation	For assurance	Bo.3.25.23

12:20 Section 7: Audit & Assurance				
Bo.3.25.24	Report from the Chair of the Audit Committee – 25 February 2025	Chair of the Audit Committee	For assurance	Bo.3.25.24
Bo.3.25.25	Report from the Chair of the Charitable Funds Committee – 4 February 2025	Chair of the Charitable Funds Committee	For assurance	Bo.3.25.25
Bo.3.25.26	Bradford Hospitals Charity 12 Month Review	Director of Strategy and Transformation / Charity Director	For information	Bo.3.25.26
Bo.3.25.27	Charitable Funds Committee Terms of Reference	Associate Director of Corporate Governance/Board Secretary	For approval	Bo.3.25.27

12:35 Section 8: Governance				
Bo.3.25.28	High-level risk register	Associate Director of Corporate Governance/Board Secretary	For assurance	Bo.3.25.28

12:40 Section 9: Board Meeting Outcomes				
Bo.3.25.29	Any other business	Chair	For information	Verbal
Bo.3.25.30	Issues to refer to Committees/Academies or elsewhere	Chair	For approval	Verbal
Bo.3.25.31	Review of meeting	Chair	For information	Verbal
Bo.3.25.32	Date and time of next meeting: • 29 May 2025	Chair	For information	Verbal

Annexes for the meeting of the Board of Directors 26 March 2025

Annex 1: For Information				
Bo.3.25.33	Board of Directors work plan	Associate Director of Corporate Governance/Board Secretary	For information	Bo.3.25.33

REFERENCES


Only PDFs are attached

 Bo.3.25.2 - Declarations of Interest.pdf

Employee	Role	Date Incurred	Year	Interest Type	Date Ended	Interest Description (Abbreviated)	Provider	Value £'s
Altaf Sadique	Non-Executive Director	01/12/2020	2020/21,2021/	Outside Employment		industrial member	GS1	0
Altaf Sadique	Non-Executive Director	01/06/2021	2021/22,2022/	Outside Employment		ibox healthcare is working with healthcare providers across the UK and global markets to deliver dashboards & data visualisation solutions help optimise patient flow and operational efficiency.Key customers NGH	IBOX Healthcare (part of IHG Group Ltd)	0
Altaf Sadique	Non-Executive Director	08/12/2021	2021/22,2022/	Loyalty Interests		Full member 6G health institute (EU)	6G Health for Institute (EU)	0
Altaf Sadique	Non-Executive Director	01/09/2022	2022/23,2023/	Loyalty Interests		Known to myself as a personal friend of long standing	Hanif Malik	0
Altaf Sadique	Non-Executive Director	01/04/2024	2024/25	Loyalty Interests		Charity to help build better emergency healthcare in south east Asia region.My role is advisor to the board on bilateral relations with charitable hospitals in the subcontinent India & Pakistan	HALO Charity	0
Altaf Sadique	Non-Executive Director	06/02/2025	2024/25	Hospitality		Lunch meal	HSI Digital Transformation Summit	35
Benjamin Roberts	Chief Finance Officer	01/09/2006	2015/16 & befo	Loyalty Interests		Fellow of Chartered Institute of Management Accountants	Chartered Institute of Management Accountants	0
Benjamin Roberts	Chief Finance Officer	01/09/2006	2015/16 & befo	Loyalty Interests		Member of the HFMA (Healthcare Financial Management Association) and sit on their Digital Council	HFMA (Healthcare Financial Management Association)	0
Bryan Machin	Non-Executive Director	04/02/2020	2019/20,2020/	Outside Employment		Trustee (Vice chair)	St Annes Community Services	0
Bryan Machin	Non-Executive Director	01/09/2023	2023/24,2024/	Outside Employment		Zero hours contract as a Senior Project Manager	Community Ventures Ltd	0
Carolyn Bullock	Chief People & Purpose Officer	08/04/2024	2024/25	Nil Declaration				0
David Moss	Director of Estates	01/12/2022	2022/23,2023/	Loyalty Interests		Chair of Northern and Yorkshire HEFMA	HEFMA	0
David Moss	Director of Estates	01/12/2022	2022/23,2023/	Loyalty Interests		National Chair of HEFMA	HEFMA	0
Dorothy Bryant	Non-Executive Director	01/06/2002	2015/16 & befo	Outside Employment		I am a Professor in the Faculty of Medicine and Health and the University NED for BTHFT	University of Leeds	0
James Rice	Chief Digital & Information Officer	04/01/2021	2020/21,2021/	Outside Employment		Trustee of Yorkshire Cancer Research	Yorkshire Cancer Research	0
James Rice	Chief Digital & Information Officer	04/01/2021	2020/21,2021/	Loyalty Interests		wife is employee of Rotherham Doncaster and South Humber NHS Trust	Rotherham Doncaster and South Humber NHS Trust	0
James Rice	Chief Digital & Information Officer	01/06/2019	2019/20,2020/	Loyalty Interests		member of the strategic advisory board	Strategic Advisory Board of the Yorkshire & Humber AHSN	0
James Rice	Chief Digital & Information Officer	01/07/2020	2020/21,2021/	Loyalty Interests		fellow of the British Computing Society	British Computing Society	0
James Rice	Chief Digital & Information Officer	01/07/2021	2021/22,2022/	Loyalty Interests		CIO Advisory Council	CIO Advisory Council of the Digital Health Network national	0
James Rice	Chief Digital & Information Officer	01/09/2022	2022/23,2023/	Loyalty Interests		Son is now an employee of Yorkshire Ambulance Services.	Bradford Teaching Hospitals NHS Foundation Trust	0
Julie Lawreniuk	Non-Executive Director	11/03/2021	2020/21,2021/	Loyalty Interests		Daughter employed as a business manager by the foundation trust	Bradford Teaching Hospitals	0
Julie Lawreniuk	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		board member	Incommunities housing association	0
Julie Lawreniuk	Non-Executive Director	01/07/2022	2022/23,2023/	Outside Employment		Board member and chair of system finance and performance committee	Bradford District and Craven Partnership	0
Karen Dawber	Chief Nurse	01/09/2022	2022/23	Loyalty Interests		Honorary Professor	University of Bradford	0
Karen Dawber	Chief Nurse	12/11/2022	2022/23	Loyalty Interests		Member of Professional Body, was previously the RCN but changed to MIP	Member of MIP - trade union / professional body	0
Karen Dawber	Chief Nurse	01/11/2021	2021/22	Loyalty Interests		Ellie is my daughter and a volunteer in the Trust	Ellie Dawber	0
Karen Dawber	Chief Nurse	10/09/2023	2023/24	Hospitality		Due to my role as Honorary Professor at the University of Bradford and as my role of Chief Nurse at BTHFT, I was invited to visit Pakistan on a shared learning journey to see how the healthcare system is operating in	University of Bradford	4362.73
Karen Dawber	Chief Nurse	10/09/2023	2023/24	Hospitality		Due to my role as Honorary Professor at the University of Bradford and as my role of Chief Nurse at BTHFT, I was invited to visit Pakistan on a shared learning journey to see how the healthcare system is operating in	University of Lahore	0
Karen Dawber	Chief Nurse	14/03/2024	2023/24	Loyalty Interests		Mind in Bradford is a local mental health charity that provides free mental health support to everyone living in Bradford District and Craven. Trustee post.	MIND in Bradford	0
Karen Dawber	Chief Nurse	28/01/2025	2024/25	Hospitality		Hospitality provided by The University of Bradford at Bradford City Football Match, Valley Parade, Bradford, BD8 7DY. Pre-match meal and ticket for the match.	University of Bradford	75
Karen Walker	Non-Executive Director	01/07/2024	2024/25	Nil Declaration				0
Laura Parsons	Associate Director of Corporate Governance/Bi	17/10/2024	2024/25	Nil Declaration				0
Mark Hindmarsh	Director of Strategy and Integration	09/08/2024	2024/25	Nil Declaration				0
Melany Pickup	Chief Executive	01/06/2020	2020/21,2021/	Loyalty Interests		Mel is Honorary Professor at the University of Bradford.	University of Bradford	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		Senior clinical lead	NSH digital	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		director	White Rose Pharmacy Services Ltd	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		fellow	Royal Pharmaceutical Society	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		Honorary fellow	Associate pharmacy Technicians UK	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		founding fellow	UK Faculty of Clinical Informatics	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		external advisory board	university	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		occasional contributor to health journals	health journals various	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		occasional consultancy work in pharmacy and education	consultancy work	0
Mohammed Hussain	Non-Executive Director	01/09/2019	2019/20,2020/	Outside Employment		non executive director	Director ofPropharmace Ltd	0
Mohammed Hussain	Non-Executive Director	03/01/2022	2021/22,2022/	Outside Employment		Trustee of a charity which is a nil remuneration post.	Pharmacist Support (Charity)	0
Mohammed Hussain	Non-Executive Director	26/07/2023	2023/24	Outside Employment		Digital therapeutics lead for Viatrix	Viatrix	0
Raymond Smith	Medical Director	10/10/2018	2018/19,2019/	Clinical Private Practice		Anaesthesia - General and Regional	Ray Smith Anaesthetic Services Ltd	0
Raymond Smith	Medical Director	01/12/2019	2019/20,2020/	Clinical Private Practice		Anaesthetics within scope of normal clinical practice	Ray Smith Anaesthetic Services Ltd	0
Sajid Azeb	Chief Operating Officer	12/10/2020	2020/21,2021/	Loyalty Interests		Wife own optometry business which hold NHS England Contract	Optometry Business	0
Sajid Azeb	Chief Operating Officer	12/10/2020	2020/21,2021/	Loyalty Interests		Brother a GP and Primary Care Clinical Lead for Calderdale CCG	Calderdale CCG / Calderdale PCN	0
Sajid Azeb	Chief Operating Officer	12/10/2020	2020/21,2021/	Outside Employment		Family Property businesses	Directorship at Greenroyd Ltd and Skircoat Development Ltd	0
Sarah Jones	Chairman	01/10/2020	2020/21,2021/	Outside Employment		MBA Industry Advisory Board Chair	Bradford University	0
Sarah Jones	Chairman	01/03/2020	2020/21,2021/	Outside Employment		Chair of Realise Education & Training	Realise Education & Training	0
Sarah Jones	Chairman	04/03/2024	2023/24,2024/	Loyalty Interests		Brother MD of the Cheshire & Merseyside Cancer Alliance	Cheshire & Merseyside Cancer Alliance	0
Zafir Ali	Non-Executive Director	01/11/2016	2016/17,2017/	Outside Employment		Various roles including:Deputy Head of Internal Audit –Department of Health & Social CareHead of Internal audit for the NHS Counter Fraud AuthorityHead of Internal audit for the NHS Health Research Authority	Government Internal Audit Agency	0

REFERENCES

Only PDFs are attached

 Bo.3.25.3 - Unconfirmed Minutes of the meeting held on 30 January 2025 - Chair approved.pdf

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 30 January 2025	Time:	09:30 – 12:30
Venue:	Conference Room, Field House, BRI	Chair:	Sarah Jones, Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Sarah Jones (SJ) - Julie Lawreniuk (JL) - Bryan Machin (BM) - Karen Walker (KW) - Professor Louise Bryant (LB) - Zafir Ali (ZA) - Altaf Sadique (AS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Ben Roberts, Chief Finance Officer (BR) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Paul Rice, Chief Digital and Information Officer (PR) - David Moss, Director of Estates and Facilities (DM) - Renee Bullock, Chief People and Purpose Officer (RB) - Dr John Bolton, Deputy Chief Medical Officer (JB) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - Carly Stott, Head of Midwifery (CS) <i>for item Bo.1.25.10 only</i> - Nada Sabir, Clinical Director – Women’s Services (NS) <i>for item Bo.1.25.10 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - John Waterhouse, Governor - Philip Turner, Governor - Jessica Segelov, Business Change Manager, Informatics - Karon Snape, Head of Facilities - Mark Silver, Communications Officer - Katie Herst, HBSUK (External) 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.1.25.1	Apologies for Absence <ul style="list-style-type: none"> - Mohammed Hussain (authorised absence), Non-Executive Director - Dr Ray Smith, Chief Medical Officer 	
Bo.1.25.2	Declarations of Interest LB had an additional declaration of interest of which she would notify JM for inclusion on the register of interests.	Head of Corporate Governance Bo250001

No.	Agenda Item	Action
Bo.1.25.3	Minutes of the Meeting held on 28 November 2024 The minutes of the meeting held on 28 November 2024 were approved as a true and accurate record.	
Bo.1.25.4	Matters Arising There were no matters arising.	
Section 2: Business Reports		
Bo.1.25.5	Report from the Chair SJ presented the report which was taken as read. She asked the Board to note that three new governors had been elected unopposed. Elections would take place in two seats with the results available on 27 February 2025. The Board noted the update.	
Bo.1.25.6	Report from the Chief Executive MP introduced the report and highlighted the following: <ul style="list-style-type: none"> • Despite the traditional Winter pressures and significant snowfall shortly after Christmas, performance remains largely positive. • There was a successful open afternoon on 10 January at the St Luke's Hospital (SLH) Day Case Unit (DCU), attended by over 100 stakeholders including local councillors. • The successful deployment of additional Electronic Patient Record (EPR) functions, including implementation of the theatres and critical care (TACC) module. • Attendance by MP and SJ at the West Yorkshire (WY) Partnership Board meeting, where ICB colleagues presented the WY Equality, Diversion and Inclusion (EDI) Strategy with a request that all partner organisations sign up to the delivery of this. This was also presented at the latest Equality and Diversity Council meeting. There will be a recommendation for the Board at a future meeting to adopt the strategy. Kez Hayat, Head of Equality, Diversity & Inclusion has been involved in the development of the strategy and has helped to ensure it aligns with the Trust's own strategy and ambitions in this area. The Board noted the update.	
Section 3: Patient Care		
Bo.1.25.7	Patient Story SJ referred to the patient story; received late by the Board due to the adverse weather. SJ advised that the patient story relates to a young person with a life-limiting condition, known to services, who died at home. KD advised that the story highlights the important of listening to the carers of children and recognising that they are the experts in their care. It was agreed that the video link would be shared with Board members offline. This agenda item would be scheduled at a future Board meeting, to be discussed alongside an update on the implementation of Martha's Rule, given the correlation between the two.	Chief Nurse Bo250002

No.	Agenda Item	Action
	<p>KD informed the Board of the steady increase in patient concerns over the last six months, predominantly relating to the delays of care pathways and poor experiences whilst attending the Accident and Emergency department (AED). However, she was confident that the new emergency care improvement programme would address these themes and improve patient experience in the department.</p> <p>The Board noted the update and welcomed the further discussion on the patient story at a future meeting.</p>	
Bo.1.25.8	<p>Report from the Chair of the Quality Committee: January 2025</p> <p>LB provided an overview of the report from the Quality Committee meeting held in January 2025. She wished to alert the Board to the increase in violence perpetrated against staff in the AED and Ward 4, usually by those in mental health crisis or with organic disease. Implementing measures such as increased security and body cameras has not supported a reduction in incidents. This has had an impact on the health of staff and patient perceptions of safety. HR and senior leaders are working with staff to provide support and this is an area of focus in the transforming emergency care programme.</p> <p>ZA asked about the correlation of data to identify targeted themes for improvement. KD confirmed this is underway and that understanding and working with staff and patients is a key driver for the aforementioned transformation programme.</p> <p>As security champion, AS recognised that staff safety was paramount and communication is vital to help identify and de-escalate potential issues before they happen. KD explained that whilst violence and aggression from those waiting for long periods does happen, it tends to be demonstrated from patients who lack capacity at that time, or from family members of patients that are currently being treated. Therefore, a range of responses are being considered.</p> <p>SA referred to discussions recently at the West Yorkshire Association of Acute Trusts (WYAAT) Chief Operating Officer forum about performance metrics being centred around quantitative rather than qualitative data. He informed the Board that the Command Centre share an hourly trigger report with operational and clinical leads to highlight any potential areas of concern. The trust-wide safety huddle and executive huddle also allow for opportunities to discuss any increased areas of safety concern and enable a rapid response. Colleagues from Bradford District Care NHS Foundation Trust also attend the trust-wide safety huddle to enable rapid support in the event that there is a patient(s) in mental health crisis.</p> <p>MP commented on the significant number of national cases where patients in mental health crisis present at AED. In addition, the Trust's AED is designed to accommodate approximately 200 patients per day but is regularly seeing upwards of 500. Colleagues are working to identify the capital needed to make the department fit for purpose in order that, should funding be made available, a strong bid can be submitted.</p>	

No.	Agenda Item	Action
	<p>There also remains a focus on trying to reduce negative behaviours and enforce more positive approaches.</p> <p>BM asked that LB provide some assurance to the Board that those high-level risks pertaining to the Quality Committee scoring 20 and above are being managed appropriately. LB explained that the detail and mitigations can be found in the minutes and papers of the Committee and that other members of the Board are present at the Committee and can confirm that risks are challenged appropriately.</p> <p>KW advised that the People Academy also regularly discusses the violence and aggression concerns and derives assurance that all approached are being considered to prevent or reduce episodes of violence and aggression.</p> <p>The Board was assured by the update.</p>	
Bo.1.25.9	<p>CQC Action Plan Update</p> <p>KD introduced the CQC action plan update which provided a structured analysis of the recent Care Quality Commission (CQC) inspection findings relating to Medical, Maternity and Neonatal services, and detailed a proposed list of actions for each service. It was suggested that the actions be reviewed by the Quality Committee on a bi-annual basis and then by the Board annually.</p> <p>ZA commented that the action plan suggests that some of the issues are core controls that are not compliant and sought assurance that these are not happening more routinely and putting patient safety at risk. KD explained that all services were rated at a minimum of 'good' by the CQC, so the team has had to be very critical of the reports in order to develop an action plan, against areas that have space for improvement as opposed to being unsafe.</p> <p>BM suggested that the reporting frequency for the action plan could be increased given the strategic intent to move from 'good' to 'outstanding'. SJ and KD would consider the workplan offline with LP to discuss frequency of reporting.</p> <p>KD put on record her thanks to Nazzar Butt, Moving to Outstanding Lead for producing the analysis.</p> <p>The Board was assured by the update.</p>	<p>Chair / Chief Nurse Bc25003</p>
Bo.1.25.10	<p>Maternity and Neonatal Services Update</p> <p>CS and NS joined the Board to present the update which provided assurance that the Quality Committee has reviewed, considered and approved the monthly Maternity and Neonatal (Perinatal) Update papers. The Board was also asked to note a joint case review undertaken between Infection Prevention, Paediatrics, and Maternity, regarding a baby born in October who had an MRSA bacteraemia in November.</p> <p>CS advised that the moderate risk to achieving full compliance with Year 6 of the Maternity Incentive Scheme (MIS), is now resolved following 90% or</p>	

No.	Agenda Item	Action
	<p>more of all relevant staff groups attending PROMPT and Foetal Monitoring training between 1 December 2023 and 30 November 2024.</p> <p>The Board was assured by the update.</p> <p>Maternity Incentive Scheme (MIS) – Safety Action 4 NS shared an update with the Board regarding the actions and assurance prior to self-certification to complete the Maternity Incentive Scheme (CNST) year 3. She highlighted the requirement to sign off the submission prior to 3 March 2025 to enable a discount on the premium (approximately £600k). The MIS Year 6 audit tool provides an update against all ten criteria. NS confirmed that the Trust is proposing to be fully compliant against all ten standards.</p> <p>The associated presentation demonstrated assurance that when a risk was identified, it was appropriately accessed and communicated to consultants, who attended appropriately.</p> <p>This year, NS has also reviewed all intensive care admissions from maternity to ensure engagement with high risk patients continues to be similar on both the maternity block and main site. This demonstrated that all cases were appropriately escalated.</p> <p>The presentation detailed a number of good practice points including nighttime safety debrief sessions attended by the on call consultant and a consultant discussion and attendance trigger now on EPR for instrumental delivery. Areas for improvement were also covered in detail including all newly incoming resident doctors being reminded of the Royal College of Gynaecology (RCOG) trigger list in their department induction. Senior trainees should also be reminded of the importance of ongoing risk assessment and timely escalation of triggers, despite having the competency to handle a situation.</p> <p>NS also shared that progress against the ‘Saving Babies Lives Care Bundle Version 3’ implementation tool has been monitored by the Local Maternity and Neonatal System (LMNS) during the reporting year and assurance was provided that the MIS standard has been achieved.</p> <p>Based on the above, the Board supported the declaration of full compliance against all ten standards of the MIS.</p>	
Section 4: People		
Bo.1.25.11	<p>Report from the Chair of the People Academy: January 2025 KW provided an overview of the report from the People Academy meeting held in January 2025. She alerted the Board to the latest flu vaccine uptake data which has risen to 32.6% since the update at November’s Academy. The uptake is split evenly between male/female, with a clear difference between younger and older age groups. It has been determined that fewer younger staff are taking up the vaccine and the Trust is considering actions to address this.</p> <p>SJ referred to the accessible offer for flu vaccine for staff which had been widely communicated. She queried what will be done to increase flu</p>	

No.	Agenda Item	Action
	<p>vaccines for staff, in order to help protect vulnerable patients. RB advised that colleagues in other local Trusts are showing similar vaccine uptake rates, and so there was a need for a wider campaign to encourage uptake, at both ICB and NHSE level. She was in discussion with colleagues regarding this. ZA suggested that younger clinical leaders need to be involved in these discussions and campaigns. JB emphasised the need for careful messaging.</p> <p>BR reflected on the need for discussions between managers and their team members around vaccine hesitancy, and that there needs to be information available to support managers in having these discussions as well as protected time allocated. The Board acknowledged the importance of starting to put early plans in place now, to ensure an increased uptake next year. KW confirmed that the People Academy would receive a further report on the data, analysis and actions to be taken.</p> <p>The Board was assured by the update.</p>	
Bo.1.25.12	<p>Nursing and Midwifery Staffing Establishment Review</p> <p>KD provided a presentation on the outcomes and recommendations from the 6-month strategic staffing review for November / December 2024.</p> <p>The recommendations were supported by the executive team, and there were a number of areas for further consideration by the Board as detailed within the paper.</p> <p>JL confirmed that she was assured by the process taken as part of the review, but she would appreciate some financial context to support the recommendations. BR confirmed that support for the recommendations in the establishment review would require savings to be made elsewhere. However, it was recognised that requests such as this, which have a large impact on the financial plan, should be received via the Finance and Performance Committee to provide assurance prior to the discussion at the Board. It was agreed that this would be added to the Finance and Performance Committee work plan.</p> <p>BM also recognised the need for the Board to understand any funding requests in a wider context. MP referenced that one of the strategic risks is around a robust workforce and so this was a priority for investment.</p> <p>The Board approved the proposed establishment change recommendations within the existing financial envelope, however recognised that this may need to be re-considered in light of the incoming planning guidance.</p>	<p>Associate Director of Corporate Governance Bo250003</p>
Section 5: Finance and Performance		
Bo.1.25.13	<p>Report from the Chair of the Finance and Performance Committee: January 2025</p> <p>JL provided an overview of the report from the Finance and Performance Committee meeting held in January 2025. She alerted the Board that there remains a significant risk that the Trust will not deliver its financial plan.</p>	

No.	Agenda Item	Action
	<p>Finance Report: The Trust is still reporting it will deliver its £14m financial deficit plan but this is the best-case scenario and confidence in delivery of the plan is low. The likely case is that the Trust will deliver a £19.1m deficit (£5.1m worse than plan). This is mainly due to the shortfall in forecast savings delivered through the closing the gap programme. Although there has been significant progress on engagement across the Trust with the programme, this has not translated into the run rate improvement on the scale needed to deliver the financial plan. The Trust is forecasting to deliver £33.6m of savings against the £38.9m target (£4.8m of these savings are non- recurrent). Work has already started on the 25/26 closing the gap plan.</p> <p>Integrated Dashboard: This was received and noted by the Board.</p> <p>Performance Report: SA referred to the appendix in the CEO report regarding Elective Reform and the need to get back to achieving targets for Referral to Treatment (RTT). For outpatients, there is a need to consider how to work differently in terms of patient engagement and patient control of appointments. For inpatients, there is a real drive to improve productivity. SA and his team were looking at a stepped approach between now and 2029 to ensure the Trust meets compliance with the RTT targets.</p> <p>SA added that the Trust is awaiting the planning guidance which has challenging timelines. The first draft of the plan is expected in February and the final plan is expected to be completed by the end of March. He would keep the Board updated as appropriate.</p> <p>The Board noted the updates provided.</p>	
Bo.1.25.14	<p>Charity ISA 260, Draft Annual Report & Accounts and Draft Letter of Representation BR presented the 2023/24 Bradford Hospitals Charity Annual Reports and Accounts for approval. He confirmed that there were no matters to alert to the Board.</p> <p>MHi advised that he was the new Executive Lead for the Charity and would bring an update on the work of the Charity to the next Board meeting.</p> <p>The Board approved the 2023/24 Annual Report and Accounts for Bradford Hospitals Charity, and agreed for the Chair and Chief Executive to sign the Annual Reports and Accounts on behalf of the Trust as the Corporate Trustee. The annual report and accounts would then be submitted to the Charity Commission.</p>	<p>Director of Strategy and Transformation BC25004</p>
Bo.1.25.15	<p>Green Plan DM presented the paper which provided the Board with an update on progress on implementation of the Green Plan. DM reminded colleagues that the Trust has a legal duty to reduce its carbon footprint, with a target of reaching net Zero in 2040. The West Yorkshire Combined Authority has set a more challenging date of 2038 for all public sector organisations</p>	

No.	Agenda Item	Action
	<p>based in West Yorkshire, including the Trust, to reach Net Zero. A new Green Plan will be developed in 2025, reflecting changes in priorities nationally, regionally and locally since the plan was developed.</p> <p>DM highlighted the following:</p> <ul style="list-style-type: none"> • The Trust's carbon footprint has reduced by 33% since 2010/11. • The main contributor to our carbon emissions is burning gas for heating, hot water and electricity at BRI and St Luke's Hospital. • Since 2010/11 we have cut our carbon emissions from grid electricity by 95% by switching to entirely renewable sources. • Water consumption has reduced by 73% since 2010/11. • The Trust has agreed that St Luke's Hospital will be connected to the Bradford Heat Network subject to a successful PSDS 4 bid, meaning all the buildings there will be heated through this network from 2028. • Personnel changes in key positions across the Trust has meant progress has slowed in 2024. The sustainability manager post is currently out to advert and there has been good interest. <p>The Board noted the update.</p>	
Section 6: Strategy		
Bo.1.25.16	<p>Strategy – emerging issues</p> <p>MHi highted the following emerging issues:</p> <ul style="list-style-type: none"> • There was a regional Teams meeting on Monday regarding the new Operating Model. There was still a lot of detail to work through and something more concrete was expected in March. It was expected that there would be reference to more simplified working between NHS bodies. • The Trust is engaged in the WYAAT Clinical Service Review and includes a line by line review of each service (both clinical and corporate) and how this should be delivered, i.e. locally, regionally, etc. • There is an Executive to Executive meeting scheduled with Airedale NHS Foundation Trust next week to discuss not only operational issues but also how the Trusts can work together in the future. • Over the next couple of months there will be a piece of work undertaken to review the Corporate Strategy and as part of this there will be consideration as to how to include the Committees / Academy. <p>The Board noted the update.</p>	
Section 7: Governance		
Bo.1.25.17	<p>Board Assurance Framework (BAF), risk appetite review and high-level risks</p> <p>LP presented the paper which provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives.</p> <p>In relation to the BAF, LP highlighted the following points:</p> <ul style="list-style-type: none"> • Further to discussions regarding a gap in risks relating to quality / patient care on the BAF, two new risks have been developed and added to the BAF under strategic objective 1 – these are risk 4 (clinical workforce model) and risk 5 (management of patient flow). 	


No.	Agenda Item	Action
	<ul style="list-style-type: none"> The score for risk 3 (informatics) has been increased from 12 to 15 due to the likelihood being increased from 4 to 5. The score for risk 14 (partnerships) has been increase from 8 to 12 due to the likelihood being increased from 2 to 3. This is due to the impending challenging WYAAT Clinical Services review. <p>With regards to the high level risk register, LP advised that there were three new additions:</p> <ul style="list-style-type: none"> Risk 901 (Cyber security attacks): This had been added at a score of 16. Risk 2677 (Respiratory inpatient concerns): This had been added at a score of 20. Risk 2654 (Clinical coding): This had been added at a score of 16. <p>The target score for risk 2677 is the same as the current score. The risk lead has advised that an options appraisal will be discussed at the Executive Team Meeting on 27 January 2025 to determine mitigations and actions. Once this has been completed a target score will be agreed.</p> <p>In addition to the three new risks, one risk had been closed and two further risks have changed in score.</p> <p>It was recognised that the Board needed more assurance on the measures in place to prevent and mitigate against any possible cyber attack. It was agreed that a separate session would be set up to provide the Board with the opportunity to discuss this in more detail.</p> <p>The Board was assured by the update and approved the risk appetite statement.</p>	<p>Associate Director of Corporate Governance Bo250005</p>
Section 8: Board Meeting Outcomes		
Bo.1.25.18	Any Other Business There was no other business.	
Bo.1.25.19	Issues to Refer to Board Committees/Academies or Elsewhere There were no issues to refer elsewhere.	
Bo.1.25.20	Review of Meeting There were no comments to note.	
Bo.1.25.21	Date and Time of Next Meeting 26 March 2025 – 9:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 30 January 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo240019	Bo.11.24.16	Corporate Strategy annual update: A second tier of assurance to be developed with an update to be provided to the Finance and Performance Committee and then fed back to the Board as appropriate	Director of Strategy and Transformation	March 2025	Included on today's agenda. <u>Action complete</u>
Bo25001	Bo.1.25.7	Patient Story: KD to share the video to Board members offline and bring it back to a future Board meeting for discussion.	Chief Nurse	March 2025	Link to video has been circulated and is included on today's agenda. <u>Action complete</u>
Bo25002	Bo.1.25.9	CQC Action Plan: SJ and KD to consider the workplan offline with LP to discuss frequency of reporting on this.	Chair / Chief Nurse	March 2025	Quarterly updates to be provided for 6 months then move to 6 monthly subject to assurance on progress. Board work plan updated. <u>Action complete</u>
Bo25003	Bo.1.25.12	Nursing and Midwifery Establishment Review: It was agreed that this should be added to the Finance and Performance Committee work plan.	Associate Director of Corporate Governance	March 2025	Added to Finance and Performance Committee work plan. <u>Action complete</u>
Bo25004	Bo.1.25.14	Charity ISA 260, Draft Annual Report & Accounts and Draft Letter of Representation: MHi to bring an update on the work of the Charity to the next Board meeting.	Director of Strategy and Transformation	March 2025	Included on today's agenda. <u>Action complete</u>
Bo25005	Bo.1.25.17	Board Assurance Framework (BAF), risk appetite review and high-level risks: It was agreed that a separate session would be set up to provide the Board with the opportunity to discuss measures around cyber security in more detail.	Associate Director of Corporate Governance	March 2025	Date to be arranged.

REFERENCES

Only PDFs are attached

 Bo.3.25.5 - Report from the Chair.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.5

Report from the Chair

Presented by	Sarah Jones, Chair		
Author	Jacqui Maurice, Head of Corporate Governance		
Lead Director	Sarah Jones, Chair		
Purpose of the paper	To provide an update on my engagement with partners, stakeholders and governors since my previous report provided to the Board in January 2025		
Key control	N/A		
Action required	For Information		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	

Situation

1. Engaging with Partners and Stakeholders

Regional & National Networking

Last week I attended the NHSE meeting on behalf of the Trust to hear from the incoming new Chair and Interim CEO about their priorities. The session was comprehensive and clear about expectations.

It was during the meeting that the news that NHSE is to be abolished was announced.

Bradford District and Craven

Discussions between the three NHS Trust Chairs continue. One idea being discussed is if a joint session with all three Council of Governors would be helpful.

Update on regulation

The monthly IQIG meetings are continuing with NHSE, ICB & CQC colleagues continuing to express their assurances on the progress the Trust is making.

2. Council of Governors

• Feedback to the Council following Board of Directors meetings

I held a session with Governors on 4 February 2025 providing a comprehensive update on items discussed and outcomes from our January Board meeting. I will be sharing with Governors feedback from our 26 March meeting on 27 March.

• Governor Elections update

Further to my previous communication on the elections I can now confirm that; we have the following new Governors who have now joined our Council

- Helen Fearnley, Staff Governor Nursing and Midwifery
- Emma Fleary, Staff Governor Nursing and Midwifery
- Charlotte Walker, Staff Governor All Other Staff Groups

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.5

– Dr William Martin, Dean of the Faculty of Health Studies, University of Bradford

I would like to take this opportunity to express my sincere thanks to Raquel Licas, former Staff Governor Nursing and Midwifery and to Farzana Khan, Staff Governor Medical and Dental for their contributions to the Council during their tenures. Raquel has now stood down from the Council and, Farzana will complete her term on 25 May 2025.

Helen Jepps, Paediatric Consultant, has been elected as the Staff Governor for Medical and Dental and I am pleased to let you know that Helen will formally take up her role on 26 May 2025.

Due to unforeseen circumstances, the nominee elected unopposed to our Patient Governor seat is now unable to take up the position. Fortunately, we do have another election process underway which commenced on 10 March and this vacancy has been incorporated into that search. We are seeking nominations for the following three public/patient seats:

- Bradford East
- Keighley
- Patient

Please note that the election is being held in line with the following schedule.

Nominations deadline	Monday, 7 Apr 2025
Final date for candidate withdrawal	Thursday, 10 Apr 2025
Voting packs despatched	Thursday, 1 May 2025
Close of election	Wednesday, 28 May 2025
Declaration of results	Thursday, 29 May 2025

The nomination form and further information is available here www.cesvotes.com/BTHFT2025 If you could share the link with your contacts and networks that would be appreciated.

3. Operational Planning Guidance 2025/26

Now that our Trust is in receipt of the Operational Planning Guidance 2025/26 from NHS England a session has been scheduled for Governors, to understand more about the requirements and to provide an opportunity for members of the Council to share their views. This session, led by the Chief Finance Officer and the Chief Operating Officer is scheduled following our Board meetings on 26 March from 3pm to 4pm. As previously advised Non-Executive Directors are welcome to attend.

4. Task and Finish Group: External Auditor Appointment

I would like to thank our two Governors, Philip Turner and, Ruth Houghton for volunteering to participate in the task and finish group in support of the appointment of the External Auditor. As a reminder, the Council of Governors is responsible for approving a recommendation from the Chair of the Audit Committee regarding the appointment.

5. Governor Induction Programme: Site tours

The induction programme for our new Governors is currently being arranged. This will include site visits to understand more about the work of Bradford Institute of Health Research, our Trust's Education Service (including the Simulation Centre) and our Estate in terms of site usage and our capital programme. Once

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.5

these dates are scheduled invitations will be extended to our Non-Executives who may wish to accompany governors on these visits.

6. Key communications

Our Foundation Trust members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. The latest edition is available [here](#).

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

Recommendation

The Board is asked to note this report.

REFERENCES

Only PDFs are attached



Bo.3.25.6 - Report from the Chief Executive (cover).pdf



Bo.3.25.6 - Appendix 1 - Specialised commissioning delegation paper for trust boards v0.1.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

Report from the Chief Executive

Presented by	Professor Mel Pickup, Chief Executive		
Authors	Katie Shepherd, Corporate Governance Manager		
Lead Director	Professor Mel Pickup, Chief Executive		
Purpose of the paper	The report provides the Board with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in January 2025.		
Key control	N/A		
Action required	For information		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	

Situation

1. Patients

We have continued to benchmark positively against the Emergency Care Standard (ECS) at a West Yorkshire Association of Acute Trusts (WYAAT), Regional and National level, with our current position remaining in the upper decile of Acute Trusts in England. In support of further improvements, the Outstanding UEC programme is engaging with internal and external stakeholders to devise a plan that will improve the experience of all patients, particularly those whose wait time to be admitted into hospital is longer than we would like. This will include initiatives to reduce to overall bed occupancy and improve the ability to maintain adequate patient flow through the system.

With regards to the latter point, we continue to work across place with system partners on trying to reduce the pressures associated with social care. With strong internal processes we have minimised the impact and since launching H-Fast in July the speed of priority discharges has improved.

Collaborative work with Yorkshire Ambulance Service (YAS) is ongoing but performance for handover times remains a pressure. The revised handover process and live data sharing continues to support the deployment of YAS leads when required. An escalation protocol is also in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than one hour.

In response to the NHS Elective Reform plan which was published in January, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust's Strategic Framework and will be integral to achieving Referral to Treatment (RTT), Cancer and Diagnostic Key Performance Indicators (KPI). The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

The use of benchmarking and productivity data will continue to be progressed. Services have specific improvement plans aligned to “Getting It Right First Time” (GIRFT) further faster which is a national initiative against which we will continue to be monitored. Rapid reviews will be used to help enhance this process and tackle priorities areas identified through internal or external data analysis. The NHS Impact driver diagrams have been reviewed and adopted into programmes that align to our improvement approach, the NHS Model for Improvement. Inpatient productivity is a specific area identified by NHS England which we continue to progress using the methods described. As with previous years we are ensuring our finance, performance and workforce plans triangulate whilst also aligning to our Strategic objectives and quality priorities. This is proving particularly challenging this year given the delayed publication on the operational and financial planning guidance and the potential subsequent changes in expectations associated with the significant changeover of senior personnel at NHSE.

Efforts to reduce elective waiting times continue and whilst almost all services now have no waits over 65 weeks, there will be some in T&O (Trauma and Orthopaedics). The service is being intensively supported to recover the position as quickly as possible. Overall, the waiting list is reducing in response to increased activity, and the number of waits over 52 weeks is ahead of plan and already better than the national target of 1% of total waits set for 2025/26.

The Trust also continues to benchmark well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. The Operational Excellence plans for cancer and diagnostics have been reviewed in line with output from clinical engagement sessions as part of the cancer boards workplan. Schemes to be prioritised include NSO expansion, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.

Community Diagnostic Centre (CDC) and wider diagnostic reform is being progressed as part of the ongoing place partnership oversight of the CDC, this includes progress towards accreditation within two years of opening. An important development for 2025/26 will be the expansion of straight-to-test pathways, where we are exploring opportunities including breathlessness (bundle diagnostics), upper GI integrated dysphagia (ENT & gastro), post-menopausal bleeding cancer exclusion & further head & neck one stops.

St Luke’s Day Case Unit (SLH DCU) and Endoscopy Unit (BRI)

Following the partial handover in December preparations for the first operation have progressed. Unfortunately delays in the final sign off process mean this won’t be until at least April 2025, but the facility will provide much needed ringfenced capacity for our day case patients when open.

The Endoscopy Unit build has progressed to Steel Frame assembly. The project will run until late 2025 and support improvements in the provision of these key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

Upgrade of Parking Infrastructure at Bradford Royal Infirmary (BRI) and St Lukes Hospital (SLH)

The project to upgrade our parking infrastructure to barriers and ANPR cameras commenced at the BRI site on the 3 March 2025 (Smith Lane) and will complete toward the end of April/early May. Works will commence at SLH towards the end of April/early May and complete in late May/June. Following the completion of the works the Car Parks will be switched on in a phased approach to ensure that we have adequate resource to respond to any potential issues. This will deliver a much more controlled parking environment at our hospitals and improve access for our patients and enable staff with permits to park more easily. We are communicating this change to our staff and patients through various media and have been engaging with the relevant stakeholders affected by these changes.

2. People

Development of new BTHFT People Strategy

A new five year BTHFT People Strategy will be launched in April 2025. This has been developed in collaboration with colleague networks, people surveys (completed by over 4000 colleagues), listening events and discussions with other key stakeholders. The strategy is underpinned by EDI, and focuses on creating a culture where everyone feels they belong. The key ambitions are;

- Health, wellbeing and belonging for all our people;
- Making BTHFT a great place to work;
- Our people working differently.

Launch of 'Leading at A Higher Level' development course

In March 2025 we launched our new manager development course, 'Leading at A Higher Level'. This is a two day course for anyone with line management responsibility which looks to enhance leadership capabilities and build a culture to ensure that people can speak up, listen up and drive an inclusive, diverse and equitable place to work. All participants create their own unique action plan which will be publicly displayed at the Trust. The next session will be held in April.

2024 NHS Staff Survey Results

In late February 2025, we received the NHS Staff Survey Benchmark report for 2024. This provides us with our staff survey data compared to both our previous years scores and also in comparison to the 122 other Acute and Acute Community Trusts that participated in this years' survey. This enables us to explore the data in more detail – identifying any areas we are performing particularly well or areas that we are outliers compared to other Trusts.

Key headlines are:

- We have exceeded the national response rate for Acute and Acute and Community Trusts (49%) with 3612 colleagues participating (50%);

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

- We have scored above the national average on eight of the overall People Promise elements and themes, with one (we work flexibly) just 0.1 under the national average;
- There are 21 sub-themes which sit under the overall People Promise elements and themes. In 19 of these we have scored above the national average, 1 is in line with the national average, and 1 slightly below the national average (flexible working);
- The main themes to celebrate are around the role of immediate line managers and colleagues responding favourably around teams and teamwork. We should also note the above average response rate (i.e. more people are using their voice to tell us about their experiences) and remaining above the national average in all areas of the People Promise apart from one as positives;
- The main themes to focus on for improvement are: career progression, access to flexible working, and recognition.

An organisational level action plan has been created to prioritise the key areas of focus. In addition, every Clinical Service Unit and Service is expected to develop their own action plan, focusing on three key priority areas.

Equality, Diversity and Inclusion

Analysis of our March 2024 Gender Pay Gap

In March 2025 the People Academy approved our gender pay gap data and analysis from March 2024, providing assurance that we are meeting our legal and contractual duties around the gender pay gap.

Key highlights from the March 2024 data analysis include:

- We have seen a further decrease this year in our mean Gender Pay Gap, which has decreased (by 2.3%) from 24.4% in 2023 to **22.1% in 2024** (a 9.2% improvement since we began to report in March 2017).
- Women continue to make up a significant proportion of our workforce (**76.6%**) an increase of 0.2% since March 2023 and with a **1%** increase in men in some of the under-represented job roles (nursing & midwifery, admin & clerical and other professions).
- A **2%** increase of women in medical & dental job roles (**to 49%**) which is positive in terms of overall representation. Women continue to be under-represented (by 10%) in more senior medical & dental roles and with legacy inequalities remaining in the payment of bonuses (CEA) which will now only resolve with time.

We will work with our Gender Equality Reference Group members to further develop our action plan to address these inequalities and will publish our March 2024 data and analysis by the deadline of 30th March 2025.

2024/2025 Equality Delivery System review

The EDI team have been involved in implementing NHS [Equality Delivery System \(EDS\)](#), this is a contractual requirement on both NHS Commissioners and NHS Providers as a foundation for improvement aligned to the Public Sector Equality Duty as part of the Equality Act 2010

As part of our refreshed annual [Equality Delivery System](#) Review 2024/2025; the EDI team held a

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

range of task and finish groups with key stakeholders across the organisation to gather evidence to showcase our progress around key areas, which are referred to as Domains. The domains focus on the following:

Domain 1: Commissioned or Provided Services
 Domain 2: Workforce Health and Wellbeing
 Domain 3: Inclusive Leadership

Two engagement events were planned and delivered, one for staff (including staff equality network members and trade union representatives) and one for the wider community including representatives from the voluntary and community sector. The team worked in collaboration with Bradford District Care NHS Foundation Trust, Airedale Hospitals NHS Foundation Trust and Bradford District & Craven Health and Social Care Partnership.

Both events provided an opportunity for the Trust to engage in discussion not only with staff, but also with patients and communities and to showcase evidence of our progress through presentations and networking. Participants were invited to provide their scores for each outcome measure (in accordance with the [EDS rating & scoring guidance](#)), along with any feedback and recommendations for improvement. The Trust was rated as '**achieving**' for each outcome measure with a rating of '**achieving**' overall. Actions plans have been developed for each domain with focus on moving from achieving to excelling for the next round of EDS22 which is due in February 2026.

Recruitment

Onboarding Support for Overseas Nurses enhanced

As part of our onboarding offer, the Recruitment and Workforce Innovation team has been working in collaboration with Education and the Chief Nurse team to develop additional onboarding guidance to support our overseas colleagues joining BTHFT. The additional guidance will signpost colleagues to additional help including housing, schooling, enrolling with a dentist etc. The collaboration is to improve belonging and retention, following a recent 'listening event'. Additionally, we have approached the BTHFT volunteering team to ask for one-to-one support in signposting individuals should they need additional guidance.

Time to Hire – reduced significantly

Assurances on the improvements in time to hire have been shared with People Academy following a recruitment and retention deep dive. Over an 18-month period, time to hire has reduced by an average of 40 working days. Non-medical recruitment has seen the largest improvement, reducing to an average of 77 days and continues to improve. Medical recruitment has reduced from an average of 138.5 days down to 105 days.

There is an ambitious target to reduce time to hire further and plans are in place to realise the ambition.

3. Place Updates

Delegation of specialised commissioning functions

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

It is planned that from 1 April 2025 specialised services will be delegated to the NHS West Yorkshire (WY) ICB. There are 84 services to be delegated, with a financial value of £466m across WY. The portfolio of services being delegated varies considerably, from low volume services for patients with rare conditions to others that treat tens of thousands each year, as part of wider pathways spanning primary, community and other secondary care services commissioned by the ICB.

See Appendix 1 for further information.

Movement launched aimed at making women's health a priority

A movement has been officially launched this week to tackle the inequalities and challenges faced by women in accessing care and finding trusted information about their health. Across Bradford District and Craven, women have shared the challenges they face in accessing care, finding trusted information, and being heard when they raise health concerns. The insight work presented a very clear message that 'women's health has been overlooked for too long'. That's why Bradford District and Craven Health and Care Partnership launched the 'Taking Women's Health Seriously' movement at a landmark event with over 200 people at University of Bradford last week. Join the movement today, visit BetterHealthWomen.co.uk.

University of Bradford: Fee scholarship for dependents of staff working in health and social care

The University of Bradford is delighted to offer a scholarship for overseas applicants who are the dependents of staff working within the West Yorkshire Health and Social Care sector. This is also known as the West Yorkshire Integrated Care System. The scholarship is worth 50% off of all published course fees enabling study across all levels. For further information, eligibility criteria and how to apply please visit www.bradford.ac.uk/scholarships

Rap and music take centre stage at Take the Mic 2

An evening of powerful self-expression, where young voices used music and poetry to share their mental health. The event highlighted the importance of open conversations and creative outlets in supporting mental wellbeing. Take the Mic 2 was a night to remember, held the day before Time To Talk Day, February 5, at Common Space in Bradford. Hosted by Bradford District and Craven Health and Care Partnership, the event offered a powerful platform for young people to share their stories and experiences through music, poetry, and rap. With nine young performers, the evening was a true celebration of creativity and mental health awareness. [Read more...](#)

Save the date for Bradford Literature Festival 2025

2025 is an incredible year for Bradford as we proudly take centre stage as the UK's City of Culture! This year will be an amazing celebration of creativity, culture and community in our city. The exciting programme for Bradford Literature Festival 2025 is taking shape. If you haven't already, get the dates

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

in your calendar for BLF 2025: Friday 27 June - Sunday 6 July 2025. BLF's [Creative Economic Conference](#) will also be held on Friday 27 June 2025. Stay tuned for more info.

Different is what we do

The University of Bradford has kicked off 2025 with an exciting campaign to share how they see things differently, think differently and aren't afraid to try things that have never been attempted. Our [Different is what we do campaign](#) is all about helping people to understand the difference we are making through our teaching, research and innovation.

Nominations open for BBC Make a Difference Awards

The Make a Difference Awards are your chance to say thank you and recognise those who improve lives where we live. The award nominations are now open. Winners will be selected by a panel of judges and awards will be given in each category, across each national and local BBC radio station.

Shortlisted finalists will be notified from June 2025 and our Make a Difference Award ceremonies are taking place across the UK in September 2025. [Get your nominations in!](#)

'Foluke Ajayi appointed vice-chair of the NHS Confederation

The chief executive of Airedale NHS Foundation Trust will start her role at the NHS Confederation in February 2025. The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. [Read more...](#)

Chair stepping down at NHS West Yorkshire Integrated Care Board

Cathy Elliott will be stepping down from her role as Chair of NHS West Yorkshire Integrated Care Board (ICB) to take on a new role as Chief Executive of NHS Cheshire and Merseyside ICB. Cathy has been Chair of the West Yorkshire ICB since late 2021, working with its Chief Executive and Board to establish the ICB in summer 2022. Alongside her ICB Chair role, she is also Deputy Chair of the West Yorkshire Integrated Care Partnership. [Read more...](#)

Purchase of Cancer Support Yorkshire (CSY) Buildings

CSY and the Trust have signed the Transfer and Sale contracts, the Trust has paid the solicitors the funds for the sale. Completion and the exchange of contracts will happen imminently as of the 13/3/25.

4. Partners

WYAAT Programme Executive Meeting, 4th February 2025 (did not attend)

I unfortunately was unable to attend the WYAAT Programme Executive meeting on 4th February 2025, but Sajid Azeb attended on my behalf. Colleagues received the usual collaborative and HCP reports, heard an update on the pharmacy aseptic programme, and discussed the next steps following outline

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

business case approval for future imaging platforms. There was also a detailed discussion on the WYAAT service review including governance and leadership, and the WYAAT role and model.

WYAAT All Executive Meeting, 4th March 2025

My executive colleagues and I attended the WYAAT All Executive session on Tuesday 4th March 2025. This was a session focused on the WYAAT service review including a review of submissions by all Trusts to identify areas of opportunity to undertake more effective working.

5. National Reports

Nothing to report.

Recommendation

The Board is asked to note this report.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.6

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients				g		
To deliver our financial plan and key performance targets				g		
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Delegation of specialised commissioning functions March 2024

1. Purpose

The purpose of the paper is to provide an updated position and assurance to the Board in respect of the delegation of specialised commissioning functions from NHS England to the West Yorkshire Integrated Care Board (WY ICB) from 1 April 2025.

2. Background

The delegation of commissioning functions from NHSE to ICBs has been a clear direction of travel since the establishment of ICBs. The intention to delegate commissioning responsibility was set out in the [Roadmap for integrating specialised services within Integrated Care Systems](#) and has been discussed

It is planned that from 1 April 2025 these services will be delegated to the NHS West Yorkshire (WY) ICB. There are 84 services to be delegated, with a financial value of £466m across WY. The portfolio of services being delegated varies considerably, from low volume services for patients with rare conditions to others that treat tens of thousands each year, as part of wider pathways spanning primary, community and other secondary care services commissioned by the ICB.

The intention of delegation is to achieve the following benefits:

- Improve integration and alignment across pathways, bring closer together the services already within the ICBs portfolio with specialised services to enhance how we plan for and provide services to patients.
- Increase collaboration and integration with local providers and provider collaboratives.
- Enhance the role of local clinical leadership and engagement in service planning, design, and improvement.
- Embedding a greater focus on prevention and tackling inequalities across all services and pathways.

3. Oversight of the preparation for delegation

Whilst there has been support from the ICB and WYAAT for benefits of delegation, several risk areas were noted requiring assurance and mitigation ahead of delegation.

At the request of WYAAT, a joint specialised commissioning delegation programme board was established to oversee and manage the safe delegation. This is chaired by Professor Phil Wood (CEO, Leeds Teaching Hospitals NHS Trust) and brings together a range of partners from the ICB, West Yorkshire Association of Acute Trusts (WYAAT) and the Mental Health Learning Disabilities and Autism (MHLDA) Collaborative.

The Board has been clear in its approach and terms of reference that the delegation should be managed in two distinct phases:

1

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

- **Phase 1** – to ensure safe transition of the commissioning portfolio with clear governance, assurance, and operational processes to ensure least disruption to the provision of services to patients by the current providers by 1 April 2025.
- **Phase 2** – a reconstituted board will be tasked with developing a future model to maximise benefits to patients in West Yorkshire.

This Programme Board, on behalf of all partners in the system has been overseeing a work programme for delegation reflecting the risks and “tests” for progress that would be required to be satisfied to reach a position of assurance and sign off the delegation. This has considered both the impact for the ICB as receiving commissioner and the impact on provision of services to patients by the current trusts providing specialised commissioned services. The categories covered:

- Transition and delegation, focused on the overall management of the safe delegation process.
- Governance and decision-making, focused on the key legal and governance documents that must be produced to enact delegation, and understanding any changes required to ICB governance.
- Operating model and ways of working, focused determining the practical ways of working for the people and functions, including how they would interact with the ICB and provider collaboratives.
- Services and pathways, focused on understanding the current risks to service delivery.
- Quality, focused on ensuring adequate processes for quality monitoring and assurance, strategic quality oversight, and statutory quality duties are in place.
- Finance and contracting, focused on ensuring that all operational and strategic finance and contracting frameworks and processes are in place, as well as understanding and managing financial risks.

Based on the progress made at a report to the ICB Board in November 2024, the ICB Board approved an agreement in principle to receive delegation, subject to no major deviations arising. The NHS England Board met in December 2024 and agreed at that meeting to proceed with the delegation of specialised commissioning.

4. Assurance on delegation

In progressing towards delegation, the programme board has moved to a position of greater collective assurance that the services can be delegated safely. To support this view, working with partners in the region, the ICB has used two additional routes:

- Commissioning Hill Dickinson LLP to provide legal advice and support the drafting of key documents. This has resulted in robust and high-quality documentation, a high degree of assurance on readiness to delegate, as well as a clear view of risks and priorities that will continue into 2025/26.
- Working with the chairs of ICB Audit Committees to analyse and understand the process and risks, with two meetings of this group held. The second meeting was held on 27 January 2025, with all chairs confirming they were assured of all key requirements being met by the end of March 2025.

Substantial steps have been taken to satisfy the tests against the six categories set out in section 3. It is of particular importance for the Board to note that:

- The binding legal agreements have been drafted and agreed by Hill Dickinson LLP and all regional partners. This includes the Delegation Agreement, to be signed by the ICB and NHSE, and the Collaboration Agreement, to be signed by all ICBs.
- All other required governance processes and documents have been drafted and agreed with our regional partners to ensure standardisation. This includes an agreement to establish a Y&H Joint Committee for Specialised Commissioning and agreement to the related Terms of Reference, an amended WY Scheme of Reservation and Delegation and Operational Scheme of Delegation to support this, and an amended WY Financial Scheme of Delegation.
- An operating model has been agreed with regional partners, which describes the functioning of the team, their responsibilities, the principles by which we will operate, how this connects to ICBs, providers and provider collaboratives, and creates space to collaborate at other footprints as required. This supports operationalising the legal agreements and governance in an effective way.
- We have a satisfactory understanding of the current status of services, held jointly between the ICB and provider collaboratives, and are using this to determine the priorities for improvement and transformation in 2025/26. This recognises that service risk is live and that we will need to remain proactive in how we monitor, report, and manage this.
- The approach to national oversight and assurance of ICBs with regards to specialised commissioning functions has been clarified. This will be incorporated into the current approach, with two new domains of the oversight framework to be determined.
- Quality processes have been agreed, established, and connected to existing WY arrangements where appropriate.
- An approach to contracting, financial management and financial risk share have been agreed.
- A Data Protection Impact Assessment (DPIA) for the delegation of specialised commissioning services has been completed and approved by the WYICB Data Protection Officer (DPO) and Senior Information Risk Owner (SIRO).
- An organisational development plan is being developed by the host ICB in partnership with the team and all ICBs, which will be crucial in ensuring that the team are supported to manage the transition, and are able to effectively deliver ICB responsibilities and the benefits of delegation.

Phase 1 of the process is therefore at its conclusion, in line with the planned timescales for the delegation of commissioning responsibilities to the ICB/s on 1 April 2025.

5. Next Steps: Phase 2

Whilst significant progress has been made at pace and brings us to a position of collective confidence and assurance to deliver Phase 1, this work has prioritised the safe delegation and transfer of

commissioning responsibilities. From 2025/26 onwards, it will be critical that considerable resources are focused on the ongoing safe management, delivery, and improvement of these services. In doing so, it is important to recognise that this will require a long-term plan to derive the benefits of delegation which considers the role of ICBs, providers and provider collaboratives in this process.


To ensure that we move promptly into realising the benefits associated with delegation, we are prioritising the development of a 2025/26 priority plan for service improvement and transformation. The plan is being developed collaboratively between the ICBs, providers and provider collaboratives, and the current NHSE team. In addition to the formal Y&H governance arrangements, there will be a WY focused group of all partners to inform and deliver the agreed priorities.


In the immediate term, the following will be important:

- Managing the interim period (April to end June 2025) between commissioning responsibility being delegated to ICBs and the NHSE commissioning team transferring to the host ICB.
- Supporting the integration and development of the specialised commissioning team, acknowledging that they have undergone a period of considerable change and will require the OD support to service the work required.
- Ensuring that we identify and define a clear prioritised workplan, which balances business as usual with transformation, and work to deliver service improvement throughout 2025/26.
- Establishing a reconstituted board to oversee this work and the development of a future model to enable delivery of the benefits of delegation.

REFERENCES

Only PDFs are attached

 Bo.3.25.8a - Report from the Chair of the Quality Committee - February 2025.pdf

 Bo.3.25.8 - Report from the Chair of the Quality Committee - March 2025.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 20 February 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – January saw 149 adult inpatient deaths, a reduction following December 24's two year high, with the SHMI data reducing from 123.12 to 116.84. There was an issue with the submission of historical coding data and the backlogs have now been eliminated and the SHMI data reflects this. There was a spike in flu related deaths, with respiratory issues prevalent. Readmissions data trended upwards and the Trust is higher than others in the region but this can be attributed to the coding of patients brought back for a planned follow up following an initial non-elective spell. There is work to do on the accuracy of coding and there is a balance to be struck between a speedy discharge and in-patient care. There is an upward trend of pressure ulcers with an increase in Cat 2 ulcers but a decrease in Cat 3, with a link to the amount of time patients are spending in A&E. Quality improvement support has been offered to the relevant areas and the Tissue Viability Nursing team are spending time in A&E. There is a big focus on education, training and the completion of timely skin assessments and documentation. The pressure ulcer policy has been updated and approved. The Academy also received an update on action to prevent falls, following a recent spike that has started to reduce again. There is a new falls alarm system, heat mapping of areas, focused ward work, and in the Emergency Department, there is a new initiative called the yellow bag project which includes a yellow blanket and socks for those at risk of falls to make them very visible to all staff.

Advise:

Risks –there are two new risks relevant to the Committee 1) an increase in harms associated with hospital acquired pressure ulcers and 2) issues with the Maternity Early Warning Score on EPR. The maternity staffing risk has been closed and the risk relating to the deterioration of the condition of the pharmacy aseptic unit facility and equipment has been reduced. The Committee was assured that all risks have been identified and are being managed appropriately.

Q3 Insights Report – the report brings together all data relating to claims, litigation, inquests and CQC reports and triangulates it with the Trust's data on incidents, PALS and complaints to provide assurance, learning and improvement. In Q3, 16 claims were closed with 10 settled with damages. The 10 claims settled with damages totalled just under £308k. Three of the claimants had contacted PALS or formally complained and these claims related to diagnosis and treatment, falls and skin staining through the leaking of an iron infusion. The remaining cases involved reported safety incidents – 2 maternity intrauterine deaths, a needlestick injury, a fall, a medication error, an information governance breach and an iron infusion issue. There are currently 55 open inquests. Analysis of inquests concluded in Q3 evidenced 4 deaths due to circumstances in the Trust and 15 due to

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

circumstances external to the Trust. There were 20 enquiries from the CQC relating to 16 cases, all ad hoc, with 12 from anonymous sources. A thematic review found 5 cases related to care and treatment, 4 of which have been closed by the CQC. 5 cases related to external agency reports, all of which the Trust has responded to but are awaiting closure by the CQC. 2 cases related to safeguarding of vulnerable adults in the community where the quality of care from the Trust was rated as 'good care'. 2 cases related to workforce issues and the Trust has responded and is awaiting closure by the CQC. The last case was referred to the CQC by the Trust. The Committee was assured by the level of reporting, analysis, learning and improvement in each of the cases.

Assure:

Data and Digital Transformation Strategy – the draft 2025-30 strategy was shared with an ambition to become a clinically driven, digitally outstanding Trust. The strategy focuses on 5 strategic objectives relating to people, professional standards, data driven care and decisions, digital works and clinical optimisation interoperability. The strategy contains a series of activities to exploit digital and data tools, methodologies and services to support clinical, operational and corporate outcomes. It's ambitious, exciting and strives to support the Trust's people, patients, place and partners.

EDS 2022 Domain 1 – the Trust has competed its annual assessment against the Equality Delivery System 2022, assessing evidence against Domain 1 - Patients and Service Users. Covering Adult Palliative Care, Children and Young People Palliative Care and Pennine Breast Cancer Screening, the Trust has made significant progress over the last 12 months and retained its 'achieving' rating for Domain 1 and an overall 'achieving' rating across the organisation. CSU local EDI action plans, Equality Impact Assessments of key policies and services, and mandatory EDI training for managers contributed to the rating. The Trust and its Equality and Diversity Council are focused on tackling health inequalities, with a Board development session on workforce and population health Inequalities taking place in October 24. Health equity has been added to the induction and the Trust have implemented training to improve understanding of disability and neurodiversity. There was recognition of the work done and progress made but improvements needed to funding levels, communication between primary and secondary care and awareness and access to services.

Report completed by:

Karen Walker, Interim Quality Committee Chair and Non-Executive Director,
20th February 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 20th March 2025

Key escalation and discussion points from the meeting
Alert: <p>Dashboard – the Chief Medical Officer highlighted to the Committee that there had been an increase in falls with harm over the last few months. A discussion took place on how learning from the falls was taking place.</p>
Advise: <p>Risks - No new risks had been added to the register; none had been closed and no changes in score had been made. The Committee was assured that all risks have been identified and are being managed appropriately. The Chief Nurse advised the Committee that future risk reports will include a synopsis of the risks.</p> <p>Quality Oversight Profile – 14 safety incidents were escalated from the CSUs and discussed at SEG between January and February. 4 of the ones discussed at SEG were escalated to QuOC. The Committee was assured by the level of reporting, analysis, learning and improvement in each of the cases.</p> <p>Maternity and Neonatal Services – Quality Committee were asked to note that the LMNS Assurance visit took place in February and received positive feedback. In February there were 0 stillbirths and 3 neonatal deaths. The Committee were assured by the contents of the report.</p> <p>Learning from Deaths and Mortality – the paper focused on mortality during December 2024 (the highest number of deaths since 2022) and analysed the causes of death, patient medical histories and backgrounds of those who passed in the month. The report concluded that the increase in deaths can be attributed to a much older population of patients, who had an increased number of life-limiting co- morbidities, who were increasing described as frail from old age, dying from respiratory infections (particularly influenza) and serious cardiac causes. The Committee were assured by the Quality of Care these patients had received.</p> <p>Research Activity – The Committee were pleased to see the great research work and activity that has taken place over the last few months. The entrance extension for the institute has now been completed and was open for use on the 7th of November.</p> <p>Developing our Strategic Framework - the Director of Strategy and Transformation updated the Committee on the development of the strategy and the engagement that had taken place within the organisation to further develop the strategy. A discussion took place about the reporting metrics that will be to measure progress against delivering the strategy. The Framework and supporting metrics will be shared with the Board at their next meeting.</p>

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

Health Inequalities – the paper provided an update on the Tackling Health Inequalities Program as at March 2025. The keys topics included Equality of Access, Maternity and Health Inequalities, Launch of the Make Every Contact Count Program, Enhancing Digital Inclusion through Library Services, Population Health Fellowship and Health Quality at Staff Induction. A discussion took place about how we might use some high-level indicators to measure progress against this important program.

Assure:

Bereavement Policy – the Committee approved the latest refresh of the policy; changes have been made to include the latest medical legislation.

Internal Audit Reports – the Committee were assured to receive 5 internal audit reports relevant to the Committee. All had received significant assurance.

Committee Effectiveness Review – the Committee used SLIDO to complete our effectiveness review. Results will be collated, and a meeting is planned to discuss the feedback and see how best it can be used to improve our effectiveness. An update will be shared at our April meeting. Two additional Committee members volunteered to support the effectiveness review process.

Quality Account Production Schedule – the Head of Corporate Governance shared with the Committee the process for completing this year's Quality Account. The Quality Committee will keep oversight of the report.

Report completed by:

Julie Lawreniuk, Interim Quality Committee Chair and Non-Executive Director,
23rd March 2025

REFERENCES

Only PDFs are attached



Bo.3.25.9 - Maternity and Neonatal Services update (cover).pdf

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

MATERNITY AND NEONATAL (PERINATAL) BOARD ASSURANCE – JANUARY AND FEBRUARY 2025

Presented by	Sara Hollins, Director of Midwifery		
Author	Sara Hollins, Director of Midwifery		
Lead Director	Professor Karen Dawber, Chief Nurse		
Purpose of the paper	To provide Trust Board with the bi-monthly assurance that Quality Committee has reviewed, considered and approved the monthly Maternity and Neonatal (Perinatal) Update papers.		
Key control	N/A		
Action required	For assurance		
Previously discussed at/informed by	Quality Committee		
Previously approved at:	Committee	Date	
	Quality Committee	February 2025 March 2025	

Key Options, Issues and Risks

The December 2020, NHS publication 'Implementing a revised perinatal quality surveillance model' set out a number of requirements to ensure that there is Trust Board level oversight of perinatal clinical quality and safety.

The requirements to strengthen and optimise Board oversight for maternity and neonatal safety includes:

- That a monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board.
- That all maternity Serious Incidents (SIs) are shared with Trust Boards and the LMS, in addition to reporting as required to Maternity and Neonatal Safety Investigations (MNSI) formerly HSIB.
- To use a locally agreed dashboard drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.

The monthly maternity and neonatal services report presented to Quality Committee (QC) ensures that there is a timely and structured reporting mechanism of maternal and neonatal outcomes including learning from incidents, and that QC, as a committee of the Board has assurance of an open and transparent oversight and scrutiny of perinatal (maternity and neonatal) services. The reports presented to the Quality Committee are available on request.

The format of the monthly reports supports the Trust level implementation of the Perinatal Clinical Quality Surveillance Model and ensures that key elements of the framework are visible and transparent at Trust Board level.

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

The monthly paper also serves as the main mechanism for QC, as a committee of the Board, to have oversight of key elements of the NHS Resolution Maternity Incentive Scheme (MIS) throughout the annual reporting period, such as quarterly Perinatal Mortality Review Tool (PMRT) reports, and monthly midwifery and obstetric staffing updates.

This bi-monthly Maternity and Neonatal (Perinatal) Board Assurance paper provides a summary of the key elements of the monthly paper presented and discussed at QC, including the approval of any reports required to demonstrate compliance with the annual Maternity Incentive Scheme (MIS).

Analysis

The Director of Midwifery and the Chair of QC provide Trust Board with the assurance that a monthly review of maternity and neonatal quality and safety relating to January and February 2025 activity was presented, and key elements discussed, including:

- The number of harms occurring in January and February, including stillbirths, hypoxic ischaemic encephalopathy (HIE), neonatal deaths, and number of MNSI and SI cases were discussed.
- There was 1 completed MNSI report in January, and 1 in February. Learning and recommendations from the investigations was also shared with QC.
- This paper also includes:
- Update on the Maternity Incentive Scheme Year 6 submission.
- Update regarding a staff escalation of concern to the Maternity and Neonatal Voices Partnership (MNVP) Lead regarding the Birth Centre. This concern was escalated directly to the Regional Deputy Chief Midwifery Officer.
- Update on the Local Maternity and Neonatal System (LMNS) Assurance visit which took place in February.

Recommendation

- The Board is asked to note that the QC has reviewed and discussed the contents of the January and February 2025 Maternity and Neonatal (Perinatal) Services update papers, as a committee of the Board with delegated authority. The papers presented to the QC are available on request.
- The Board is informed and asked to note that following approval at January Board, the Maternity Incentive Scheme Year 6 self-declaration form confirming full compliance with

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

the scheme, was signed by the Chief Executive and the Accountable Officer for the ICB (Beverley Geary) and submitted.

- The Board is asked to note the high-level feedback from the LMNS Assurance Team visit.
- The Board is asked to note the verbal feedback from the Regional Deputy Chief Midwifery Officer.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant) <input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: All
Care Quality Commission Fundamental Standard: All
NHS England Effective Use of Resources: Clinical Services
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

1	PURPOSE/ AIM
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The purpose of this report is to provide the Board with bi-monthly assurance that the Quality Committee, as a committee of Board with delegated authority, has reviewed, considered and approved the monthly Maternity and Neonatal (Perinatal) Update papers and any associated reports required to demonstrate compliance with the Maternity Incentive Scheme (MIS).

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

The December 2020, NHS publication 'Implementing a revised perinatal quality surveillance model' set out a number of requirements to ensure that there is Trust Board level oversight of perinatal clinical quality and safety.

The requirements to strengthen and optimise Board oversight for maternity and neonatal safety include:

- That a monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board.
- That all maternity Serious Incidents (SIs) are shared with Trust Boards and the LMNS, in addition to reporting as required to Maternity and Neonatal Safety Investigations (MNSI), formerly HSIB.
- To use a locally agreed dashboard drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.

The monthly maternity and neonatal services report presented to Quality Committee (QC), ensures that there is a timely and structured reporting mechanism of maternal and neonatal outcomes including learning from incidents, and that QC, as a committee of the Board, has assurance of an open and transparent oversight and scrutiny of perinatal (maternity and neonatal) services.

The format of the monthly reports supports the Trust level implementation of the Perinatal Clinical Quality Surveillance Model and ensures that key elements of the framework are visible and transparent at Trust Board level.

The monthly paper also serves as the main mechanism for QC, as a committee of the Board, to have oversight of key elements of the NHS Resolution Maternity Incentive Scheme (MIS), throughout the annual reporting period, such as quarterly Perinatal Mortality Review Tool reports, and monthly midwifery and obstetric staffing updates.

This bi-monthly Maternity and Neonatal (Perinatal) Board Assurance paper provides a summary of the key elements of the monthly paper presented and discussed at QC,

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

including the approval of any reports required to demonstrate compliance with the annual MIS.

The January and February updates and associated appendices were discussed at the February and March Quality Committees respectively.

The key elements of the papers discussed included:

- The number of harms occurring in January and February, including stillbirths, hypoxic ischaemic encephalopathy (HIE), neonatal deaths (NND), maternal deaths, and number of MNSI and SI cases were discussed.
- There were 2 completed Internal/MNSI reports and learning/recommendations to share in January and February.
- February QC was asked to note that the Perinatal Leadership Quad joined the January bi-monthly perinatal safety Champion meetings, and that there were no safety escalations requiring support from Board.
- February and March QC reported and recorded that they were assured by the papers, presentation, and discussion. There was nothing identified requiring escalation to Board.

In addition to the papers presented to QC, the service would like to update the Board on specific items:

- Following January Board approval of the Maternity Incentive Scheme, Year 6, update and presentation, the Chief Executive, Mel Pickup, and the accountable officer for the ICB, Beverley Geary, signed the self-declaration form confirming full compliance with the scheme. This was submitted to NHS resolution. MIS, Year 6, is due to be published in early April. Until the new version is released, the service has continued to follow the reporting processes followed in Year 6.
- In February the service was made aware of an escalation of concern from a member of staff to the MNVP Lead, who subsequently escalated directly to the Regional Deputy Chief Midwifery Officer. The concerns raised were regarding Birth Centre staffing and 1:1 care in labour, and not feeling able to escalate concerns.

Actions taken:

- Information including 1:1 care in labour, red flag data, retention rates, information regarding escalation, has been shared with the regional team.
- Actions taken to address concerns regarding the Birth Centre made via Freedom to Speak Up, in March and September 2024 were shared with the regional team.
- Members of the Regional team attended the planned LMNS Assurance visit in February and will triangulate feedback from staff and service users on the day alongside assurance information provided as described. They fed back on the day

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

that they could see improvements and had no immediate safety concerns. A report will be provided following review of the information requested.

- The regional team also discussed findings from a recent service user survey conducted in the North East and Yorkshire, regarding informed consent during pregnancy and birth, including a response specific to BTHFT Maternity services. Informed consent is an emerging issue, regionally and indeed, nationally. Actions, learning and further training are to be addressed as an LMNS system, with recognition that this is not an issue unique to Bradford. However, the service is immediately considering how the understanding and approach to gaining informed consent can be strengthened through existing training and communication structures.
- The LMNS Assurance visit took place on 26 February, to assess progress with the Maternity and Neonatal Services Three Year Delivery Plan, published in 2023.

Key findings:

- Positive staff, enthusiastic about service.
- Visible leadership.
- Commitment from the board and staff fully aware of chief nurse and their role.
- Women positive about their experience.
- Personalised care for whole family, plan to trial new digital tool.
- Staff working across different areas.
- MDT working.
- Décor on labour ward and AN/PN ward, birth centre, positive and welcoming.
- Staff involved in quality improvement and working out solutions.
- Clear vision for the future and ongoing quality improvements.
- Focus on inequalities throughout.
- Localised training that is valued by staff.

Even Better If...

- Capacity of MNVP improved and role embedded.
- Informed choice offer to be clearly evaluated.
- The birth centre could be available whenever needed by women.

The visit will be followed up with a written report, expected at the end of March.

3	RECOMMENDATIONS
<ul style="list-style-type: none"> • The Board is asked to note that the QC has reviewed and discussed the contents of the January and February 2025 Maternity and Neonatal (Perinatal) Services update papers, as a committee of the Board with delegated authority. The papers presented to the QC are available on request. 	

Meeting Title	Board of Directors		
Date	26.03.25	Agenda item	Bo.3.25.9

- The Board is informed and asked to note that following approval at January Board, the Maternity Incentive Scheme Year 6 self-declaration form confirming full compliance with the scheme, was signed by the Chief Executive and the Accountable Officer for the ICB (Beverley Geary) and submitted.
- The Board is asked to note the high-level feedback from the LMNS Assurance Team visit.
- The Board is asked to note the verbal feedback from the Regional Deputy Chief Midwifery Officer.

REFERENCES

Only PDFs are attached



Bo.3.25.10 - Draft Digital and Data Transformation Strategy 2025-2030 (cover).pdf



Bo.3.25.10 - Draft - Digital and Data Transformation Strategy - V0.9 FINAL.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.10

Digital and Data Transformation Strategy 2025-2030

Presented by	Paul Rice, Chief Digital & Information Officer		
Author	Adam Griffin, Deputy Chief Digital Information Officer/Chief Technology Officer		
Lead Director	Paul Rice, Chief Digital & Information Officer		
Purpose of the paper	To introduce and outline the Digital and Data Transformation Strategy 2025-2030 for Board approval.		
Key control	N/a		
Action required	For approval		
Previously discussed at/informed by	N/a		
Previously approved at:	N/a	Date	

Introduction

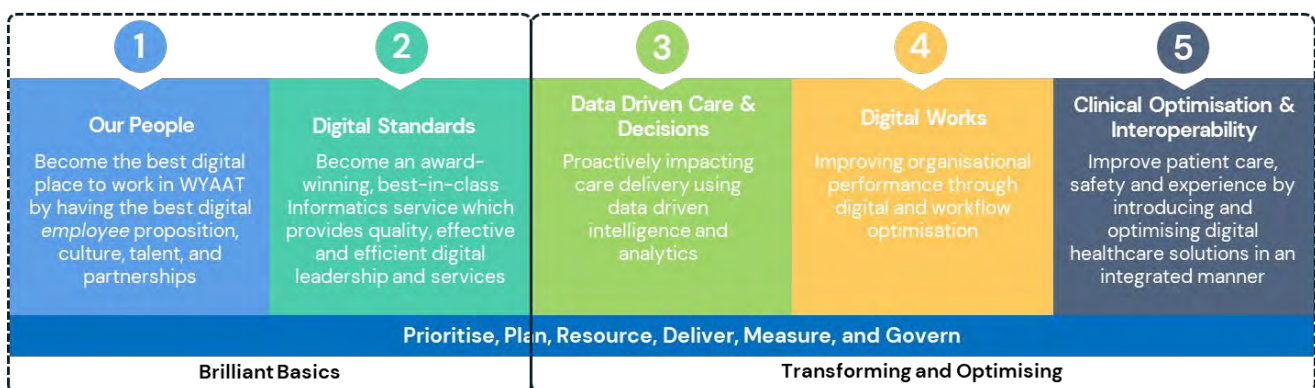
Following the submission of the draft strategy to the Quality Committee in February 2025 and further updates considering colleagues' comments, we seek Board approval for the publication of Bradford Teaching Hospitals NHS Foundation Trust's (BTHFT) Digital and Data Transformation Strategy.

Executive Summary

Informatics at BTHFT, working in partnership with operational, clinical and corporate colleagues, have been delivering an ambitious, clinically driven, digital change agenda. This has included the deployment of a Theatres, Anaesthesia and Critical Care system (TACC) within the Electronic Patient Record (EPR) and a regionwide Laboratory Information Management System (LIMS) upgrade as two recent examples of our success.

In parallel, Informatics has also been developing its long-term strategy, explicit delivery plans and uplifting digital capabilities against the context of changing models of patient care e.g. the Virtual Royal Infirmary, Outstanding Maternity Programme and Transforming Outpatients, as well as emergent national policy (the forthcoming 10-year plan).

The output of these developments is the production of BTHFT's new Digital and Data Transformation Strategy and Plan which articulates how BTHFT will become a **clinically driven, digitally outstanding Trust** over the next 5 years by focusing on 5 strategic areas of delivery: 2 x Brilliant Basics (fostering outstanding digital leadership and developing digital standards) and 3 x Transforming and Optimising (supporting outstanding care delivery by exploiting data, supporting organisational effectiveness through digital and optimising our clinical systems):



Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.10

This Strategy has been coproduced with a variety of stakeholders, through leadership forums and key engagements, whereby this dialogue will continue to ensure we remain aligned to patient needs, Trust strategies and the wider health of the nation agenda.

With the introduction of this Strategy, Informatics has revisited and refreshed the way in which it measures success, progress and the risks associated with delivery by understanding what clinical and organisational performance indicators are positively impacted by our plans.

The Board will be routinely updated on delivery against the ambitions detailed in the Strategy, both explicitly in dedicated documents and indirectly as the organisation continues to make progress in delivering key outcomes that are in turn dependent on our ongoing digitally enabled transformation.

Recommendation

We seek Board support for the publication of the Digital and Data Transformation Strategy.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness						
To deliver our financial plan and key performance targets						
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion						
To be a continually learning organisation and recognised as leaders in research, education and innovation						
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals						
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.10

Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS England Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Digital and Data Transformation Strategy

2025–2030



Becoming a clinically driven, digitally outstanding Trust.



Contents

Executive Summary from our Chief Digital & Information Officer	4
Context and Drivers – <i>Why we need to change</i>	5–10
Our Strategic Priorities – <i>What we need to do and why</i>	11–12
Delivery – <i>How we will be clinically driven, and digitally outstanding</i>	13–26
Success – <i>How we will measure and govern success</i>	27–30
Appendices	31

Executive Summary from our Chief Digital & Information Officer



Dr Paul Rice
B.A., MSc., PhD., MPLA, FBCS.
Chief Digital & Information Officer

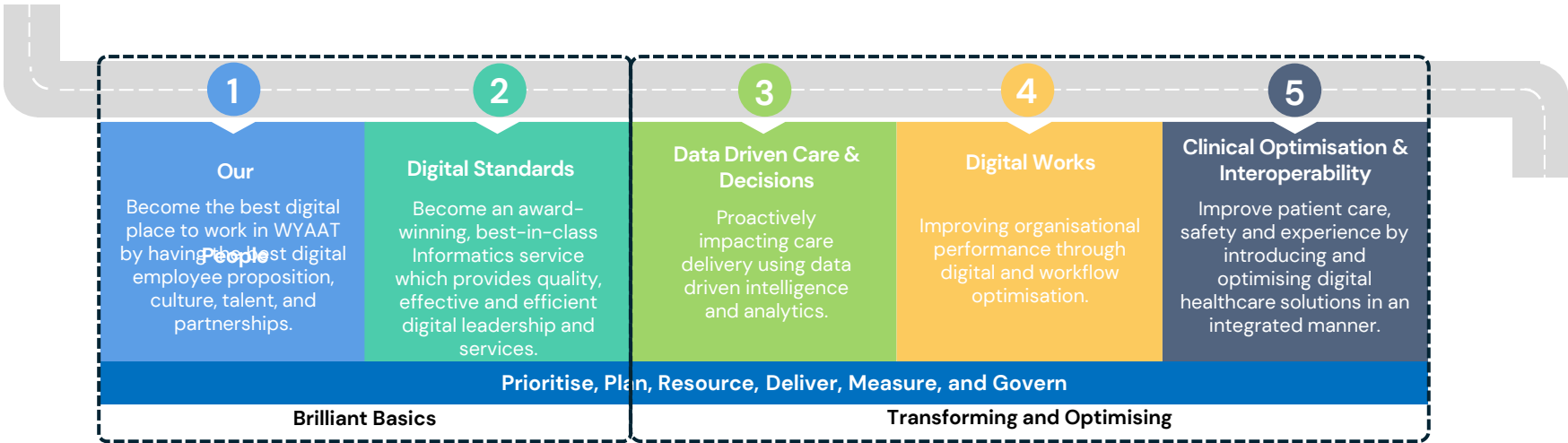
Bradford Teaching Hospitals NHS Foundation Trust is rightly proud about its achievements of placing Digital at the centre of how we organise and deliver care. Our adoption of an enterprise Electronic Patient Record, the delivery of an award-winning Command Centre, and our early pioneering work on Virtual Wards all speak to this ambition and acumen.

Now wishing to go further, this Strategy sets out how we shall become a **clinically driven, digitally outstanding Trust** by exploiting digital, data and transformation to support clinical outcomes, and overall organisational effectiveness and performance.

This strategic vision shall be achieved through a comprehensive set of engagements, plans and programmes which span 5 strategic objectives which align to the needs of our patients, people, place and partners.

This strategy and plan is rightly ambitious and is grounded in our priorities to provide the very best care for our patients.

We welcome your feedback and suggestions to enhance our digital services and capabilities, and we look forward to collaborating with you to realise our digital and data vision of becoming a **clinically driven, digitally outstanding Trust**.



Context and Drivers

Why we need to change

Context and Drivers for Change – National, ICB and System Perspective

The need for digitally led, clinically driven change and transformation

The Government is embarking on a 10-year plan to improve health through three main shifts: preventing illness rather than just treating it, delivering care closer to home instead of in hospitals, and encouraging the use of digital and data within service delivery. This is emphasised within NHS England's recently published national planning guidance for 2025/26 ¹ which puts forward a series of digital principles and ambitions to better enable providers to transform services, cut waiting times and improve care for our patients across England.

Notably, Lord Darzi's 'Independent Investigation of the National Health Service in England' ², and the Department of Health & Social Care's 'Reforming elective care for patients' ³ make the case for greater digital access for patients, streamlined systems for staff, solid technological foundations, and better data utilisation to support care both in an acute, and community setting.

Regionally, the West Yorkshire Integrated Care Board (ICB) established a digital strategy ⁴ with partners from across the local health and care system ⁵. The ICB's digital strategy – which is undergoing a period of refresh – is aimed at reducing health inequalities and improving population health and wellbeing for the people of Bradford District and Craven, and places significant emphasis on integration and interoperability between systems to allow data to flow across the region – a key enabler in its strategic ambitions.

In a digital context, these drivers for change can be summarised as follows:

- Clinical pathways must be compatible and interoperable with other care providers whereby care, and patient data must reach into the community, and span across organisational boundaries
- A systems-thinking approach should be adopted to optimise and transform clinical pathways, and operational activities with a digital and data first set of principles
- Modern solutions, including AI and automation, should be adopted to improve operational efficiencies as well as patient care
- Patients must be able to interact, participate and coproduce their care plans
- Providers should exploit data to support predictive and intelligence-led analysis, and decision making to contribute to clinical, operational and patient outcomes



Context and Drivers for Change – Local and Trust Perspective

Bradford's Population and Health

Bradford is the fifth largest local authority in England in terms of population size – after Birmingham, Leeds, Manchester and Sheffield – and according to the '2024 Joint Strategic Needs Assessment for Bradford'⁶, is one of the most deprived local authorities in England with health inequalities and levels of deprivation cited as a major challenge.

As with the national and regional context, Bradford's 'District and Craven Digital Divide analysis'⁷ and 'District Plan 2021 – 2025'⁸ emphasises the need for proactive health interventions, collaborative care services and distributed care models between providers, and care settings. The District Plan also highlights that digital poverty is a barrier to accessing care and social services.

With such a mix of societal and population attributes, health and wider social inequalities, the Trust has recognised the importance of safe, well-led and quality clinical services within its corporate strategy and sub-strategies which continue to evolve as we strive to meet the care needs of our patients and community. Examples of this appreciation of change include the 'Virtual Royal Infirmary', 'Faster Further', and 'Transforming Emergency Department' programmes, and notably the internationally-recognised 'Born in Bradford' research programme which aims to find out what keeps families healthy and happy.

In a digital context, these drivers for change can be summarised as follows:

- The use of digital must ease, and not prohibit the way in which our patients, and partners access our services
- Digital and Data must continue to underpin and support the Trust's ambitions
- As with the national and regional context, clinical and care services must be able to extend beyond the walls of the Trust and into local and home settings
- Data must continue to be exploited to support Bradford's research strategies to compliment population health understanding and improvements
- The digital literacy and confidence of our population and staff must be supported and developed to better enable clinical outcomes via digital and data means



Context and Drivers for Change – An Informatics Perspective

Future proofing Digital and Data services

Informatics has invested into its core technical services to ensure strong, and stable digital and data foundations for the Trust.

Looking to the future, Informatics undertook an assessment of its digital and data services to determine how well future-proofed they are in the context of national, system, and local demand. This assessment was complimented by the NHS's Digital Maturity Assessment, 'One Digital Estate' ambitions and other industry benchmarks.

The outcome of this assessment highlighted a variety of services within the Informatics provision requiring ongoing development, optimisation and incorporation into our workplans:

- Clinical systems and technologies must be developed and optimised to support clinical outcomes, remove duplication and ensure a return on investment
- Enterprise and integration architecture capabilities must be established to enable the convergence of clinical systems, data and services
- Formal methodologies and platforms should be developed to encourage the way in which data is used to full effect within the Trust (Making Data Count Methodology and the Federated Data Platform)
- Digital leadership, skills and resources must maintain pace with the increased complexity of digital and data systems, and how they can be exploited to benefit the Trust and its patients
- Resources and expertise pertaining to AI and Automation must be grown and developed
- Digital services and support must be proactive, and focused on continuing improvements to reduce 'digital disruptions' in clinical areas
- Core technology, digital and data services must remain compliant with all necessary standards and industry best practice

Key	
0	Not in place, but required.
1	Reactive
2	Managed, but inconsistent
3	Working Well and Proactive
4	Best in Class (NHS), and predictive
5	World Class, and optimising

Technology Management					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
IT Strategy and Plans	High	1	2	3	3
Applications Portfolio Management	High	1	2	3	3
Solution Architecture Management	High	0	1	2	3
Enterprise Architecture Management	High	0	0	1	2
Information Security Management	High	2	3	4	4
Service Management	High	1	1	3	4
Development and Maintenance	Medium	2	2	3	3
IT Solution Deployment	Medium	2	2	3	3
Delivering and Supporting IT Services	High	2	2	3	3
Solution Development	Medium	1	1	2	3
Disaster Recovery / Business Continuity	High	2	2	3	3

Change and Optimisation					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
Business Analysis	High	1	2	3	3
Change Management	High	2	2	3	3
Continual Service Improvement	High	0	0	2	3
Portfolio Management	High	1	2	3	3
Business Process Management	Medium	0	0	2	3
Benefits Realisation Management	Medium	0	0	2	3

Data & Information Management					
	Strategic Priority	2023 Maturity	2024 Maturity	2025 Target	2030 Target
Data Management	High	1	1	2	4
Master Data Management	High	0	0	1	3
Data Architecture Management	High	1	1	2	3
Information Governance	High	3	3	3	3
Reporting & Analytics	High	2	2	3	4
Content Management	Medium	0	0	2	3

Context and Drivers for Change – A Stakeholder Perspective

What people say about Digital and Data at BTHFT

Digital and Data services must cater for a rich, diverse and complex arrangement of stakeholders and requirements.

To understand how we can support their needs, we spoke to a variety of stakeholders during the creation of this strategy.

Patient Engagement, BTHFT (2024)

"A&E is always busy, I wish we knew how long we have to wait"

"I sometimes receive letters for my appointment after my appointment has happened"

"I don't want to feel disadvantaged because I don't have a smartphone"

"I want to benefit from technology, and avoid coming into hospital"

"I arrive on time, but often wait for ages for my appointment – I am asked the same questions, can this be done better?"

"Can I be treated at home, rather than in hospital?"

Clinical Stakeholder Engagement, BTHFT (2024)

"It takes too long to get changes within EPR – I need EPR to work better for me"

"We have so many clinical systems, I am unsure we are making the best use of them"

"We need to simplify our processes prior to applying technology – technology is not always the answer."

"There are too many clinical systems which don't talk to one another"

"We have so many ideas we want to explore which will make a positive impact"

"I want to spend more time with the patient than at my computer"

Informatics Stakeholder Engagement, BTHFT (2024)

"We focus too much on 'IT', and not enough on using it to make a bigger impact to change how the Trust treats patients, and conducts its services"

"We need a priority set of clinically and operationally prioritised activities which can be delivered; we try and do too much"

"It is hard to recruit the skills and resources we need for the changes we need to make"

Maternity Stakeholder Engagement, BTHFT (2024)

"We are restricted in our ability to provide adjustable birth plans for our patients"

"We need to be better in our ability to share information across WYAAT"

Operations Stakeholder Engagement, BTHFT (2024)

"We need to do so much more with our command centre"

"There are some issues which never go away"

"Why aren't we doing more with what we have got?"

"I do not know what Informatics are working on"

"We need to make better use of our EPR, when we put it in we did not optimise enough of what we were doing"

"We are too focused on reporting, and not using our data to make better decisions"

"I want to be more proactive with my planning, using data and modern IT to support me"



















Our Strategic Priorities

What we need to do, and why

Our Strategic Priorities – *What we need to do, and why*

What we need to focus on

When summarised, the preceding contexts and drivers for change pose a complex, yet positive set of targeted priorities for the Trust as well as Informatics:

Increase Hospital Utilisation & Performance 	Improve health and digital inequalities 	Optimise Clinical Systems 	Develop our People and Digital Literacy 
Support Patient Care and Clinical Outcomes 	Drive Data Driven Decisions and Predictions 	Increase the use of the Command Centre 	Transform and Optimise our Outpatient Pathway 
Ensure interoperable care pathways and systems 	Enhance & Modernise Digital Services 	Reduce Trust Operating Costs 	Transform and Optimise our Emergency Department 
Increase the use of AI and Automation 	Digitally Optimise and Enable Clinical environments 	Encouraging and Enabling patient engagement for care 	Enable productivity across the Trust 

Why these are important

The provision of **clinically driven, digitally outstanding** leadership and services across the Trust can be realised and measured across a variety of clinical, operational and corporate outcomes which in turn benefit our patients:

Empowering and Enabling Patients to contribute to their care plans 	Improved convenience, flexibility and efficiency 	Better demand management, capacity and flow 	Improved staff wellbeing and morale 	Care in the right place at the right time 	Ensuring best use of limited resources 	Staff productivity and efficiency gains 	Safe and effective care 
Improved accessibility and inclusion 	Reductions in avoidable harm 	Improved patient experience 	Reductions in avoidable attendance and admissions 	Improved health outcomes 	Reduced length of stay 	Minimise carbon footprint 	Reduced impact on physical estate 
Improved Elective Recovery Times 	Reduction of paper and manual processes 	Increased use of AI and Automation 	Convergence of Clinical Systems 	Reduced Operating Costs 	Risk Reduction 	Improved Capability Scores 	People Development and Attraction 

Delivery

How we will be clinically driven, and digitally outstanding

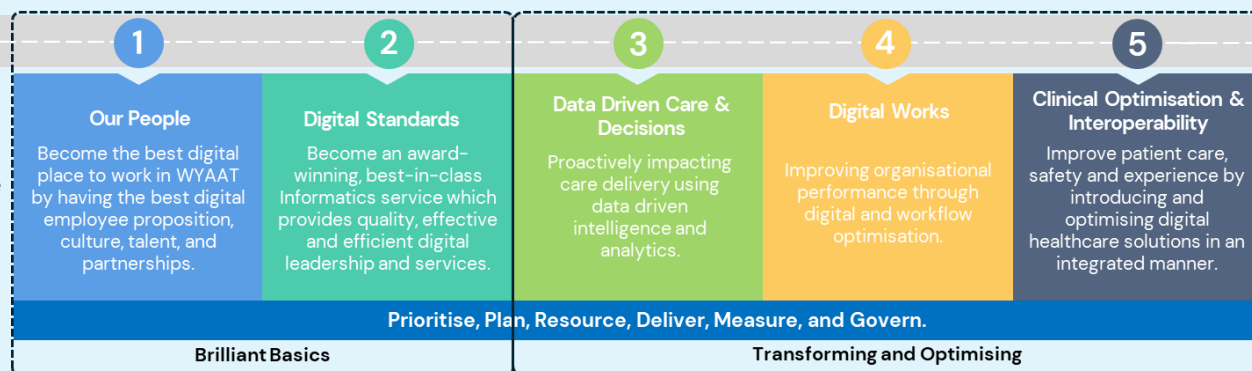
Delivery – How we will be a clinically driven, digitally outstanding Trust

Increase Hospital Utilisation & Performance	Improve health and digital inequalities	Optimise Clinical Systems	Develop our People and Digital Literacy
Support Patient Care and Clinical Outcomes	Drive Data Driven Decisions and Predictions	Increase the use of the Command Centre	Transform and Optimise our Outpatient Pathway
Ensure interoperable care pathways and systems	Enhance & Modernise Digital Services	Reduce Trust Operating Costs	Transform and Optimise our Emergency Department
Increase the use of AI and Automation	Digitally Optimise and Enable Clinical environments	Encouraging and Enabling patient engagement for care	Enable productivity across the Trust

Bridging Priorities to Outcomes

5 Strategic areas of activity shall be achieved in two concurrent phases:

- (1) Brilliant Basics and,
- (2) Transforming and Optimising.

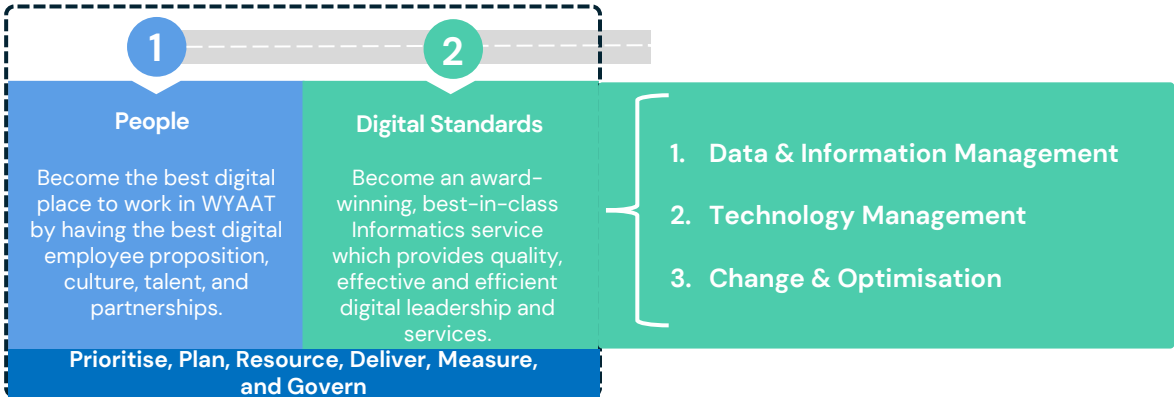


Empowering and Enabling Patients to contribute to their care plans	Improved convenience, flexibility and efficiency	Better demand management, capacity and flow	Improved staff wellbeing and morale	Care in the right place at the right time	Ensuring best use of limited resources	Staff productivity and efficiency gains	Safe and effective care
Improved accessibility and inclusion	Reductions in avoidable harm	Improved patient experience	Reductions in avoidable attendance and admissions	Improved health outcomes	Reduced length of stay	Minimise carbon footprint	Reduced impact on physical estate
Improved Elective Recovery Times	Reduction of paper and manual processes	Increased use of AI and Automation	Convergence of Clinical Systems	Reduced Operating Costs	Risk Reduction	Improved Capability Scores	People Development and Attraction

Brilliant Basics – *Strong foundations for success*

Preparing for the future by developing our digital capabilities and leadership

This section illustrates how we will develop our digital and data foundations across the elements of the Informatics Function: People, Data, Technology, Change and Optimisation.



Examples of recent successes:

Focusing on People and Leadership – We have embarked on a programme of leadership development in partnership with the Trust’s Organisational Development team. This development programme has already yielded positive outcomes, and positive feedback from those who have participated.

Strong and Flexible Technical Foundations – The Trust has invested into its technical capabilities to mitigate technical debt, and in anticipation of the increased use of devices, data and digital services.

Experience and Skills Development – Through a training and recruitment programme, new skills have been developed and introduced into our team to prepare us for the future.

Clinical Informatics Expansion – We have grown our team of clinical professionals who play a vital role in supporting safe and clinically driven digital change.

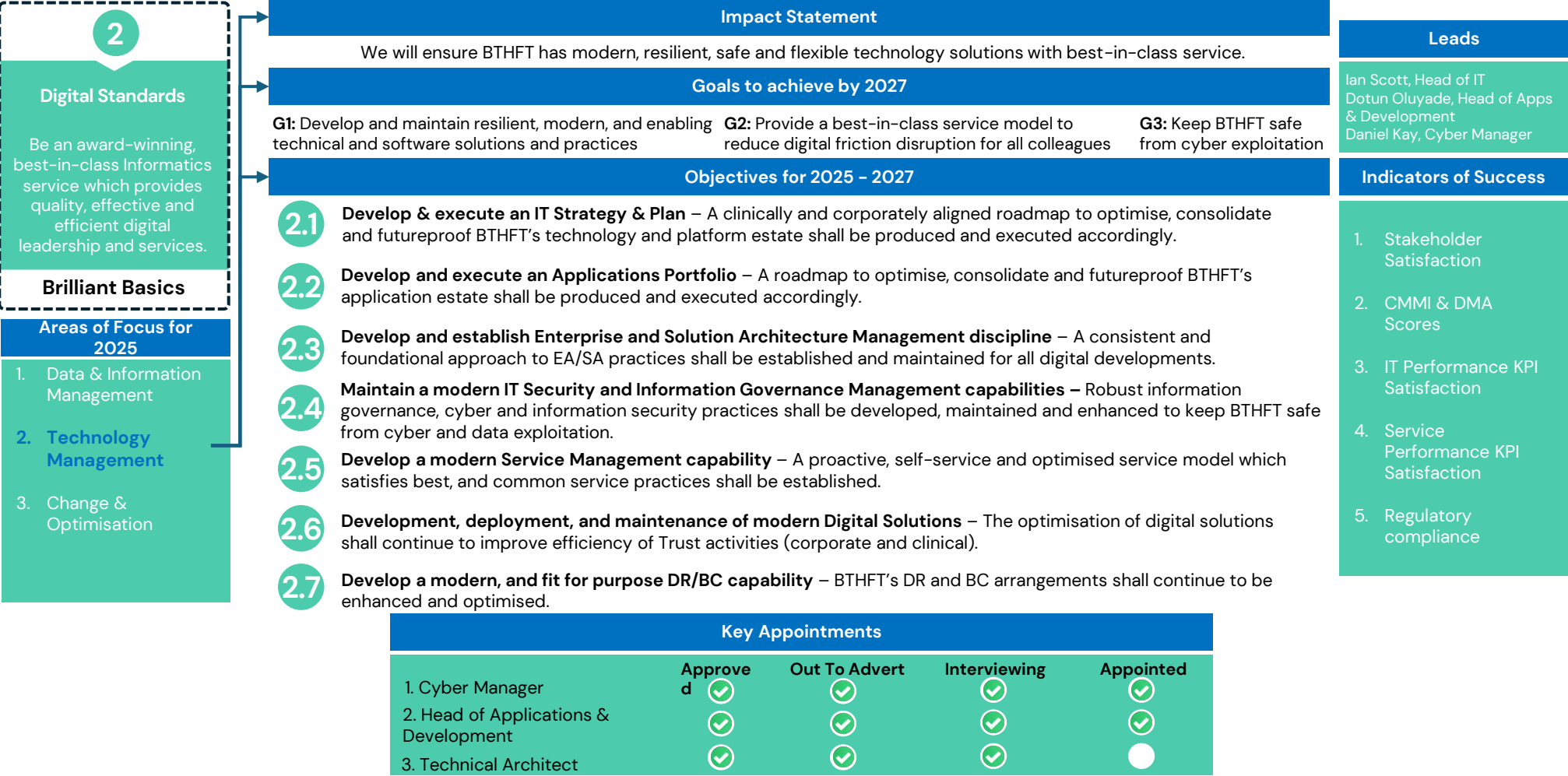
Strategic Objective 1 – Our People

<div><div>1</div><div>People</div><div>Become the best 'digital-place-to-work' in WYAAT by having the best digital employee proposition, culture, talent and partnerships.</div><div>Brilliant Basics</div><div>Areas of Focus for 2025</div><div><div>1. Leadership & Talent Development</div><div>2. Developing Employee Proposition</div><div>3. Performance Enablement</div><div>4. Quality Recruitment</div><div>5. Diversity of Thought and Experience</div></div></div>	Impact Statement		Lead	Indicators of Success
	We will attract, develop and retain the best, brightest Digital talent from across the Region.			
	Goals to achieve by 2027		Rachel Pyrah, CIO General Manager	
	G1: We will be the best digital place to work in WYATT G2: We will be an award winning Digital and Informatics Team			
	Objectives for 2025 – 2027			
1.1 Outstanding Digital Leadership – A leadership development regime is to be adopted to encourage outstanding leadership at all levels. This includes ensuring quality appraisals and conversations.		1. Leadership Development Rates 2. Equality, Inclusivity and Diversity 3. Professional Development 4. NHS Staff Survey Results 5. Employee Satisfaction 5. Awards & Recognition		
1.2 Talent & Performance Enablement – A holistic approach to talent and performance enablement is to be adopted to facilitate success. This includes the provision of clear, measurable and achievable objectives relevant to the Digital and Data Strategy and Plan.				
1.3 Culture – Informatics will continue to promote openness and collaboration, with a focus towards building a culture of innovation, transformation and optimisation underpinned by psychological safety.				
1.4 Professional Skills, Development and Competencies – We shall continue to develop and craft a highly skilled, professional workforce to meet the digital ambitions of the Trust. This includes continuous professional development for all.				
1.5 Recognition and Reward – We shall promote recognition at all levels by consistently celebrating outstanding performance, leadership and behaviours.				
1.6 Equality, Inclusivity and Diversity– We shall continue to foster an environment and culture which represents and champions the best of everyone and reflects the community we serve.				
Medium Term Objectives for 2026-2028				
1.7 Accommodation – The team moves to accommodation which is suitable for the team's size and ambitions to better collaborate and partner.				

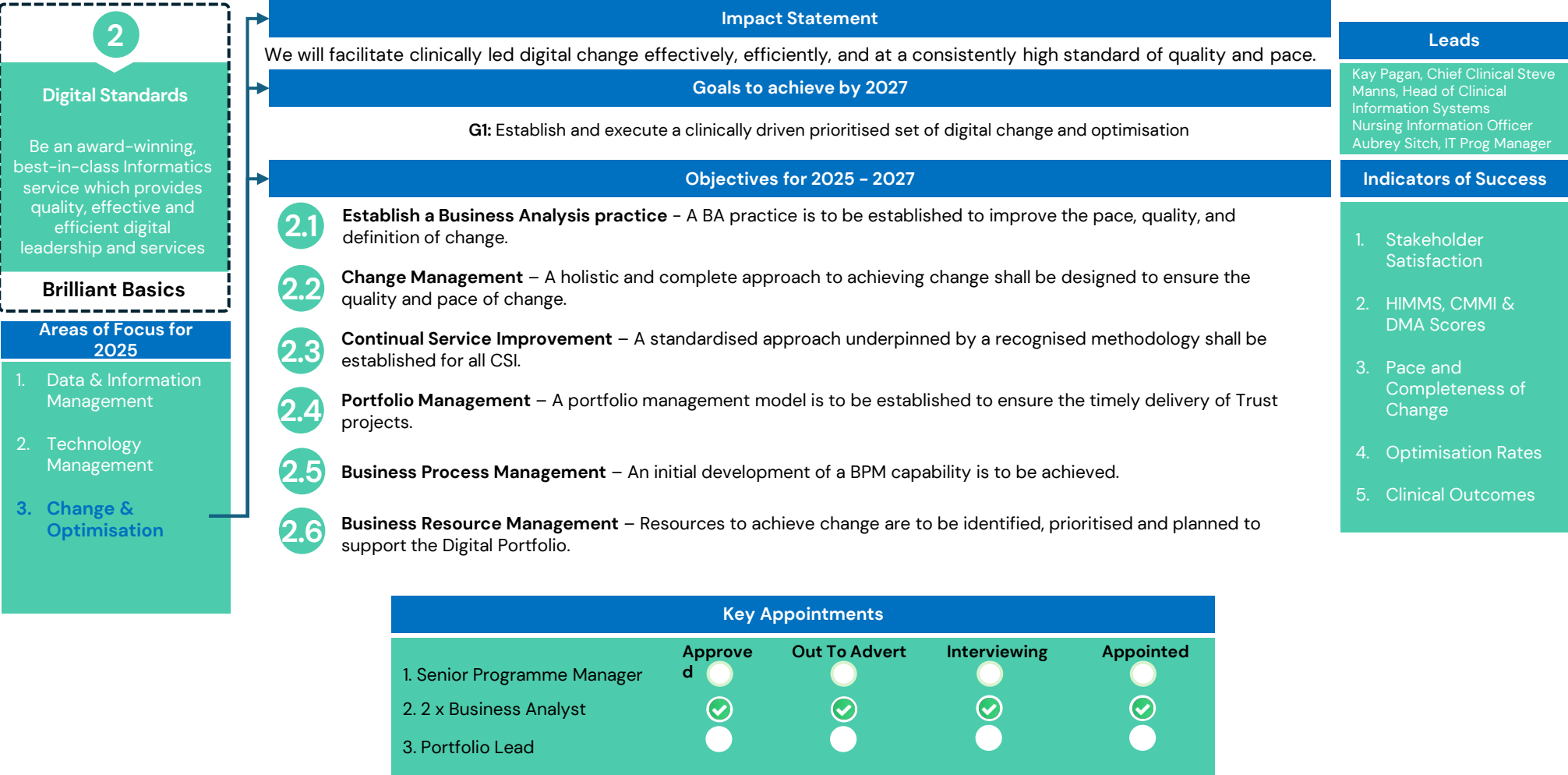
Strategic Objective 2 – Digital Standards (Data & Information)

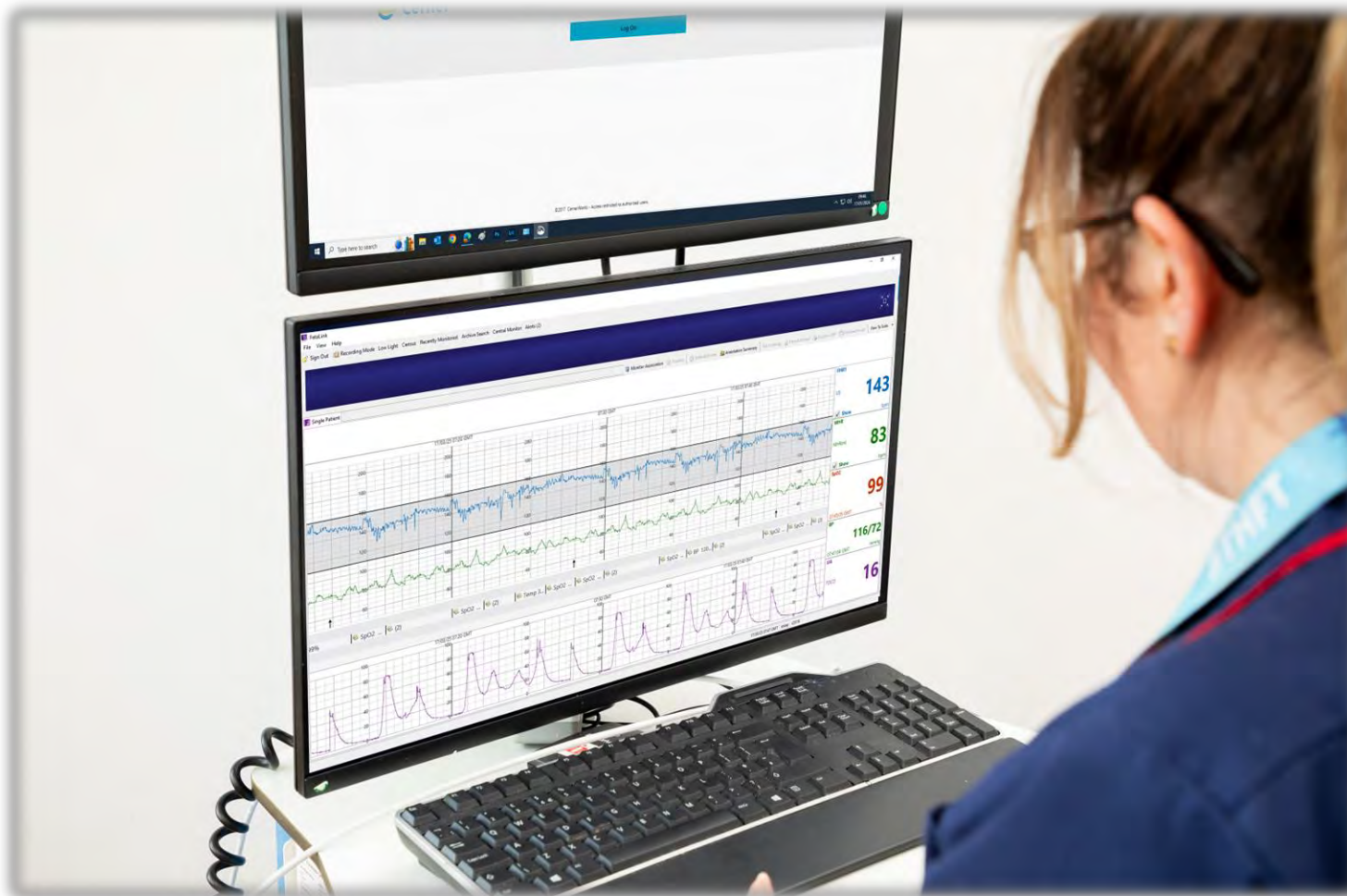
<div>2</div> <div>Digital Standards</div> <div>Be an award-winning, best-in-class Informatics service which provides quality, effective and efficient digital leadership and services.</div> <div>Brilliant Basics</div> <div>Areas of Focus for 2025</div> <div>1. Data & Information Management</div> <div>2. Technology Management</div> <div>3. Change & Optimisation</div>	Impact Statement				Leads	
	We will support the Trust in making proactive decisions to support clinical, operational and corporate outcomes.					Associate Director of Data, Analytics & AI Nick Dodds, Clinical Coding Manager
	Goals to achieve by 2027					
	G1: Trust incorporates the 'Making Data Count' standard G2: The Trust can make predictive interventions in a clinical and operational context G3: Data and information is accessed in a self-served manner enabling timely analysis					
	Objectives for 2025 – 2027				Indicators of Success	
2.1	Data & Information Management – A clinically and corporately aligned Data and Information Management Strategy is to be created which supports the Trust's Strategic goals, supported and enhanced by the 'Making Data Count' methodology and Federated Data Platform.				1. Stakeholder Satisfaction	
2.2	Data Architecture Management – A sustainable and fit for purpose data architecture model for data and integration will be established to enable a self-service, predictive and meaningful data model which can also support AI, data science and machine learning.				2. CMMI & DMA Scores	
2.3	Data Quality – A data quality collaboration strategy and improvement programme will be established to support data quality governance, completeness and confidence across the Trust.				3. Data Usage	
2.4	Reporting & Analytics – A proactive, self-service reporting and analytics capability is to be established to enable proactive decision making using the MDC methodology, and other modern analytical means.				4. Growth of Analysis and prediction capabilities	
2.5	Master Data Management – The appropriate governance, processes, policies, standards and tools to consistently define and manage critical data to provide a single data record shall be established and maintained.				5. Self Service capabilities	
2.6	Development Methodologies & Tooling – A set of data development and design methodologies are to be established which supports the execution of the data strategy.				6. Clinical Coding and Data Quality	
2.7	Clinical Coding – An ambitious Clinical Coding collaboration and improvement strategy and plan shall be established to enable best-in-class clinical coding capability.					
Key Appointments						
1. Associate Director of Data, Analytics & AI		Approved	Out To Advert	Interviewing	Appointed	
2. Data Architect						

Strategic Objective 2 – Digital Standards (Technology)



Strategic Objective 2 – Digital Standards (Change & Optimisation)

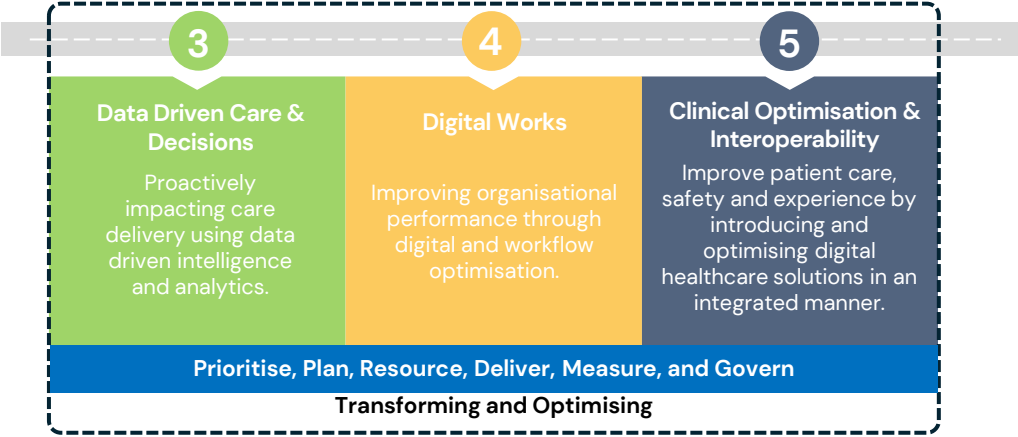




Transforming and Optimising – *Exploiting Digital and Data*

The key to becoming clinically driven, and digitally outstanding

This next section speaks to how Informatics will lead and enable the Trust to exploit digital and data to support clinical, operational and corporate outcomes.



Strategic Objective 3 – Data Driven Care & Decisions

3

Data Driven Care & Decisions

Proactively impacting care delivery using data driven intelligence and analytics.

Transforming and Optimising

Why is this important?

Every activity that is undertaken within the Trust generates data, and without the proper aggregation and analysis – vital information which can proactively influence hospital activities, patient care and utilisation is at risk of being lost.

Examples of recent successes:

Insights Centre – Provides all Trust staff with ready access to a large number of metrics utilising Making Data Count (MDC) principles, via Statistical Process Control (SPC) charts and configurable dashboard views.

Medication Reconciliation Dashboard – Provides full visibility on inpatient medication reconciliation to reduce medication errors, provide quality assurance and meet CQC recommendations.

Waiting List App – A comprehensive waiting list management and validation application providing transparency for all pathway waits and customisable workflow in conjunction with interactive visualisations and reporting had been implemented.

Estates and Facilities Dashboards – Provides detailed, useful and fully automated data on patient transfers and performance metrics.

Outpatient Procedures Dashboard – Monitors in near real-time outpatient procedure recording to ensure appropriate visibility of clinical activities.

Our plans and ambitions:

Moving to predictive analysis, rather than reporting – Using the analysis capabilities created, the Trust shall begin to develop ways and means to make decisions based on predictive analysis (e.g. relationship between weather, staffing, and hospital utilisation patterns), and only use reporting when appropriate. This includes the adoption of the new Federated Data Platform.

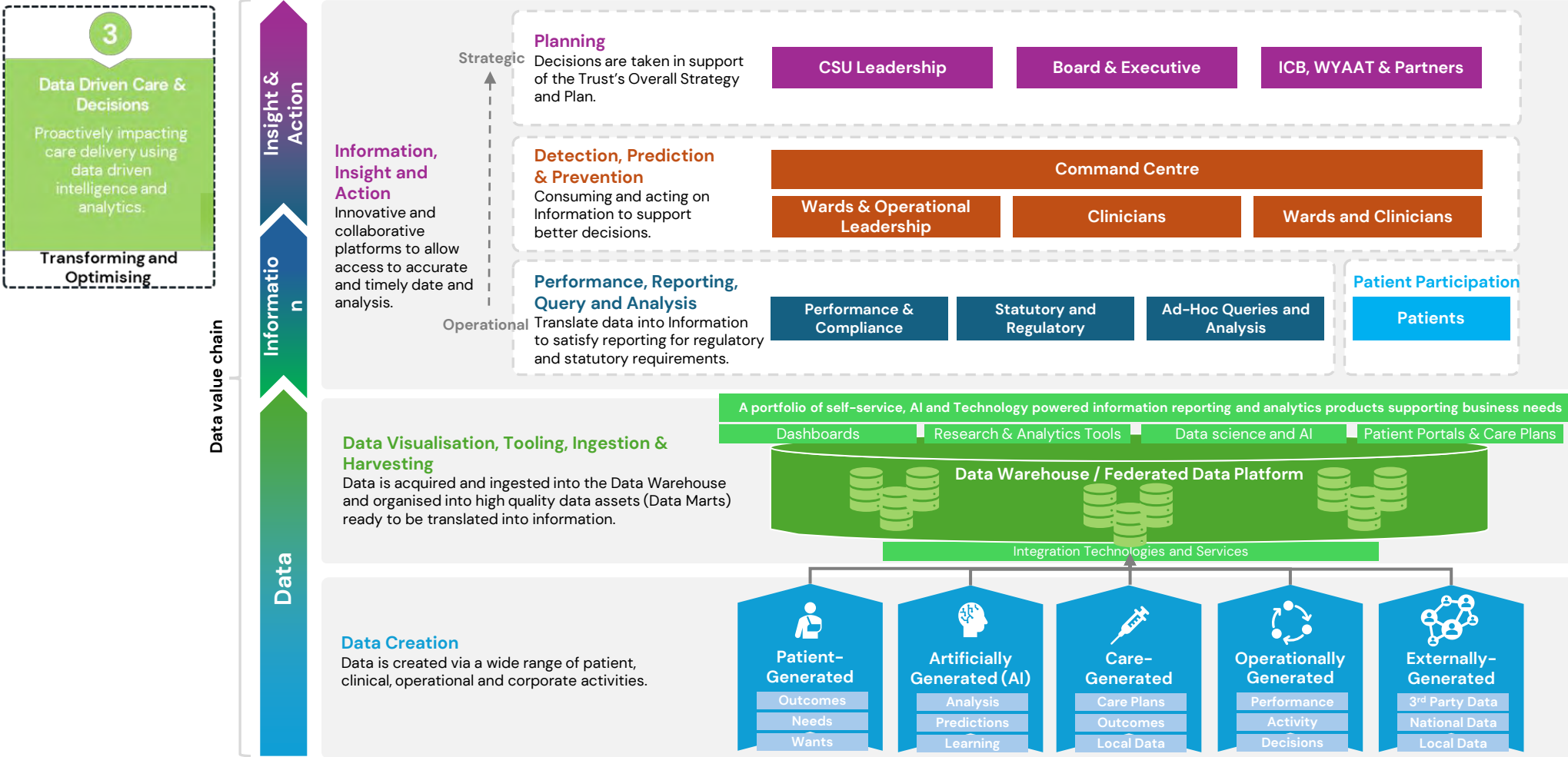
Refreshing the Command Centre – There is an exciting opportunity to refresh the way in which the Command Centre assimilates and actions the data which is fed to it. In doing so, the ability to enable data driven clinical and operational decisions can be greatly increased; this includes the facilitation of supportive Artificial Intelligence.

Realtime, self-service CSU Performance Dashboards – Work is already underway to establish a refreshed approach to capturing and articulating Clinical Service Units (CSU) performance in a self-service, on-demand fashion. This new approach will enable CSUs to actively manage their activities based on more-timely, and available information. Notably, this approach enables performance across the Trust to be easily aggregated into and Integrated Board/Executive Report.

Near Real Time Auditing Tools – Near real-time documentation audits improve compliance by identifying gaps early and enhance EPR with accurate, up-to-date records. Work is underway on initial nursing assessments to ensure timely, complete data capture which supports clinical outcomes.

Federated Data Platform and NHS Secure Data Environment (SDE) – Engaging in the NHS Federated Data Platform pilot, and SDE will be a significant improvement as it enables seamless, secure data sharing across NHS services by leveraging nearer real-time insights and analytics, the platform enhances efficiency in resource allocation, supporting faster decision-making, and research insights.

Strategic Objective 3 – An outstanding Data Model



Strategic Objective 4 – *Digital Works*

4

Digital Works

Improve organisational performance through digital and workflow optimisation

Transforming and Optimising

Why is this important?

Digital Works speaks to the way in which digital solutions are used within the Trust, and is the formal methodology and agenda to support corporate, operational and clinical colleagues.

Examples of recent successes:

Digital Patient Consent – We have deployed a way to digitally collect patient consent across the Trust; this has subsequently removed a vast quantity of paper and administrative effort.

Printer replacement – The Trust has recently refreshed and replaced all printers with new, modern print solutions which has reduced printing volumes by 20%.

Network upgrade – A full upgrade of our underlying network is almost complete which has improved speed of access of data. This will allow us to future proof the network for the digital strategy, and the anticipated increase in mobile clinical devices and services.

Modern Tooling – We have upgraded all our email and Microsoft Office solutions to enable seamless coproduction of communications. This has been deployed in conjunction with a new solution (InTune) which allows for safe and secure access to these resources from personal, and mobile devices.

Automation – Robotic Process Automation (RPA) has been employed at the Trust in a variety of areas to automate repetitive tasks within a variety of services within the Trust. Notably, we have employed RPA within the Outpatient pathway to automatically – rather than manually – provision clinical codes within patient records.

Our plans and ambitions:

Digital Education and Engagement – We will work to improve digital and data confidence and literacy across the Trust to ‘democratise digital and data’, so as to encourage greater engagement and innovation around digital and data matters.

Artificial Intelligence and Automation – When systems and pathways are optimised, the application of AI and automation shall be explored and adopted as standard to streamline downstream clinical and operational activities (e.g. waiting list validation, hospital utilisation and waiting list management, ambient AI and clinical coding automation).

Supporting the ‘Transforming Outpatient Pathway’ Programme with a refreshed Patient Engagement Portal (PEP) – Digital disciplines and transformational methodologies shall be applied towards the refresh of the Trust’s outpatient pathway through an equally refreshed PEP capability. This programme includes the provision of personalised birth plans, pre-arrival screening, waiting list validation, patient initiated follow-up and ‘waiting well’.

Supporting the ‘Transforming Emergency Department’ Programme with Digital and System’s Thinking – As with the outpatient pathway, the application of our refreshed digital disciplines and transformational methodologies shall be used to support the ambitions of the Trust in improving the way in which its emergency department operates. A significant element of the digital transformation and innovation will be to increase the use of data and analysis to help inform patients of waiting times, and predict attendance so as to inform staff rotas.

Modern Tooling – We will deploy and manage modern tooling through the Microsoft365 suite of products, such as PowerBI, PowerApps, OneDrive, which will enable the Trust to use data and information to make clinical and corporate decisions based on real time information. This tooling can also be developed to automate and streamline corporate activities.

Strategic Objective 4 – Digital Works – Automation & Artificial Intelligence

4

Digital Works

Improve organisational performance through digital and workflow optimisation

Transforming and Optimising

Innovating and doing more with Digital

The Trust is no stranger to utilising AI and automation. Radiology and Cancer services have for some time been using AI to aid clinicians in diagnosis and treatment support, and the Trust has developed and deployed Robotic Process Automation (RPA) solutions to alleviate repetitive and manual tasks.

The availability of these technologies, in conjunction with the Trust's appetite for change offers an ideal opportunity to exploit digital solutions to optimise clinical, operational and corporate activities.

Some examples of BTHFT's AI and Automation Opportunities (🔍) and success stories (✅) are as follows:

Clinical Activity & Coding

✅ **Outpatient Coding:** We have automated a series of procedure codes which now no longer rely on manual intervention. Since October, nearly 25,000 procedure codes have been automatically applied.

🔍 **Ambient AI for Clinical Notes:** There is the potential for AI to act in a passive manner to record and transcribe conversations between patients and clinicians. This reduces administration, and enables the clinician to face the patient, rather than a screen.

A&E

🔍 **Supporting Frequent Attenders:** AI can be used to predict patients who are at risk of becoming frequent users of emergency services so staff can get them more appropriate care at an earlier stage. Initiatives like this have already helped reduce the number of frequent attendances by more than half in some parts of the country⁹.

🔍 **Homecare Prescription Processing:** There is an opportunity to automate Homecare Prescription processing between nurses, homecare staff, and pharmacy teams which will provide automated validation, approval, integration with the EPR, and seamless dispatch to providers.

Pharmacy

🔍 **Homecare Prescription Processing:** There is an opportunity to automate Homecare Prescription processing between nurses, homecare staff, and pharmacy teams which will provide automated validation, approval, integration with the EPR, and seamless dispatch to providers.

Corporate

🔍 **Budget and Spend Management:** AI-driven tools can analyse spending patterns, suggest budgeting strategies, detect potential areas improvement and commercial opportunity.

🔍 **Time to Hire & HR Support:** The prevalence of automation and AI driven processes in a HR context is commonplace as it can support the completion of repetitive and manual tasks e.g. employee onboarding, policy management, ad-hoc queries or support.

🔍 **Invoice & Receipts Handling:** A combination of AI and Automation can be used to automate and streamline invoice handling. A trial of this capability is already underway.

Outpatient Pathway

🔍 **Hospital Utilisation and Waiting List Management:** Tooling can be used to optimise elective recovery waiting lists, as well as us AI to predict DNAs using weather patterns, patient location and other such peripheral data sets to support patient attendance. This also includes the ability to 'fill' any cancelled appointments with patients statistically most likely to attend.

Patient Care & Command Centre

🔍 **Prevention and Detection:** AI tooling can help support clinical care and interventions in a timely manner based on patterns, patient monitoring (MEWS) and other such data.

Central Patient Booking Service

✅ **ERS to EPR:** We have automated the booking of patients referred to the Trust from ERS direct into EPR.

Strategic Objective 5 – Clinical Optimisation & Interoperability

5

Clinical Optimisation & Interoperability
Improve patient care, safety and experience by introducing and optimising digital healthcare solutions in an integrated manner

Transforming and Optimising

Why is this important?

This element of the strategy speaks to a comprehensive programme of introducing new, and optimising current clinical systems for our clinicians, and patients.

- Examples of recent successes:**
- Theatre, Anaesthesia and Critical Care (TACC)** – The successful implementation of Theatre and Critical Care services to EPR in November '25, introduced fully digitised workflows alongside the integration of bedside medical devices and infusion management.
 - Pathology Upgrade** – The implementation of a new WYAAT Pathology Laboratory Information Management System (LIMS), replaced an aging and poorly supported system. The new solution offers greater functionality and will be used as the bedrock for further Pathology service improvements.
 - ICE OpenNet** – An upgrade of the results reporting system (ICE) and the implementation of new functionality to allow Radiology and Pathology reports from WYAAT and Harrogate hospitals has been implemented.
 - Digital Pathology** – The implementation of a Digital Pathology system which will allow for optimised reporting of Histopathology and better sharing of work across the region.

- Our plans and ambitions:**
- Establishing a clinically driven, digitally outstanding baseline** – A new digital and data blueprint shall be established and piloted across a series of clinical domain which will provide a tangible examples of clinically driven, digitally optimised environments, systems, methodologies and data. This will include training, engagement and education to support the way in which colleagues can utilise digital and data to their advantage.
 - Prioritising Digital Interventions** – A comprehensive assessment shall be undertaken across clinical specialities and CSUs to ascertain their digital and data maturity based on clinical safety, quality of care, effectiveness and performance. This will then provide a focused plan of support, optimisation and development.
 - EPR Optimisation** – A refreshed approach to proactively identify, understand and prioritise EPR system optimisation – driven by clinical and operational priorities – shall be established, and routinely published to ensure maximum engagement.
 - Enhanced Clinical Partnering** – A new approach to digital and clinical partnering shall be established between CSUs, and those clinical areas that require improvement and support.
 - Medanets and Clinical Mobility** – We will seek to introduce handheld devices to support bedside observations, alerting & escalation, and nursing documentation. In doing so, we will significantly enable a mobile EPR capability which enables clinicians to spend more time with patients, as opposed to computer screens.
 - Clinical System Consolidation & Optimisation** – A programme of work to reduce the complexity of clinical systems shall be undertaken to reduce duplication.

Strategic Objective 5 – Clinical Optimisation – Bringing it together

5

Clinical Optimisation & Interoperability

Improve patient care, safety and experience by introducing and optimising digital healthcare solutions in an integrated manner

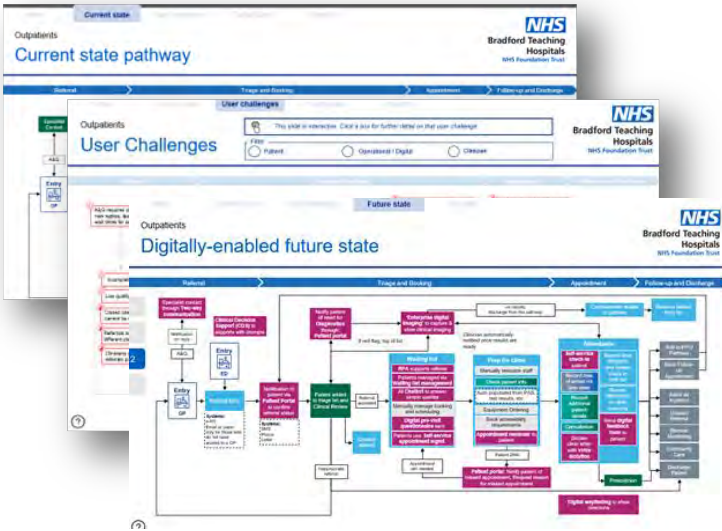
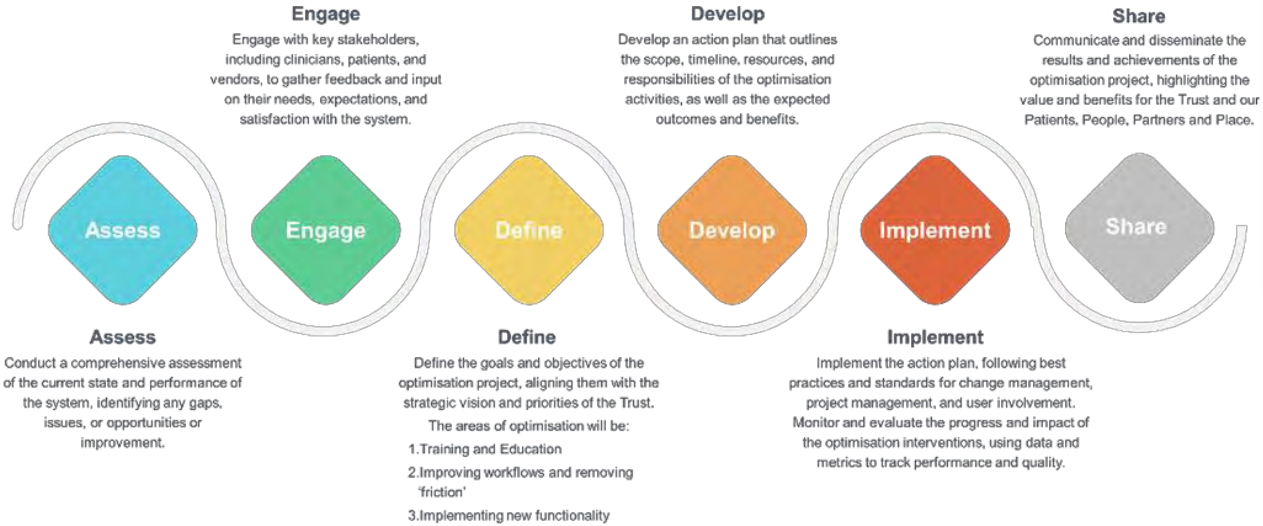
Transforming and Optimising

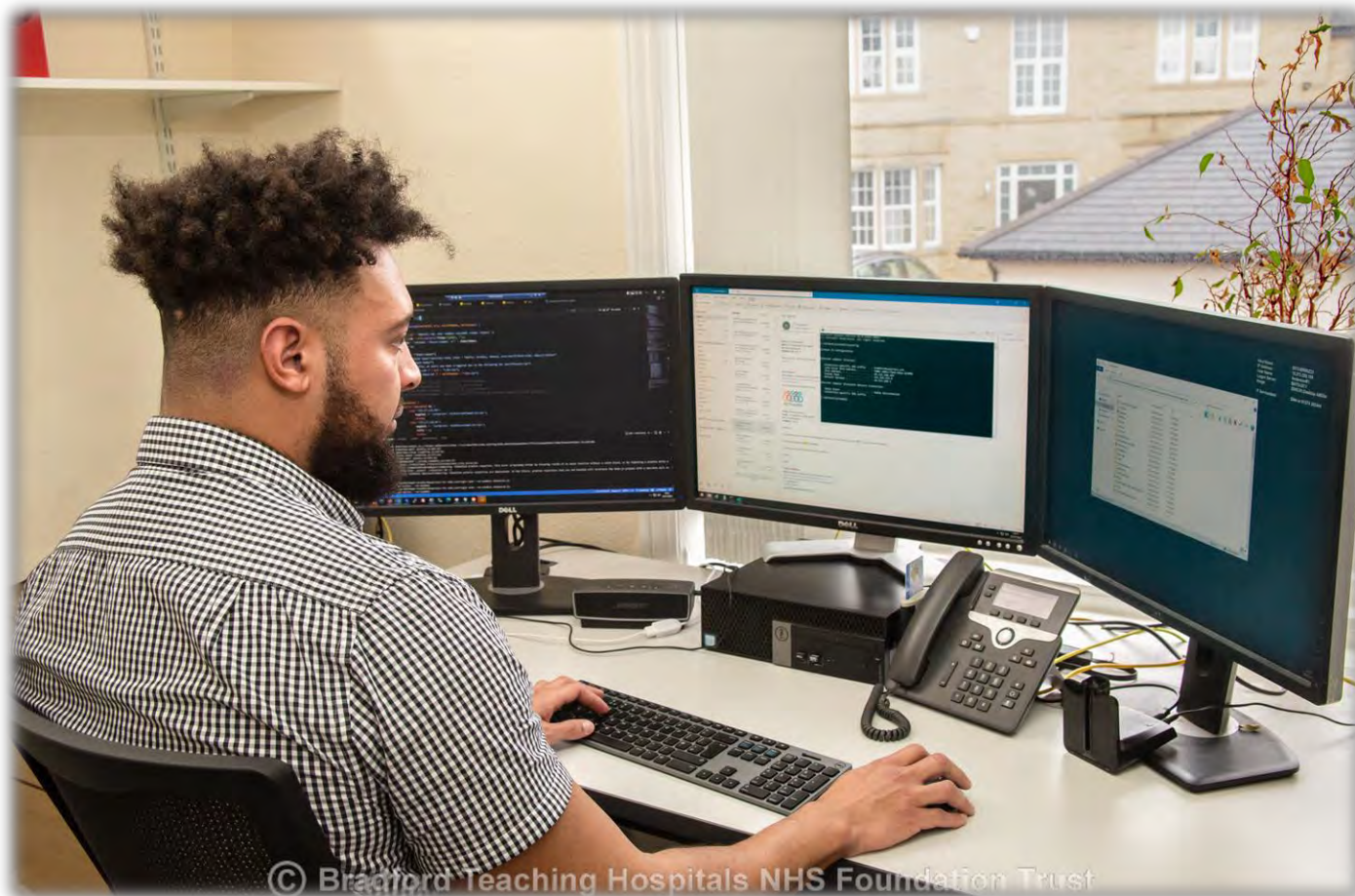
A fresh approach to clinical optimisation and change

Clinical Optimisation means making the most of what a Clinical System can do to support clinical outcomes. Optimisation can take many forms; it can be by way of an ‘Everyday Approach’ in the form of small fixes that make it easier to use (for example, a new field or form). Conversely, optimisation can mean undertaking significant change to implement, change or replace a new digital system or workflow.

Whatever the scale of optimisation and change, we will apply a refreshed end-to-end methodology which will ensure well-designed, coproduced and clinically driven change – and one which incorporates all our strategic objectives, with the patient at its heart. This will be enhanced with a comprehensive engagement plan towards the priority and sequencing of optimisation.

Our approach to delivering a variety of optimisation programmes, with EPR as a priority will be as follows:





Success

How we will measure and govern success

Principles for Success

Operating Principles

Given the complexities of digital activities and services in a clinical context; principles to direct and guide leadership, behaviours, decision making and solution selection must be in place.

- **Effective and Efficient:** We will be effective and efficient in everything we do
- **Patient Focused:** The patient is at the heart of all we do, and we will ensure our efforts and activities contribute to enabling outstanding clinical outcomes
- **Leadership:** We will demonstrate the very best of digital leadership in our activities, and with our people
- **Trust Priorities:** We will support the Trust's goals and objectives
- **Digital Capabilities:** We will deliver digital capabilities and not simply IT solutions
- **Value Realisation:** We shall continue to enable and support clinical, operational and corporate outcomes
- **Information Exploration and Exploitation:** Information will be recognised and treated as a key asset
- **Stakeholder Focus:** User experience and accessibility will always be kept front of mind when designing solutions
- **Designing, Prioritising and Shaping Change:** We shall shape and prioritise change by consulting with our stakeholders
- **Flexible:** We shall ensure solutions are designed, and organised in a manner that gives optimum flexibility to accommodate future change
- **Governance Behaviour:** Informatics shall be governed without red tape, using industry standard best practice where appropriate, and by maintaining a balanced view of risk
- **Fail Fast:** We shall embrace managed-risk taking without fear of trying new and more effective ways of working

Technical Architecture Principles

Similarly to the operating principles, a set of technical architecture principles are required to ensure the proper design of clinical systems and solutions.

General Principles

- **Trust & IT Alignment:** Decisions are always made under the business alignment perspective to generate maximum benefits for the Trust
- **Business Continuity and Disaster Recovery:** Trust activities must be maintained, despite system interruptions
- **Convergence with Enterprise Architecture:** All initiatives will be strategically aligned
- **Adopt Best Practice & Industry Reference Models:** Digital, Data and Change activities must be aligned with best practice
- **Simplicity:** We shall not add more process or technology to what we remove

Information Principles

- **Information Treated as an Asset:** Information is an asset and will be managed accordingly
- **Shared Concepts, Terms and Data Definitions:** Data will be defined coherently throughout the Trust, and definitions are comprehensible and accessible by all stakeholders
- **Information Security based on the CIA Triad:** Information is protected based on integrity, availability, confidentiality, incontestability and authenticity
- **Application Principles & Technology Independence:** Applications do not depend on specific technological options and therefore, can function on different technology platforms
- **Easy to use Applications:** Focus on usability and accessibility when applications are designed
- **Component Re-use and convergence:** Build low-coupling, reusable, modular components that implement services
- **Adaptability and Flexibility:** Digital systems are conceived to generate and support positive change

Technology Principles

- **Changes based on Requirements:** Changes in applications and technologies are implemented only to meet business needs
- **Control Technological Diversity and Suppliers:** Technological diversity is controlled to minimise cost and complexity along with our supplier and partner-base
- **Interoperability:** Software and hardware must follow established standards that promote data, application, and technology interoperability

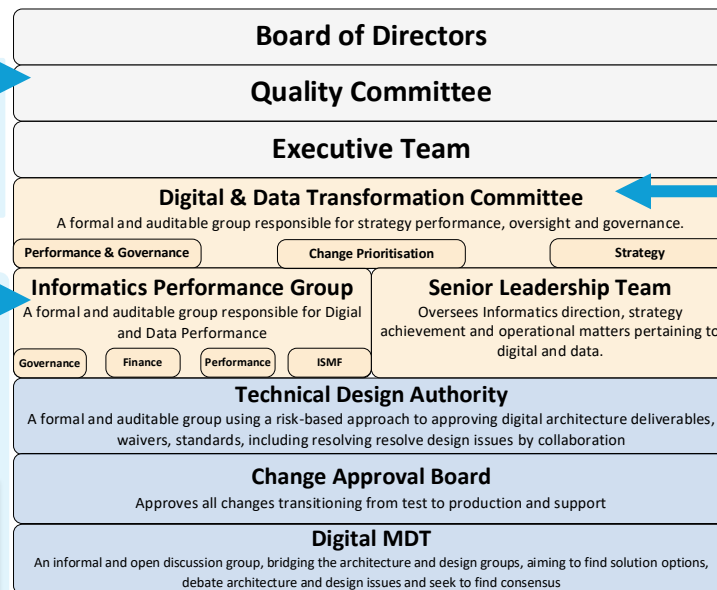
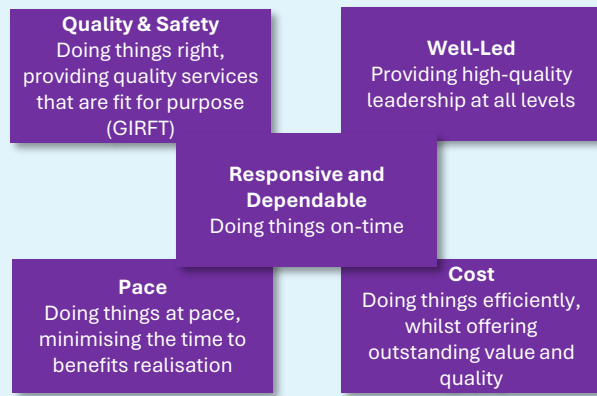
Oversight, Coproduction and Prioritisation

Trust Oversight and Assurance

The Board, sub-committees and executive team shall receive an enhanced set of routine updates and assurances towards the progress of the Strategy and performance of Informatics.

Performance and Governance

Digital systems and services must be highly governed and regulated to protect patients, privacy, data and operations from failure, or compromise. Informatics shall measure performance, and governance across 5 key lines of enquiry:



Participation & Coproduction

A Digital Multi-Disciplinary Team has been established to engage with clinical, operational and corporate SMEs to encourage innovation and coproduction of digital and data transformation, change plans and optimisation.

Clinical and Operation Alignment and Prioritisation

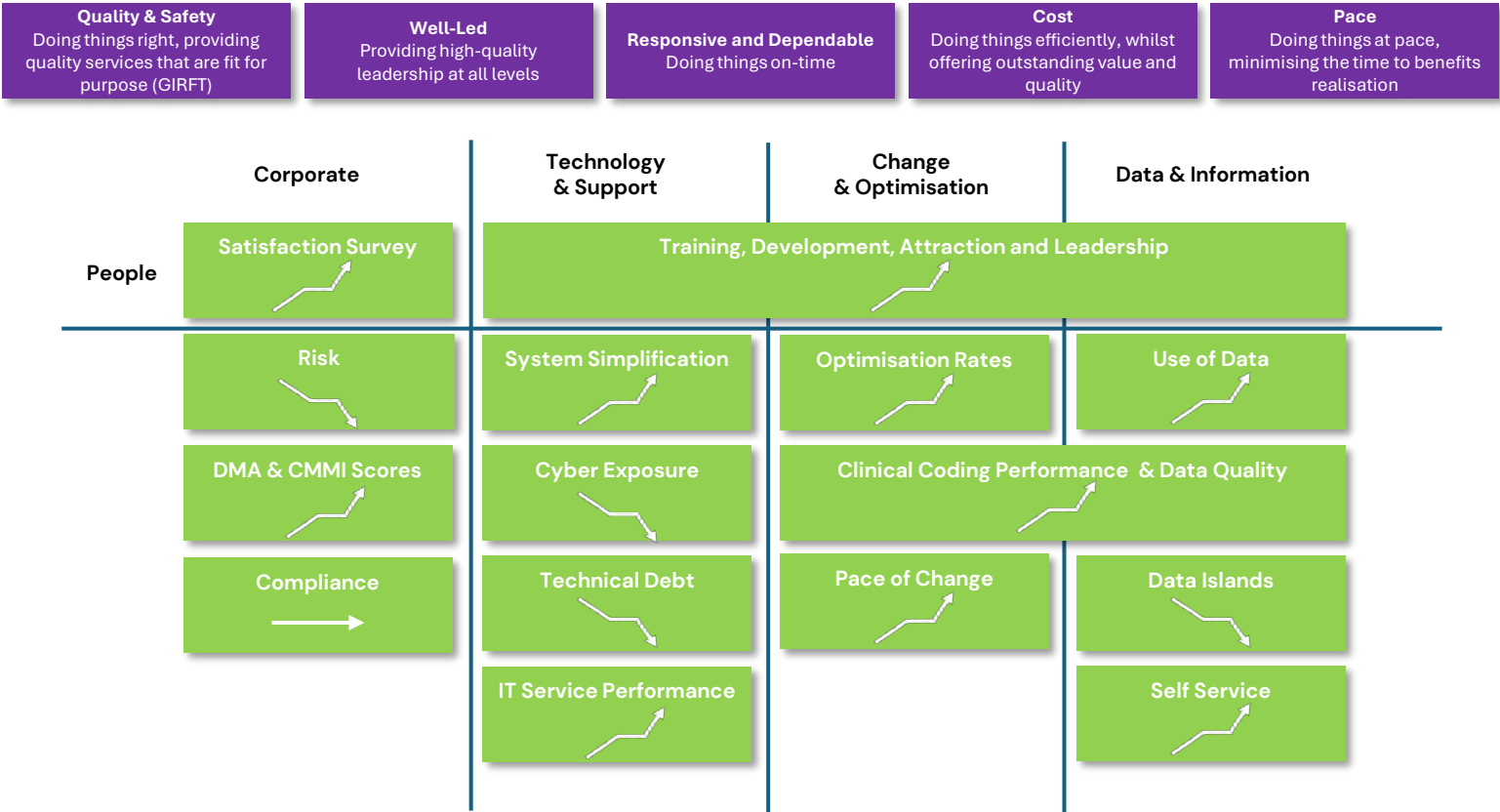
To ensure we are clinically driven and aligned to the Trust's priorities, we are refreshing our Digital and Data Transformation Committee to better align and prioritise digital and data plans in support of the Trusts clinical, operational corporate agenda.

The membership of the DDTC will consist of senior leadership from clinical, operational, digital, transformation and corporate domains.

Indicators of Success

Informatics of Success

In conjunction with the Trust’s performance indicators, there are a series of digitally-oriented KPIs and measurements which shall be monitored and further developed to enable Informatics to measure and manage success against our 5 key lines of enquiry:




References

- 1 – 2025/26 priorities and operational planning guidance: <https://www.england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance/>
- 2 – Independent investigation of the NHS in England: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- 3 – Reforming elective care for patients: <https://www.england.nhs.uk/publication/reforming-elective-care-for-patients/>
- 4 – West Yorkshire Health and Care Partnership Digital Strategy: <https://www.wypartnership.co.uk/our-priorities/digital>
- 5 – Bradford District and Craven Strategy: <https://bdcpartnership.co.uk/our-strategy/>
- 6 – 2024 Joint Strategic Needs Assessment (JSNA) for Bradford: <https://jsna.bradford.gov.uk/>
- 7 – Bradford District and Craven Digital Divide analysis: <https://bdcpartnership.co.uk/reducing-the-digital-divide/>
- 8 – Bradfords District Plan 2021 – 2025: <https://www.bradford.gov.uk/media/2312/bradford-district-plan-2021-2025.pdf>
- 9 – NHS artificial intelligence (AI) giving patients better care and support: <https://www.england.nhs.uk/2024/12/nhs-ai-giving-patients-better-care-and-support/#:~:text=The%20NHS%20is%20using%20AI,reducing%20demand%20on%20pressured%20A%26Es>

REFERENCES

Only PDFs are attached

 Bo.3.25.11 - Research Activity in the Trust (cover).pdf

 Bo.3.25.11 - Research Activity in the Trust.pdf

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.11

RESEARCH ACTIVITY IN THE TRUST

Presented by	Dr Ray Smith, Chief Medical Officer	
Author	Professor John Wright (Director of Research) & Dr Tracy Watson (Director of Research Operations) & Research Department Heads	
Lead Director	Dr Ray Smith, Chief Medical Officer	
Purpose of the paper	To provide information on some of the key research activities in the Trust	
Key control	NA	
Action required	For assurance	
Previously discussed at/ informed by	NA	
Previously approved at:		Date
Key Options, Issues and Risks		
This report for research describes some of the main areas of work and progress over the last few months; these include: <ul style="list-style-type: none">Applied Health Research ActivityClinical Research Activity		
Analysis		
As above.		
Recommendation		
This report is for information and highlights how important research activity is for healthcare and treatment improvement.		

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.11

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance	
NHS England: (please tick those that are relevant)	
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.	
Care Quality Commission Fundamental Standard: Choose an item.	
NHS England Effective Use of Resources: Choose an item.	
Other (please state):	

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bradford Institute for Health Research

Research in the Trust

Report for Quality Committee

March 2025

This report provides an update on research in the Trust, highlighting some of the activities of our research teams and provides information on some of the developments that are happening.

RESEARCH ACTIVITY AND PERFORMANCE

The Trust's recruitment into research studies was 15,644 at the end of Quarter 3, 2024/25. A list of reports that research teams/ Trust have provided to funding bodies, regulatory organisations, etc. demonstrating adherence to Good Clinical Practice and/or research activity is attached in Appendix A for this reporting period.

RESEARCH INFRASTRUCTURE

BIHR extension

The entrance extension for the Bradford Institute for Health Research has now been completed and opened for use on 7th November. Furniture is now in situ and the new extension is fully functional and improving way finding for our research participants as well as providing much needed informal and formal meeting spaces for our research teams, a new reception and waiting area and an additional research clinic room.

Modular Clinical Research Expansion

The BIHR team have recently been awarded £1.3million from the NIHR Capital Funding scheme to fund a new modular building (NIHR will not fund 'normal' building construction) that will expand our current clinical research space to incorporate additional research outpatient and day case space, larger lab facilities, a phlebotomy room and research pharmacy space. A project team has been established and an initial meeting with architects and estates has taken place and we are currently awaiting results from various surveys to inform the design and planning process.

Mobile Research Vehicle

Also funded by the NIHR capital funding scheme with additional funding from Bradford Hospitals Charity, (£190k in total) the BIHR team have commissioned the production of an electric Mobile Research Vehicle (MRV). It will allow researchers to access a more diverse range of participants and ensure that health research opportunities are open to everyone in all corners of the community. As well as being used to deliver research studies the MRV will be used to promote health research at festivals and charity events, shopping and sports centres, etc.

Production of the MRV is well underway and it is anticipated that it will be completed May/ June 2025.



Image Credit: Jess Wright Graphics

APPLIED HEALTH RESEARCH

Born in Bradford

Born in Bradford (BiB) aims to understand why some families fall ill and why others stay healthy. We are a people powered research project, and together with our communities and stakeholders aim to make positive changes to improve the lives of families living in our city and beyond. We host three birth cohort studies (the Born in Bradford Family Cohort, Born in Bradford's Better Start and BiB4All) encompassing over 60,000 Bradford residents, in addition to a range of other initiatives including the

Better Start Bradford Innovation Hub, the Healthy Childhood theme of the Yorkshire and Humber Applied Research Collaboration, Connected Bradford, Join Us: Move Play, the Centre for Applied Education Research and various other externally funded applied health research studies. We have over 100 members of staff all working to make Bradford communities healthier and happier. You can find out more about our research programme here: www.borninbradford.nhs.uk.

Age of Wonder: Exploring the journey for adolescence into young adulthood

Age of Wonder: Exploring the journey through adolescence into young adulthood
Funded by the Wellcome Trust, Age of Wonder (AoW) is a seven-year project capturing the journey through adolescence of up to 30,000 Bradford teenagers, using quantitative and qualitative methods. This academic year we have recruited 25 schools, collected over 6000 questionnaire responses, over 1000 sets of physical health measurements, and over 100 blood samples.

Our data feedback dashboards allow schools to view their own aggregate data. Dashboards have been provided to all participating schools who provided survey data in the academic year 2023-24, with a generic dashboard available for all schools. Since the launch in October, 10 schools have spent a combined 200 hours viewing/reporting their data online. We are in the process of gathering feedback from these schools about how they are using this data and aim to create a peer-to-peer support network for schools to provide support and insights to each other to encourage use.

25 portraits are selected to be displayed at BTHFT's Duke of Edinburgh entrance as part of 25 for exhibition (25 young people for the year 2025). We have conducted 31 in-depth interviews, involved 43 young people in group discussions, and collected 54 creative expressions of participants' hopes, dreams, and fears for the future. Participants have used video, poetry, photography, drawing, painting, voice notes, written expressions, memes, screen recordings of video games, and music to share their creative expressions, which describe different aspects of their health and wellbeing.



Physical activity Research: Spotlight on academic dissemination of research.

JU:MP controlled trial

Our researchers have analysed the data from our 24-month follow-up and the findings are promising, showing positive effects of the JU:MP Programme on children's levels of physical activity. We have been writing the academic paper and plan to share and publish the findings in Spring 2025. We have also been busy

collecting data for our 36-month follow-up. We have one final school to collect data from and then the study will be drawn to a close. We are working with the University of York through the Y&H ARC to conduct an economic evaluation of the JU:MP programme.

The JU:MP deepening phase

The JU:MP research and implementation teams have jointly submitted an application to Sport England to continue the work of JUMP until March 2028 with Active Bradford as the lead organisation. A further £3.9 million has been requested which will see the JU:MP Programme spread out to 3 new neighbourhoods in the Bradford District and the development of a universal offer which will support children and young people across the District regardless of where they live.

Healthy families' theme of the Yorkshire and Humber ARC

The healthy families theme continues to support nearly 60 active projects with a focus on research to improve health, wellbeing and promote fairer futures for families living in deprived areas across the Yorkshire and Humber region. There is an active focus on supporting the spread and adoption of proven interventions.

A quarter of five-year-olds in England have tooth decay, this can rise up to 50 per cent in deprived areas of the country. The burden of tooth decay is significant, causing pain, as well as affecting what children eat, their speech, sleep, quality of life and attendance at nursery or school. Treatment of decay is the most common reason why young children are admitted to hospital (33,000 each year), costing the NHS over £50 million annually. Toothbrushing is an important preventative measure and the [BRUSH programme](#) has been actively working to support implementation of existing and new toothbrushing programmes in schools. Latest research findings from BRUSH were recently featured on [BBC News](#) and BBC Look North programme.

CAER

Born in Bradford's Centre for Applied Education Research (CAER) remains committed to improving outcomes for children and young people through the power of science. CAER collaborates with schools, public service leaders, and decision-makers across Bradford and beyond to conduct research, implement evidence-based educational strategies, eliminate learning barriers, and improve life outcomes. CAER continues to develop partnerships with Integrated Care Boards (ICBs), with the West Yorkshire Futures Institute (WYFI) and the Yorkshire Futures Institute (YFI), to connect data and coordinate research efforts and insights across the region. Since our last update, CAER have continued to coordinate a series of reports in collaboration with the Centre for Young Lives and the Child of the North initiative. In total, there are now 11 published reports, with the final report to be launched in March 2025. Over 2025 we will segue into producing corresponding "How to" guides

for every report, explicitly stating how schools, paediatricians and local authorities can implement recommendation across their local areas. We have already engaged these stakeholders and are excited to partner on this.

Academic Unit of Ageing and Stroke Research



New £879k research grant award to optimise transient ischaemic attack (TIA) pathways to reduce ethnicity-based inequalities.

We have successfully won a new research grant funded by National Institute for Health and Care Research. The project aims to investigate ethnicity-based inequalities in access to treatment for 'mini-stroke' (TIA). We will be working with patients, the public and people who design and deliver health services and suggest ways to make it easier for people from ethnic minority groups to get appropriate TIA care. Working in collaboration with University of Leeds and Different Strokes, the project will start on 1st April 2025 for 38 months.



We are pleased to announce our multicentre randomised controlled trial (RCT) is now open for recruitment.

The CHART trial aims to establish whether Comprehensive Geriatric Assessment (CGA) including a 12-week progressive rehabilitation programme (plus usual care) is a



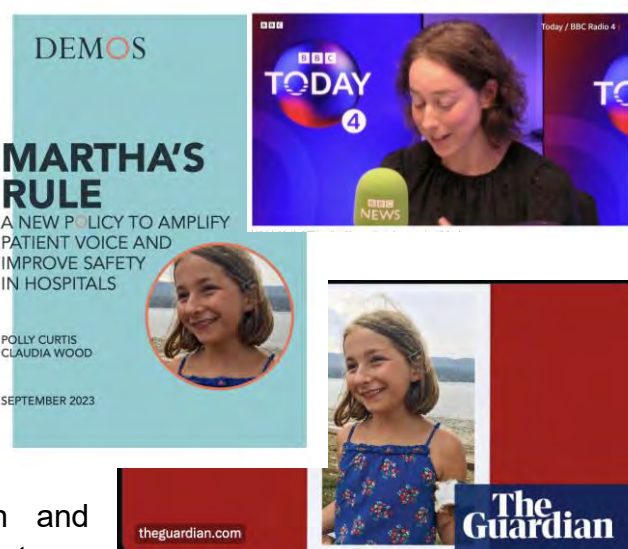
clinically and cost-effective intervention to sustain independence in Instrumental Activities of Daily Living (IADL) for older people with heart failure with preserved ejection fraction and frailty when compared with usual care alone. The study aims to recruit 433 older people (aged ≥65) from 17 sites across 3 hubs (Yorkshire & Humber, North West and South West). The study includes embedded process and cost-effectiveness evaluations. For more information please visit: <https://ageingstrokeresearch.org/research-projects/chart>.

Yorkshire Quality and Safety Research Group

In this update we have focused on the impact of our research at local, regional and national level.

The YQSR group lead the national NIHR Policy Research Unit for patient safety. Our first project focuses on conducting a formative evaluation of Martha's Rule. The aim of this is to develop the evidence base and produce a set of recommendations for future research, policy and guidance for Trusts planning to implement the initiative.

We are now well underway with this project, having obtained ethical approval and successfully recruited three Trusts to be part of the evaluation. In each Trust, we have completed a set of qualitative interviews with senior staff and implementation team members and are progressing with general and focussed observations prior to recruiting patients, families and staff to participate in the research. We are also in the process of updating a systematic review of the evidence on systems involving patients and family members in identifying deterioration and escalation of concerns and developing a survey to go out to the general public to understand more about public awareness and attitudes.



An important component of the work is to understand how Martha's Rule is experienced and utilised by people from different backgrounds and with different characteristics. To fully explore this, we have engaged with community groups and sought advice from our Martha's Rule Patient Advisory Group to understand how we best engage people with protected characteristics in the research.

This project is also supported by a wider advisory group of leading experts (including Liz Tomlin from BTHFT), NHS England representatives, improvement and evaluation leads, a patient and public advisor and representatives from the six Patient Safety Research Collaboratives who provide advice on the design, development, translation and dissemination of findings from the evaluation.

For further information, we now have a dedicated [web page](#) and FAQ document.

Medicines management resources included in national GP toolkit

Important resources to support patients to manage their medicines, developed by the Quality and Safety research team, have been included in the new national GP Repeat Prescribing Toolkit. I Manage My Meds, available at www.imanagemymeds.org is aimed at people taking polypharmacy (five or more medicines), offering support through videos and downloadable tools in five key areas of medicines taking: Always check what you get; Keep on top of your supplies; Routines and reminders; Changes to watch out for; Time to ask for help. The resources were developed using Experience Based Co-design by a team of researchers, clinicians and patients funded through the National Institute for Health Research – Research for Patient Benefit funding stream. The new GP Repeat Prescribing toolkit was commissioned by NHS England in response to the National Overprescribing Review to help GP practices improve prescribing processes. The toolkit recommends and links to the [I Manage My Meds](http://www.imanagemymeds.org) website as a tool to support patients in taking their medicines.



Building research capacity and capability in patient safety research

The Yorkshire and Humber PSRC aspires to be the place that patient safety researchers, whatever their background, establish their research careers and plan their future research trajectory.

The PSRC has committed funding to support NHS staff in Y&H from under-represented groups (Nurses, midwives, AHPs, pharmacists, clinical scientists, etc) to work with us to develop their knowledge and skills in patient safety research. By offering two different funding awards, NHS staff can apply to work with us on a short placement (for one or two days) to either gain experience and skills in patient safety research by working alongside our researchers; or developing their own patient safety research idea into a funding application to NIHR for a fellowship opportunity with our support. The awards range from £7-18k and contribute towards paying for 'backfill' for staff to have time-out from their usual role to work with us. To date, eight NHS staff have been successful in acquiring an award, three from BTHFT: Maria Ruiz-Cortes an Infection Prevention Control (IPC) Nurse who is submitting an application for a NIHR pre-doctoral clinical and academic fellowship to examine IPC practices in homecare settings; Cordy Gaubert (Extended Scope Physiotherapist) who is conducting a scoping review to investigate care of adult patients with tracheostomies in the community to improve service safety and quality of service provision for these patients; and Sam Francis (Extended Scope Dietitian) who plans

to submit a NIHR doctoral fellowship application to explore how the extended dietician role can improve safety and care for patients in the community.



Maria Ruiz-Cortes



Cordy Gaubert



Sam Francis

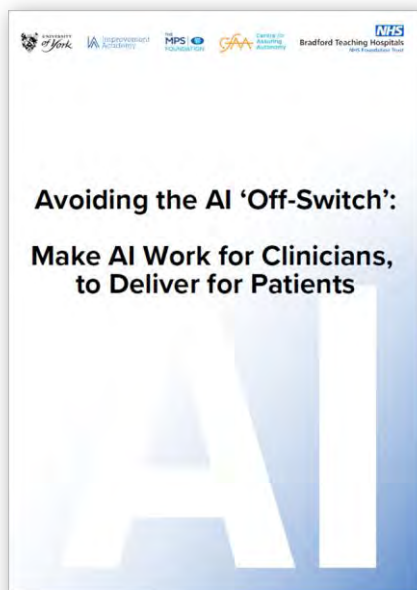
Improvement Academy

Based within Bradford Institute for Health Research, the Improvement Academy hosts one of NHS England's Patient Safety Collaboratives, we are the Implementation arm for the NIHR Yorkshire and Humber Applied Research Collaborative and are supporting the development of the Yorkshire and Humber Secure Data Environment. Furthermore, we provide training across many areas, including Quality Improvement, Behaviour Change, Implementation Science, and PSRIF. At the Improvement Academy, our core aims are to:

- 1 **Support you to improve health and social care** – working in partnership with our health and social care colleagues, combining skills and knowledge and celebrating success. We coach, mentor, listen and inspire.
- 2 **Provide independent, critical, and non-judgemental advice** – facilitating safe spaces where improvers can use their own expertise to explore, develop and monitor their priorities, working with challenges and opportunities as they arise.
- 3 **Provide learning resources and tailored development opportunities** – our training, coaching, mentorship and networks support individual, team, and organisational learning. Flexible programmes can be adapted to suit your needs.
- 4 **Provide evidence-based support for your improvements** – our pragmatic tools and resources are informed by quality and safety research, clinical expertise, implementation and improvement science, evaluation, and improvement.

Below details some of the work in which we are currently involved.

Avoiding the AI ‘Off-Switch’: Make AI Work for Clinicians, to Deliver for Patients



The focus of the Shared CAIRE (Shared Care AI Role Evaluation) project, funded by the MPS Foundation, was to consider the impact of AI decision-support tools on clinicians. The project was conducted in partnership with the University of York’s Centre for Assuring Autonomy.

Following completion of the project, the team have written a white paper which outlines seven concrete, specific recommendations, which are grounded in the insights gained from the Shared CAIRE project. To unlock and realise AI’s potential for patients, it is essential that we implement and deploy AI technologies in ways that work for those using them - the clinicians. If we fail to do so, we risk exacerbating the very challenges AI is supposed to

address: clinician burnout, inefficiency, and uneven patient experiences and outcomes. We hope that this White Paper will help to address that urgent call.

We are currently working with the MPS Foundation and the University of York to jointly launch the White Paper in the next few weeks.

Developing an Artificial Intelligence Strategy and Implementation Guide

Over the past few months, working with NHS England, Professor Tom Lawton and the Improvement Academy, have been working across North East and Yorkshire to understand what AI is currently in use across NHS organisations and identify potential opportunities for further adoption of AI. As part of this, we conducted a regional survey and interviews with key stakeholders to understand barriers and facilitators to the implementation, and opportunities to share learning across the system. This work will feed into the development of regional AI Strategy and Implementation Guide.

Developing an Offer to Support a Just & Safe Culture

At the IA we are rethinking our culture support offer, developing training and support packages that we can all implement as individuals and teams. As part of this, we are holding an event in April to introduce practical tools to improve culture within the workplace.



Reshaping Our Public Communications: Learning from Patient and Public Involvement

Our Comms and PPIE Leads (Dasha and Grace, respectively), have written a blog about how working with the public as part of the Yorkshire and Humber Secure Data Environment, reshaped their approach to communicating about sharing healthcare data for research. Additionally, conversations highlighted participants' fragmented understanding of healthcare research and the role of NHS patients' data in research. Many participants struggled to comprehend how their health and care data can be used in research and how that then improves the health of the population. The full blog can be found [here](#) and further information about the Yorkshire and Humber SDE [here](#).

A key part of the PPIE work has been preparing for a Citizen's Jury; this is a representative group of around up to 25 people across Yorkshire and Humber, brought together to have an honest conversation about how healthcare data can and should be used to support research as part of the Secure Data Environment. As part of this, the team ran a recruitment drive, for which they recruited 679 applications in under two weeks (having set a target of 300). These 679 applications have been narrowed down to 25 jurors, who will take part in the Jury next week (18th – 23rd March), to help shape the Secure Data Environment.

NIHR | Applied Research Collaboration Yorkshire and Humber

The BTHFT hosted NIHR Applied Research Collaboration Yorkshire and Humber (YH ARC) achieved a significant milestone this quarter with the submission of the application for the next iteration of the YH ARC to the NIHR in January 2025. This application was developed through extensive consultation and co-production with our partners and members across the region, reflecting our collaborative approach and shared priorities. The submission represents a crucial step in securing continued research support for ARC projects and our wider Yorkshire and Humber health system. You can find a confidential summarised copy of our application [here](#) and we would like to thank everyone who was involved in the process for their support and guidance.

Our latest newsletter was published in February and can be found [here](#). It includes the news that Professor Andrew Clegg, Older People Theme Lead YH ARC has been awarded a prestigious NIHR Research Professorship to improve the lives of older people. The award, which includes funding of up to £2 million over five years, recognises Professor Clegg's exceptional contribution to ageing research and his potential to drive further innovations in healthcare for older people. As one of only seven research leaders selected nationally for this prestigious award, Professor Clegg will continue his pioneering work in developing and implementing evidence-based interventions to improve the lives of older people living with frailty.

YH ARC work has continued to be covered by local and national news and chosen to feature in national NIHR campaigns and case studies. [The BBC and various radio stations](#) featured the children's oral health BRUSH project's latest publication, and the latest findings from our Clean Air Zone evaluation/BiB Breathes study was featured [in The Guardian](#) and on [local BBC news](#), showing a reduction in pollution-related ill health and easing the strain on NHS resources. Our [Efi](#), [Clean Air Zone](#) and [Healthcall App](#) have all been featured on the NIHR website recently as a case study or as part of NIHR Evidence.

During this quarter, we will be collaborating with ARC Greater Manchester and the Hospital at Home Society to host a 2-day, national Hospital at Home (including Virtual Wards) conference in Leeds in June. More details can be found [here](#).

We continue to focus on our wider knowledge mobilisation work, to speed up the translation of YH ARC research into practice. As part of this we are embedding three Knowledge Mobilisation Fellows into each of our Integrated Care Boards in Yorkshire & Humber. These fellows will form a bridge between the ARCs and the health and care organisations they work with. They will be supported to enhance their skills so

they can capture and communicate the needs of local decision makers. They will work with the ARCs to identify existing evidence-based treatments and models of care, and support them into practice, working with practitioners and service users. Two of the three fellows have now been appointed and the third will be appointed soon. We hope to have them all in post by May.

YH ARC is now 6 months into the contract extension period, which runs from September 2024 to April 2026, and beginning to prepare for annual reporting which is due to be submitted in August.

Clinical Research



Following our successful award of almost £7million from the NIHR for the Bradford & West Yorkshire Commercial Research Delivery Centre (CRDC), work is well underway in operationalising this. The inaugural CRDC Operational Board has taken place and our launch event is planned for 26th March 2025. Our CRDC is one of twenty CRDCs that have been established, beginning in April 2025 with £72million investment over 7 years. Part of NIHR Infrastructure, the CRDCs will enhance the speed and efficiency of commercial clinical research delivery and work with industry and other research delivery infrastructure to support the UK's status as one of the best places in the world for innovative companies to bring their portfolio of research. CRDCs will also shift clinical trials beyond large hospital trusts into community settings, meaning those in underserved regions will be able to participate in research, boosting access to new treatments in the trial stage.



Leading a 'hub and spoke' model, we will work with our partners Mid-Yorkshire Teaching NHS Trust and Calderdale and Huddersfield NHS Foundation Trust to:

- Build further capacity in commercial research
- Provide dedicated staff and facilities to conduct commercial research

- Making taking part in research as easy as possible by supporting activity in non-acute settings
- Increase research including to ensure people from all eligible communities, including those living with the greatest burden of disease, can participate in clinical trials.

Clinical Research Delivery Workforce

Our clinical research delivery workforce continues to provide research opportunities to our participants and to develop themselves and their skills:

Training - all research support staff have been enrolled on the care certificate, some of whom have already completed it.

Trust Research Unit Council -The Unit council organised a successful connections event in December which was very well attended. The event brought together clinical research staff from all across the organisation:



Band 7 Away day

A Band 7 away day took place this month with the main focus on capacity and team working to increase the commercial portfolio. We have also established cluster team meetings to encourage open communication between the band 7s as well as an informal area to discuss potential collaborations to increase the research portfolios.

Staff News:

Welcome to new staff – We have welcomed a new research midwife Sophie Wainman.

Congratulations!



Our Ophthalmology research sister, Sarah Moss, has been selected as an outstanding study coordinator in retina research for 2024, reflecting her exceptional dedication and professional expertise. This makes her one of only 2 people in the UK and 11 in the world to be recognised by the InFocus clinical research team as outstanding study coordinators across the globe whose efforts continue to make a significant impact in retina research.

Our Ophthalmology research sister, Sarah Moss, has been selected as an outstanding study coordinator in retina research for 2024, reflecting her exceptional dedication and professional expertise. This makes her one of only 2 people in the UK and 11 in the world to be recognised by the InFocus clinical research team as outstanding study coordinators across the globe whose efforts continue to make a significant impact in retina research.



Natalie Turner has begun her training as a Professional nurse advocate

Clinical Research Specialty News

'Firsts'

The Patient Recruitment Centre team has achieved a significant milestone with the global first patient enrolment in the EFC18418 study. In the UK, the Ophthalmology team has secured a first patient enrolment for the AVANT study, while the Respiratory & Hepatology teams have accomplished UK first patient enrolments for both the ELSPIRE and ELFINITY studies respectively.

Research Ward boards



Ward boards have now arrived. These boards will help toward the CQC Well-Led requirements and our ward accreditations. They are wipe-clean and the pockets allow for the staff photos to be changed without having to change the board.

Ward accreditation

We have updated the current questions used on the wards in relation to research, and now where possible we are attending the wards to help facilitate embedding research in current practice.

Dissemination of Clinical trial outcomes

NOTUS - A Randomized, Double-blind, Placebo-controlled, Parallel-group, 52-week Pivotal Study to Assess the Efficacy, Safety, and Tolerability of Dupilumab in Patients with Moderate-to-severe Chronic Obstructive Pulmonary Disease (COPD) - has shown a massive 34% reduction in moderate or severe exacerbations over 52 weeks. Meaning a reduction in drug costs, GP appointments, A&E attendances and inpatient admissions.

Improving quality and safety

Review of monitoring report findings of clinical research studies has been implemented with quarterly thematic analysis starting to identify trends and implement improvements.

Archiving of Clinical Research Records


Since the clinical research delivery staff have moved from CSUs to be managed centrally, it has been identified that the archiving of clinical research records in the CSUs has not been managed to meet regulatory requirements. This has been risk assessed and added to the corporate risk register. A project group has been set up to rectify this and ensure that clinical research records are archived correctly going forward. We have made substantial progress with 7 out of 10 teams reaching 100% completion to date and the remaining planned to be completed by the end of the month.


Appendix A: Submission of research reports to external monitors/ sponsors/ funders

Research Team	Report Name	Project	Purpose	Submitted to	Date
BIB	Wellcome Trust Annual Progress Report	Age of Wonder	Progress and Funder Update	The Wellcome Trust (Funder)	28/01/2025
BIB	BiB Breathes Annual Report	BiB Breathes	Progress and Funder Update	NIHR (Funder)	18/02/2025
BIB	Healthy Urban Places Quarterly Report	Healthy Urban Places	Progress and Funder Update	UK Population Health Improvement Network	06/12/2024
BIB	JU:MP Progress Report	JU:MP	Progress and Funder Update	Sport England	01/10/2024
BIB	NIHR pre-application support fund final report	BCQR	Final Report to funder	NIHR (Funder)	01/11/2024
BIB	Supporting young Bradford final report	Supporting Young Bradford	Final Report to funder	The Health Foundation	01/05/2024
Academic Unit for Ageing and Stroke Research	Final Report	FORECAST	Final Report to Funder	Leeds Hospital Charity	Jan 2025
Academic Unit for Ageing and Stroke Research	Annual Report	CHART	Annual Report to Funder	NIHR	Feb 2025
Academic Unit for Ageing and Stroke Research	Annual Report	Osteoporosis	Annual report to Funder	NIHR	Feb 2025
Academic Unit for Ageing and Stroke Research	Annual Report	PROSPER	Annual report to Funder	NIHR	Feb 2025
Academic Unit for Ageing and Stroke Research	Progress Report	PROSPER	Progress Report to Programme Steering Committee	Programme Steering Committee	Feb 2025

REFERENCES

Only PDFs are attached

 Bo.3.25.12a - Report from the Chair of the People Academy - February 2025.pdf

 Bo.3.25.12a - Report from the Chair of the People Academy - March 2025.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.12a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 12 February 2025

Key escalation and discussion points from the meeting	
Alert:	
Nothing to alert.	
Advise:	
<p>Recruitment and Retention – The HR team updated the Academy on the plan to improve the overall time to hire, recruitment experience and retention, covering their achievements and next steps. In July 23, the time to hire was over 120 days due to overly complex processes. This included internal and returner recruitment. By January 25, this had decreased to 78 days. Closer monitoring of each stage of the process and better transparency, consistency and communication have resulted in the team identifying and resolving the bottlenecks. The improvements to the onboarding and recruitment processes and enhanced job satisfaction and improved wellbeing have resulted in a decrease in turnover to 9.5% in December 24 and reduced the reliance on temporary staffing. Despite the improvements, July 24's model hospital data placed the Trust in the 4th quartile for time to hire, mid to low quartile for recruitment staff costs and the lowest quartile for advertising costs suggesting the size of the team and advertising spend is making it more difficult to recruit in a timely way, or there are still efficiencies to be made across the processes. The Academy shared ideas on further improvements and the team shared future plans to train people on Trac, upskill and make efficient use of recruitment resources, improved communications and candidate pack, standardised processes and an enhanced welcome experience. The Academy thanked the HR team for the update, and asked that regular updates are provided to the Academy to ensure the time to hire continues improve at pace.</p> <p>Dashboard – staff turnover continued to improve at 9.57% in December, down from 9.81% in November. December's absence was 6.71%, with year to date absence at 5.8%, a slight increase on November. Additional Clinical Services and Estates and Facilities continue to have the highest absence. The non-medical appraisal rate continues to improve but is still below the 85% target at 77.62% and will be discussed in depth at the March Academy. Core mandatory training continues to be above the 85% target.</p> <p>Freedom to Speak Up – the Chief Nurse updated the Academy on the Q3 results. There were 27 concerns raised, taking the ytd to 85. Only 2 were raised anonymously. Most concerns raised were about bullying and harassment and inappropriate attitudes and behaviours. No cases related to patient safety or quality. There were no reports of</p>	

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.12a

detriment as a result of speaking out. Most concerns came from Estates and Facilities staff. The data shows an increase in concerns raised year on year as FTSU awareness increases and people feel safe to speak up. The Trust's data is comparable to the national FTSU data but some Trusts raise more concerns than BTHFT. FTSU is, of course, just one of the channels for raising complaints.

Assure:

Equality Delivery System (EDS 2022) – implementation of the EDS is an NHS providers requirement and is the foundation of equality improvement within the NHS. In 2022, NHSE produced a new version of the EDS and the Trust is required to collect evidence and assess itself against 3 domains 1) commissioned or provided services (Patients and Service Users), 2) workforce health and wellbeing (Workforce) and 3) inclusive leadership (Workforce). The Head of EDI shared an assuring update on domains 2 and 3 (with domain 1 going to the Quality Committee). The Trust held a staff engagement event showcasing evidence and insights in January and the Trust's people were asked to complete a survey, marking the Trust against a set of measures and sharing feedback. These initiatives showed the significant progress the Trust has made over the last 12 months and was assessed as 'achieving' for domains 2 and 3, and achieving as a Trust overall. People acknowledged the work done in this space over the last few years, the high level of support for staff and the senior leadership team's involvement in the EDI agenda and asked that the inclusive culture and a focus on psychological safety continue, that timely support for people experiencing conflict in the workforce is strengthened, security presence is increased to deter anti-social behaviour and that effort to improve communication is renewed. The Trust's assessment was peer assessed and approved by colleagues at Airedale Hospitals NHS Foundation Trust.

Car parking communication plan – the Head of Business Management shared the communication plan to advise staff, patients and visitors of the changes to car parking at Bradford Royal Infirmary and St Lukes. Some of the car parks will be barrier controlled with ANPR, and public and staff parking will be segregated. The work starts in the Spring and will be done in a way that minimises disruption. The plan focuses on the key messages such as a fairer system, a change to pay on exit and increased disabled parking. The Academy were assured by the planning to minimise disruption and the strength of communications to all stakeholders.

Karen Walker

People Academy Chair and Non-Executive Director

12 February 25

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	B0.3.25.12a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 12 March 2025

Key escalation and discussion points from the meeting

Alert:

Non-clinical appraisals – Audit Yorkshire audited Non-Clinical Appraisals to provide assurance that the Trust has a robust process in place but only limited assurance was received. The audit found that while the Trust's processes and systems are adequately designed and there was some good practice, the testing identified weaknesses in adherence to them with 4 different forms, inconsistent completion, a mixed approach to one to ones and no mandatory refresher training for managers. As we know from the dashboard, the appraisal rate is below target. The Head of Organisational Development shared the plan to introduce 'Dynamic Appraisals' to complement the work on developing 'Dynamic Conversations' launching in Q1 25/26. Once a year, colleagues will have a conversation around all four themes in the Dynamic Conversations framework (health and wellbeing, performance enablement, prioritisation and aspiration and motivation) to ensure dynamic conversations are happening, provide a familiar and simple approach that keeps conversations live throughout the year, standardise the paperwork for all conversations and focus on what matters to people. There will be videos, tools and guidance to help support managers and staff. The Chief Medical Officer offered to share the successful approach to medical appraisals and revalidation with the Head of OD, who will consider this along with the other feedback provided by Academy attendees.

Gender Pay Gap – the Head of EDI shared the GPG report which shows the differences in average pay between men and women. The measures have deteriorated over the last 12 months but there were some positive changes in the data. The mean data shows a reduction from 24.4% in March 23 to 22.1% in March 24. There has been a 2.5% increase in women in the upper pay quartile, and a 2% increase in women in medical and dental roles, although still under-represented in some of the more senior medical and dental roles. On average, women do not receive the same level of bonuses as men. Analysis of the data shows that women continue to be over-represented at middle management and supervisory levels rather than senior levels, and men continue to be under-represented in Nursing and Midwifery. There are actions to address this wrapped into the EDI plan such as targeting CSUs to develop local action plans to meet specific challenges, a focus on flexible working, and raising awareness that the Trust is a menopause friendly organisation. The Gender Equality Reference Group relaunched in 2024 and has developed its own action plan to reduce the pay gap, covering women in leadership, further developing a culture of flexible working and addressing the under-representation of men in Nursing and Midwifery. The latest data will be reported later in March 25. The Trust held its annual International Women's Day event on 12 March and it was great to hear about the commitment in the Finance team to recruit more women into senior roles.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	B0.3.25.12a

Advise:

People Academy Effectiveness Review – the Academy completed a Slido survey to assess the Academy’s effectiveness. The results will be analysed and then shared at the April Academy.

Assure:

Thrive Conference – The Head of OD gave a sneak preview of the Thrive Conference, to be held at the Cedar Court on 15th May. The focus will be on belonging, aligned to Bradford’s City of Culture status for 25/26 as Bradford’s biggest employer. The event will celebrate the history, diversity and communities of Bradford and the past, present and future of patient care. There will be stories from patients and staff and plenty of tabletop exercises to make it interactive. Invites are due out shortly.

Karen Walker


People Academy Chair and Non-Executive Director

12 March 25

B. GENDER PAY GAP REPORT

REFERENCES

Only PDFs are attached

 Bo.3.25.12b - Gender Pay Gap Report March 25.pdf

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

GENDER PAY GAP REPORTING MARCH 2025

Presented by	Kez Hayat, Head of Equality, Diversity & Inclusion and Ruth Haigh, Equality, Diversity & Inclusion Manager		
Author	Kez Hayat, Head of Equality, Diversity & Inclusion/ Asst Dir HR and Ruth Haigh, Equality, Diversity & Inclusion Manager		
Lead Director	Renee Bullock, Chief People & Purpose Officer		
Purpose of the paper	The purpose of this report is: <ul style="list-style-type: none">To inform the Board of the report presented to the People Academy on the Trust's Statutory Gender Pay Gap Report that will be published for 30th March 2025 deadline in line with our contractual and legal obligations.		
Key control	To be in the top 20% of NHS Employers		
Action required	For assurance		
Previously discussed at/ informed by	N/a		
Previously approved at:	N/a		Date
Key Options, Issues and Risks			
<p>The 6th April 2017 saw the introduction of the Government regulations setting out the requirement for public sector bodies in England with 250 or more employees to publish their gender pay and bonus gap. The Equality Act 2010 (specific Duties and Public Authorities) Regulations 2017 bring in the gender pay gap reporting duty as part of the existing public sector equality duty (PSED).</p> <p>It is a legal requirement for all relevant employers to publish their gender pay data and report within one year of the 'snapshot' date. The 'snapshot' date is 31 March 2024. The publishing date for data as at 31st March 2024 is 30th March 2025. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.</p> <p>As an NHS Trust we have been submitting and publishing our gender pay gap data to the Government for six consecutive years, i.e. 31 March 2017 and 31 March 2018, 31 March 2020, 31st March 2021, 31st March 2022 and 31st March 2023 (N.b. data collection as at March 2019 was paused in 2020 as a result of the Covid-19 pandemic). For the benefit of this report, we have included both the 2022 and 2023 data for comparison reasons where appropriate. This will be our 6th publication against the standard.</p> <p>Gender pay reporting is different to equal pay. The gender pay gap is the average difference between the gross hourly earnings for all men and women which is expressed as a percentage of men's earnings (as set out in the explanation below). Equal pay refers to men and women being paid the same for like work; work rated as equivalent or work of equal value as set out in the Equality Act 2010. It is unlawful to pay people unequally purely because they are a man or a woman.</p> <p>Gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations and any subsequent analysis may help to identify what those issues are.</p>			

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Our mean ordinary pay gap as at March 2024 was 22.1%. Since we began to report our Gender Pay Gap in 2018 (as at March 2017) when our mean gender pay gap was 31.3%, there have been fluctuations in this figure, but we have seen an overall improvement of 9.2% which is positive. However, we recognise that there is still work to do to reduce the gap and other gender equalities that exist within the workforce.

Although comparison data for March 2024 is not yet available; we have included an analysis of the March 2023 data comparing our data to other local acute NHS Trusts. This shows that we are not outliers and we are comparing favourably with other Trusts within WYATT with the exception of our median bonus pay gap (which was last year eliminated for all of our comparison Trusts through the equal shares approach to CEA).

Analysis

On 31 March 2024 our workforce comprised **7,458 staff**, of which; **5,716 (76.6%) were women** and **1,742 (23.4%) were men**.

Who is included in the data: The Regulations state that an employee, for the purposes of the headcount, is a person who is employed by the Trust on the snapshot date. Some bank staff are included if they are employed and have worked on an assignment as at the snapshot date of 31 March. Agency staff are not included.

There has been a deterioration in all the reported measures over the last 12 months, which is potentially negative. However, through analysis we have some rationale for this change. We have also seen some positive changes in the data, including, most importantly a decrease in our mean gender pay gap.

An overview of key highlights, which demonstrate an improvement since our last report (data as at March 2024) include:

- We have seen a further decrease this year in our mean Gender Pay Gap, which has decreased by 2.3% from **24.4%** in **2023** to **22.1%** in 2024.
- We have seen a **2.5%** increase in women in the upper pay quartile.
- Women continue to make up a significant proportion of our workforce (**76.6%**). The proportion of women in the workforce has increased by 0.2% since March 2023 but with a 1% increase in men in some of the under-represented job roles (nursing & midwifery, admin & clerical and other professions).
- A **2%** increase in representation of women in medical & dental job roles means women now represent 49% of this workforce, which is positive in terms of representation. However, further analysis shows that women are still under-represented in some of the more senior medical & dental (Consultant) job roles at 39% and despite efforts to create equity in bonus payments, women are still not receiving the same bonuses on average as male consultants. Unfortunately, the bonus pay gap data has been slightly skewed this year by the late payment of the new equal shares Clinical Excellence Award payments which happened in May 2024 (outside the GPG data reference period for the bonus pay gap calculation which is taken in March).

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Progress is being made with our gender pay gap since 2017. However, when it comes to pay; although there are more women employed in the organisation, women continue to earn less than men. There is still work to do to address the issues in the following key areas:

- Women continue to be under-represented at more senior levels and over-represented at supervisory and middle management levels.
- Men continue to be significantly under-represented in Nursing & Midwifery and some other traditionally female professions.

Recommendation

The Board is asked to take assurance from the following outcomes from the People Academy held on 12 March 2025 where it;

1. Noted the contents of the report below and the Gender Pay Gap data submissions
2. Approved the results, as set out in section 2.2 to be published on the Trust's website
3. Supported the next steps to reduce the Trust's Pay Gap (Section 3.10 – 3.12)

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance			
NHS England: (please tick those that are relevant)			
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework		
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual		
Care Quality Commission Domain: Well Led			
Care Quality Commission Fundamental Standard: Staffing			
NHS England Effective Use of Resources: People			
Other (please state):			
Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

1 PURPOSE/ AIM

The purpose of this report is to provide detail of our mandatory gender pay gap data and reporting.

2 BACKGROUND/CONTEXT

2.1 Gender Pay Gap Indicators – Overview

The legislation requires employers to publish the results of six calculations and this report provides information on:

- **Mean gender pay gap in hourly pay** – adding together the hourly pay rates of all male or female full-pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.
- **Median gender pay gap in hourly pay** – arranging the hourly pay rates of all male or female employees from highest to lowest and find the point that is in the middle of range.
- **Mean bonus gender pay gap** – add together bonus payments for all male or female employees and divide by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage.
- **Median bonus gender pay gap** – arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.
- **Proportion of males and females receiving a bonus payment** – total males and females receiving a bonus payment divided by the number of relevant employees.
- **Proportion of males and females in each pay quartile** – ranking all our employees from highest to lowest paid, dividing this into four equal parts ('quartiles') and working out the percentage of men and women in each of the four

The median helps to show where the mean value has potentially been skewed by an outlier (a few individuals at the very top or bottom of the range).

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

2.2 BTHFT Gender Pay Gap Data – 31st March 2024 (snapshot)


The following data was collected on 31 March 2024 when our workforce comprised **7,458 staff**, of which; **5,716 (76.6%) were women** and **1,742 (23.4%) were men**.

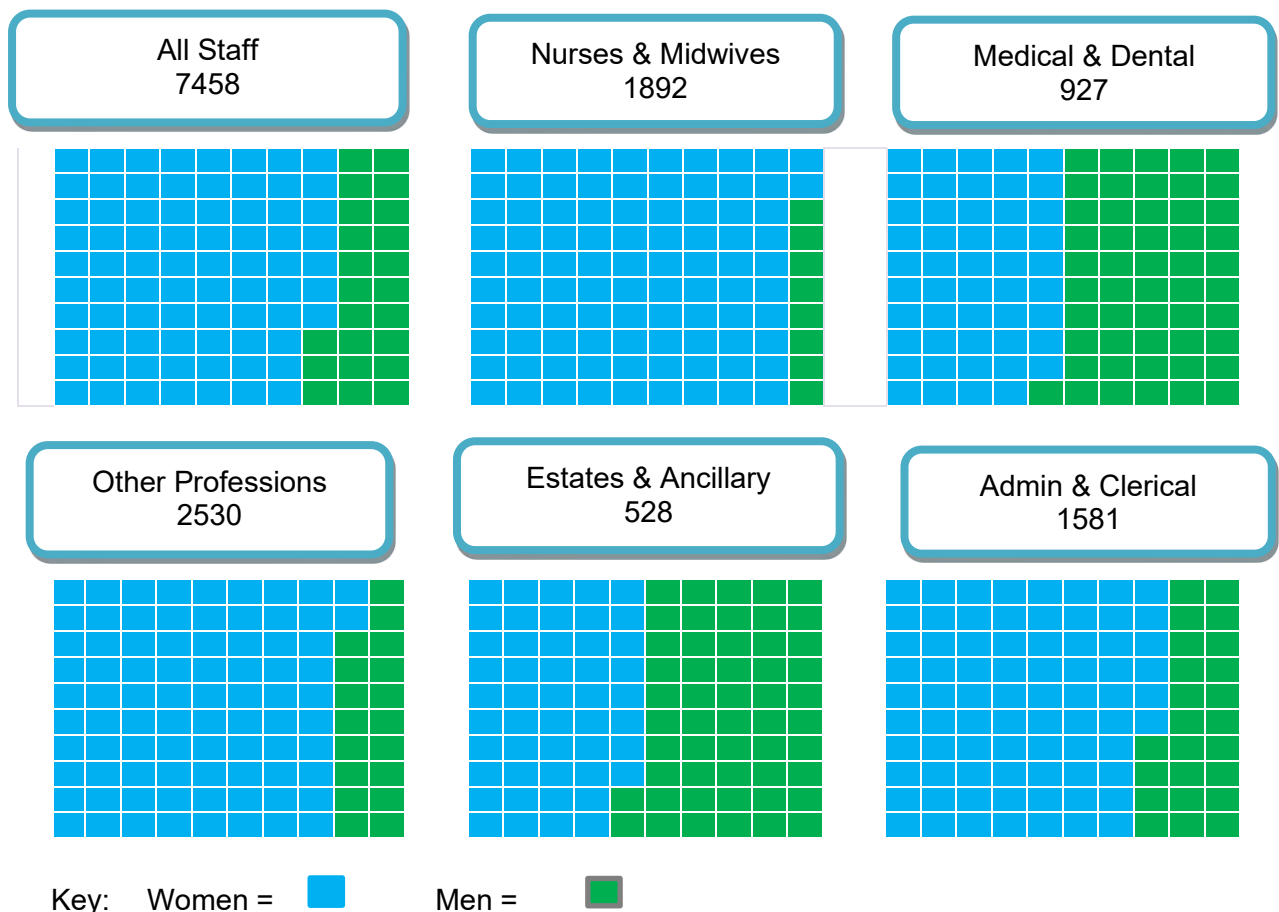
Throughout this report, where appropriate, data for March 2022 and/or March 2023 has been included to show a comparison and evidence our progress over the last three years.

Workforce by Gender

The table below illustrates how our workforce was made up by gender as at 31st March 2024.

The green squares represent men and the blue squares represent women. Women make up a significant proportion of our workforce (76.6%) and this has remained fairly static over the last 12 months with just a 0.2% increase of women in the workforce as a whole since March 2023.

Men continue to be significantly under-represented in Nursing & Midwifery roles, Admin & Clerical and Other Professions, but with a 1% increase in men in each of these staff groups over the last 12 months which is positive. 



Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

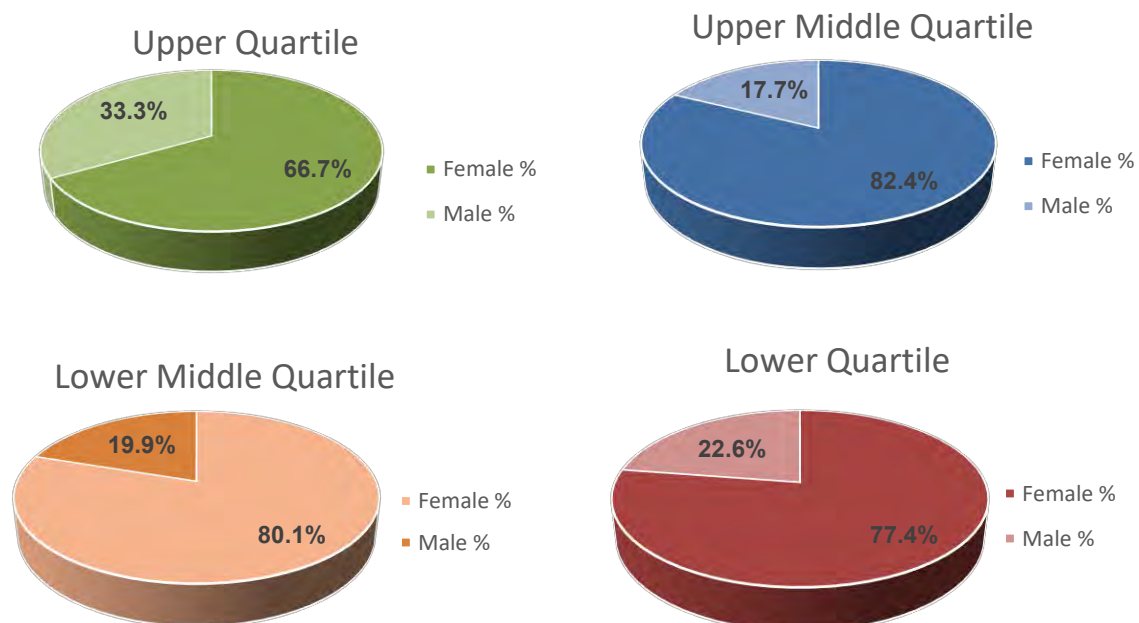
Quartile Reporting

The pie charts below show the proportion of males and females when divided into four groups ordered from the highest to the lowest pay. The data below ranks our whole-time equivalent employees from highest to lowest paid, divided into four equal parts (quartiles). The lower quartile (red) represents the lowest salaries in the Trust and the upper quartile (green) represents the highest salaries.

In March 2024 there were proportionately more women employed by the Trust (76.6%) than men (23.4%). If we are to have gender pay equality, the same proportion of men and women should be represented at all levels of the organisation. The following analysis shows that this is not the case at BTHFT, and **women continue to be proportionately under-represented at the most senior levels and proportionately over-represented at supervisory and middle management levels.** There has been little change in this metric since March 2021: ➡

- **At 66.7%; Women continue to be proportionately under-represented in the Upper quartile (higher paid staff) by 9.9%** (compared to 76.6% women in the organisation overall).
- ➡ The proportion of women in the upper quartile has fluctuated over the last three years. However, after a 1% reduction last year, we have seen a **2.5% increase in the proportion of women in the upper quartile this year.**
- ➡ Women continue to be proportionately over-represented in the Upper Middle quartile (82.4%), but with a slight reduction (1.6%) in this inequality from last year.
- ➡ Women continue to be proportionately over-represented in the Lower Middle quartile (80.1%) and with a very slight (0.2%) increase this year.
- ➡ Women remain just slightly over-represented (proportionately) in the lower quartile (lowest paid staff) at 77.4% despite a 0.2% decrease this year.

The charts below show the percentage of males and females who fall into each quartile:







Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

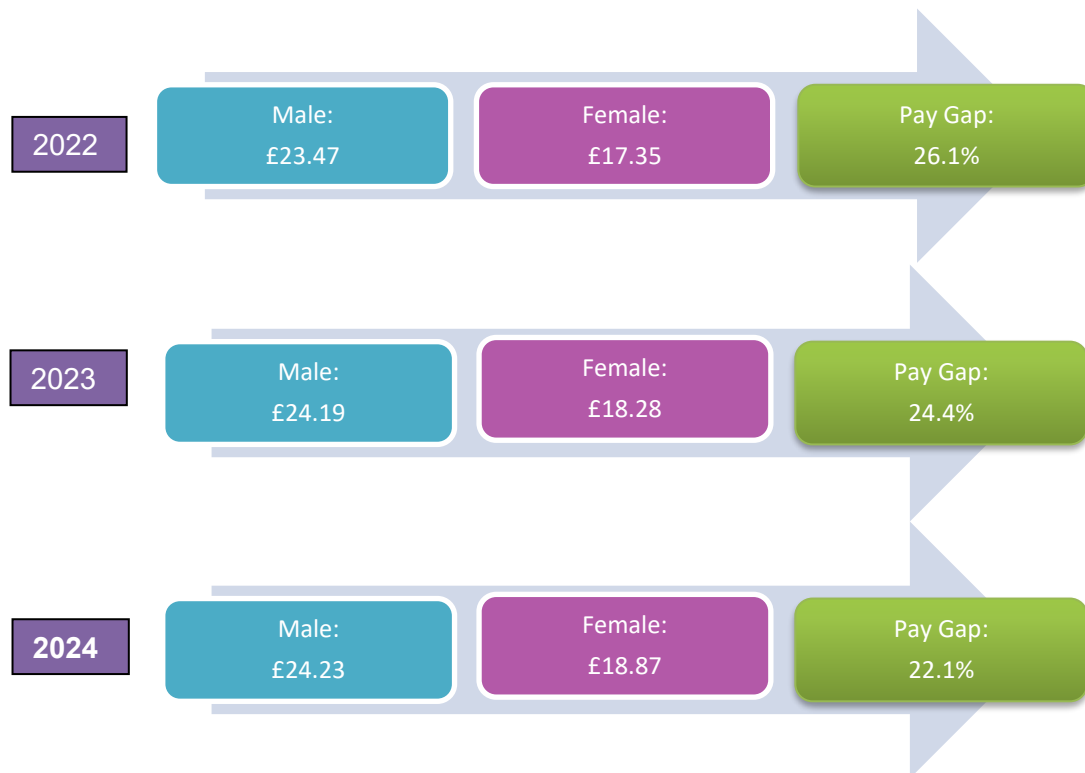
Average Gender Pay Gap as a Mean Average

The mean is calculated as the sum of all values (hourly pay rate) divided by the number of staff. The difference in these values for men and women is expressed as a percentage.

Table 1

Mean Average Hourly Rate	2022	2023	2024
Male	£23.47	£24.19	£24.23
Female	£17.35	£18.28	£18.87
Gap	26.1% 	24.4% 	22.1% 

When it comes to pay, although there are more women employed in the organisation; women earn less. However, the mean average pay gap has been steadily reducing over the last few years and has reduced again this year (by 2.3%) from **24.4%** to **22.1%** 



Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Average Gender Pay Gap as a Median Average

Median is calculated by separating each pay list by gender and then putting each list in order from lowest to highest. The Median is the middle number in each list. The difference in these values for men and women is expressed as a percentage.

Table 2

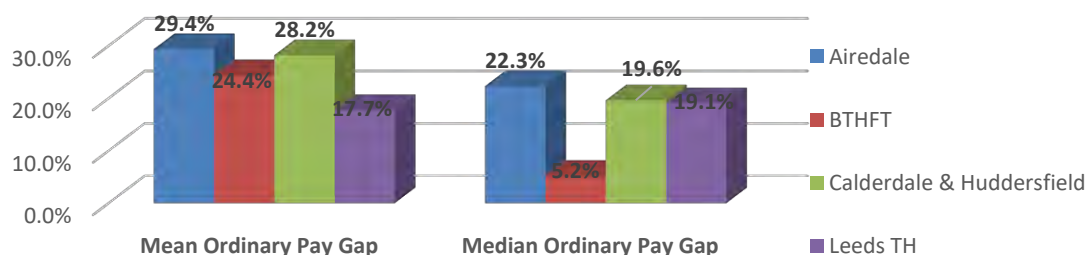
Median Average Hourly Rate	2022	2023	2024
Male	£16.82	£17.33	£18.10
Female	£15.54	£16.43	£17.00
Gap	7.7% ↑	5.2% ↓	6.1% ↑

There has been a year-on-year increase in women's median average hourly pay rate for the last 3 years and despite a slight increase again this year, the median average hourly pay rate for men continues to be higher and has increased in the last 12 months by 20p per hour more than for women. Subsequently the median average pay gap has increased slightly (by 0.9%) from **5.2%** in 2023 to **6.1% in 2024**. ↑



Comparison of Gender Pay Gap (ordinary pay) – March 2023 data

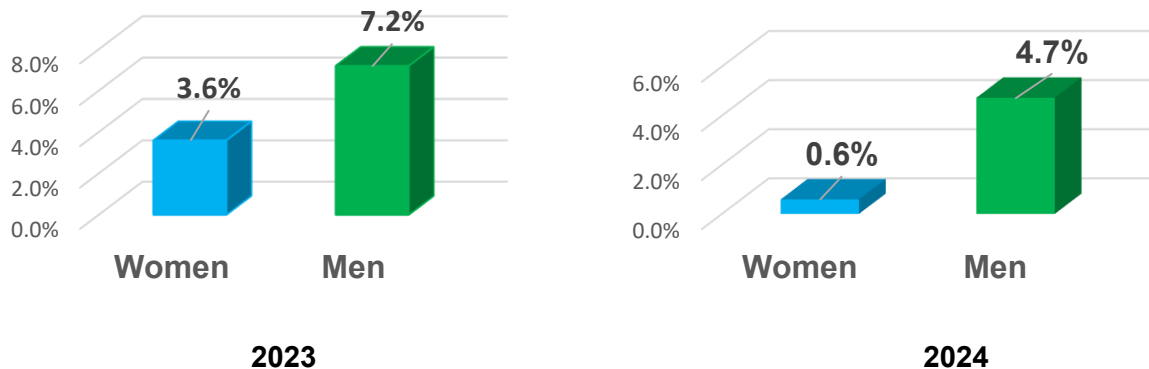
(March 2024 data comparison not yet available)



Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Percentage of Men and Women receiving a Bonus Payment at BTHFT

There continues to be a lower proportion of women in the Trust receiving a bonus payment with **0.6% of the women and 4.7% of men at BTHFT receiving a bonus payment in March 2024**. Interestingly, this years' data (March 2024) shows a notable decrease in the percentage of both men and women receiving a bonus payment compared to the March 2023 data (a reduction of 3% for women and 2.5% reduction for men)



Is it right that a smaller proportion of women in the Trust are paid bonuses?

As identified in previous years, for the purposes of the national gender pay gap requirements this data is calculated as a proportion of the workforce as a whole (where we know that proportionately there is an over-representation of women). However, the only bonus payments made in the Trust are clinical excellence awards (CEA) paid to medical & dental consultants, where we know that we employ more men than women. This exaggerates the gap.

A more useful comparison would be to compare the proportion of male and female consultants receiving a bonus payment (CEA) compared to the proportion of male and female consultants in the workforce:

- As at 31st March 2024 **39%** of the consultant workforce were women and **61%** were men. Further analysis of the snapshot data shows that **71%** of bonus payments were made to male consultants and **29%** were made to female consultants. This does still show a **slightly higher proportion of male consultants receiving a bonus payment compared to female consultants (when compared to the proportion of males and females in the consultant workforce)**.

Some background information into the reason for the bonus pay gap:

Historically, there has been a higher proportion of male consultants in the workforce, with a greater length of service and seniority which were previously success factors in receiving the existing local CEA (which is an award that is paid in varying amounts) and although this award is in the process of being phased out some of these staff continue to receive this payment. As at March 2024 there also continued to be some consultants (predominantly, if not all male) in receipt of a national award for clinical excellence (a national application process that is renewable every 3-5 years, but potentially generates much higher bonus payments dependent on the level of the award).

As a way to address the inequality in bonus payments within the Trust, from March 2020 a new style Clinical Excellence Award was paid to all consultants who met the eligibility criteria as at April of the preceding year (without the need to submit an application). The new style CEA award is

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

now calculated and paid to all eligible consultants as an equal share of a total award budget and the payment is made in full irrespective of someone's hours of work. This approach was aimed at creating greater equity for female consultants going forward who are more likely to work part-time hours. The proportion of consultants receiving the CEA is now also directly related to the proportion of eligible consultants employed, rather than limited to a selection of those who have made an application for the award. New arrangements for CEA have been in place since 2020. There is no longer opportunity for anyone to apply for the 'old style' CEA and this award will be subject to a formal review in the future in agreement with the Local Negotiating Committee. In the interim this means that year-on-year the numbers linked to the 'old style' CEA may only change as people retire or leave the organisation for other reasons.

Why have the number of bonus payments reduced across the board this year?

In 2024 the new style (equal shares) CEA (bonus payments) were paid later than usual in May 2024 and are therefore not picked up in the Gender Pay Gap data snapshot/ reference period.

- Further analysis of the equal shares bonus payments (made in May 2024) show that payments that were made to male and female consultants were proportionate to the number of male and female consultants in the workforce. Therefore, any inequality in terms of our mean or median bonus pay gap is wholly attributable to the old style and national CEA payments.

Going forward the new style CEAs have stopped and will now be incorporated into basic pay. Consequently, they will no longer be reflected in the bonus pay data but *may* impact the overall pay gap figures.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Average Bonus Gender Pay Gap as a Mean Average

The mean average bonus payment is calculated as the sum of all values (bonus payments within a specified reference period) divided by the number of staff (consultants receiving bonus payments within that reference period). The bonus pay gap demonstrates the % difference in these mean average payments for men and women.

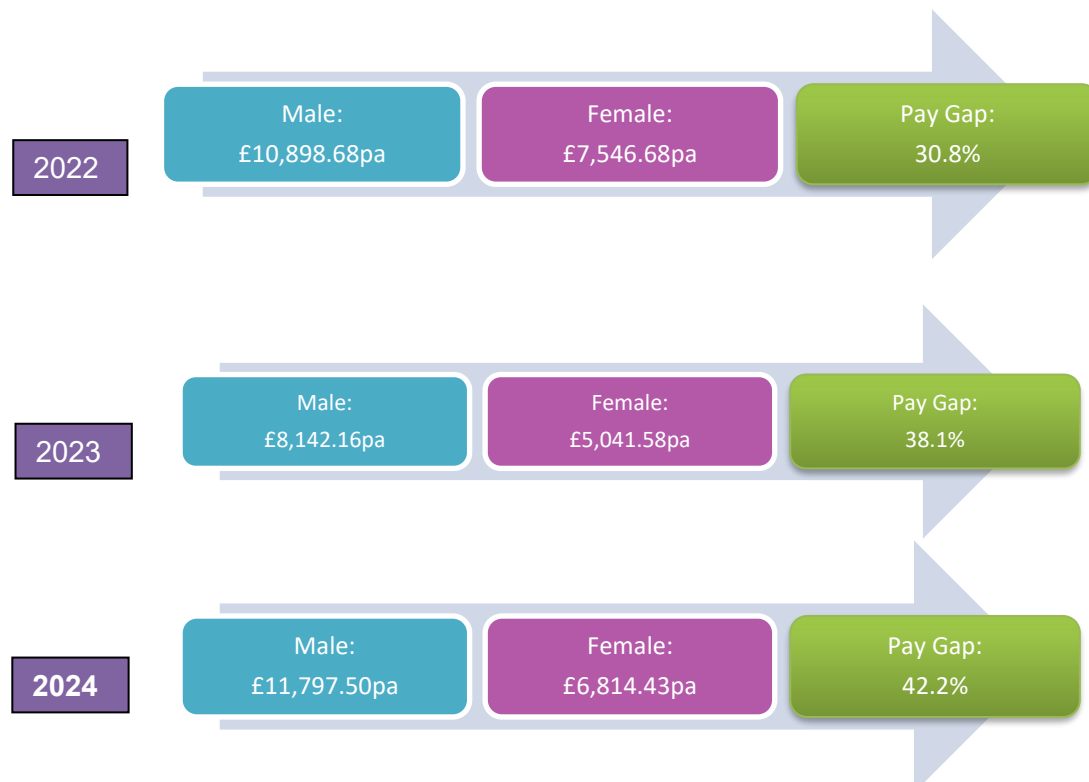
Table 3

Average Bonus Pay Per Annum	2022	2023	2024
Male	£10,898.68	£8,142.16	£11,797.50
Female	£7,546.68	£5,041.58	£6,814.43
Gap	30.8% ↑	38.1% ↑	42.2% ↑

Based on this years' data calculation, men **continue to earn on average 42.2% more in bonuses than women**. This is an increase of **4.1%** from last year. ↑

However, as explained on pages 11 and 12, the new style CEA (equal shares bonus payments) paid to the majority of consultants, and designed to eliminate the bonus pay gap, were paid outside the reference period in 2024 and are not included in this years' mean bonus pay gap calculation. This may be an explanation for the slight increase in the bonus pay gap this year, which may also be exacerbated by variations in the old style/ national pay awards this year (paid predominantly to male consultants).

It is anticipated that over the next few years we will see an improvement in the mean bonus pay gap data as 'old style' CEA payments gradually diminish, and more women potentially achieve some of the higher paid national awards.



Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Average Bonus Gender Pay Gap as a Median Average

Median is calculated by separating each pay list (list of bonus payment amounts) by gender and then putting each list in order from lowest to highest. The median is the middle number in each list and the median bonus pay gap is the percentage difference between that mid-point for men and women.

Table 4

Average Bonus Pay Per Annum	2022	2023	2024
Male	£7,106.96	£2,759.19	£8,987.19
Female	£4,091.00	£2,156.00	£5,217.72
Gap	42.4% ↑	21.9% ↓	41.9% ↑

As a median average men earned 41.9% more than women in bonuses in March 2024. This is an increase of **20%** in the median bonus pay gap over the last 12 months. ↑

However, as explained on pages 11 and 12. The new style 'equal shares' CEA payments have not been included in this years' GPG data calculation as they were paid outside the reference period. The bonus payment mid-point value for both men and women is higher as a result (as new style CEA's had a lower value of £3,124 which would have reduced the mid-point value on last years' data). This will continue to be the case going forward as new style CEA's will now be amalgamated into basic pay and the median bonus pay gap will continue to be wholly attributable to variations in the 'old style' national awards (and paid predominantly to male consultants).

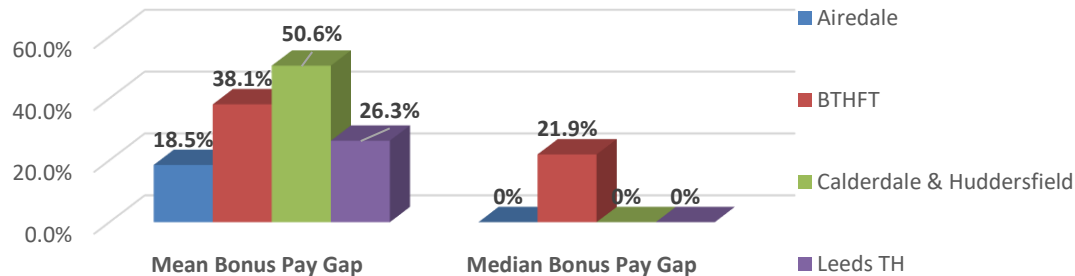
It is anticipated that over the next few years we will see an improvement in the median bonus pay gap data as 'old style' CEA payments gradually diminish, and more women potentially achieve some of the higher paid national awards.



Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Comparison of Gender Pay Gap (bonus pay) – March 2023 data

(March 2024 data comparison not yet available)



3 PROPOSAL

3.1 Progress to date on Gender Equality

The Trust has made some progress over the last 12 months around gender equality. The following are examples of some of the positive activity that has been taking place:

- 3.2 **#Accelerate Action on Gender Equality:** On 12th March 2024 we held our first ever **International Women's Day celebration** event in the Sovereign Lecture Theatre. The event was hosted by Karen Walker, Non-Executive Director and with closing remarks made by Karen Dawber, Chief Nurse. The event featured a diverse range of guest panellists and speakers who shared their inspirational leadership journeys and experiences of working for BTHFT, including Mel Pickup, Chief Executive and Sarah Jones, Chairperson. Presentations provided delegates with an overview of the Trust position and direction of travel in relation to gender equality and the progress that the Trust has made over the last 12 months around areas of work such as flexible working and menopause support (becoming a Menopause Confident Employer). The event was well attended and well received, and served as a catalyst for both gender equality, including trans equality and allyship.
- 3.3 The event generated lots of interest in the **Gender Equality Reference Group** which was successfully re-launched in 2024 under the leadership of our Chief People & Purpose Officer (and Gender Equality Champion) Renee Bullock. The Gender Equality Reference Group have gone on to influence the development of a **Gender Equality Action plan** based around the 3 key areas of focus and through sharing their own lived experience and ideas for how we can move this agenda forward as a Trust.
- 3.4 Plans are in place for the **2025 International Women's Day** event which will feature the launch of a new **Gender Equality Staff Network**, and with a focus on inclusivity and allyship, as well as progress. As with other staff equality networks there will be key roles for network members to apply for, an opportunity to develop terms of reference, branding, comms and a network work plan. The chair of the network will join our **Chair of Chairs Network** (ensuring all our staff networks are working collaboratively and with focus on the **intersectionality** of members – particularly when it comes to pay) having a voice at key decision-making meetings in the Trust, including agenda time at the Trust **Equality &**

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

Diversity Council meeting (chaired by our Chief Executive, Mel Pickup), which should help to accelerate the progression of gender equality in the Trust.

- 3.5 **Development of local EDI Action Plans:** Key to the implementation of our 3-year Equality, Diversity & Inclusion Strategy is the ongoing work to engage with CSU's/ departments to develop a more targeted approach and greater ownership of the actions through locally developed EDI action plans which are tailored to meet the specific challenges in each area (aligned to our 5 strategic objectives). One example of this work comes from both Finance and Informatics who are exploring how they can take positive action to increase the number of females they have in traditionally male roles.
- 3.6 **Flexible Working:** continues to be a key area of focus for gender equality. There has been continued focus over the last 12 months to facilitate flexible ways of working for front-line staff. Our flexible working policy has been promoted, along with practical guidance and toolkits on how to make flexibility work for everyone, including specific guidance for managers. There is scope to develop this work further as we endeavour to move to a culture which promotes flexible working at a team level, and we propose to work collaboratively with the Human Resources and other key stakeholders to ensure this is captured as part of our gender equality action plan for the coming year.
- 3.7 **Menopause Friendly Employer:** Research has shown that Menopausal symptoms can result in women losing confidence and they may consider leaving work. All Trust staff will experience menopause in some way, shape or form, be it themselves, a friend, a loved one or a colleague. However, with over 4,000 females at BTHFT over the age of 30, that is potentially over 60% of our workforce who may personally experience symptoms of varying levels in the next few years.

The Trust has developed a Menopause Network; A group of staff who are dedicated to providing education and support to BTHFT employees with the aim of creating an environment where staff can talk openly about the menopause and where managers are empowered to provide appropriate support for their staff.

A whole range of activity has taken place over the last 12 months including face-to-face events, video's, webinars, menopause café's, the provision of the "Balance App" and a dedicated page on Thrive. The Trust has also developed the role of Accredited Menopause Advocate, a group of staff who provide signposting and supporting and helping colleagues to gain understanding about the menopause and think about different ways of managing symptoms. The Trust also introduced a new, lighter weight uniform which should be more comfortable for women during perimenopause/ menopause and have launched a new "Menopause Guidance" document for managers and staff. This fantastic work has resulted in the Trust being recognised and accredited as a "**Menopause Confident Organisation**".

3.8 **Next steps**

- 3.9 The Trust gender pay gap data will be published by 30th March 2025 in line with our legal requirements.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.12b

- 3.10 The Trust is required to report this information annually on its website by the data deadline and a refreshed data set will be published for each reporting year.
- 3.11 We are working with our Gender Equality Reference Group to regularly review and refresh this action plan, aligning this to the agreed areas of focus, the EDI Improvement plan and our EDI strategy, considering new actions and looking at developing existing actions further.
- 3.12 The action plan will continue to be developed around three key themes with an overall aim of ensuring we recruit, retain and support the right staff and develop excellent leaders who have the skills to empower our people and create a positive culture where our people feel valued, can take responsibility for their actions and flourish. The main focus of our action plan to reduce our gender pay gap will be:
- **Women in Leadership:** Increasing engagement with aspiring females and representation of women in senior management roles, including development and talent management. Exploring potential “blockers” for women progressing
 - **Further developing a culture of flexible working** focussing on front line roles
 - **Addressing the under-representation of men in Nursing & Midwifery** and challenge traditionally female role stereotypes.

We will continue to work with other NHS Trusts and partners at place level to learn from best practice and explore opportunities to develop joint activities.

4 | BENCHMARKING IMPLICATIONS

Benchmarking data is only currently available for the March 2023 data (as at 2.2 above). March 2024 benchmarking data will be shared with People Academy once results are published and available.

5 | RISK ASSESSMENT

N/a

6 | RECOMMENDATIONS

It is recommended that the People Academy:

1. Note the contents of the report and Gender Pay Gap data submissions
2. Approve the results, as set out in section 2.2 to be published on the Trust's website
3. Support the next steps to reduce the Trust's Pay Gap (Section 3.10 – 3.12)


7 | Appendices

N/a

C. WORKFORCE REPORT

REFERENCES

Only PDFs are attached

 Bo.3.25.12c - Workforce Report - January 2025.pdf

People Academy: 15 January 2025

Agenda Item: PA.1.25.8

Introduction

The last Workforce report was presented to the People Academy in August 2024. This report picks up key workforce themes and trends since then and is presented in the format previously used to report to Workforce Committee.

This report will continue to be presented to the People Academy on a quarterly basis as agreed in July 2021.

Trust Data as at 30th November 2024

	DIVISION						
	Unplanned Services	Planned Services	Diagnostic & Corporate Operational Services	Corporate Services	Estates & Facilities	Research	Whole Trust
Staff in Post (Headcount)	2,208	2,258	1,457	788	625	263	7,599
Staff in Post (FTE)	1,937.90	2,023.87	1,287.68	711.10	499.92	229.63	6,690.10
Establishment	2163.01	2161.64	1414.43	774.45	637.41	201.45	7352.41
Agency Usage (FTE)	4.89	15.89	19.00	0	4.29	0	44.07
Bank Usage (FTE)	269.95	167.95	96.68	29.99	109.88	2.13	676.58
Turnover	10.16%	9.68%	9.70%	10.87%	8.73%	5.56%	9.81%
Leavers within 12 months/Joiners	50/292	44/278	34/202	14/66	9/111	0/0	151/949
Monthly Sickness %**	6.76%	6.48%	7.01%	3.82%	8.47%	2.25%	6.38%
YTD Sickness %**	6.18%	5.69%	6.09%	4.24%	7.30%	2.49%	5.76%
Jnr Dr Sickness (Monthly) %	4.82%	1.65%	1.62%	2.08%	0.00%	0.00%	2.95%
Jnr Dr Sickness (YTD) %	3.80%	2.31%	2.04%	2.86%	0.00%	0.00%	2.99%

	STAFF GROUP								
	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Whole Trust
Staff in Post (Headcount)	176	1,300	1,689	544	616	124	1,001	2,149	7,599
Staff in Post (FTE)	147.95	1,123.83	1,496.67	479.43	480.80	112.51	932.00	1,916.90	6,690.10
Establishment	162.49	1326.16	1613.12	512.76	614.50	106.45	984.55	2032.38	7352.41
Agency Usage (FTE)	14.01	0	0	13.88	4.29	0	8.39	3.50	44.07
Bank Usage (FTE)	11.35	293.50	42.22	28.69	112.17	0	43.30	145.35	676.58
Turnover	8.39%	13.39%	10.33%	9.13%	9.00%	6.11%	3.43%	9.24%	9.81%
Leavers within 12 months/Joiners	2/21	67/302	33/174	7/70	9/112	0/9	2/22	31/238	151/949
Monthly Sickness %**	6.71%	10.22%	6.05%	7.53%	8.75%	3.53%	2.45%	5.69%	6.38%
YTD Sickness %**	5.21%	8.59%	5.77%	5.06%	7.81%	4.17%	2.17%	5.65%	5.76%

* ODP's/Theatre Nurses are split out into the relevant staff groups for the staff in post figures but not for the Establishment figures.

** The above Sickness figures are an indicative figure as at the end of November 24

*** Includes usage for centralised budget code for COVID-19

Staff in post at the start and end of each month

Month	1/6/22	30/6/22	1/7/22	31/7/22	1/8/22	31/8/22	1/9/22	30/9/22	1/10/22	31/10/22	1/11/22	30/11/22
Headcount	6515	6508	6503	6489	6486	6525	6514	6603	6588	6655	6657	6662
Month	1/12/22	31/12/22	1/1/23	31/1/23	1/2/23	28/2/23	1/3/23	31/3/23	1/4/23	30/4/23	1/5/23	31/5/23
Headcount	6659	6674	6663	6717	6713	6778	6765	6779	6737	6776	6768	6799
Month	1/6/23	30/6/23	1/7/23	31/7/23	1/8/23	31/8/23	1/9/23	30/9/23	1/10/23	31/10/23	1/11/23	30/11/23
Headcount	6787	6814	6801	6827	6815	6868	6853	6,960	6,996	7,078	7,070	7,143
Month	1/12/23	31/12/23	1/1/24	31/1/24	1/2/24	29/2/24	1/3/24	31/3/24	1/4/24	30/4/24	1/5/24	31/5/24
Headcount	7,148	7,152	7,148	7,236	7,240	7,298	7,292	7,306	7,283	7,328	7,326	7,331
Month	1/06/24	30/06/24	1/7/24	31/7/24	1/8/24	31/8/24	1/9/24	30/9/24	1/10/24	31/10/24	1/11/24	30/11/24
Headcount	7,332	7,356	7,349	7,408	7,369	7,423	7,417	7,511	7,501	7,569	7,562	7,599

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

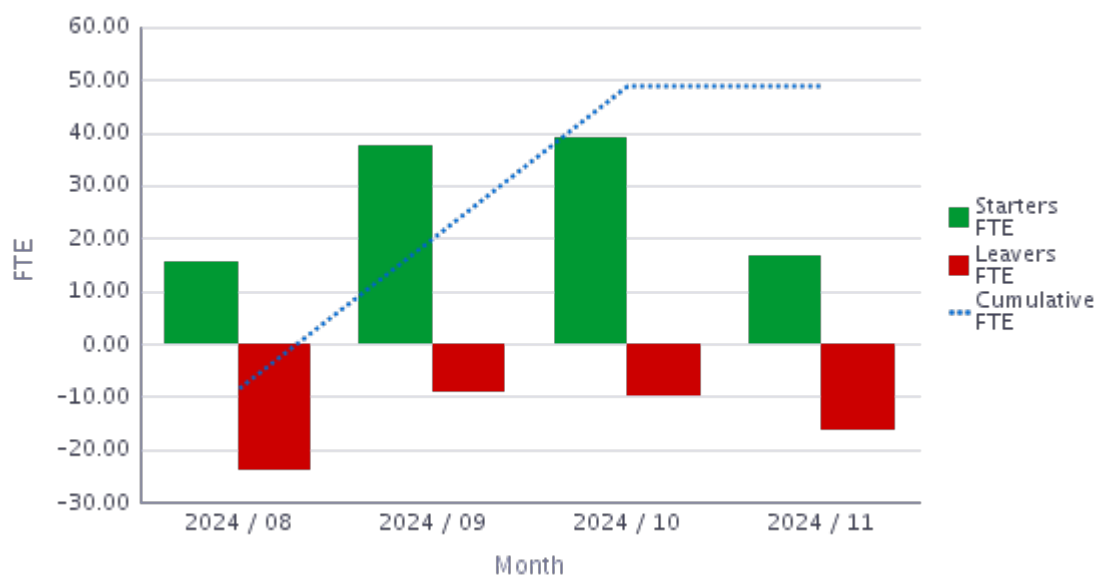
Staff in Post

Since the last report staff in post FTE has increased from 6,516.43 in July 2024 to 6,690.10 in November 2024 representing an overall increase across all staff groups of 173.67 FTE.

The largest increase in FTE over the period was in the Nursing & Midwifery Registered Staff Group (83.95 FTE) followed by the Allied Health Professionals Staff Group (31.28 FTE). The increase in Nursing & Midwifery Registered staff group can be attributed to newly qualified nurses starting in September.

No staff group has shown a reduction during the period.

The table below shows the position with respect of qualified nursing / midwifery starters and leavers which demonstrates the position over the last four months. The cumulative position for the 4 months is 48.97 FTE with 108.19 FTE registered nurses / midwives joining the Trust and 59.22 FTE leaving. Please note that this only includes those Nurses/Midwives who join the Trust in that role and excludes any that joined as HCAs pending NMC Registration.



e-Job Planning and e-Rostering

In December the total number of requests sent to bank was 9222 compared with November's requests of 9264, a decrease of 42 requests. This is split as 3695 requests for registered staff and 5527 requests for unregistered staff. Of those 9222 requests a total of 6674 were filled by bank staff which is 72.4% compared with 75.8% in November – a decrease of -3.4%. 2465 are filled by registered and 4209 filled by unregistered staff. Out of the 3695 requests for registered staff, the filled shifts were 2465 (66.7%) and for the 5527 requests for unregistered staff the filled shifts were 4209 (76.2%). Compared with November, fill rates decreased by -4.7% for registered and decreased by -2.8% for unregistered. Out of the 2465 filled registered shifts, 590 were filled by registered Theatre staff.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

Agency staff filled 234 shifts in the month of December. This is split 234 registered and 0 unregistered staff. Out of the 234 filled registered shifts, 166 were filled with registered theatre staff. In December Agency fill rates increased by 0.5% for registered staff and no Agency is used for Unregistered staff.

Job planning - Medics only

There are currently 413 Medics registered within the system, all with a job plan. AHPs and Nurses are not yet on the system, this is due to take place at the end of January 25. The focus going forward is to provide support on the new system, training & assistance on reports to continue to improve on the amount of job plans signed off within each CSU. Currently there are 152 job plans signed off which is 36%. There is still work to be done on some of the areas, but most areas are working on their job plans. Ongoing meetings are taking place to finalise any on call information & deal with any queries that the CSU may have.

AHP and Specialist nurses will be going live on the new system between January 2025 and March 2025.

Turnover

Turnover has shown a slight increase to 9.81% in November 2024 from 8.97% in July 2024. Turnover has decreased slightly across all staff groups apart from Additional Clinical Services where it has increased.

Nursing and Midwifery

Background

Data from the Model Hospital Portal can be used to Benchmark against peer organisations, locally and nationally. Our Nursing and Midwifery Vacancy Rate as reported via Model Hospital has reduced to 6.7% (September 2024) compared to a median of 10% with peers. We have moved from the 4th quartile into the 2nd quartile over the last 6 months

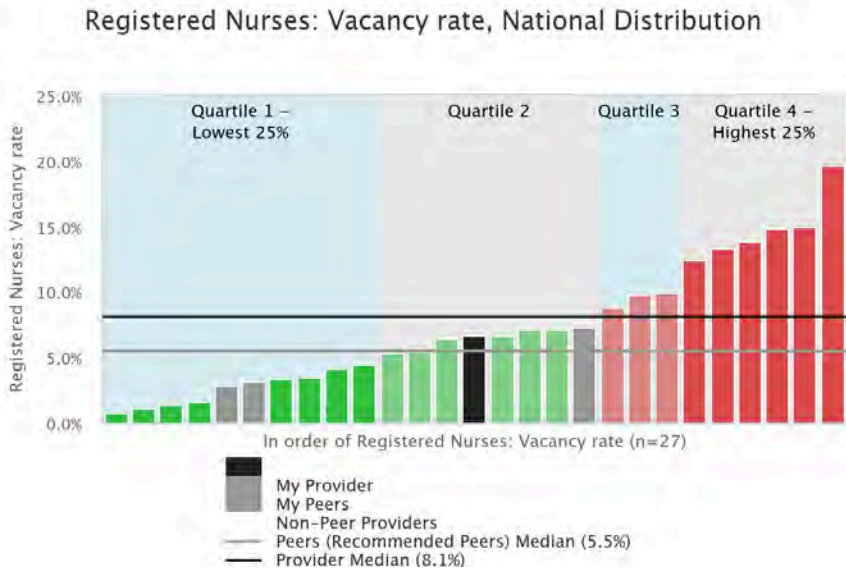


Figure 1 (September 2024)

Registered Nurse Vacancy position

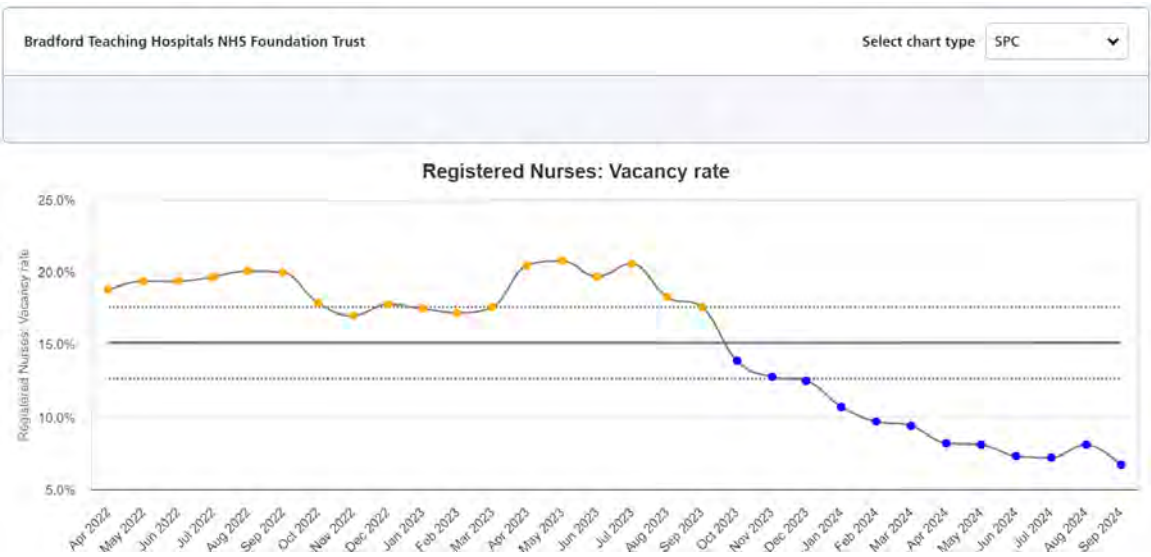


Figure 2

Our registered nurse turnover rate has continued to reduce over the last 12 months, and we are in the lowest Quartile (Figure 3).

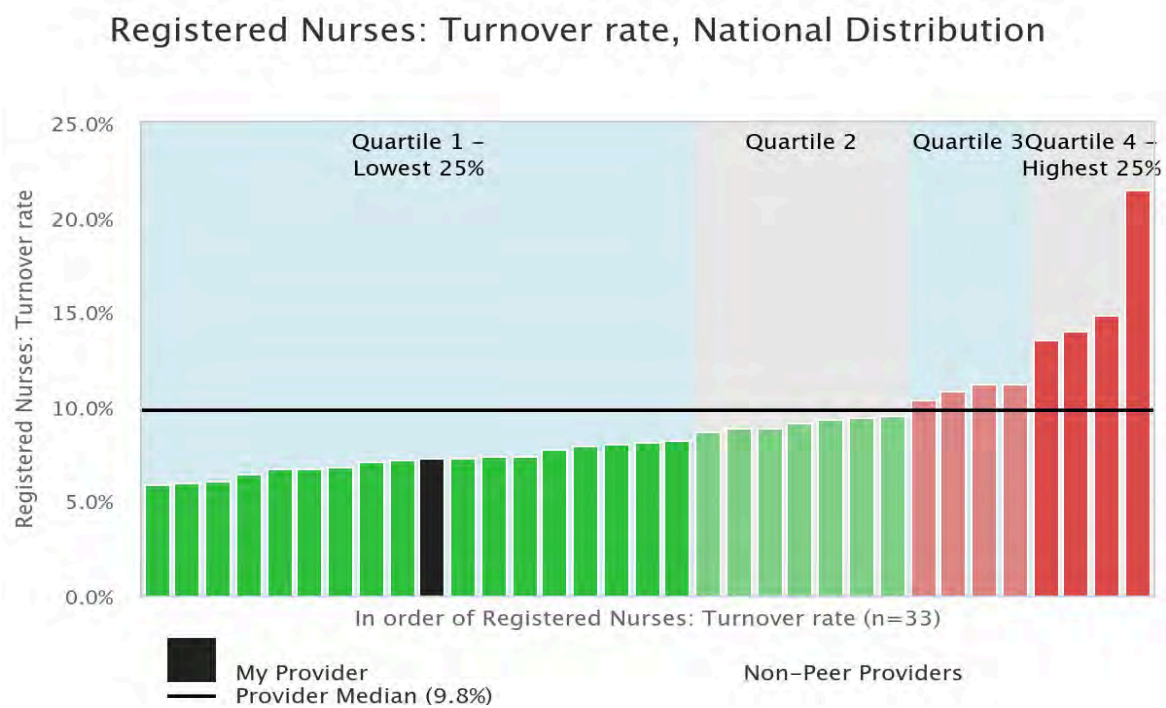


Figure 3

The Nursing Turnover rate as reported via Model Healthcare has reduced to 7.3% (Figure 4)

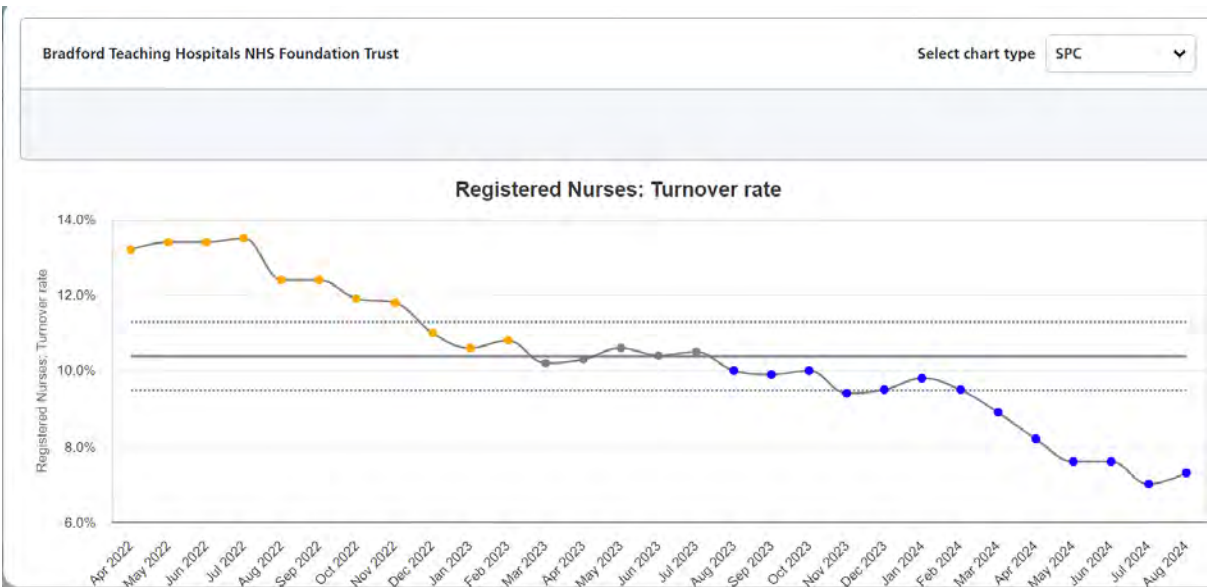


Figure 4

Risks and Recruitment

The staff shortage risk on the Chief Nurse Risk Register was reviewed in October 2024 (Risk ID 187/ 3732) and as the fill rates have remained above 80% for the last 12 months and above 85% for the last 6 months, the risk was reduced from 16 (4x4) to 12 (3x4). This risk was reviewed 02/01/2025 by the Associate and Deputy Chief Nurse and the risk is to remain at 12 and will be reviewed in Autumn 2025, unless there is a significant change to workforce numbers or risks.

From our monthly finance data, we are reporting 70 vacant Band 5 nursing posts and 140 Band 2 Healthcare Assistant posts. Our aim is to maintain our registrant vacancy position below 10%. Work is ongoing to reduce out Healthcare assistant vacancy to 10% by March 2025.

Band 5 Recruitment Events

We appoint an average of 90 newly qualified nurses (NQN) into the organisation each year. Interviews are usually scheduled for February and March with staff starting in September/October. The Chief Nurse Team, Education and Human Resources are planning the next NQN recruitment event. These will be supported by 3rd student nurse engagement events and interview preparation sessions.

Recruitment of Internationally Educated Nurses and Midwives

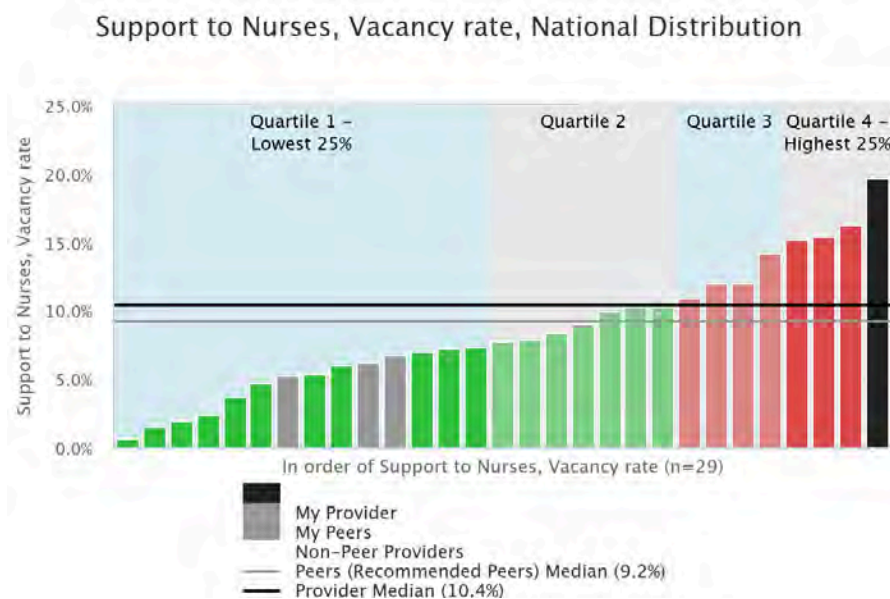
Although we have no further plans for proactive international recruitment, a Career Conversation event (October 2024) has identified approximately 8-12 staff who may benefit from support for the SIFE process or an English Language Test. The Chief Nurse team and education will be working collaboratively with CSU's to identify how we can support individuals to register with the NMC and transition to staff nurse roles.

Band 2 Recruitment

Work is ongoing to recruit Healthcare Assistants and enrol them on the monthly bootcamp, we have an average of 20 new starters each month and will be working with our recruitment team and education to see if we can increase this to achieve our aim of a 10% vacancy rate by March 2025.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10



Support to Nursing Turnover Rate (Figure 5).

In addition to the work outlined above, several other initiatives are ongoing to improve our vacancy position and reduce our reliance upon bank and agency. These include;

- **Endoscopy.** Planning is underway to review the workforce requirements for a new Endoscopy Unit at Bradford Royal Infirmary planned to open in 2025. The staffing requirements estimated to be an additional 12 registrants.
- **Trainee Nursing Associates:** We will review this process with an expectation that we will have a cohort of 40 Trainee Nursing Associates per year.
- **Engagement events Universities:** We will be holding listening events with 3rd year students to discuss their career options at BTHFT. These will be hosted by the Education and the Chief Nurse Team.

Midwifery

Midwifery recruitment will continue to be coordinated via the LMNS process (Local Maternity and Neonatal Services) for Newly qualified midwives. This process is hosted by Leeds Teaching Hospitals NHS Trust. Since October 2024 35 midwives has started with BTHFT. The university of Bradford have offered 5 Midwifery training places for registered nurses. During the training NHS England have agreed to fund their band 5 salary. We are awaiting confirmation if this scheme will be offered for September 2025. The has been a slight increase in the reported Midwifery turnover rate to 9.75% (August 2024) (Figure 6) and we will continue to monitor this trend.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10



Figure 6

Retention

The retention of staff is a key objective of the NHS People Promise and an important step in providing safe staffing. We continue to be engaged in a number of initiatives to improve recruitment including;

- Learning career conversations and mapping career opportunities.
- Recognition of staff via Daisy and NHS England's Chief Nurse Awards.
- Benchmarking our position with NHS Employers and NHS England's retention toolkits.

Allied Health Professionals

Physiotherapy vacancies are currently 5.35% with most vacancies at B6. Ongoing recruitment process for B6's but there is currently high turnover which is making recruitment at this band very difficult. There is one B5 undergoing pre-employment checks, and when this post is filled, we will be full on the B5 line. However, we are expecting some turnover in the next 2-3 months. We will be using these vacancies to offer our first cohort of Physio apprentices who qualify in the summer substantive B5 posts.

For the last few months, we have had to suspend the Physiotherapy pelvic health service due to all substantive posts being vacant. However, a new B7 started at the beginning of January and there is a new B6 starting on 13 January so this service will commence again.

We currently have a part time B7 Hand therapist post out to advert.

Occupational Therapy is currently fully established apart from 1 x B7 in the Virtual Ward.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

Speech & Language Therapy vacancies are currently 24%, with most of these in the inpatient SALT Team. A B7 post in stroke has not been filled despite advertising it several times.

Dietetics vacancy rate is 5.5%. Newly qualified staff offered posts earlier in the year are now in post following HCPC registration. The newly funded MH/LD service has been unable to fully operationalise as the specialist posts have not been recruited to. These are currently in recruitment following a restructuring skill mix and offer of B6-B7 progression post. B5-B6 development posts are well established and supporting retention of staff in many service areas. Our first Dietetic apprentice has now completed studies and will move into B5 role in March. We have three assistant practitioners in their first year of apprenticeship and three more starting in 2025. Apprenticeships and provision of high-quality dietetic student placements are key to our workforce strategy and “growing our own” dietitians.

Orthoptics have no current vacancies.

Orthotics have no vacancies at present, but currently renegotiating contracted services.

Radiographers

Ultrasound - only recruited to 1wte of the 5wte band 7 sonographers funded for the CDC. We have 3 trainees on a part time PG Diploma at Sheffield Hallam and one at Leeds University, plus an undergraduate on the BSc in ultrasound at Leeds University. The four PGDip trainees are band 5 with 3 of these sitting in band 7 vacancies. We have recently recruited a practice educator to help support and co-ordinate training.

Healthcare Scientists

Audiology

Maternity leave continues to be an issue, although at present to a lesser extent than historically ie only 2 staff at present are on maternity leave.

One specialist Audiologist post has been recruited to following a retirement, but this has taken 5 months to get someone into post, due to shortages nationally, and they require some additional training/supervision before being fully able to fulfil the role.

One Band 5 Audiologist will leave next week which will create a gap that it is hoped will be filled by a locum

The service continues to support a number of students at different levels ie. 2 STP students, up to 3 PTP students per year group, 1 Band 4 apprentice and 1 Band 2 apprentice. The support of all these posts required resource which has a significant drain on the service, but is beneficial overall

A 5 Year workforce plan has highlighted the need for an additional 6.2 WTE clinical staff at present (across Bands 5 to 8a) and a further 1.7 WTE by 29/30.

Neurophysiology a replacement Neurophysiology manager at Band 8A has been successfully appointed but are yet to start. Other than this the department is fully established.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

Medical Illustration

Trainee Clinical Photographer position, Band 5, Annex 21 is newly in post and will train towards Post Grad Certificate in Clinical Photography through Staffordshire University for 1 year, starting in January 2025.

All Photographers registered HealthCare Scientist Photographers with AHCS.
Funding for CPD limited

Clinical Engineering

1x HC Scientist Assistant in shortlisting recruitment phase.
1x HC Scientist Assistant pending - 'CTG Post freeze'.
1x HC Scientist Specialist – Long term sickness with Maternity leave anticipated March 2025.
1x HCS Scientist Trainee (Band 5 Annex 21) enrolled onto 2nd year BSc Medical Engineering Apprenticeship PTP programme (University West of England).

No NHSE 24/25 funding to support paid Clinical Engineering student placement opportunities, however; Clinical Engineering is supporting 2x voluntary (unpaid) UoB student placements - 1 in post.

Unable to utilise additional Apprenticeship levy as no supporting salary to implement substantive trainee posts.

No NHSE funding model to support CPD & manufacturer technical training to existing HC Scientists/ Specialists (Circa 50k internal cost pressure to develop and upskill Clinical Engineering Team last year).

Medical Physics

There are currently no vacancies and recent recruitment has been successful. There is an overall concern however, that national training for nuclear medicine technologists is currently limited, meaning that future recruitment could be difficult.

The department is looking to work towards accreditation as a training centre to open up the opportunity of in-house training (apprenticeships) in conjunction with an academic qualification.

Cardiac and respiratory scientists

Difficult to recruit to Band 6, band 7 and band 8a posts. Have recruited new graduates however this has had major impact on training and mentorship which in view of lack dedicated training facilitator has caused issues.

Continue to make use of HEE funding support for trainees at Level 2, Level 4 and Level 7.
In the absence of dedicated CPD funding or additional support from HEE, funding from income streams is being utilised to support the development of staff in an effort to 'grow our own' and increase retention.

Other Clinical Professions

Clinical Health Psychology department remains committed to diversifying the workforce and although there has been success in recruiting two NHSE funded training posts (Band 4 trainee Children's Wellbeing Practitioners) who are starting in January 2025. These postholders will undertake 35 days of training in evidence based psychological therapies and

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

will provide clinical sessions in our Trust for the remainder of the year. We also obtained funding for 5 Band 6 High Intensity Training posts however due to Closing the Gap pressures were not able to proceed to recruitment for these. We have worked with the Cochlear Implant team to develop a 0.5 wte post to support this patient group and have begun to offer 1 day / week into Children's Palliative Care. Retention rates are good. A relatively large number of training positions continue to be offered within the service including psychiatry STs, counsellors, clinical psychologists and specialist CBT placements.

Optometry team of 10 x B7 plus a Head Optometrist and Deputy Head optometrist are fully recruited. Deputy Head currently on maternity leave – unable to provide cover for this role due to the specialist nature of the clinics. Recruitment is OK at B7 but very few applicants have previous hospital experience, which means recruiting and training relatively junior applicants for what is a senior clinical role. Majority of applicants are not wanting more than 2-day per week roles due to better pay in the private sector. Retention is not currently a concern.

Pharmacy

The Outstanding Pharmacy Services (OPS) programme has been wound down six months ahead of its intended two-year timeframe due to changes in staff key to supporting the programme. The impact and improvements made through the programme will be kept and built upon through a new Pharmacy Strategy, which will incorporate the workstreams of OPS as well as other strategic objectives.

Key steps taken that are delivering better communication and improvement in Pharmacy are:

- All-staff communication meetings taking place regularly.
 - The new Director of Pharmacy has changed these to “Pharmacy Team Brief” meetings, which are scheduled monthly and incorporate key departmental and Trust messages as well as an opportunity to review and reflect on Pharmacy performance indicators, financial challenges and workforce metrics.
- Line manager network monthly meetings to share ideas, get support, and update about relevant training.
- Closing The Gap work has enabled Pharmacy colleagues to lead on and share some of their ideas for efficiency. This has extended to meaningful conversations with other CSUs in a collaborative approach, resulting in some huge opportunities for efficient use of resources.
- Development of a Pharmacy dashboard with key performance data, including key workforce data, kindly prepared/ pulled from ESR by HR Business Partner. Pharmacy do very well in regards mandatory training compliance levels.
- Staff Survey response rates were the best of any CSU, around 76% for Pharmacy, standfast 4 CSUs with a Corporate function that returned a higher completion/ return rate.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

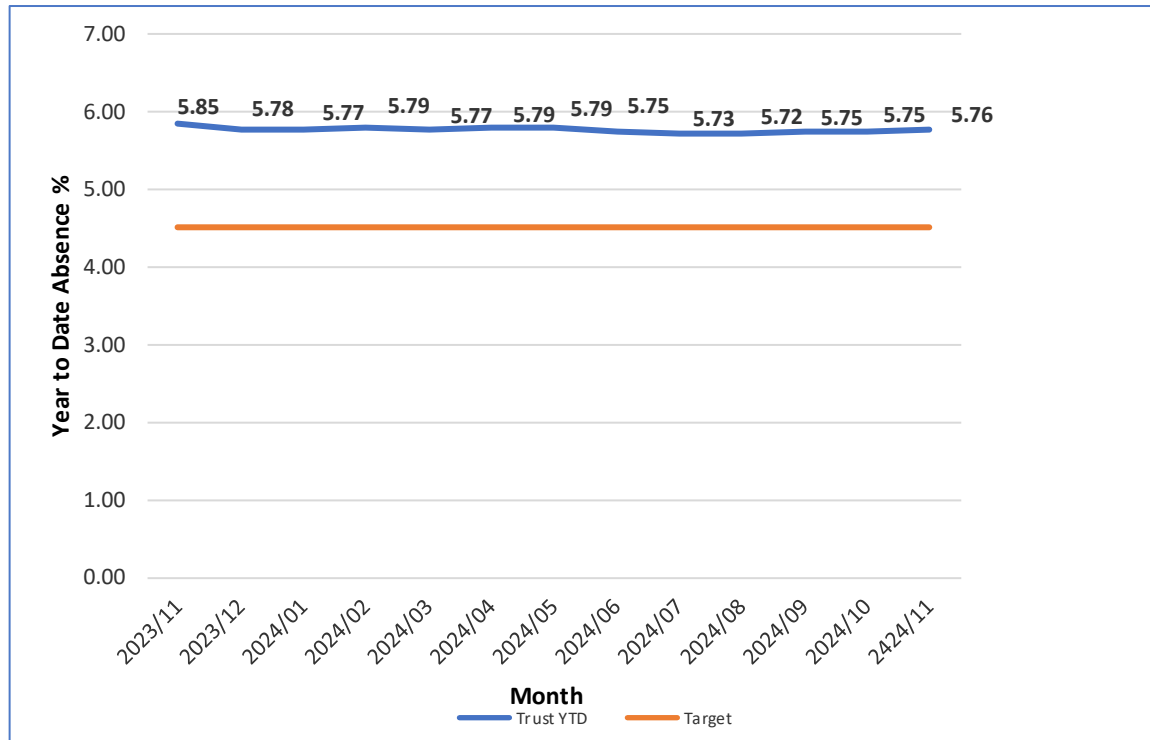
The following initiatives are underway or in planning stages:

- Pharmacy Strategy is being developed. This will be underpinned by and need to be supported by a Pharmacy Workforce Plan.
- Annual leave working group has been convened, ensuring that policies and procedures are implemented fairly across the department with feedback and suggestions from staff
- Clinical Pharmacy Congress: whilst some colleagues attended and presented at recent CPCs (London in May 2024 and Manchester in November 2024), colleagues are being encouraged to write up and present any improvement work, studies or projects they have been involved with and take the opportunity to showcase the Trust and their own expertise at local, regional or national meetings through posters and papers.
- The results of the staff survey are awaited with anticipation. Whilst results may not dramatically change, it is hoped there will be some positive signs and another opportunity to identify some key themes to work on over the coming year.
- Sickness absence rates have increased. Pharmacy are working hard to ensure Return to Work conversations take place and are recoded in e-Roster, as well as managing any cases as efficiently as possible through the formal routes with the help of HR colleagues.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

Absence Timeline – Year to Date Absence % Rate – Table 1



The year to date absence percentage rate in November 2024 is 5.76%. The absence rate has remained stable since December 23. At this time last year the year to date absence rate was 5.85%. The graph above also shows Year to Date sickness absence (%) up to November 2024.

Top 5 Absence Reasons by FTE Lost – Table 2

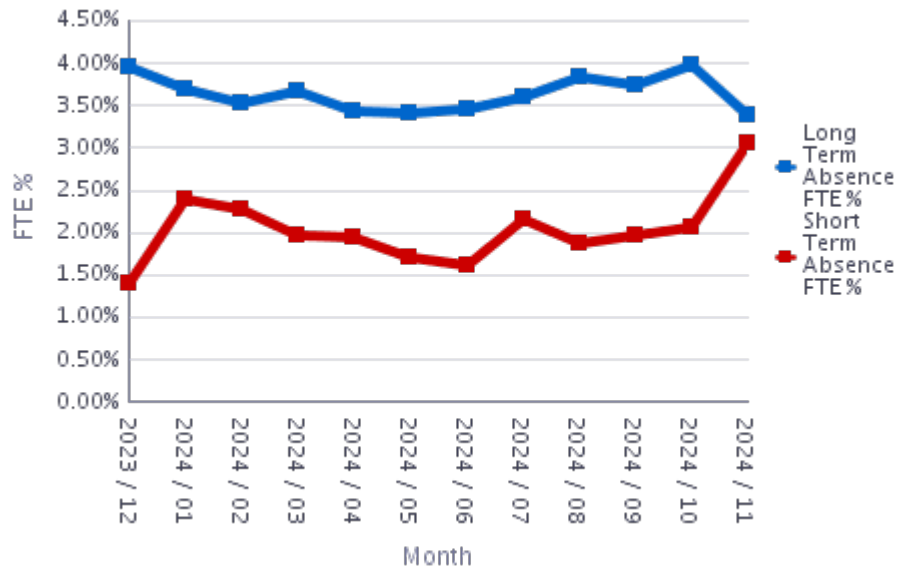
Absence Reason	%
S10 Anxiety/stress/depression/other psychiatric illnesses	26.3
S98 Other known causes – not elsewhere classified	14.7
S13 Cold, Cough, Flu - influenza	8.3
S25 Gastrointestinal Problems	8.2
S12 Other musculoskeletal problems	8.1

Anxiety / stress / depression are the most common reasons for absence. This is followed by other known causes.

Board of Directors – 31st January 2024

Agenda Item: PA.1.24.10

Absence Long Term / Short Term – Table 3



This table shows the long-term and short-term sickness trend. Long-term sickness showed a slight increase between July and October and has shown a significant reduction in November. Short-term sickness remained relatively stable between August and November but has shown a significant increase in November.

Organisational Development (OD) Update

NHS Staff Survey 2024

The NHS Staff Survey is one of the largest workforce surveys in the world and is carried out every year to improve staff experiences across the NHS. The survey is aligned to the NHS People Promise. The aggregated survey results are official statistics, providing a rich source of data that is used by a wide range of NHS organisations to inform understanding of staff experience locally, regionally and nationally.

BTHFT commissioned IQVIA (formally Quality Health) to conduct the NHS Staff Survey on its behalf. The survey was completed between September and November 2024 and we reached a response rate of 50% (3,612 respondents out of 7,231). This is a 7% increase on the 2023 response rate.

Detailed results plus free text comments from respondents are expected in February 2025.

Dynamic Conversations

Having regular check-ins, as a manager, is an essential way of knowing if your team is on track and if they have all the right support and tools to perform at their best. Previously, we have asked a lot of managers and the types of conversations they are expected to have with their team members. We've also not always been clear about what a minimum expectation is to the extent and frequency of a 1-1 conversation. This has led to inconsistency and varying experiences for our team members.

We want to ensure we have a robust, simple and effective approach for line managers and team members to engage in 1-1s that provides space for having the right conversation at the right time. We are therefore piloting 'Dynamic Conversations' as our new 1-1 and essential management conversation tool.

This simple framework supports managers and team members to have fluid, organic conversations that focus on the topics that matter to them, in a timely and considered manner. This could be around personal development, health and wellbeing, deliverables or expectations around progress and behaviours. Introducing Dynamic Conversations will provide a level of consistency across the organisation and support managers and team members to have better conversations, around a variety of topics, give and receive feedback, and identify risks and issues before they escalate. The framework is also an opportunity to cement all the critical parts of a line management conversation into one place, saving valuable time and energy for both the manager and team member.

The pilot began in December 2024 and will conclude in January 2025 with a view to launch to the organisation in Feb/March 2025.

Mary Seacole

The first cohort of Mary Seacole began on 28 October, 2024 with 29 learners from BTHFT enrolled.

Equality, Diversity and Inclusion

Progress on the 2024/2025 Equality Delivery System Review

Final preparations are being made by the EDI team to ensure the success of this years Equality Delivery System (EDS2) review which takes place annually as part of our contractual requirement.

All key stakeholders have been briefed on their role and remit as part of the review and colleagues are in the process of compiling their evidence to demonstrate the Trusts achievements and progress against each of the Outcome measures for Domain 1 (Commissioned or Provided Services), Domain 2 (Workforce Health & Wellbeing) and Domain 3 (Inclusive Leadership). Evidence will be presented in an accessible format at a series of engagement events designed to ensure participants have the opportunity to assess the evidence, ask questions and provide us with their scoring and feedback against the outcome measures.

A community engagement event will take place for Domain 1, in partnership with other local NHS organisations (and the ICB) at Scorex House on 14th January where members of the VCS and wider community have been invited to join us.

A staff engagement event will take place on 21st January 2025, 12.30pm – 3.30pm in the Listening for Life conference centre. An open invitation has gone out to colleagues across the Trust inviting them to participate.

A report outlining the approach, findings from the engagement event and recommendations for Domains 2 & 3 will be brought to People Academy in February for approval and a Domain 1 report will be taken to Patient Safety & Quality Committee. Once approved, the full report will be published on the Trust website as part of our contractual responsibilities.

Equality, Diversity & Inclusion Training for new Day Case Unit Colleagues

Ahead of the opening event for the new Day Case Unit at St Luke's Hospital Kez Hayat provided a training session to over 30 staff members, ensuring they are fully briefed on the Trust progress and approach to Equality, Diversity & inclusion with emphasis on why EDI is important in Bradford. The session was well received by colleagues with a further session coming in the new year to ensure everyone has the chance to be involved in ensuring EDI is at the heart of everything we do.

Success of the Connected-on-Ability Festival

This years' Act-as-One "Connected-on-Ability" Festival took place from 2nd to 6th December as part of our celebrations for UK Disability History month. The Trust worked collaboratively with colleagues across the patch to develop a series of interesting, informative and interactive on-line webinars designed to challenge our thinking on disability/ long-term health conditions and improve the working lives of colleagues who have an impairment, with this year's festival featuring a number of sessions focussing on Neurodiversity.

Sonia Sarah, EDI Manager facilitated a session with Lisa Wright and Bronte Dines-Allen from Bradford District Care Foundation Trust entitled "I declared my disability – this is why" The session aimed to de-bunk some of the myths around declaring your personal diversity information and how being open can really help us to develop a compassionate and supportive approach. The session provided lots of opportunity for discussion around lived

Board of Directors – 31st January 2024**Agenda Item:** PA.1.24.10

experience and sharing best practice and colleagues shared information about available support. The session received some excellent feedback.

Appreciation event for International Staff – December 2024

On 10th December members of the senior management team joined colleagues on the main concourse to celebrate the contribution and achievements of our Internationally recruited staff, some of whom have worked for the Trust now for over 20 years. The event provided opportunity for colleagues to share their cultural diversity, including different cuisines, music and traditional clothing. Inspirational messages were shared by Renee Bullock, Kez Hayat and Mel Pickup who presented long service awards and Trust Values badges to a number of international colleagues with thanks for their amazing contribution to the Trust. Those who attended reported a “really special atmosphere”, that they felt appreciated and valued by the Trust and felt honoured to be recognised as part of this celebration which highlights the diverse pathways through which we all come together as one team. Colleagues who are coming up to 20 years’ service are already looking forward to getting involved in the next years’ event.

Recommendation

The People Academy is asked to note the contents of this report.

Glossary - Appendix 1

Indicator	Description	Source
Staff in post WTE	The number of whole time equivalent staff in post at that point in time.	HR Department via ESR (Electronic staff record).
Mandatory Training	The proportion of staff who have undertaken the statutory and mandatory training for the rolling year. The threshold is now 100%.	HR Department – via ESR
Appraisals	The proportion of staff who have undertaken an annual appraisal. The threshold is equal to or greater than 75% of staff.	HR Department – via ESR
Sickness	The proportion of staff that are absent due to sickness. The threshold is less than or equal to 4.50%.	HR Department – via ESR
Friends and Family Test	% of patients who complete a friends and family questionnaire following an inpatient admission.	Picker Services
Staff Group	Staff are coded to one of a national set of Staff Groups as follows: Add Prof Scientific and Technic – Pharmacists, Psychologists, Counsellors, Chaplains Additional Clinical Services – All clinical staff who don't need to be Professionally registered i.e. Bands 1-4 Administrative and Clerical – All Admin staff inc Managers who aren't Clinical Allied Health Professionals – OT, Physio, Dieticians, Radiographers Estates and Ancillary – Estates Officers, Porters, Cleaners, Catering Healthcare Scientists – Audiologists, Clinical Scientists, Physiologists Medical and Dental – All Medical & Dental Staff Nursing and Midwifery Registered – All Registered Nurses and Midwives.	HR Department – via ESR
Workforce Planning	NQB (2013) <i>How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability.</i> https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf	NHS England

BO.3.25.13 - BTHFT EDI UPDATE & WYICB EDI STRATEGY AND PLACE LEVEL PRIORITIES

REFERENCES

Only PDFs are attached

 Bo.3.25.13 - EDI update and WY EDI Strategy update March 2025.pdf



We are Bradford: we value diversity and champion inclusion

Equality, Diversity & Inclusion Update

BTHFT update/WYICB EDI Strategy & Place level/Orgs Priorities March 2025

Kez Hayat, Head of EDI

Our EDI Building Blocks



EDI & Organisational Culture at BTHFT

Leadership & Governance:

- EDI Strategy 2023-2025 (5 strategic objectives/ implementation plan)
- EDC (chaired by CEO with Network representation) – approximately 40 members attend
- Tackling population health inequalities
- Regular EDI updates to People Academy/ Quality Academy
- Trust Board commitment;
 - Exec Sponsors (Race/ Disability/ LGBT/ Gender)
 - Objectives for Exec team
- Accountability & Capability/ diversity mgt.
- WRES & WDES performance
- Gender Pay Gap
- EDI Improvement Plan (6 High Impact Actions)
- Public Sector Equality Duty
- Equality Impact Assessments (policy and practice)

Engagement, consultation & involvement:

- Thriving Staff Equality Networks – staff voice
- Chair of Chairs Forum (Intersectionality)
- Targeted engagement sessions
- Equality Delivery System/ engagement
- International Equality days (BHM, SAHM, LGBT)
- Communities/Patient Engagement/ Patient Experience forum



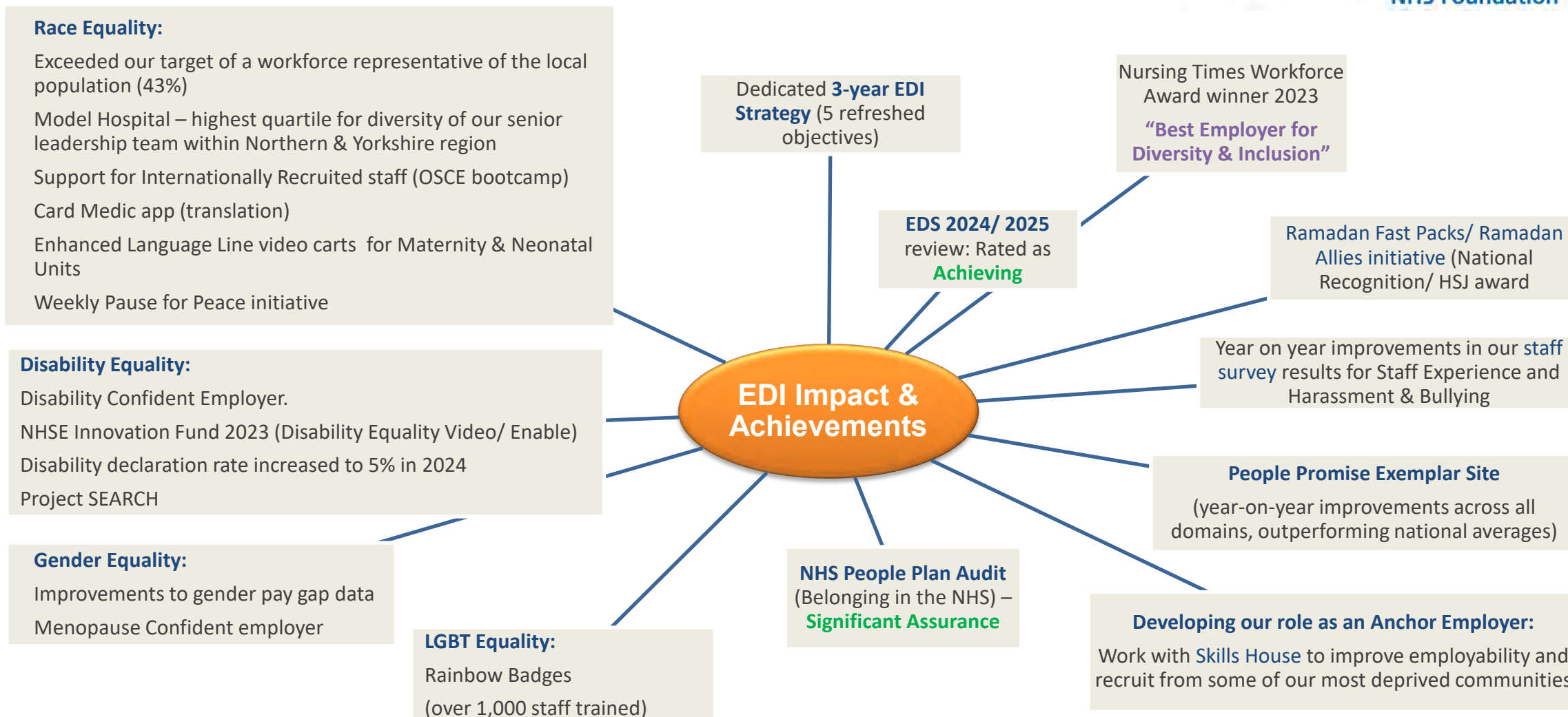
Organisational Culture:

- Leading at a higher level (culture & leadership programme)
- 'Thrive': Branding/ Portal/ Thrive days/ Leadership Conference/ Thrive Hive / Thrive Live
- Civility: Our People Charter (professional values & behaviours framework), drama-based training videos, training materials, Civility training sessions, Workplace Civility Toolkit
- ½ day face-to-face EDI training course for line managers
- Just & Learning Culture approach (Incl. psychological safety and FSTU)
- Building a 'financial wellbeing' offer
- Building our 'flexible working' offer

Collaboration & Partnerships:

- Other NHS providers
- Local Authorities
- Health Action Groups
- Regional Networks
- Benchmarking with other similar orgs
- NHSI/ HEE/ NHS England/ Leadership Academy
- Colleges/ Universities/ Schools
- Voluntary & community sector

EDI impact and achievements



What Next:

Arrange an **EDI Conference**

- Work in collaboration with our four staff equality networks and key stakeholders from across the Trust. To engage with both internal and external colleagues to review our progress on EDI, showcase some of the great work that is happening across the Trust, gather feedback and explore next steps.

Develop an **Anti-Racist Strategy**

- Work with colleagues at REN to develop a system-wide anti-racist strategy and anti-racist approaches/ training that can be rolled out across the Trust (with a comprehensive comms plan)
- Arrange a launch event to share our vision and provide opportunity for colleagues at all levels of the organisation to pledge their support, with focus on allyship.

Develop **Cultural Competence & Humility Training**

- Key to improving the experience of our diverse staff and patients

Review of People Policies with an EDI lens

- Disability Equality,
- Trans, non-binary and non-gender Conforming Policy
- Respect, Civility & Resolution Policy
- Recruitment & Selection Policy (Inclusive Recruitment Toolkit)



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

Our Equity and Fairness Strategy

Ali Bishop – EDI Transformation Lead, West Yorkshire ICB
Kez Hayat – Bradford EDI Place Lead



Why a new strategy?

- West Yorkshire Health and Care Partnership is committed to ensuring that equity, diversity, inclusion and justice is at the core of the delivery of healthcare services and leadership and embedded into our way of working.
- Tackling the issues that cause disparities in health and staff experience improves productivity, efficiency and outcomes.
- Equity, Diversity, Inclusion and Justice needs to be everyone's business.
- There are clear links with equity to West Yorkshire's Mission, Values and Behaviours and our 10 Big Ambitions. This strategy will help us achieve equity within our programme delivery and link EDI priorities in our workforce.
- A new strategy and workplan will help us prioritise our efforts and resources and exploit the benefits of system working.

Place level and organisational priorities with alignment to BTHFT EDI Strategy

WY wider EDI Objective:

Strengthen our relationship with our patients and communities:

Forster collaborative processes that actively listen to patients and service users and act on their feedback to shape access, experiences, and outcomes. Our goal is to work with patients and service users, rather than acting for or to them.

- Place level priority 1: *Continue and advance our focus and efforts in **reducing health inequalities** across the district with particular focus on Access, Experience and Outcomes for our diverse communities and wider communities of interest. This will foster collaborative processes that actively listen to patients and service users and act on their feedback to shape access, experiences, and outcomes*

Place level and organisational priorities with alignment to BTHFT EDI Strategy

WY wider EDI Objective

Communities and Workforce: Sustain and build on the progress toward becoming an anti-racist system, drawing from the work of the independence Race Review to better support our ethnically diversity population and workforce.

- **Place level/Orgs Priority 2:** *To work with place level partners in influencing the development of an anti-racist approach/strategy for Bradford and Craven district with focus on targeted engagement and involvement with communities and wider workforce. REN currently taking the lead with system partners onboard with focus on co-producing an anti-racist approach for Bradford and Craven.*

Place level and Organisational Priorities with alignment to BTHFT EDI Strategy

WY wider EDI Objective

Leadership: Strengthen health and care leaders' commitment to promoting fairness, respect, and equality opportunities through active allyship and advocacy, building on the success of the Fellowship and fostering inclusive leadership across the system.

Advance diversity in leadership at all levels by collecting comprehensive data on senior leadership and Board-level Executive and Non-Executive roles, while ensuring that talent pipeline programs for senior leadership are impactful and achieve their objectives.

- *Place level Priority 3: Improve and advance our role and position in ensuring we have diverse senior leaders at band (8a) and above across our place with particular focus on positive action approaches for diverse staff across the place. (links with WY Race Review – Prof Dame Donna Kinnair)*

Thank you for listening!

Questions & Discussion



BO.3.25.14 - EQUALITY & DIVERSITY COUNCIL QUARTERLY REPORTING UPDATE

REFERENCES

Only PDFs are attached

 Bo.3.25.14 - Equality & Diversity Council update.pdf

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.14

Strategic Equality and Diversity Council March 2025 Update

Presented by	Mel Pickup – Chief Executive Officer		
Author	Ruth Haigh, EDI Manager		
Lead Director	Renee Bullock, Chief People & Purpose Officer		
Purpose of the paper	<p>The purpose of this report is to:</p> <p>Update the Trust Board on the work of the Equality and Diversity Council and provide an overview of the key areas of focus since our last update in November 2024.</p>		
Key control	Identify if the paper is a key control for the Board Assurance Framework		
Action required	For assurance		
Previously discussed at/ informed by	N/A		
Previously approved at:	Academy/Group	Date	
	N/A		

Key Options, Issues and Risks

The Trust's Equality and Diversity Council (EDC), chaired by CEO, has a remit for both workforce and wider health inequalities and continues to meet quarterly.

This report provides an update on the key highlights from the last EDC meeting which was held on 22nd January 2025.

Analysis

The following key items were discussed at January EDC meeting:

- Colleague Equality Network updates
- Health Equity update
- Working across cultures in Palliative Care
- Supporting trans and non-binary patients in Nuclear Medicine
- Development of the West Yorkshire ICB EDI Strategy and 3 key priorities for Bradford, District & Craven

Recommendation

It is recommended that the Trust Board:

1. Note the contents of this report
2. Support the proposed areas of work identified in section 3.1

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.14

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				G		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					G	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality, Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance			
NHS England: (please tick those that are relevant)			
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework		
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual		
Care Quality Commission Domain: Well Led			
Care Quality Commission Fundamental Standard: Good Governance			
NHS England Effective Use of Resources: People			
Other (please state):			
Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.14

1 PURPOSE/ AIM

The purpose of this report is to:

- Update the Trust Board on the work of the Trust' Equality and Diversity Council and provide an overview of the key areas of focus since our last update in November 2024.

2 BACKGROUND/CONTEXT

2.1 EDC has been in place since January 2021 and continues to meet every quarter, providing strategic direction, leadership and support to the Trust EDI agenda, including the Trust's approach in tackling population health inequalities.

2.4 EDC Membership

2.5 All EDC members are encouraged to attend each meeting, and EDC is usually very well attended. Where attendance is not possible members are asked to send a representative on their behalf.

2.6 Chairs of each of the Trust's staff equality networks are included as members of EDC with dedicated agenda time at each meeting. This enables staff networks to have a voice where they can actively influence EDI across the Trust.

3 Highlights of the EDC Meeting – Wednesday 22nd January 2025

3.1 EDC continues to be well attended and generates lots of useful discussion, with 18 people attending the January meeting. This section provides a summary of agenda items and actions arising from EDC since the last Trust Board update provided in November 2024.

The table below captures some of the key discussions from the meeting which took place on 22nd January 2025.

Colleague Equality Network updates
<p>Establishment of “Chair of Chairs Forum”</p> <p>Kez shared some of the progress that is being made in establishing a dedicated chair of chairs forum. Over the next 12 months (led by the Head of EDI), this group will bring together staff equality network chairs and deputy chairs to ensure we are fully meeting the needs of network members as they develop their individual work plans aligned to our Trust EDI priorities, and to ensure each network has a shared vision, promoting inclusion as a collective, taking into account the intersectionality of individual members. The network is keen to organise and deliver and one day EDI Conference with focus on advancing our EDI ambitions with meaningful engagement and involvement.</p> <p>Enable Colleague Equality Network</p> <p>Sonia Sarah led a joint session on behalf of the network for the Connected-on-Ability Festival “I declared my disability, this is why” (as part of UK Disability History Month in November).</p>

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.14

The Enable network are overcoming some of the challenges around engagement by operating a hybrid approach to network meetings and held a successful virtual listening event for colleagues to agree areas of focus for the coming months. Priorities include the improvement of car parking provision at the Trust, and Sonia has been able to facilitate the sharing of feedback with the car parking management group who are leading on current improvements.

Mark Atanaskovic has recently been welcomed as comms officer for the network and the EDI team have received a number of expressions of interest in other key network roles.

Mark Hindmarsh has been appointed as Executive Sponsor for the network.

RESIN (Race Equality Staff Inclusion Network)

Network membership continues to rise rapidly (currently over 500 members). Network Chair Raquel Licas has worked collaboratively with the Trust events planning group and the network have successfully celebrated Black History month, Diwali and, for the first time, we celebrated the Hindu festival of Bandi Chor. We also recognised the contribution of our international colleagues who have worked for the Trust for 20+ years and supported Bradford Hospitals Charity in celebrating kindness week.

Raquel has been actively engaging senior leaders to meet with network members and to help bring to fruition some of the actions that have arisen out of previous engagement work. For example, the development of an onboarding pack/ programme for international recruits.

LGBT+ Colleague Equality Network

Mel thanked Karla Pawlowski for her fantastic contribution as chair of the LGBT+ network (and will continue to be an active member) and welcomed Amelia Cripps as new network chair. Amelia brings a wealth of experience having previously been LGBT+ network chair at Sheffield Teaching Hospitals.

Amelia acknowledged the current challenges around engagement and membership for the LGBT+ network but felt that intersectionality was really important and welcomed the development of the Chair or Chairs forum and a more collaborative approach.

Ali Bishop (WY ICB EDI Lead) has connected Amelia up with network chairs from across the West Yorkshire patch to plan their first collaborative event for LGBT+ history month (which took place in February).

Health Equity update

Naveed Saddique provided a progress update on the Health Equity agenda following the Trust Board development session in October. Since that session they have been focussing on training and developing capability across the organisation. They have focussed on the following key areas:

- **Adding Health Equity to the CSU to Execs agenda** to increase ownership and accountability

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.14

- **Focus on MECC** (making every contact count). Short-term funding has enabled the recruitment of a project lead (Shaheen Kauser) who has established a baseline for the project and is working with RIA and Living Well to establish best practice approaches across the organisation. A project plan has been developed and staff training in successful MECC conversations is under way in some key service areas, with huge scope to implement the project more widely in due course.
- A push on applications to the **Population Health Fellowship**. The team have been offering support with applications and widely sharing the benefits that can be realised for both individuals and the Trust Health Equity agenda, through protected time and mentorship support to carry out Health Equity related projects within the Trust. 7 applications had been received so far and Naveed invited EDC colleagues to consider applying. A reference group is to be established with existing fellows to help and support colleagues as they progress their population health fellowship journey.
- The team have been working to **establish Health Equity as a component to the Trust Staff Induction**, sharing some of the context for population health inequality in Bradford, our role as an anchor organisation and how improving equity and reducing inequalities is everyone's responsibility.

EDC congratulated the team on the significant progress they have made and with progress being shared at the West Yorkshire Health & Care Partnership Board.

Working across cultures in Palliative Care

Jamilla Hussain, Palliative Care Consultant/ Senior Research Fellow shared some of the great work she is doing to address the inequalities experienced around uptake, outcomes and access to palliative care across different ethnic groups, focussing on how we, as a Trust, can work to address health inequalities at end of life.

Jamilla's connections with and understanding of the Bradford community has helped her to consider how we can best address the challenge at BTHFT. National funding has enabled the team to engage with local communities to really understand their lived experience and what will make a difference. Jamilla shared a link to a video they have developed aimed at Pakistani women in the community and explained how they have overcome some of the challenges in reaching some groups by training women from the community to become researchers and reach out to learn about their experiences.

The team are now embarking on a 5-year international project with the first element set in Bradford (starting in April). This will take an intersectional approach around end-of-life care, ensuring we get community voice into operational planning at system level".

They will collaborate with arts-based groups (as part of the City of Culture) to develop an exhibition about what they have learned, along with educational resources and with plans to share the learning both nationally and internationally.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.14

Supporting trans and non-binary patients in Nuclear Medicine

Amelia Cripps (Clinical Scientist in Nuclear Medicine) shared the learning from some research they completed at Sheffield Teaching Hospitals. The research relates to the impact of service delivery on trans and non-binary patients based on the understanding that they experience a number of health inequalities that lead to poor health outcomes.

The research involved measuring the impact of training around trans and non-binary issues in healthcare (specifically nuclear medicine) which resulted in a significant improvement in both understanding and confidence to ensure a better healthcare experience for trans and non-binary patients.

The research has also informed a number of key improvements to language and protocols used within the nuclear medicine service which will ensure a more inclusive experience and Amelia is working to roll-out this training within the Trust, starting with Nuclear Medicine but with a view to sharing some of this learning on a wider Trust wide basis going forward.

Development of the West Yorkshire ICB EDI Strategy

Ali Bishop (WY ICB EDI Lead) joined EDC to provide an overview of the newly developed West Yorkshire ICB EDI Strategy, including their approach to its development and how they hope to measure its impact through the existing governance structures within partner organisations.

The strategy sets out priorities as a system for the next 5-years with clear links to existing national and place-based priorities and frameworks. 10 strategic objectives have been developed around a set of principles and 4 key themes which are:

1. Strengthening our relationships with our communities
2. Communities and workforce
3. Supporting our workforce
4. Leadership

Kez Hayat provided an overview of the 3 key priorities that have been identified at place level that align to both the WY ICB EDI Strategy and our own EDI Strategy at BTHFT. These priorities have been agreed as a focus for organisations within Bradford District & Craven:

1. Continuing with our focus and efforts on **reducing health inequalities**, with particular focus on access, experience and outcomes from our wider diverse communities and wider communities of interest. Engaging with the Reducing Inequalities Alliance to ensure we can measure our progress.
2. Led by REN, working with place level partners to influence the development of an **anti-racist approach/ strategy** with focus on targeted engagement and involvement with communities and wider workforce, ensuring we are bringing these approaches into our training rooms and having these open conversations across organisations with sharp focus on being anti-racist.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.14

- 3. Diversifying our Leadership:** We will focus on improving and advancing our role and position in ensuring we have diverse senior leaders (at Band 8b and above) across our place, with particular focus on positive action approaches for diverse staff across place. This links with the West Yorkshire Race Review that Professor Dame Donna Kinnair chaired.

Kez identified a need to engage with some of our senior leaders to mobilise some of this place-based activity with focus on deliverables and being able to measure our impact.

Mel reminded colleagues of everyone's role and remit in delivering on the Bradford, District & Craven priorities to make this happen.

3.2 Next EDC is due to take place on Wednesday 16th April 2025.

4 | RECOMMENDATIONS

It is recommended that the Trust Board:

1. Note the contents of this report
2. Support the proposed areas of work identified in section 3.1

5 | Appendices

N/A

REFERENCES

Only PDFs are attached

 Bo.3.25.15 - Apprenticeship Update.pdf

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

Apprenticeship Function Update for 2024-2025

Presented by	Faye Alexander, Head of Education Georgi Dyson, Assistant Director of HR		
Author	Faye Alexander, Head of Education		
Lead Director	Dr Ray Smith, Chief Medical Officer		
Purpose of the paper	The purpose of this paper is to provide the Board with an update on the apprenticeship function within the Trust.		
Key control	To be a continually learning organisation and recognised as leaders in research, education and innovation.		
Action required	For assurance		
Previously discussed at/ informed by	<i>Details of any consultation / previous meeting discussions</i>		
Previously approved at:	<i>e.g. Academy / ETM / CSU group</i>	Date	

Key Options, Issues and Risks

This report updates the Trust Board on the status of apprenticeships for 2024-25, covering the apprenticeship team, apprentice numbers and levels, and popular courses. It includes data on levy funding, recent external recognition, and planned changes to the Apprenticeship and Widening Participation Team. Key developments, such as a strategy for apprenticeship growth, levy sharing opportunities, and initiatives to improve workforce planning and accessibility, are also highlighted. The report provides an overview of the Trust's apprenticeship landscape and outlines future priorities for workforce development and sustainability.

Analysis

Key highlights from the main body of the report include:

- The significant utilisation of the Apprenticeship Levy, with 95% of the available funding being utilised over the past two years.
- The Apprenticeship team has seen external recognition, receiving awards for its contributions to social mobility and business excellence, underscoring the success of its apprenticeship initiatives.
- The report also emphasises a shift in the organisational structure, with the Apprenticeship and Widening Participation Team moving to the HR and People Function in April 2025. This transition is designed to improve alignment with workforce needs, streamline operations, and maximise apprenticeship opportunities.
- Furthermore, future strategies focus on expanding apprenticeship pathways, fostering diversity, and increasing engagement, which will ensure a sustainable and impactful apprenticeship programme that supports both individual career growth and the Trust's long-term workforce objectives.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

Recommendation
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve and continue to support the apprenticeship function to ensure its alignment with workforce priorities. • Drive an 'Apprenticeship First' approach by embedding apprenticeships as a key workforce development strategy. • Encourage managers and staff to actively promote apprenticeships within their teams. • Ensure employees are supported in attending off-the-job learning as required for their apprenticeship qualifications. <p>These actions will help maximise the benefits of apprenticeships, improve workforce sustainability, and enhance career progression opportunities across the Trust.</p>

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS England Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	PURPOSE/ AIM
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This report provides an update to the Trust Board on the current status of apprenticeships within the Trust for 2024-25. It details the composition of the apprenticeship team, the number and levels of apprentices, and the most popular courses. The report also presents data on levy funding utilisation, recent external recognition, and planned structural changes to the Apprenticeship and Widening Participation Team. Additionally, it highlights key developments, including a proposed strategy and policy for apprenticeship growth, opportunities for levy sharing, and initiatives to improve workforce planning and accessibility. The report aims to provide a comprehensive overview of the Trust's apprenticeship landscape and outline future priorities to enhance workforce development and sustainability.

2	BACKGROUND/CONTEXT
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What is an Apprenticeship?

An apprenticeship is a structured training programme that combines paid on-the-job experience with formal study, leading to a nationally recognised qualification. Apprenticeships provide employees with the opportunity to gain new skills, advance their careers, and contribute to workforce development. They are available across a range of levels, from entry-level roles to advanced professional qualifications.

Off-the-Job Learning Requirement

Apprentices must dedicate a minimum of six hours per week to off-the-job training as part of their apprenticeship programme. This structured learning time is essential for developing the knowledge, skills, and behaviours required for their qualification. Employers should ensure that apprentices are given adequate time within their working schedule to complete this requirement without disruption.

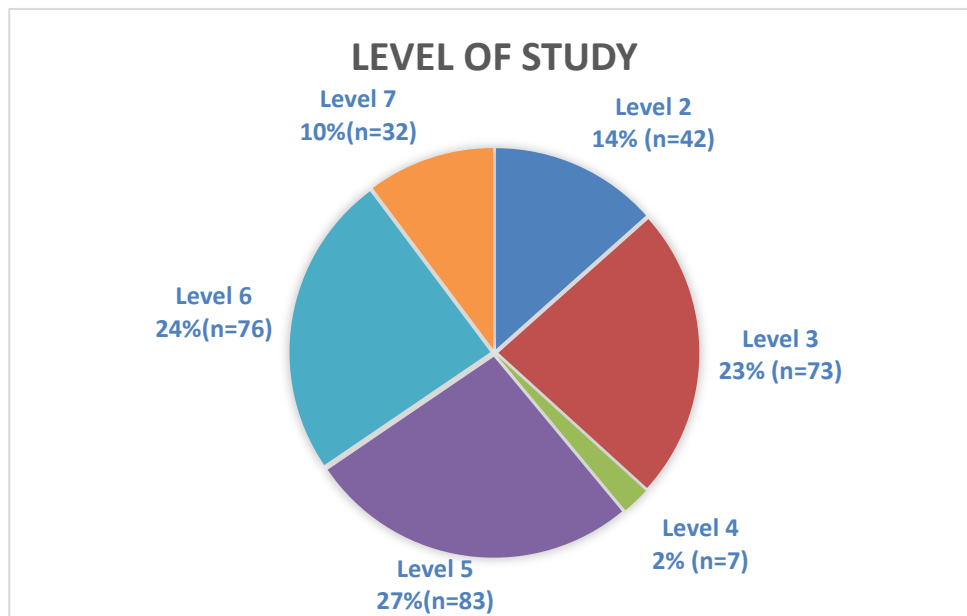
Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

BTHFT Apprenticeship Team Structure:

- x 1 Band 7 Lead
- x 2 Band 3 Administrators

Current Apprenticeship Programme:

- Total number of apprentices: 313
- Apprenticeships completed in 2024-2025: 55



Level of Study = Equivalent

- Level 2 = GCSE's
- Level 3 = A Levels
- Level 4 = Certificate of Higher Education
- Level 5 = Foundation Degree
- Level 6 = Undergraduate Degree
- Level 7 = Postgraduate Degree

Most Popular Courses:

1. Nursing Associates (25%)
2. Nursing Associate to Registered Nurse Top-Up Degree (10%)
3. Advanced Care Practitioner (ACP) (10%)
4. Non-Clinical Apprenticeships (15%)

38 New Apprentices joined the organisation in 2024-2025 as new starts, with the majority of employees on apprenticeships being on existing programmes.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

Funding - Apprenticeship Levy

The Apprenticeship Levy, introduced in the UK in April 2017, requires large employers with an annual pay bill over £3 million to contribute 0.5% of their pay bill into a digital apprenticeship service account. The government adds a 10% top-up to these funds, which can only be used for apprenticeship training and assessment. The funds are available for 24 months, and any unused funds after this period are returned to the government. If employers don't use all their levy funds, the balance is also returned. This initiative ensures businesses invest in developing skilled workers through apprenticeships.

BTHFT Levy Utilisation

- Current levy funds: £3.2million
- Current spends in 2024/2024: £1.3 million
- Total Levy utilisation: 95%
- In 2024/2025 expired funds: £200,000
- Levy funds transferred to Yorkshire Ambulance Service: £130,000

Levy underutilisation was highlighted as a risk in a business case requesting additional staffing support for the team, but the request was denied.

External Success and Recognition

In 2024 the Apprenticeship team received two external awards:

- Brilliant Bradford – Social Mobility Award (Bradford College, Telegraph and Argus)
- Bradford Means Business – Outstanding Business Contribution of the Year

These recognitions highlight the team's commitment to workforce development and social mobility initiatives within the region.

Challenges

At BTHFT, there are several key challenges to effectively delivering apprenticeships:

- Manager reluctance to support off-the-job learning: Some managers are unwilling to dedicate time for apprentices to complete essential off-the-job learning, which is crucial for developing the necessary skills and knowledge.
- Lack of focus on an "Apprenticeships First" approach: There needs to be a stronger emphasis across the Trust on prioritising apprenticeships as a key strategy for workforce development.
- Limited staffing and resources: The current team is stretched thin, making it difficult to manage and support the growing number of apprentices effectively.
- Workload balance for apprentices and managers: Both apprentices and managers struggle to find the time to meet off-the-job learning requirements, impacting the successful completion of apprenticeships.
- Underutilisation of Apprenticeship Levy funding: While the Levy provides funding, there are gaps in understanding how best to maximise and utilise these funds for apprenticeship development.
- Limited career pathways and progression opportunities: Without clear routes for career progression, apprentices may not see long-term prospects at BTHFT, which could affect retention and the overall success of the programme.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

Addressing these challenges will be crucial in ensuring apprenticeships remain a sustainable and valuable part of workforce development at BTHFT.

3	PROPOSAL
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Upcoming Changes

Transition from Education to HR

Effective April 2025, the Apprenticeship and Widening Participation Team will transition from the Education Department to the HR and People Function.

This shift aims to:

- Enhance workforce planning by aligning apprenticeship programs with organisational needs.
- Streamline administration for more efficient delivery.
- Maximise apprenticeship opportunities to support an 'Apprentice First' recruitment approach.
- Clarify distinctions between apprentices and trainees.
- Improve collaboration on widening participation initiatives.

This transition is expected to address capacity constraints and enable more strategic utilisation of apprenticeship levy funding.

Changes to functional skills requirement

From February 2025, apprentices aged 19 and over will no longer be required to achieve a Level 2 qualification in Maths and English to complete their apprenticeship, a change expected to reduce barriers to apprenticeship completion. However, this policy shift raises concerns, particularly in sectors like Health and Social Care, where literacy and numeracy skills are crucial for safe service delivery. In the Bradford District, where qualification levels are already lower than average, removing Functional Skills support could limit workforce competency and career progression.

A recent paper has gone to the Executive Team proposing the continuation of Functional Skills support within the Trust, despite the upcoming policy change in February 2025. The proposal recommends maintaining this support to ensure apprentices develop essential literacy and numeracy skills, particularly in critical areas like clinical programmes.

Future Development

Key areas of focus include:

- Development of an Apprenticeship Strategy and Policy to ensure a structured and sustainable approach to apprenticeship growth.
- Exploring levy sharing opportunities within the Bradford District Place to maximise the impact of funding.
- Expanding apprenticeship pathways to support workforce development and career progression within the Trust.

Meeting Title	Board of Directors		
Date	26th March 2025	Agenda item	Bo.3.25.15

- Increasing engagement and accessibility of apprenticeships across underrepresented groups to enhance workforce diversity.

By implementing these strategies, the Trust aims to strengthen its apprenticeship offering, ensuring alignment with workforce priorities and long-term organisational goals.

4	RECOMMENDATIONS
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The Board is asked to:



- Approve and continue to support the apprenticeship function to ensure its alignment with workforce priorities.
- Drive an 'Apprenticeship First' approach by embedding apprenticeships as a key workforce development strategy.
- Encourage managers and staff to actively promote apprenticeships within their teams.
- Ensure employees are supported in attending off-the-job learning as required for their apprenticeship qualifications.

These actions will help maximise the benefits of apprenticeships, improve workforce sustainability, and enhance career progression opportunities across the Trust.

BO.3.25.16 - REPORT FROM THE CHAIR OF THE FINANCE & PERFORMANCE
COMMITTEE

REFERENCES

Only PDFs are attached

-  Bo.3.25.16a - Report from the Chair of the FandP Committee - February 25.pdf
-  Bo.3.25.16a - Report from the Chair of the FandP Committee - March 25 (2).pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 19th February 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – The Trust is reporting being online with the £0.2m deficit plan for the month of January but remains £4.2m behind the planned £14m deficit plan. The Trust is still formally reporting to achieve its plan but there is a realistic present risk of not achieving the planned £14m deficit position, This is in the main due to the shortfall in forecast savings delivered through the closing the gap programme, an increase in the underlying position at month 10 and delays to the opening of St Lukes.

If this position remains unchanged following the month 11 results the Trust is likely to report an off plan forecast to NHSE. Board approval will be required if this risk materialises.

Closing the Gap – The current best case forecast is delivery of £33.5m of efficiencies which would result in a £5.4m shortfall against the required £38.9m of financial improvements.

Work continues on the 25/26 closing the gap plan.

Advise:

National Cost Collection – The Chief Finance Officer updated the Committee on the 2023/24 collection. The National Cost Index measures the relative efficiency of each Trust, in this submission the Trust achieved an index score of 94 which was the equal best score in the West Yorkshire Association of Acute Trusts (WYATT).

Treasury Management Update (cash position) –The Committee were advised that cash support will not be needed this financial year, in the main due to slippages in capital spend. Cash support will be required next year, and a paper was shared with the Committee on the process and implications for requesting cash support. A discussion took place about the risk of requiring cash support but not receiving the full amount requested.

Operational Improvement Plan Referral to Treatment – Given the number of important items on the agenda the Committee agreed to take this paper as read noting the continued improvement work continuing in this area.

Financial Plan /NHSE Operational Plan Submission – The Committee received a detailed presentation on the plan submission, recognising that work will continue on the plan with a further update being shared with the Committee at their March meeting prior

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16a

to it being submitted for approval to Board. The Committee were pleased to see that the latest internal audit report on operational planning guidance had received high assurance.

New Strategic Framework and Trust Strategy Update – the Director of Strategy and Transformation shared a set of slides with the Committee to support the approach of the strategy framework. The Committee were happy with the approach suggested and will see a more worked up version of the framework at their meeting in March before it goes to Trust Board later in March.

Assure:

Draft Internal Audit Plan – The plan was presented to the Committee for review and comment prior to its submission for final approval to the Audit Committee. NEDS and executives had already had a chance to comment and a few changes incorporated into the plan as a result of those conversations.

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. The major improvements in the HFAST program were noted recognising the continued challenges with partners on our ability to discharge patients.

Procurement, review of process for extending contracts – Following concerns raised at last months Committee, an update was shared on work that has been carried out to strengthen the process.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and one risk relating to the pharmacy unit had reduced in score. The Committee were assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
 Committee Chair and Non-Executive Director
 13th March 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 19th March 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – The Trust has received £9m of additional non recurrent revenue funding in month 11 from NHSE and the WYICB. As a condition of accepting these funds the Trust must formally improve its I and E plan by £4.3m moving from a planned £14m deficit to a planned £9.7m deficit. In addition, the ICB has requested BTHFT over-achieves by a further £4.7m by year end to assist with delivering the system aggregate position. These changes mean BTHFT must deliver a deficit of £5m, an improvement of £9m which is commensurate with the addition funding received.

The Trust is now reporting a delivery of the £5m deficit position, this is reliant on additional non recurrent measures in month 12.

A discussion took place about the messaging associated with this improvement and the CFO reminded the Committee about the importance of the cash position being the real measure of the Trust's underlying position.

Closing the Gap – The closing the gap program is forecast to deliver £33m of efficiencies by year end, inclusive of £8m ERF over- recovery.

Capital – The capital plan has seen further slippage in spending, with £27.1m being spent year to date against a planned spend of £39.5m, the slippage is in the main due to unforeseen delays with the new Endoscopy Unit. To deliver the plan the Trust needs to invest £19.2m during month 12, mitigating actions are in place to deliver the plan.

Advise:

Treasury Management Update (cash position) –The Committee were advised that cash support will not be needed this financial year, in the main due to slippages in capital spend.

Operational Improvement Plan Cancer and Diagnostics – the Committee were pleased to see the continuing improvement initiatives underway to further improve our performance against the cancer standards and enhance patient care.

Financial Plan /NHSE Operational Plan Submission – The Committee received a further presentation on the plan submission, recognising that work will continue on the plan with a further update being shared with Board at their next meeting. In the data that was shared it was clear that we are aiming to continue to improve performance over the next 12 months, but this may change given the significant financial deficit that will need managing next year.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16a

New Strategic Framework and Trust Strategy Update – Following on from last month’s meeting, the Director of Strategy and Transformation updated the Committee on the engagement that had taken place within the organisation to further develop the strategy. The Committee approved a set of reporting metrics to measure progress against delivering the strategy. The Framework and supporting metrics will be shared with the Board at their next meeting.

Act as One Update – The ICB Director of Transformation shared with the Committee the program of work currently being managed under our system Act as One Program, the Committee discussed whether given the additional responsibilities of the Committee if this was still the right place for this work to be shared. It was agreed that a discussion would take place as part of the effectiveness review to agree where best these updates should be provided.

Violence Prevention and Reduction Standard, Accommodation Update – Because of time pressures these two items were deferred until the March meeting.

The meeting – given the number of items including the effectiveness review the meeting felt rushed and a number of items needed to be deferred to make sure there was time to discuss them appropriately at the next meeting. As part of the effectiveness review, we will need to agree how we manage this going forward.

Assure:

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. Our Urgent Care performance was ranked as being in the top decile in January resulting in an additional capital funding pot of £2m being awarded to the Trust. Although this will not be enough to do the full refurbishment that is being designed for the Emergency Care Department it will be used to improve some of the facilities.

Committee Effectiveness Review – the Committee used SLIDO to complete our effectiveness review. Results will be collated, and a meeting is planned to discuss the feedback and see how best it can be used to improve our effectiveness. An update will be shared at our April meeting.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and no changes in score had been made. The Committee were assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director
21st March 2025

B. INTEGRATED DASHBOARD

REFERENCES

Only PDFs are attached



Bo.3.25.16b - Integrated Dashboard - March 2025 (cover).pdf



Bo.3.25.16b - Integrated Dashboard February 2025.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16b

Integrated Dashboard – March 2025

Presented by	Mel Pickup, Chief Executive		
Author	Paul Rice, Chief Digital and Information Officer		
Lead Director	Paul Rice, Chief Digital and Information Officer		
Purpose of the paper	Integrated Board Report		
Key control	N/A		
Action required	For assurance		
Previously discussed at/informed by	N/A		
Previously approved at:	N/A	Date	
Key Options, Issues and Risks			
<p>The integrated Board dashboard is developed by combining the individual performance reports that are received and scrutinised by the Committees:</p> <p>(1) Finance and Performance (2) People (3) Quality</p> <p>Historically, the individual metrics have been agreed with the Executive Leads for these Committees and updated on a rolling basis as policy, planning and performance imperatives require.</p> <p>The organisation has confirmed its intentions to adopt the principles of the NHS England Making Data Count programme and is in a period of transition to confirm:</p> <p>(a) which metrics should be included in a refreshed dashboard (b) what statistical tool is best suited to capture and illustrate absolute changes and trends in that data (c) the rationale for any material changes in the data (d) how the position (deteriorating) will be recovered or (improving) amplified.</p> <p>The attached dashboard represents a work in progress with further developments and improvements, including a comprehensive educational programme for Board members and colleagues on how to best apply the Making Data Count methodologies, being timetabled as part of the refreshed Board development programme initiated by the Chair.</p>			
Recommendation			
<p>The Board is invited to receive and review the document attached.</p> <p>The Board is asked to note the progress to date and be assured of continued progress to create a comprehensive, detailed and informative performance dashboard going forward.</p>			

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16b

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance			
NHS England: (please tick those that are relevant)			
<input type="checkbox"/> Risk Assessment Framework	<input type="checkbox"/> Quality Governance Framework		
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual		
Care Quality Commission Domain: Choose an item.			
Care Quality Commission Fundamental Standard: Choose an item.			
NHS England Effective Use of Resources: Choose an item.			
Other (please state):			
Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Integrated Dashboard

Board of Directors

February 2025

Key to KPI Variation and Assurance Icons

Variation			Assurance			
Special cause of (H)igher or (L)ower values indicating areas of concern	Special cause of (H)igher or (L)ower values indicating improving performance	Common cause - no significant change	'Pass' variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	Fail' Variation indicates consistently - (F)ailing of the target	Data Current unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) specialty cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Improvement - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) specialty cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls

Further Reading / other resources

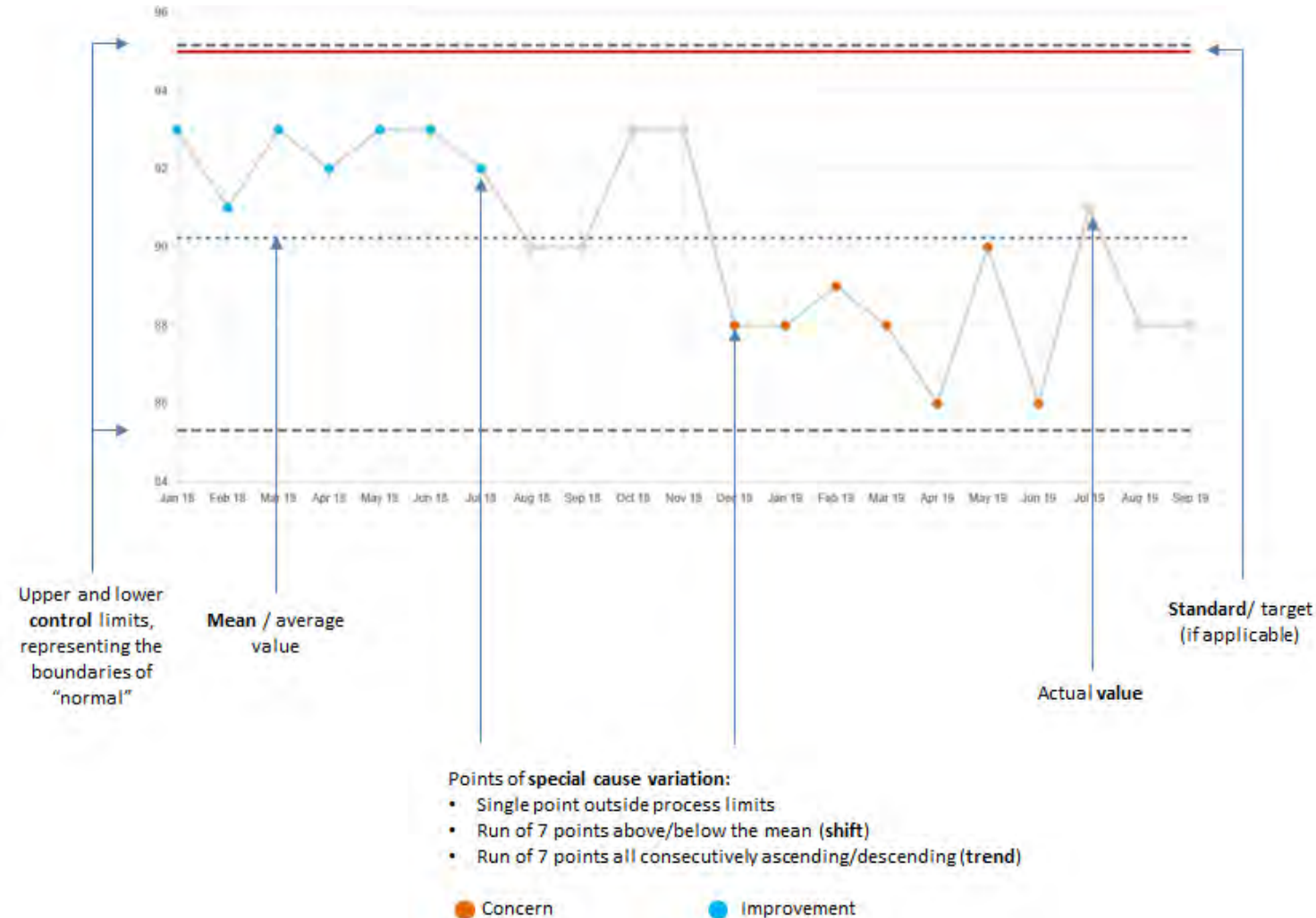
The NHS England website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link - <https://www.england.nhs.uk/publication/making-data-count/>

Interpreting Statistical Process Control Charts

Guidance notes

Reporting within this document uses a combination of chart types. Where appropriate, Statistical Process Control (SPC) charts have been used to aid analysis.

SPC charts

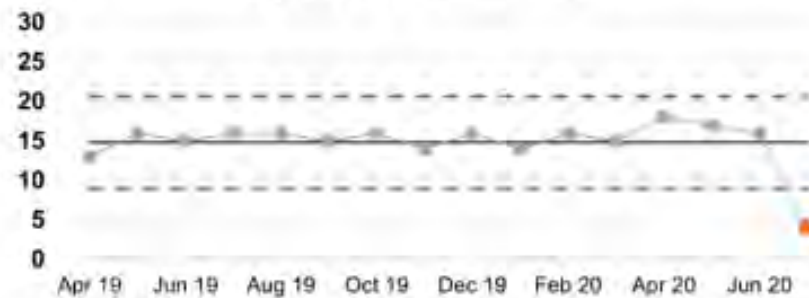


Interpreting Statistical Process Control Charts

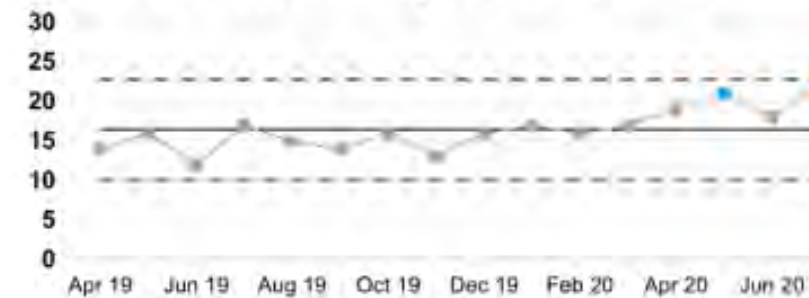
SPC rules : special cause variation



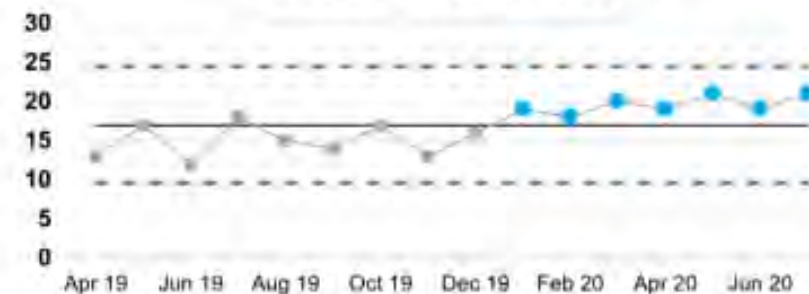
A single point outside the process limits



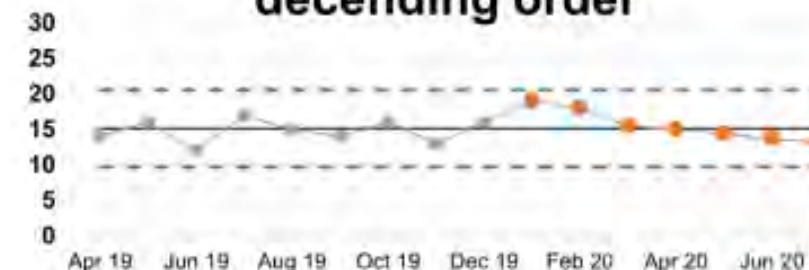
Two out of three points close to a process limit






































A shift of points above / below the mean



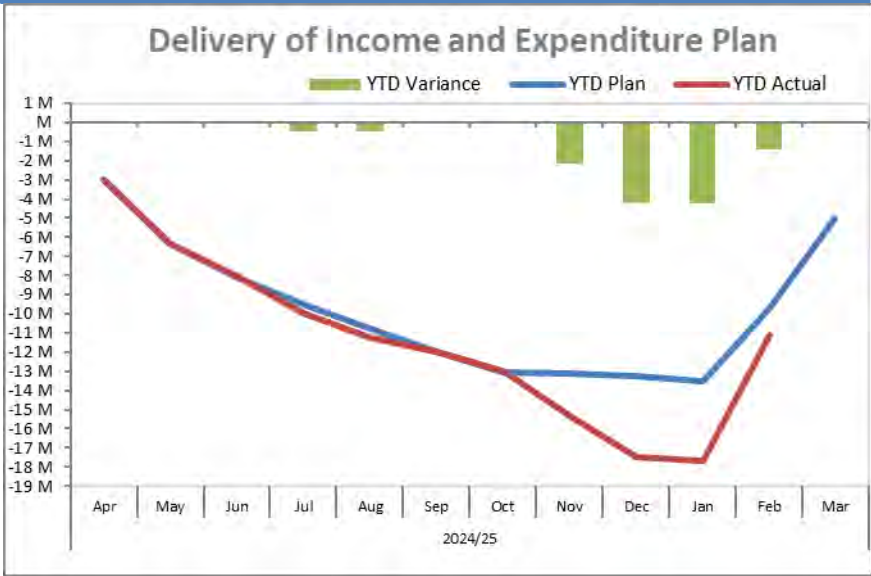
A run of points in consecutive ascending or descending order



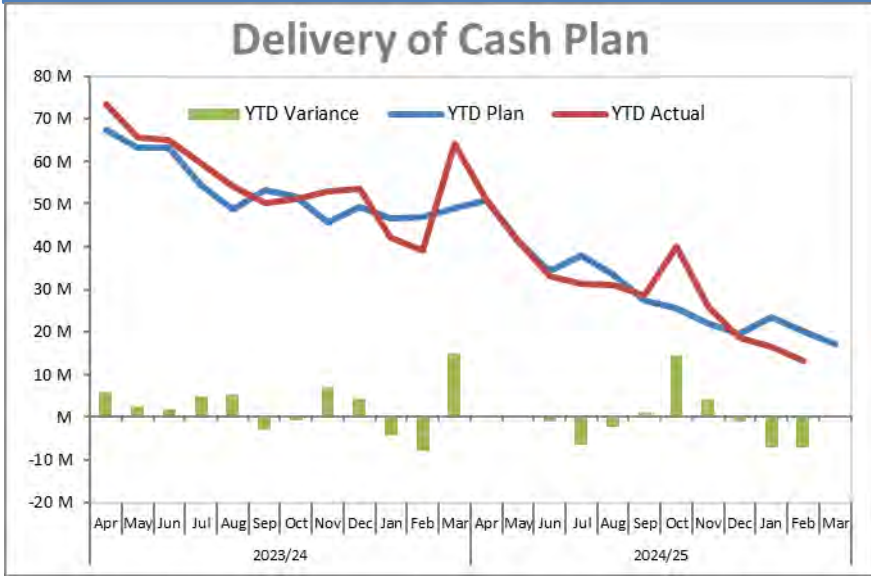
Metric	Period	Latest Value	Target	Variation	Assurance	Mean
% Ambulance Handover <15 Mins - * All	Feb-25	43.0%				56.40%
% Ambulance Handover <30 Mins - * All	Feb-25	75.9%				85.80%
% Ambulance Handover <60 Mins - * All	Feb-25	93.4%				96.50%
Ambulance Arrivals - * All	Feb-25	3,028				3,200
Bed Occupancy - * All	Feb-25	90.40%	93%			90.70%
Cancer 2 Week Wait - * All	Jan-25	88.04%				93.80%
Cancer 28 Day Faster Diagnosis	Jan-25	78.40%				81.6%
Cancer 31 Day 1st Treatment	Jan-25	93.70%				92.6%
Cancer 62 Day Wait - * All	Jan-25	68.40%	75%			74%
Day Case Rate - * All	Feb-25	88.20%				88.90%
Diagnostic Waiting List - * All	Feb-25	7,157				10,236
Diagnostic Waiting List (% < 6 Weeks) - * All	Feb-25	85.70%	95%			72.50%
DTA to Admission > 12 Hours	Feb-25	5.4%				2.01%
DNA Rate - All	Feb-25	7.90%				8.85%
ED - Time to Initial Assessment - * All	Feb-25	22.50				24.4
ED Attendances (% < 4hr) - * All	Feb-25	80.70%	77.30%			75.60%
Elective Ordinary and Daycase Admissions	Feb-25	4,571				4,190
Elective Theatre Sessions Volume Completed	Oct-24	616				520
Length of Stay 21+ Days - * All	Feb-25	88				103.5
Not Meeting Criteria to Reside - * All	Feb-25	12.70%	14.79%			13.06%
Outpatient Attendances	Feb-25	41,296				41,567
Outpatient Attendances % New or with Procedure	Feb-25	55.90%				56%
Outpatients Discharged to PIFU	Feb-25	4.70%				2.14%
Patients Discharged on/before DRD	Feb-25	83.7%				81.90%
Patients in ED >12 Hrs - * All	Feb-25	768				680.1
RTT 18 Weeks (%) - * All	Feb-25	60.80%				68.90%
RTT 18 Weeks (Total Pathways) - * All	Feb-25	32,200	30,571			35,619
RTT 52 Week Breaches - * All	Feb-25	181				613.3
RTT 65 Week Breaches - * All	Feb-25	13				81.6
Theatre Capped Utilisation	Oct-24	85.30%				82%

Finance – To deliver our key performance targets and finance plan

February 2025 – -£17.7m



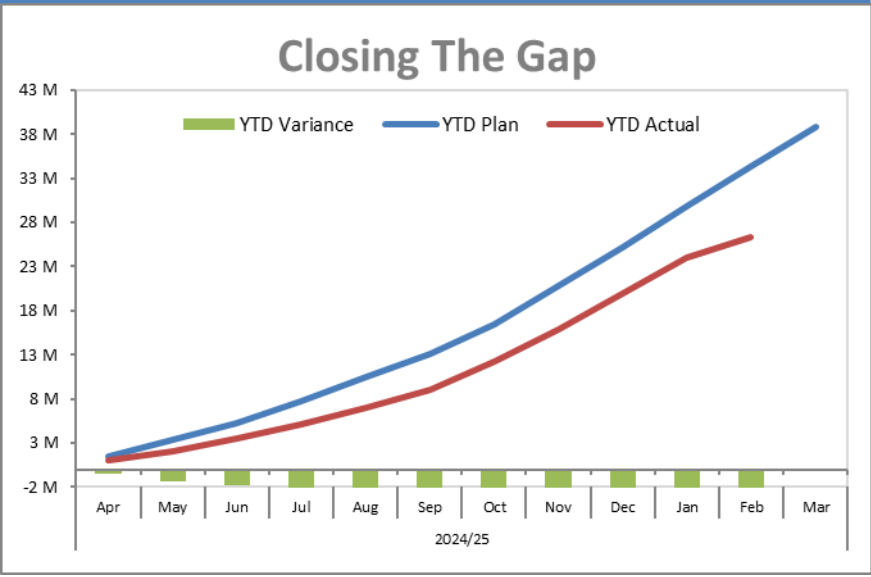
February 2025 – £13.1m



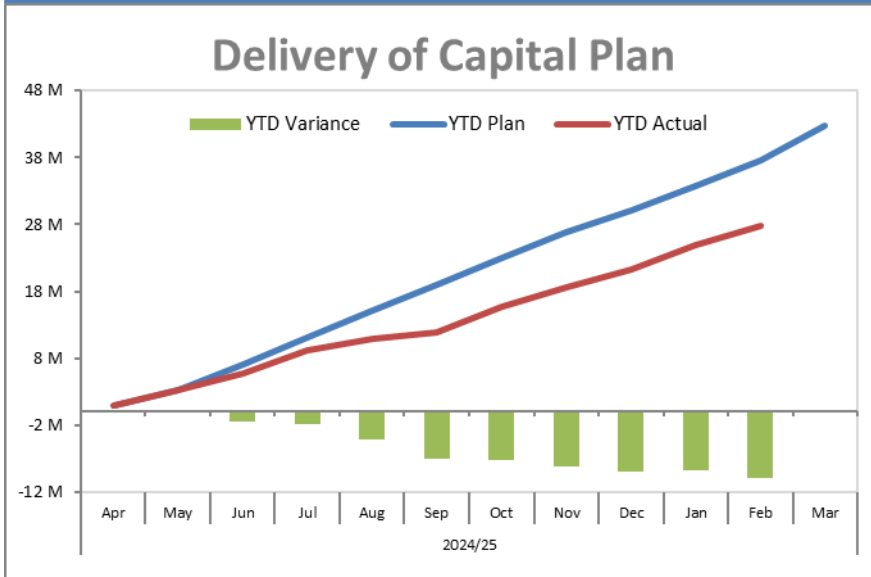
Analysis

Income & Expenditure The Trust has received £9m of additional non-recurrent revenue funding from the ICB. As a condition of accepting these funds, the organisation has been required by NHSE to formally improve its I&E plan by £4.3m to a planned £9.7m deficit plan. Additionally, the ICB has requested BTHFT to over-achieve against this revised plan by a further £4.7m. BTHFT is now required to deliver a deficit of £5m for the financial year 2024/25 – an improvement of £9m which is commensurate with the additional funding received. The Trust has reported a surplus of £6.6m for the month of February, which is £2.9m favourable to the revised £3.7m surplus plan for the month. Cumulatively, the reported deficit at Month 11 is £11.1m which is £1.3m adverse to the revised £9.8m year to date deficit plan. The Trust is formally forecasting delivery of the required £5m deficit position at year end. Achieving this will be reliant on £6.4m - £7.5m of non-recurrent measures in Month 12.

February 2025 - £26.4



February 2025 – £27.7m



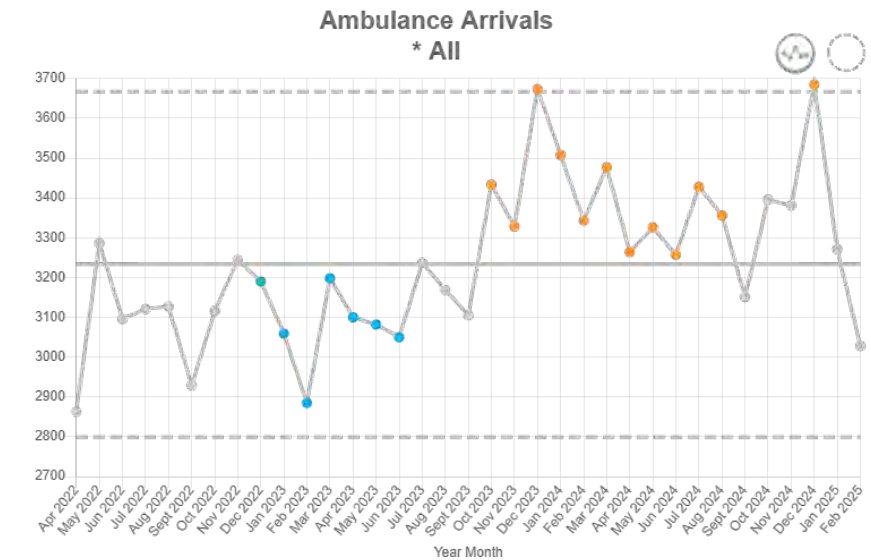
Cash Year to date cash has reduced by £51.1m from the opening balance of £64.2m to £13.1m. This is primarily due to a net cash spend of £23.4m on the I&E and £27.7m capital. Year to date cash is less than plan by £7.2m which is primarily due to lower than plan working capital balances. Closing cash for 2024/25 is forecast at £31.8m assuming an I&E deficit of £4.7m and delivery of the capital programme.

Capital Year to date capital spend is £27.7m which is £9.9m lower than planned. The full year capital forecast is £45.4m which is £2.6m higher than planned due to additional in year PDC allocations (£2.5m) and unplanned charitable donations (£0.6m). The Trust is underspending its operational capital allocation by £0.5m in agreement with other Trusts. This total forecast includes £19.7m of PDC and TIF schemes.

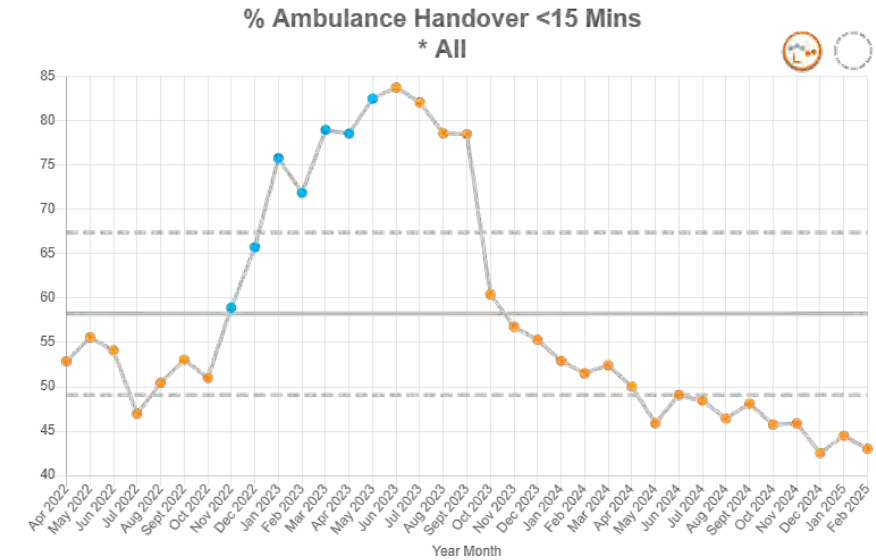
Closing the Gap YTD CTG savings of £26.4m vs planned £34.3m is £7.9m behind plan. The CTG programme is forecast to deliver £33m of efficiencies by year end, inclusive of £8m ERF over-recovery. This is a £5.9m shortfall to the £38.9m target.

Performance – To deliver our key performance targets and finance plan

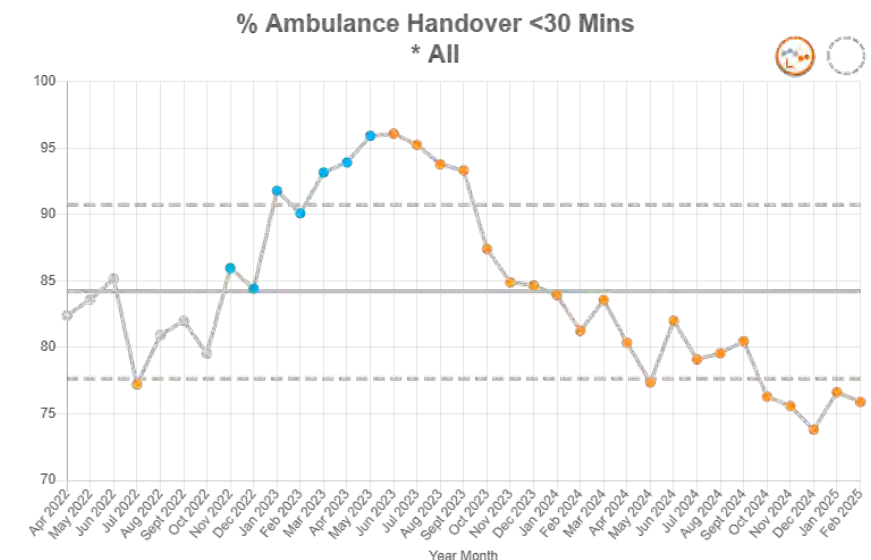
February 2025 – 3,028 ambulance arrivals
Common cause variation



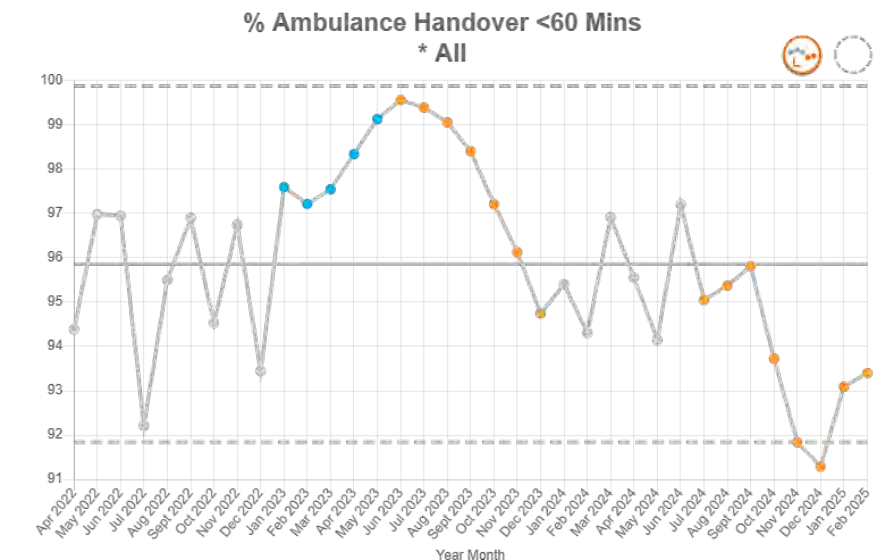
February 2025 – 43.0% ambulance arrivals
Special cause variation of a **concerning** nature



February 2025 – 75.9% ambulance arrivals
Special cause variation of a **concerning** nature



February 2025 – 93.4% ambulance arrivals
Special cause variation of a **concerning** nature



Analysis

Performance for 15-minute handovers as reported by Yorkshire Ambulance Service (YAS) was 48.24% in February compared to 44.48% in January. Weekly data is showing improvement, but the position is impacted by changes to capacity, demand or flow into the hospital. Overall turnaround is worked on jointly with YAS and issues with crew clear times and data capture are of note.

Risks, Mitigations and Assurance

Senior YAS presence to support crew clear times and data capture accuracy has been in place during recent months. Conversations are underway to agree sustainable improvements in these areas. Additional actions were tested during the perfect week in March, these included senior ED presence in the ambulance assessment area (AAA) and security keeping ramp and offload spaces free for YAS use.

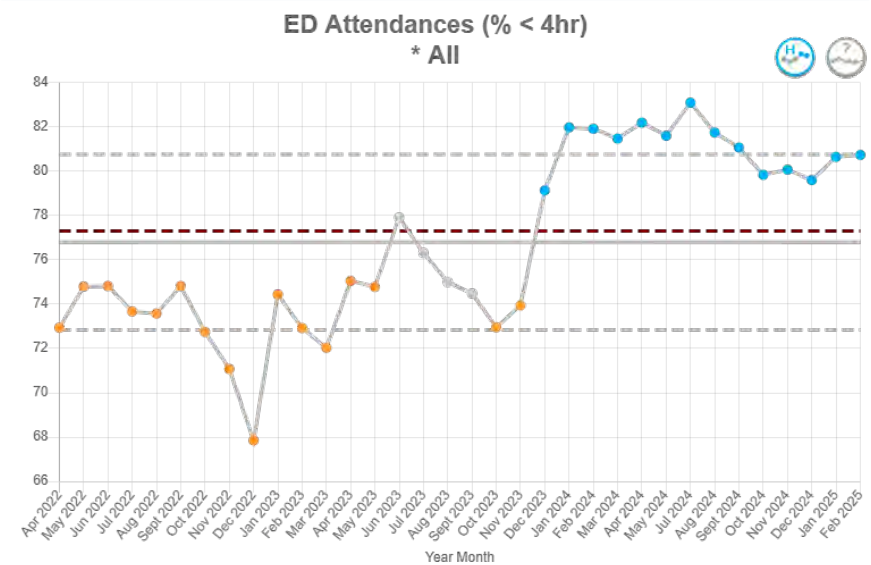
Live data sharing continues to support the deployment of YAS leads when required. An escalation protocol remains in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than 1 hour.

Benchmarking

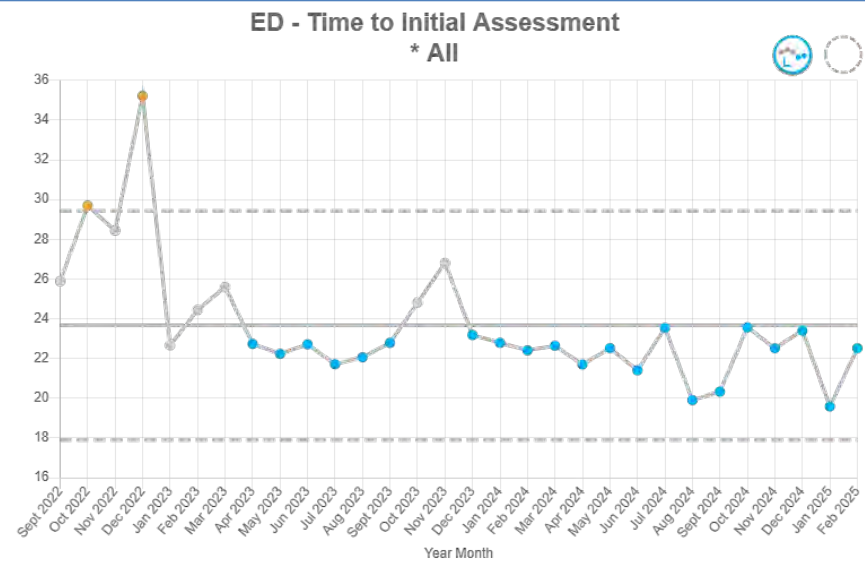
Nationally mandated changes in clock reporting commenced in October 2023. This added 8-10 minutes to handover times and performance dropped accordingly but compared to peer we have sustained a better than average position.

Performance – To deliver our key performance targets and finance plan

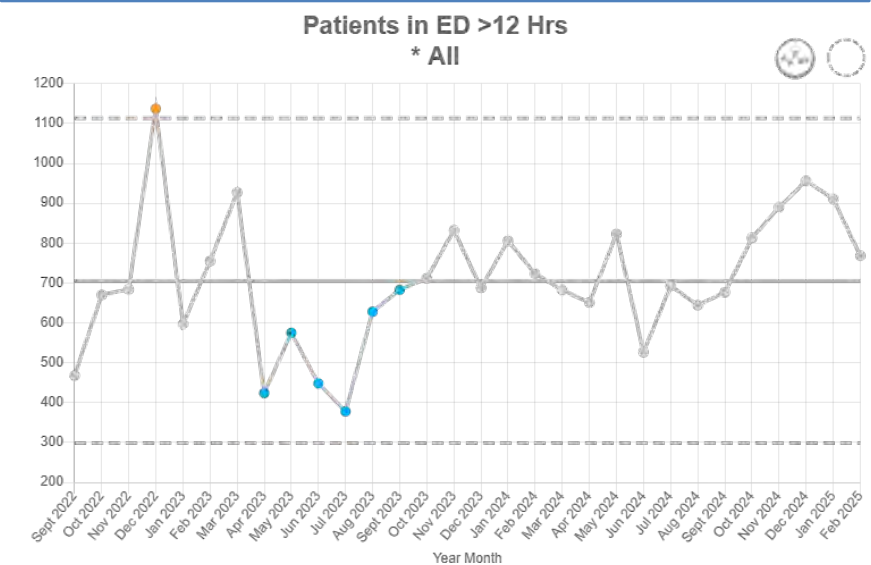
February 2025 – 80.7% - Year end target 77.3%
Special cause variation of an **improving** nature



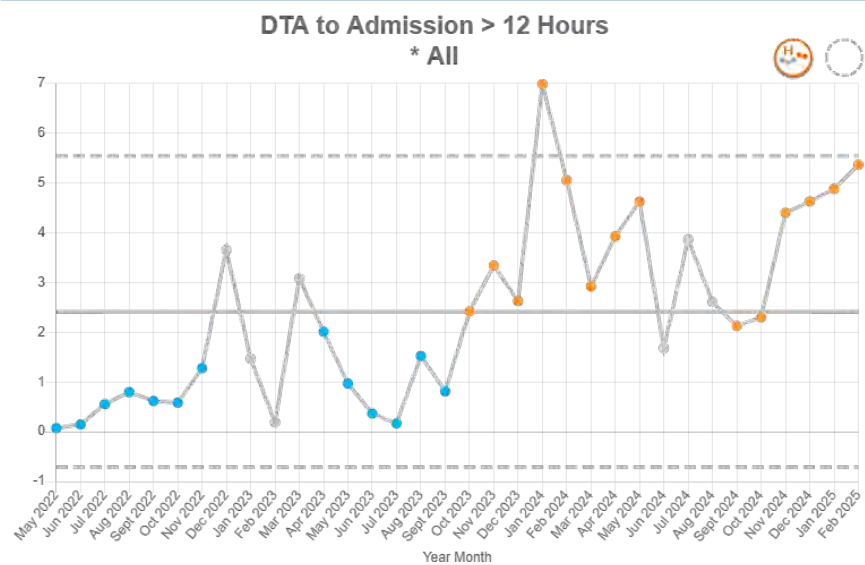
February 2025 – 22.5 minutes
Special cause variation of an **improving** nature



February 2025 – 768 patients
Common cause variation



February 2025 – 5.4%
Special cause variation of a **concerning** nature



Analysis

ECS performance for Type 1, 2 & 3 attendances was 82.12% for a February 2025 and is currently forecast at 81.95% for March 2025. This remains in the upper decile of Acute Trusts in England. Daily attendances in February increased to 407 ED arrivals per day compared to 381 in January. This is a similar level to February 2024.

Risks, Mitigations and Assurance

Streaming to the AECU service remains effective, positively impacting a range of UEC metrics. However, high acuity and increased LoS continue to impact downstream capacity/ patient flow resulting in increases to both admitted and non-admitted ED stays.

Total G&A bed occupancy has increased slightly to 90.4% in February (compared to 89.9% in January) with Adult G&A occupancy increasing to 92.9%.

High acuity patients and issues within the social care sector continue to impact the timely discharge of patients as reflected in an increase in the number of patients not meeting the criteria to reside during February (12.7% compared to 12.0% in January).

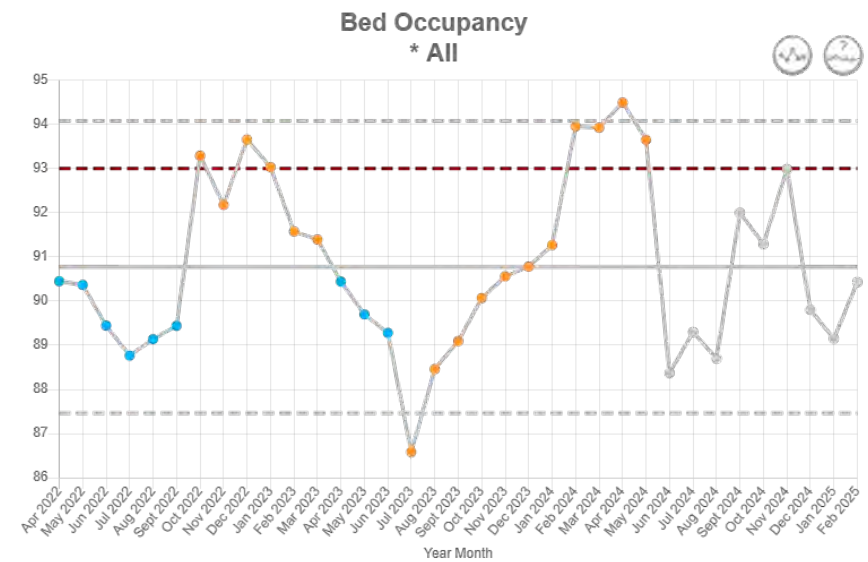
The Outstanding UEC programme which will aim to improve patient and staff experience, patient flow and address overcrowding continued to progress engagement events during the last month.

Benchmarking

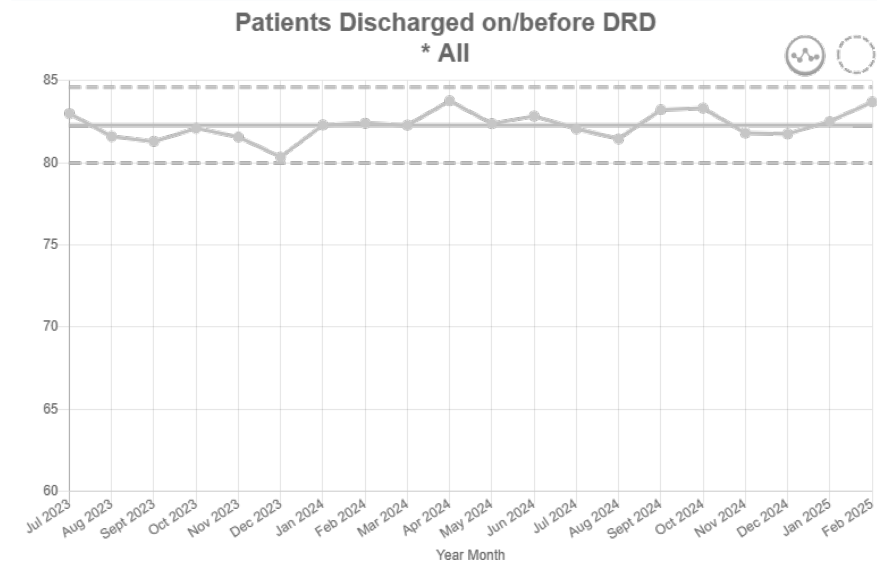
Performance is above national, peer and WY averages. For ECS the Trust performs in the upper decile of Acute Trusts in England.

Performance – To deliver our key performance targets and finance plan

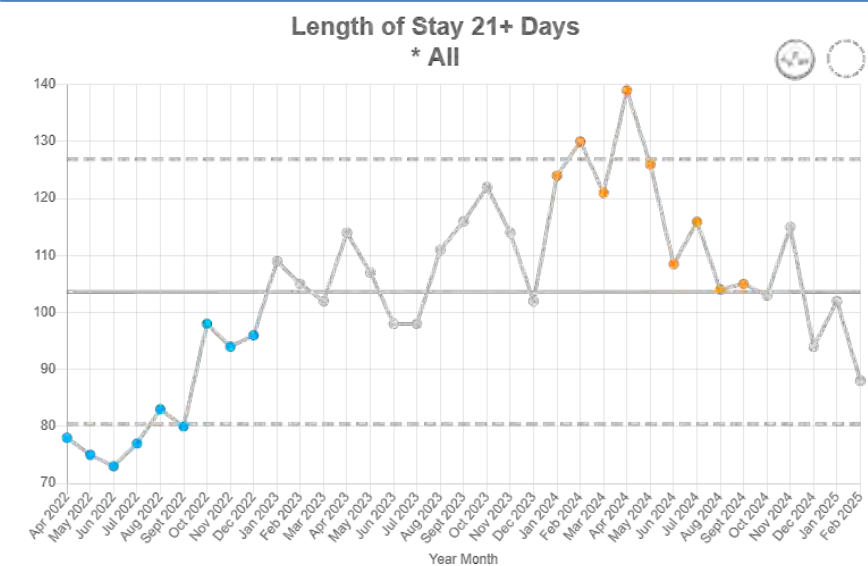
February 2025 – 90.4% occupancy – Year end target 93%
Common cause variation



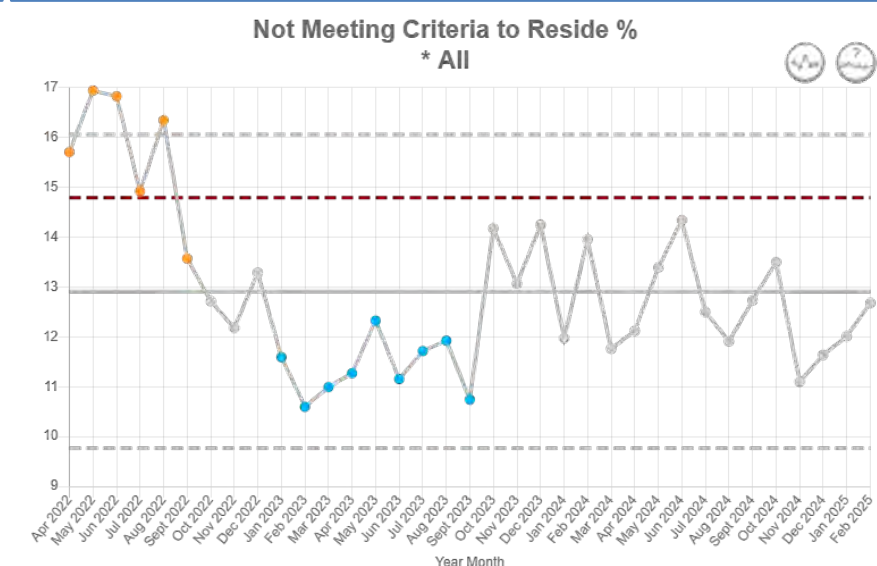
February 2025 – 83.7%
Common cause variation



February 2025 – 88 patients
Common cause variation



February 2025 –12.7% – Year end target 14.79%
Common cause variation



Analysis

The daily average number of patients with a length of stay (LOS) > 21 days has reduced to 88 in February 2025 (down from 102 in January). NCTR and discharge delay data is stable.

Risks, Mitigations and Assurance

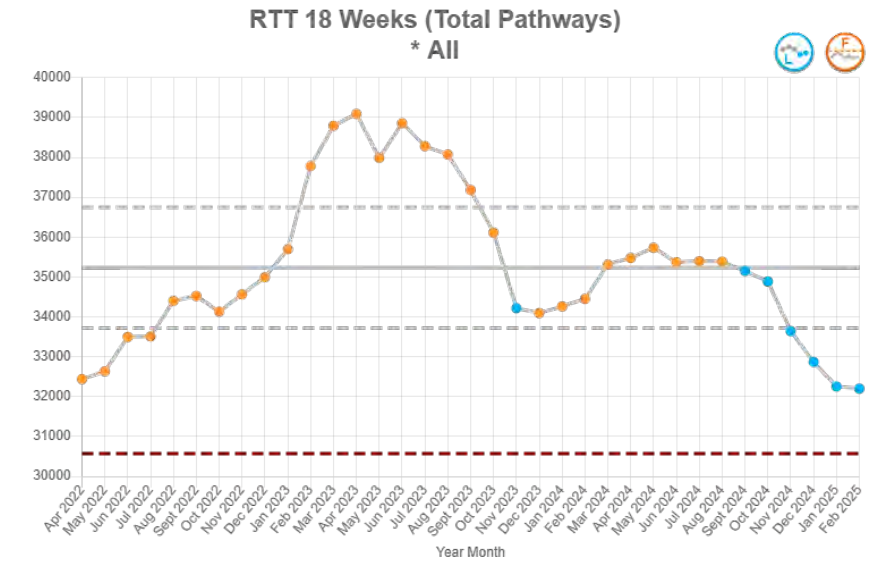
Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds continues to be tracked by NHSE daily and the average days delayed beyond Medically Fit For Discharge (MFFD) date will be included in national planning trajectories in 2025/26. Daily and weekly monitoring is in place for both, and a range of interventions occur to expedite discharges as required. Data recording/ reporting issues have been identified by audits undertaken and an improvement plan is being finalised. BTHFT's strong partnerships with community, social care, and voluntary sectors are helping to alleviate occupancy and discharge pressures that impact these measures, and further improvement is planned. This will form part of the Outstanding UEC programme and be underpinned by operational excellence actions.

Benchmarking

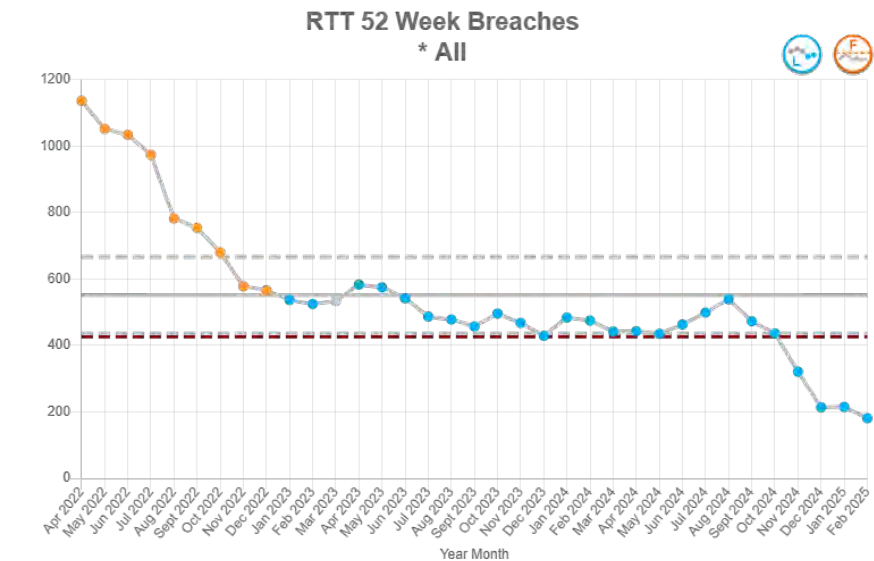
As a % of emergency spells the number of 21-day LoS for BTHFT continues to benchmark better than the national and peer averages and close to the best quartile nationally despite the increases.

Performance – To deliver our key performance targets and finance plan

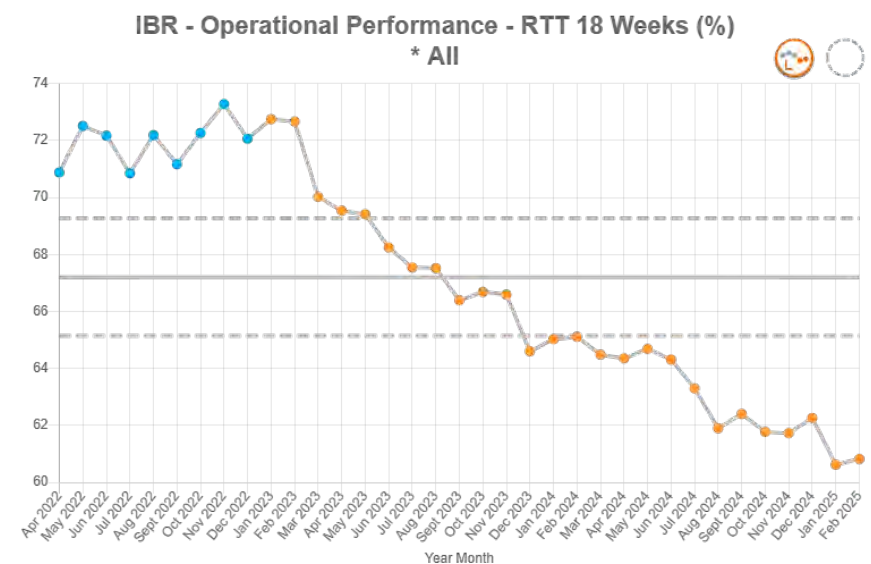
February 2025 – 32,200 pathways – Year end target 30,571
Special cause variation of an **improving** nature



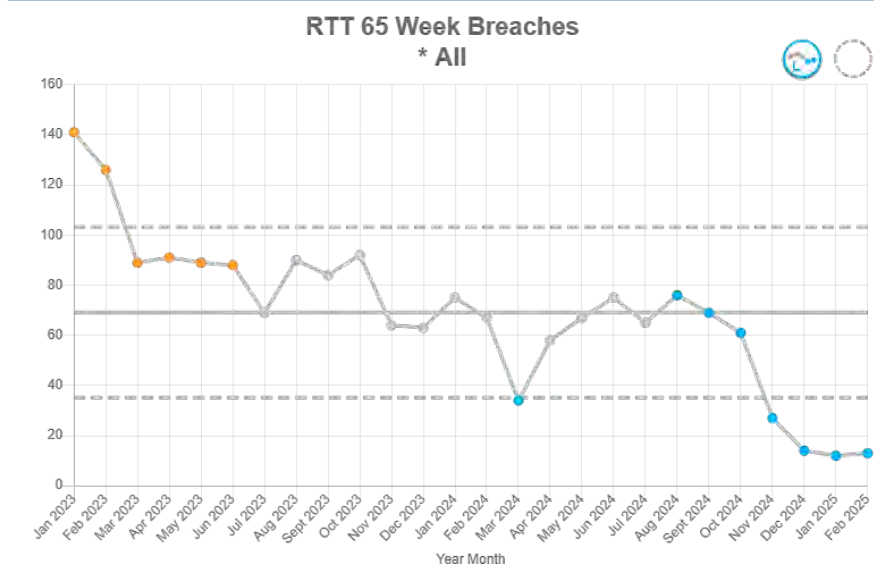
February 2025 – 181 pathways – Year end target 426
Special cause variation of an **improving** nature



February 2025 –60.8%
Special cause variation of a **concerning** nature



February 2025 – 13 patients
Special cause variation of an **improving** nature



Analysis

Referral to Treatment (RTT) performance remained stable in February at 60.82%, with March performance projected to remain in line with this.

The waiting list size continues to reduce, and 52-week performance remains ahead of plan.

There were 13 patients who breached 65 weeks at the end of February, this relates to the ongoing challenges in T&O who continue to be supported by Senior Operational colleagues.

Risks, Mitigations and Assurance

Pathway improvements are being progressed via GIRFT further faster action plans and enhanced by targeted support and rapid review aligned to key priority areas (as identified by internal and external data analysis).

Backlog clearance to a sustainable waiting list size will require some additional resource alongside acceleration of the improvement and transformation schemes related to inpatient and outpatient pathways. This ties in closely with the operational planning process and national challenges around finance, performance, and productivity targets.

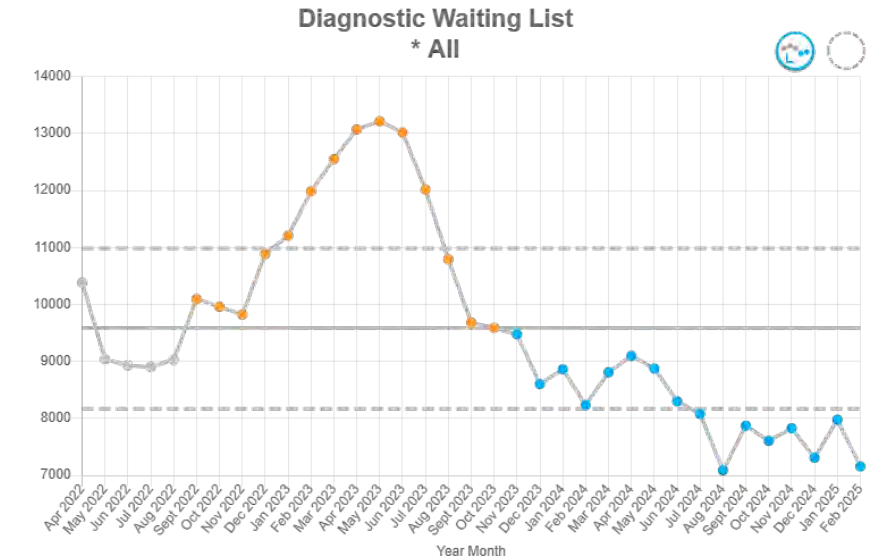
Benchmarking

Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at over 99.5%.

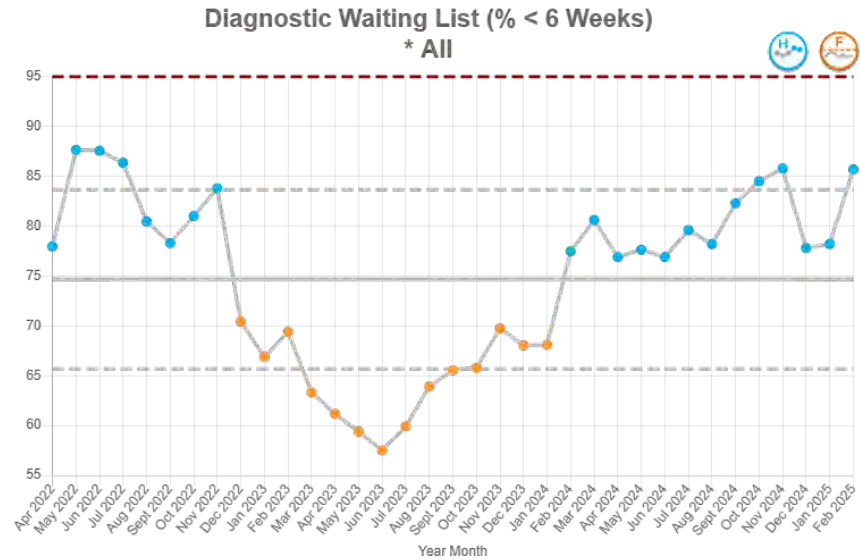
52-week performance benchmarks in the best quartile nationally whilst we are just below the best quartile for 18 weeks, although at the lower end compared to WYAAT.

Performance – To deliver our key performance targets and finance plan

February 2025 – 7,157 pathways
Special cause variation of an **improving** nature



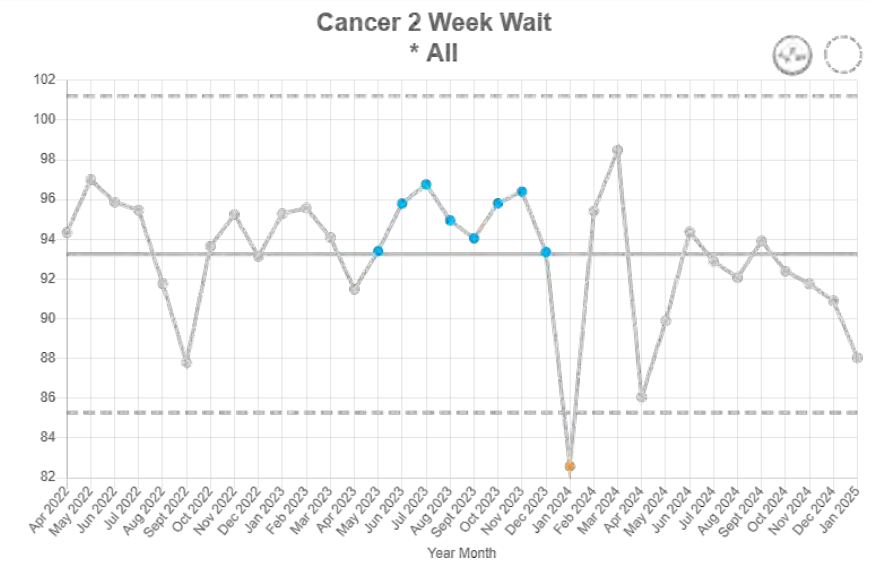
February 2025 – 85.7% <6 Wks – Year end target 95%
Special cause variation of an **improving** nature



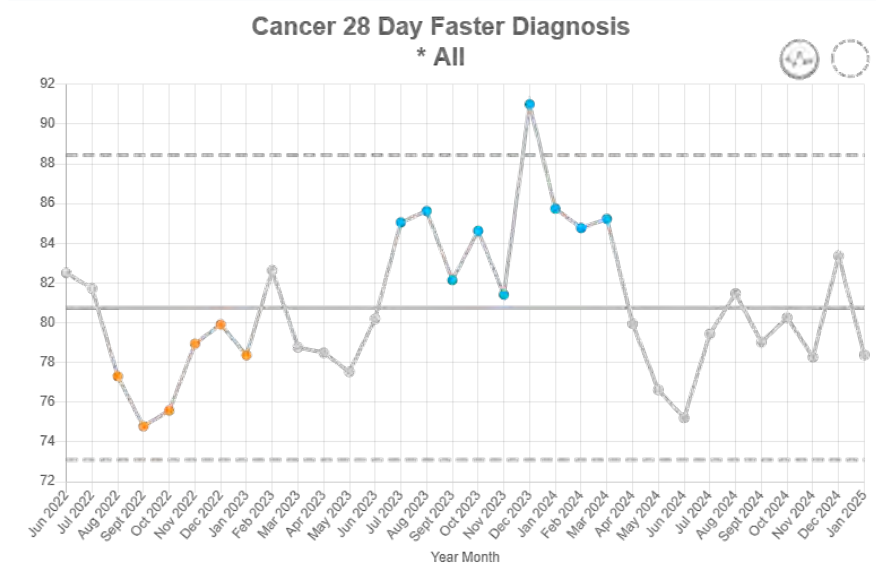
Analysis
DM01 performance for February improved on January performance to a position of 85.60%. This is projected to improve further in March as specific areas continue to recover.
Risks, Mitigations and Assurance
<p>Community Diagnostic Centre (CDC) and wider diagnostic reform is being progressed as part of the ongoing place partnership oversight of the CDC, this includes progress towards accreditation within two years of opening.</p> <p>An important development for 2025/26 will be the expansion of straight-to-test pathways, where we are exploring opportunities including breathlessness (bundle diagnostics), upper GI integrated dysphagia (ENT & gastro), post-menopausal bleeding cancer exclusion & further head & neck one stops.</p>
Benchmarking
It is expected that this additional capacity will mean the current improvement trend will continue during 2024/25 and bring performance back into the upper quartile nationally.

Performance – To deliver our key performance targets and finance plan

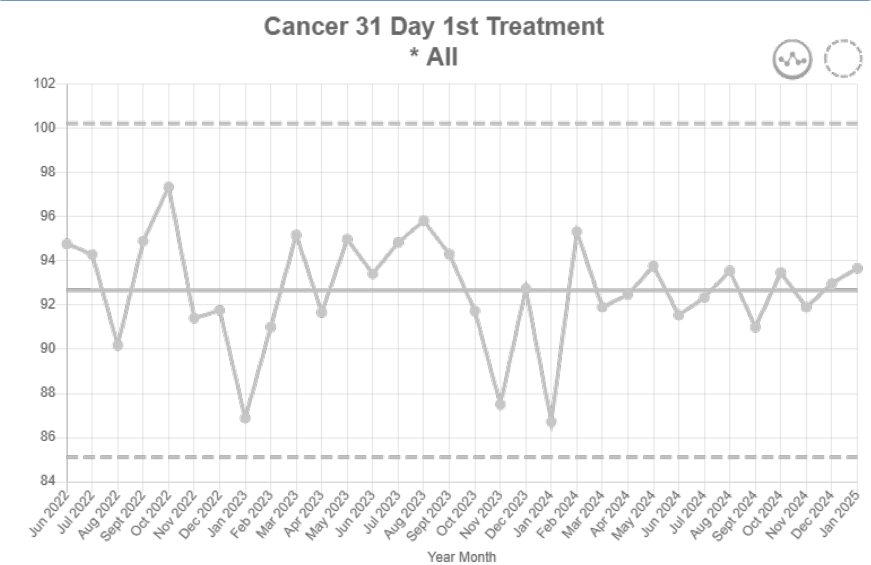
January 2025 – 88.04%
Common cause variation



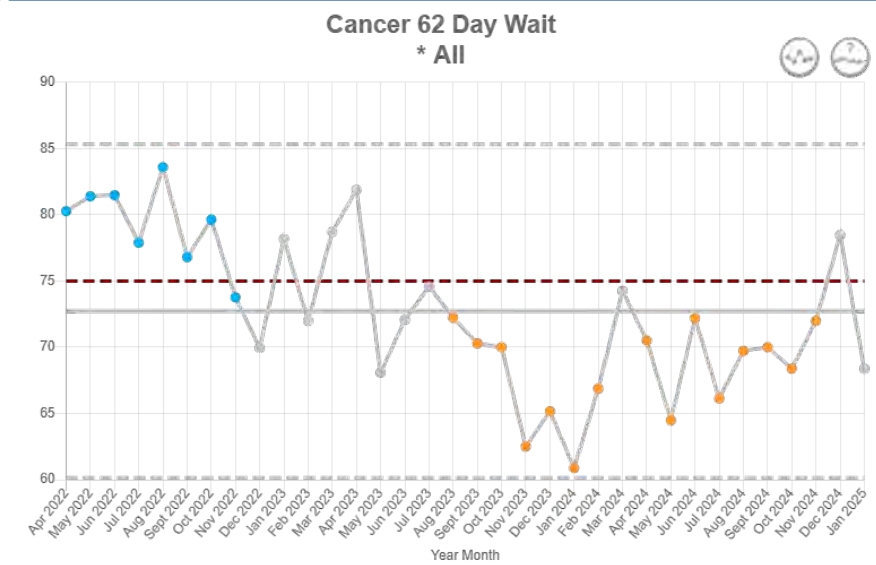
January 2025 – 78.4%
Common cause variation



January 2025 – 93.7%
Common cause variation



January 2025 – 68.4%
Common cause variation



Analysis

The 28-day faster diagnosis standard (FDS) performance remained above target but dipped to 78.38% in January struggling to recover from the Christmas and New Year period. There has been significant focus on fast-track diagnostic turnaround times as part of the diagnostic improvement described in that section of this report. 62-day performance dropped to below the 70% target in January to a position of 68.38%. The number of patients waiting over 62 days increasing through January and February which will impact negatively on future performance.

Risks, Mitigations and Assurance

The increased number of delays correlates directly with the Christmas period, and week of snow disruption. There is no single cause for the delays, with tumour groups experiencing increased complexity, reduced treatment capacity, diagnostic delays, and patient-initiated delays during this period. Recovery plans are focussed on increasing capacity whilst longer term plans incorporate patient engagement including targeted work for patients who are less likely to attend.

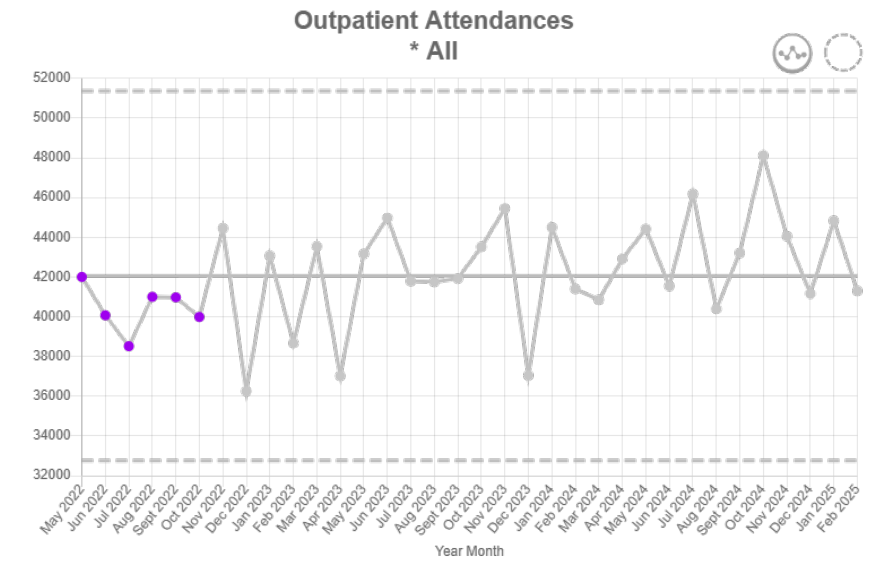
The Operational Excellence plans for cancer (and diagnostics) are being reviewed in line with output from clinical engagement sessions as part of the cancer boards workplan alongside national guidance on elective reform. Schemes to be prioritised include NSO expansion, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.

Benchmarking

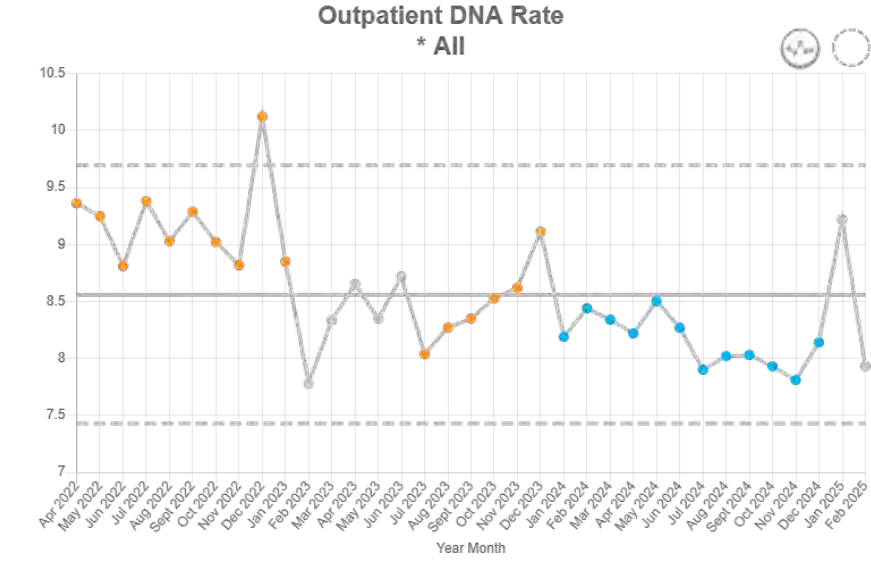
The Trust has returned to the upper decile for 28-day FDS and is in line with national and peer average for 62-day general treatment.

Performance – To deliver our key performance targets and finance plan

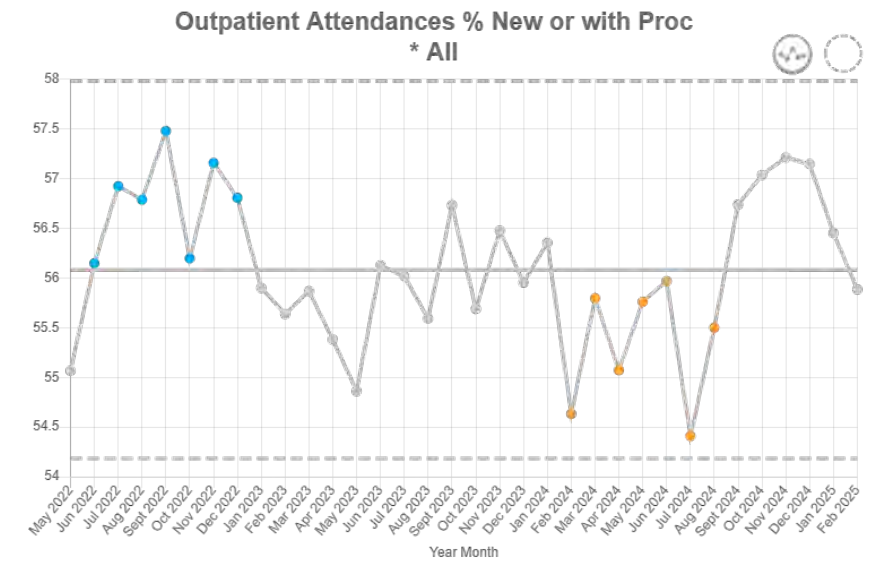
February 2025 – 41,296
Common cause variation



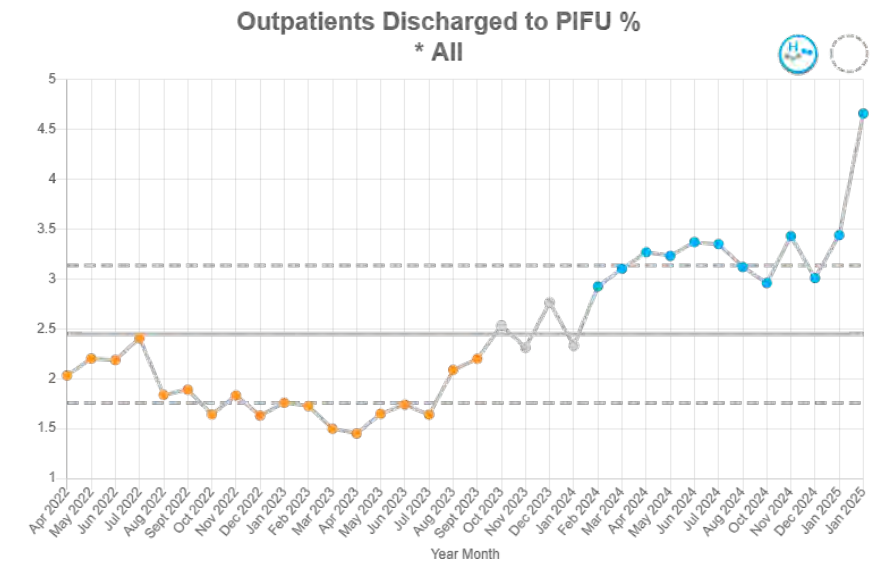
February 2025 – 7.9%
Special cause variation of an **improving** nature



February 2025 – 55.9%
Common cause variation



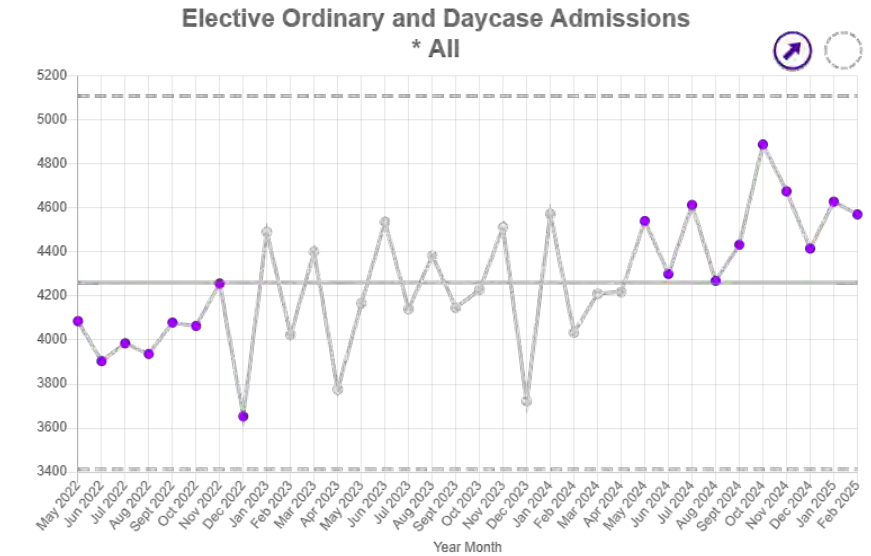
February 2025 – 4.66%
Special cause variation of an **improving** nature



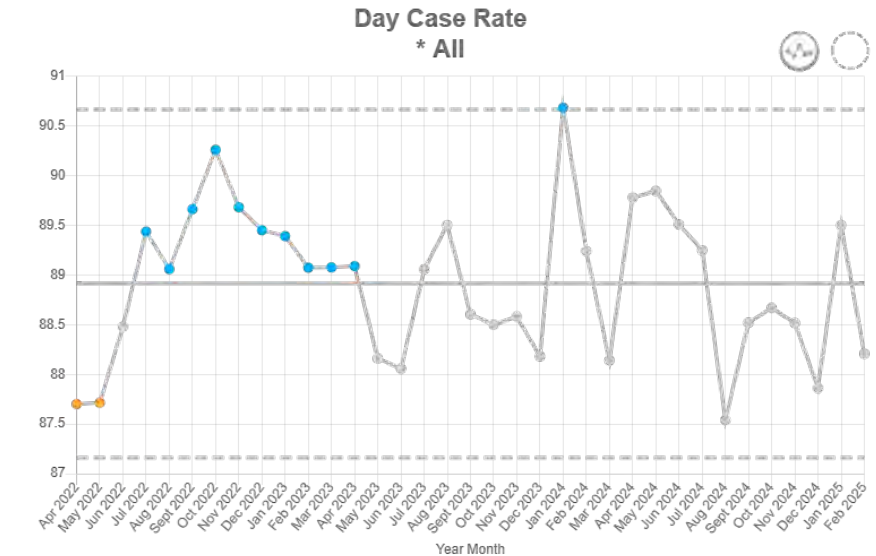
Analysis
<p>Outpatient activity delivered slightly below plan in February due to half-term but is projected to increase significantly above plan in March. Sub metrics are progressing positively with some reporting issues being corrected for OPPROC which will improve that KPI.</p>
Risks, Mitigations and Assurance
<p>In response to the NHS Elective Reform, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust’s Strategic Framework and will be integral to achieving Referral to Treatment (RTT), Cancer and Diagnostic Key Performance Indicators (KPI). The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.</p>
Benchmarking
<p>Outpatient recovery and plans compared favourably to neighbouring Trusts.</p>

Performance – To deliver our key performance targets and finance plan

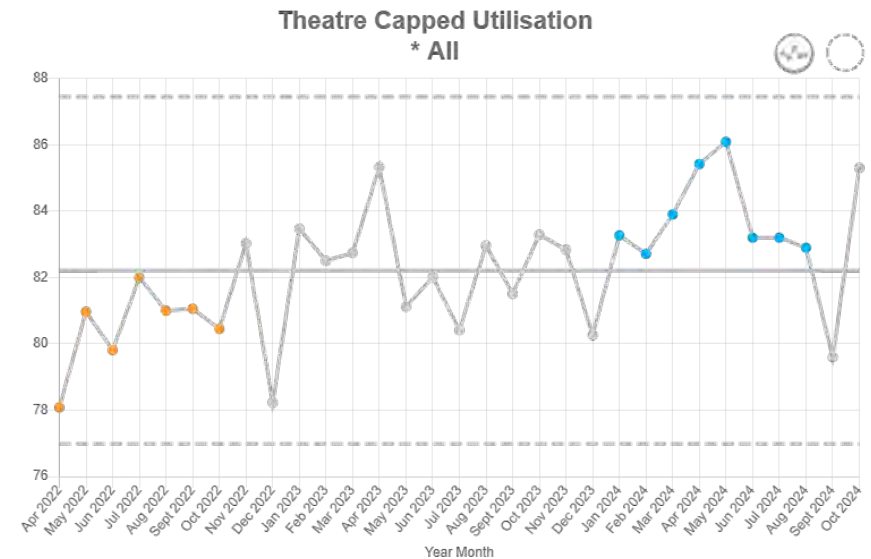
February 2025 – 4,571
Common cause variation



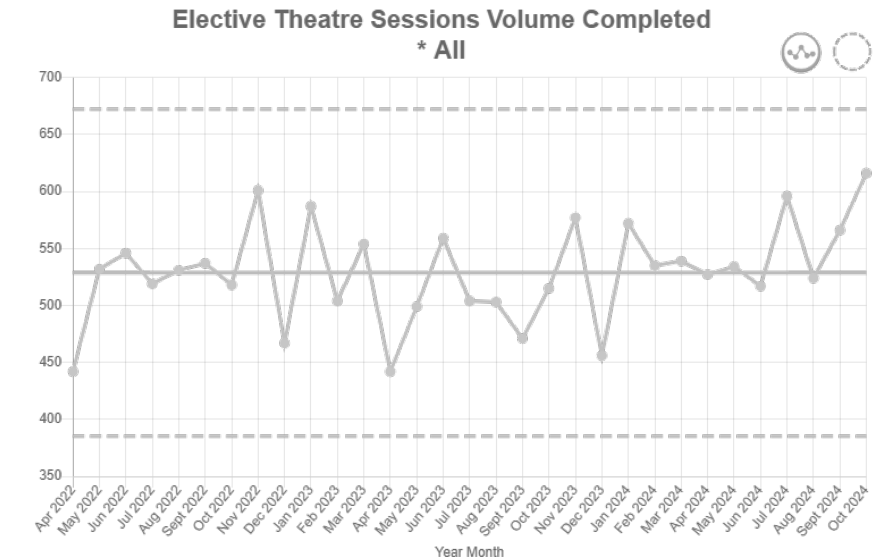
February 2025 –88.2%
Common cause variation



October 2024 – 85.3%
Common cause variation



October 2024 – 616
Common cause variation



Analysis

Inpatient activity increased but delivered below plan in February but is expected to deliver above plan in March.
From October, the plan includes expected activity delivered through the day-case unit which was due to open at St Luke’s hospital but is delayed to April 2025. Once open the unit will support an increase in sessions and an uplift in session productivity with the ability to run high volume low complexity lists.
The number of lists run at BRI has increased, and weekend lists are in place to mitigate some of the delay to the DCU.

Risks, Mitigations and Assurance

Theatre efficiencies aiming to increase the number of lists run and the number of patients per list are being explored as part of the Closing the Gap project. This includes an analysis of job plans to identify discrepancies with the current theatre session plan.
Observations in theatre, ward and admission areas have been undertaken and CSU teams are now being supported to implement changes to reduce time lost. As the programme progresses it is hoped services will have the confidence to increase patients booked per theatre session.
Day cases will also increase when the SLH unit opens and through targeted efficiency work within Endoscopy and the Cath-Lab.

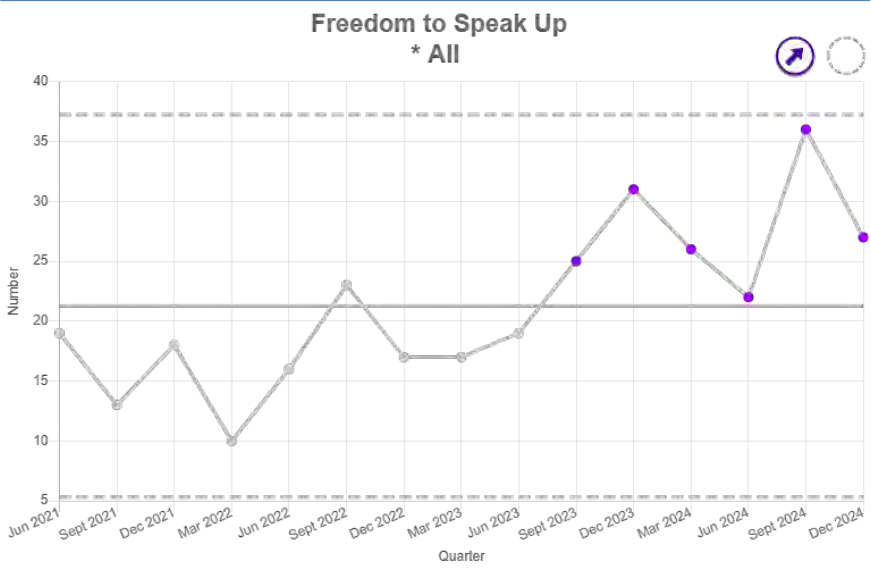
Benchmarking

The Trust is above the national average for day case rates, and capped utilisation. Elective activity compares below other Trusts in our region as a percentage of 2019/20 baselines. NHSE have identified productivity opportunities that align to our own analysis on patients treated per operating list.

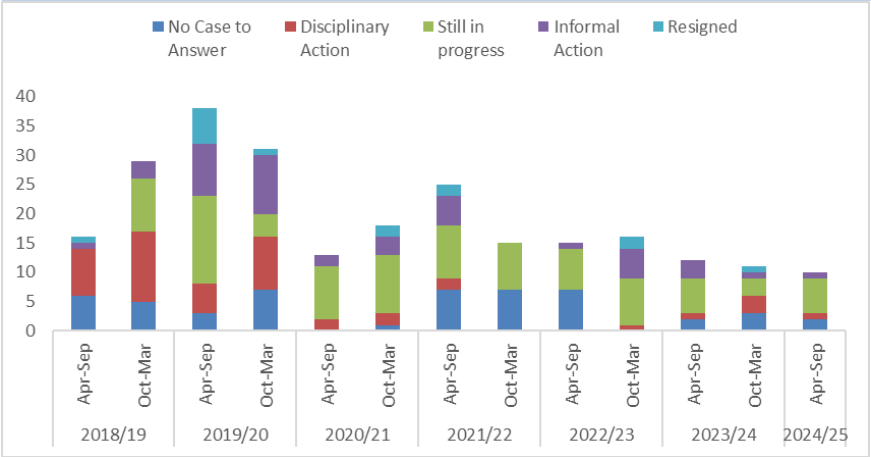
Metric	Period	Latest Value	Target	Variation	Assurance	Mean
Agency - %	Jan-25	0.63%				2.10%
Appraisal Rate - Non-Medical	Jan-25	75.7%				75.36%
BAME Split - Band 8+	Sep-24	19.6%				17.45
BAME Split - Bands 1-5	Sep-24	48.9%				43.91
BAME Split - Bands 6-7	Sep-24	28.9%				25.57
BME - * All	Sep-24	43%				38.47
Core Mandatory Training - * All	Jan-25	94.0%				90.90%
Disability Declaration - * All	Sep-24	5.0%				3.9%
Freedom to Speak Up - * All	Oct 24 - Dec 24	27.00				21.00
Harrassment and Bullying - Disciplinary Action	Apr 24 - Sep 24	1				0.67
Harrassment and Bullying - Informal Action	Apr 24 - Sep 24	1				3.00
Harrassment and Bullying - In-progress	Apr 24 - Sep 24	6				7.00
Harrassment and Bullying - No Case To Answer	Apr 24 - Sep 24	2				3.00
Harrassment and Bullying - Resigned	Apr 24 - Sep 24	0				0.67
Harrassment and Bullying - Total Investigations	Apr 24 - Sep 24	10				14.33
Job Planning - Allied Health Professionals	Sep-24	3.8%				49%
Job Planning - Medics	Sep-24	43.1%				25%
Job Planning - Nurses	Sep-24	0%				60%
Nursing Agency Fill Rate - %	Jan-25	6.6%				11.8%
Nursing Bank Fill Rate - %	Jan-25	69.3%				50.6%
Staff Advocacy - Contacts	Apr 24 - Sep 24	17				14.00
Staff Advocacy - Contacts Not Resolved	Apr 24 - Sep 24	0				0.00
Staff Advocacy - Formal Complaints/Investigations	Apr 24 - Sep 24	1				0.67
Staff Advocacy - In-progress	Apr 24 - Sep 24	4				0.67
Staff Advocacy - Outcome Unknown	Apr 24 - Sep 24	6				0.33
Staff Advocacy - Resolved Informally	Apr 24 - Sep 24	6				9.00
Staff Sickness - * All	Jan-25	5.86%				6.3%
Staff Stability - * All	Jan-25	99.36%				98.8%
Staff Turnover - * All	Jan-25	5.86%				11.1%

People – Engagement – To be in the top 20% Employers

2024/25 Quarter 3 – 27



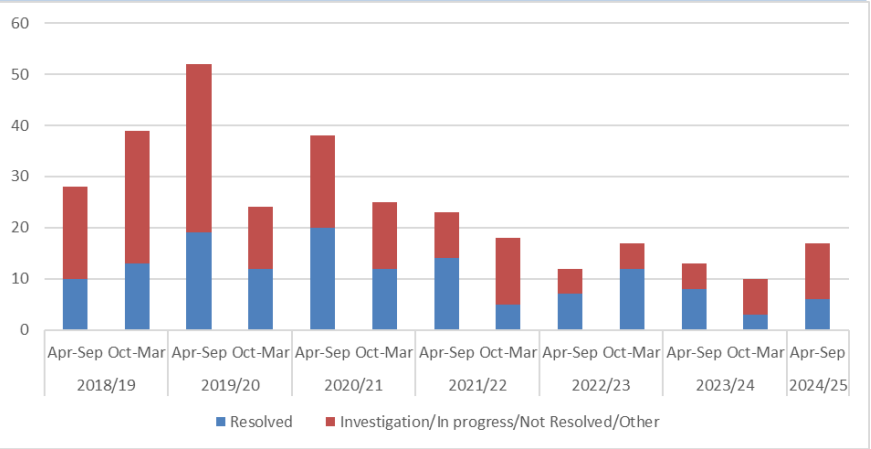
2024/25 Quarter 2 Harassment and Bullying



2024/25 October to March– Staff Advocacy

Month	Contacts	Formal complaint/ investigation	Resolved Informally	In Progress	Contacts not resolved	Outcome unknown
Apr 18 - Sep 18	28	5	10	6	3	4
Oct 18 - Mar 19	39	18	13	5	3	6
Apr 19 - Sep 19	52	11	19	6	4	12
Oct 19 - Mar 20	24	3	12	2	1	8
Apr 20 - Sep 20	38	4	20	5	1	8
Oct 20 - Mar 21	25	1	12	2	1	9
Apr 21 - Sep 21	23		14			
Oct 21 - Mar 22	18	5	5	4	0	4
Apr 22 - Sep 22	12		7			
Oct 22 - Mar 23	17		12			
Apr 23 - Sep 23	13	2	8	2		1
Oct 23 - Mar 24	10	0	3	3	1	3
Apr 24 - Sep 24	17	1	6	4		6

2024/25 April to September –Staff Advocacy



Analysis

Harassment & Bullying Outcomes: A very slight reduction in the number of formal cases since the last 6-monthly update (reduction of 1 formal case to 10) and with all cases concluded within a 6-month period. Just 1 case resulted in a recommendation for informal action (same as last reporting period), 1 case resulted in disciplinary action (66% reduction from the last reporting period) and 2 cases resulted in ‘no case to answer’ (a 33% reduction from the last reporting period). Those cases that are still ongoing have either had a final outcome in October 24 (to be reported in the next 6 monthly reference period) or did not commence until September 24 (therefore a new case), which is an improvement in terms of case duration.

Contacts with staff Advocacy Service: The number of contacts with the Staff Advocacy Service has risen slightly in the last 6 months (from 10 to 17 contacts). The number of cases being supported that were resolved informally increased from 30% to 35%.

Freedom To Speak Up: There were 27 concerns raised to the FTSU team in Q3. The highest category of concerns (13) had an element of Bullying and harassment and there were 10 concerns raised that had an element of inappropriate attitudes and behaviours. This quarter, the highest groups of staff raising concerns were from Estates and facilities . There were 2 concerns reported anonymously via the App.

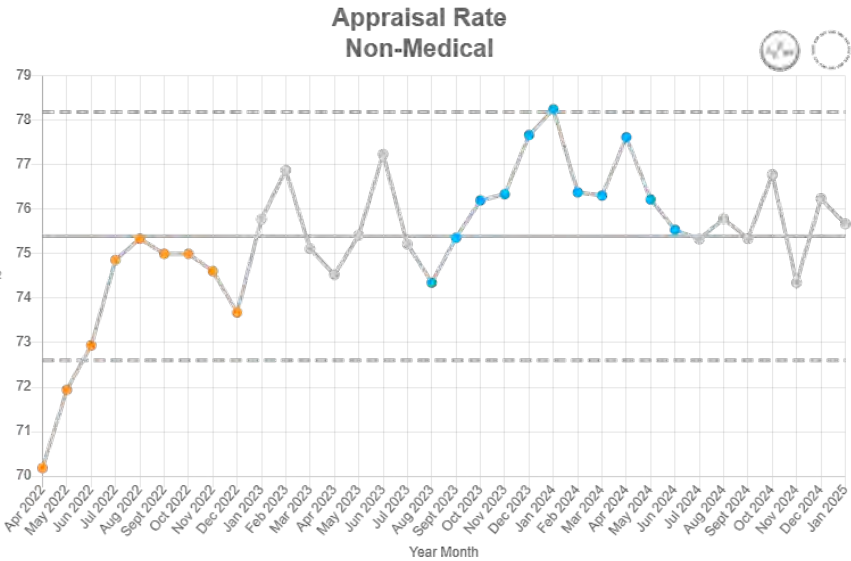
Risks, Mitigations and Assurance

Harassment & Bullying Outcomes: Whilst there is still work to do to reduce the number of formal cases, and particularly those resulting in “no case to answer” the outcomes in this 6-month reporting period are more positive and reflective of the considerable work that has taken place , to speed up formal processes, and to ensure staff are supported to “nip issues in the bud” at an early stage (including the wider work around workplace civility focussed on developing a culture of dignity & respect). The launch of the new Respect, Civility & Resolution Policy, as part of a suite of refreshed People Policies (accompanied by both a staff and manager handbook) will all play a crucial role in developing this work further.

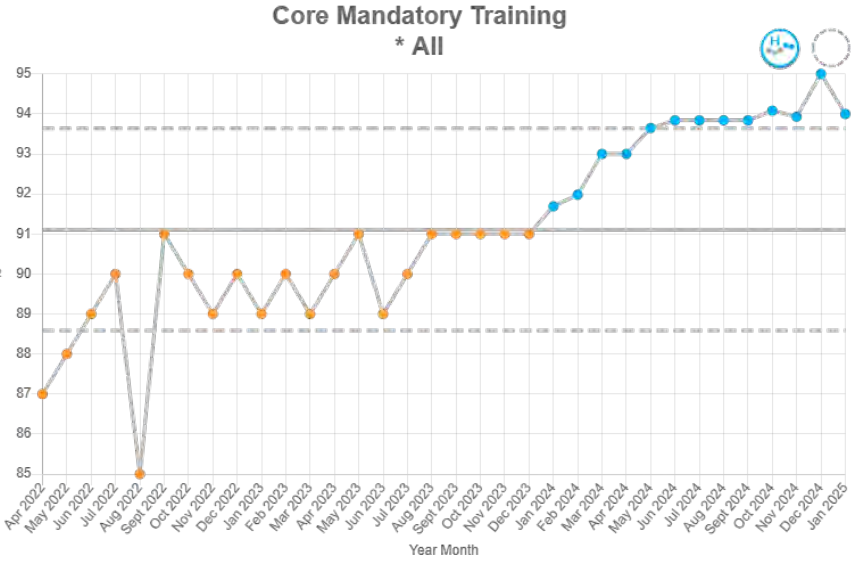
Contacts with staff Advocacy Service: The four newly trained staff advocates have joined established advocates in actively taking on cases. The Trust Intranet page has been updated with refreshed photo’s/ contact details for all Staff Advocates, and the service is planned to be promoted more widely, along with other resources to support informal resolution as part of the implementation of the new Respect, Civility & Resolution policy.

People – Engagement – To be in the top 20% Employers

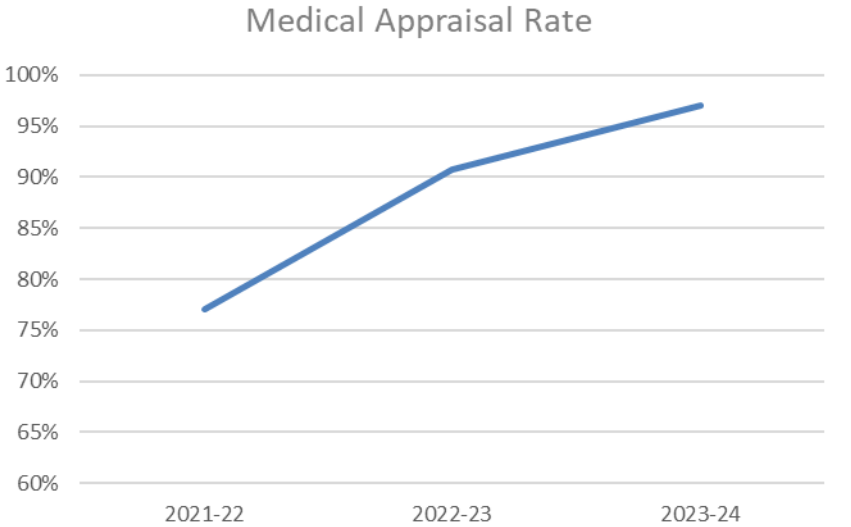
January 2025 -75.7%
Common cause variation



January 2025 -94%
Special cause variation of an improving nature



March 2024 – 97%



Analysis

Core Mandatory Training

- Overall Trust compliance continues to be above the Trust target of 85%, staying above 90% over the last several months.
- All CSU’s continue to achieve above the 85% target, with several achieving an increase of 1% or more over the last quarter.

Appraisal

Since April 2024 the target for non-medical appraisal has been set at 85%. Appraisal compliance has followed an upward trajectory since the beginning of the year when it was 76.31% , as of the end of April it was 77.62%.

Medical Appraisal Rate

Medical Appraisal year from 1st April 2023 to 31st March 2024: 498 (97%) doctors received an Outcome Measure 1 (Completed appraisal). 16 (3%) doctors were allocated an Outcome Measure 2 (Approved Missed appraisal).

Risks, Mitigations and Assurance

Core Mandatory Training

- Overall and individual CSU compliance for Bloods training are regularly not meeting the 85% target, but compliance continues to improve month on month, with current compliance standing at 81% overall. Blood Transfusion Training has now met the 85% target.
- Work continues to improve the overall compliance for all blood competencies by way of regular reporting, increasing the number and pattern of training classes and regular meetings with the subject matter experts.
- Basic Life Support compliance stands at 86%, which is attributed to the increased insitu activity carried out by the Resus team.
- Safeguarding Adults Level 3 compliance is now 92%,.
- Targeted actions continue for subjects below 85% to improve compliance across all areas due to the following actions:

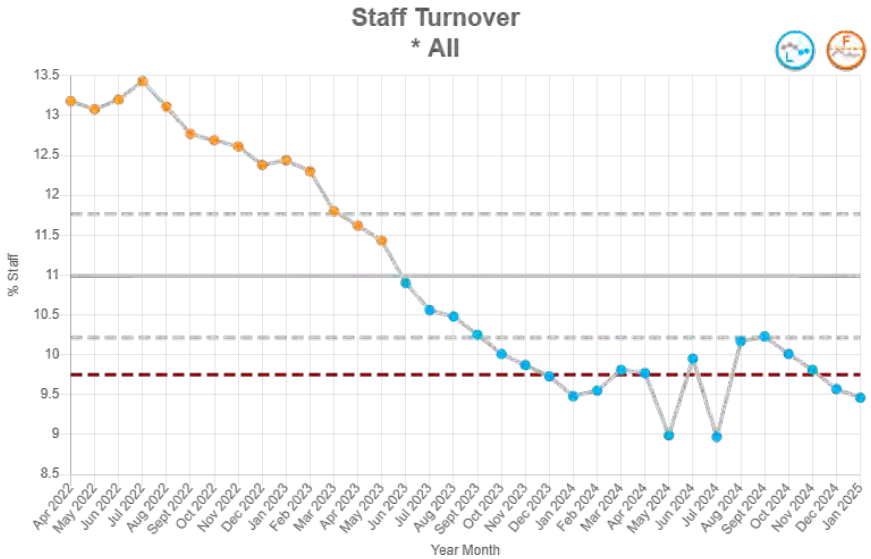
- Maintaining robust systems for reporting
- Analysis into low compliance areas
- Data quality checks
- Proactively targeting staff with low compliance
- Working with Individual CSU’s to meet training capacity needs

Appraisal

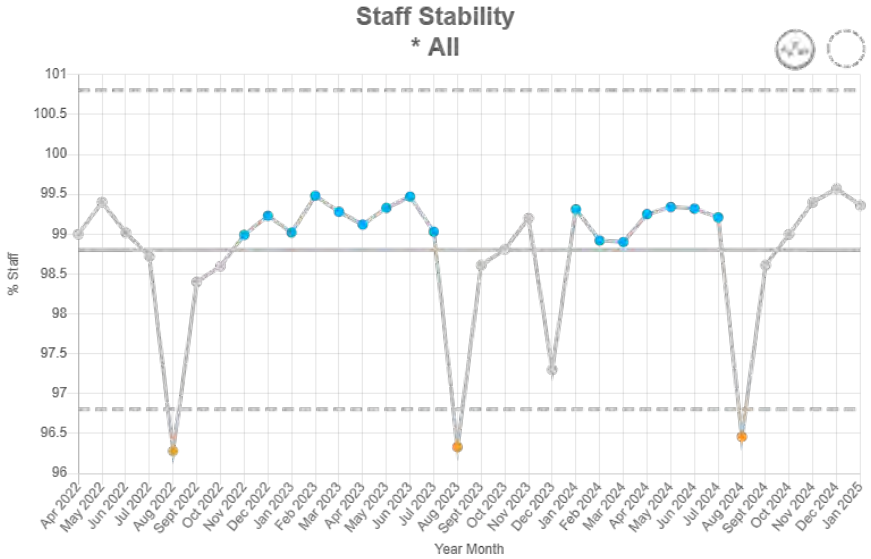
Appraisals are central to creating an environment of continuous learning and improvement; they unlock the potential of our people, developing individual performance and driving personal and professional development. Appraisals ensure everyone is working towards our Trust Strategic Objectives; understand how they contribute to achieving our Vision and are clear of what is expected of them. In order to improve both the quality of appraisal conversations and compliance, we are exploring changes to the ‘Time2Thrive’ appraisal and how this can be amended in line with the newly developed 1-1 framework, ‘Dynamic Conversations’.

People – Engagement – To be in the top 20% Employers

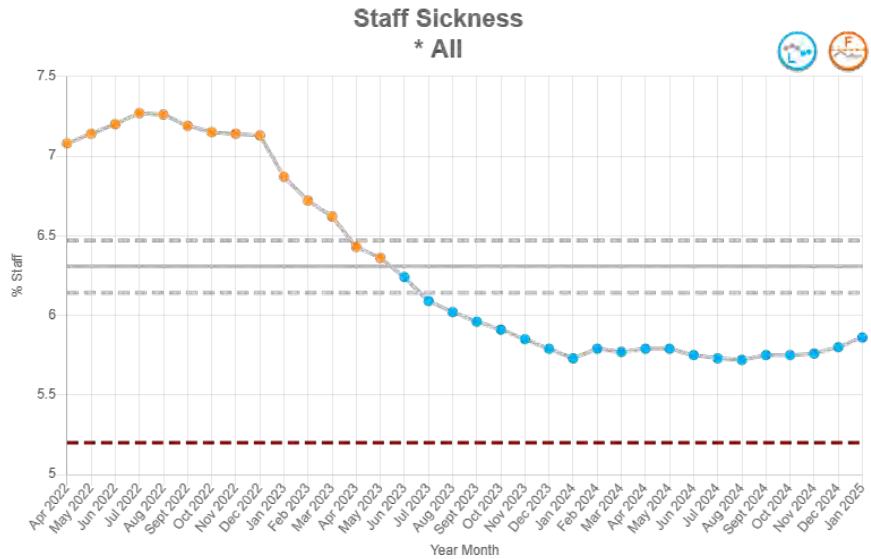
January 2025 – 9.46%
Special cause variation of an **improving** nature



January 2025 – 99.36%
Common cause variation



January 2025 (rolling 12 months) -5.86%
Special cause variation of an **improving** nature



Analysis

Sickness in January 2025 is 6.69% and the YTD figure 5.86%, in comparison with December 2024 where the monthly sickness rate was 6.71% and YTD 5.80%.

The staff groups with the highest sickness rates in January 2025 are Additional Clinical Services at 10.99%, Estates & Ancillary at 9.83%, Admin & Clerical at 6.43%, Additional Professional Scientific & Technical at 6.23%, Nursing and Midwifery at 6.04% and Allied Health Professional at 6.17%. Only Healthcare Scientists and Medical and Dental Staff groups were below target for the month of January, with rates of 2.85% and 2.54% respectively. The overall sickness % has been under 6.5% for the past 18 months, and for the last 12 months has remained consistently above 5.5%, however since August 2024, we have seen a steady increase in monthly sickness absence rates.

Turnover - The monthly turnover rate as at January 2025 is 9.46% for the Trust, which is a decrease from December 2024 where turnover was at 9.57%..

The stability index shows the percentage of all colleagues including rotational doctors and fixed-term appointments who are still in post at the end of the month and who were in post at the start of the month. The stability rate in January 2025 has reduced by the smallest of amounts from 99.57% to 99.4%. The is attributed to a further drop in turnover

Risks, Mitigations and Assurance

Since July 2022 sickness rates have been on a downward trajectory, although, over the last 12 months rates have levelled off remaining between 5.5% and 6% each month.

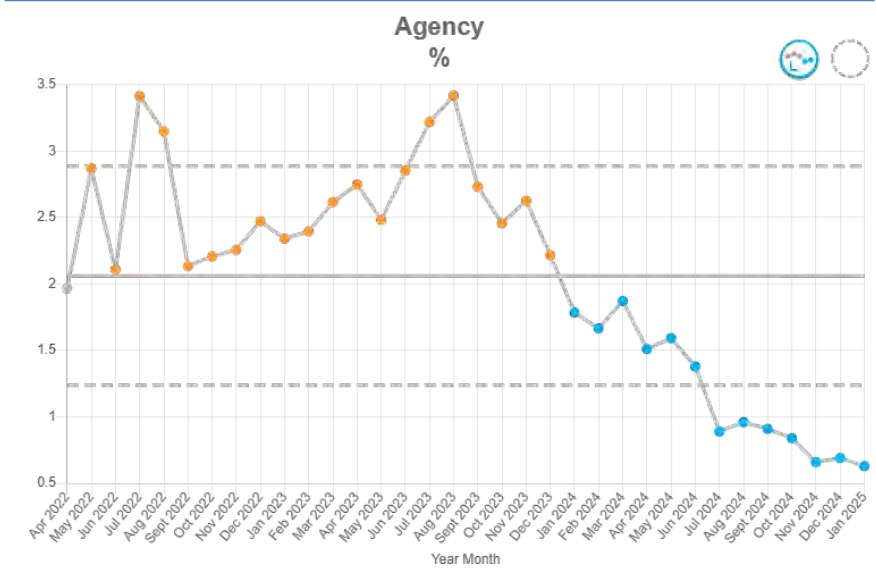
- The following measures have been implemented to improve rates;
- Briefing sessions have been undertaken regarding manager roles and responsibilities in relation to the Health, Wellbeing and Management of Attendance Policy. Further sessions are being planned for March/April 2025.
 - Bi-monthly training is in place on the Health, Wellbeing and Attendance Policy, alongside bespoke departmental training for managers as and when required.
 - Regular monthly meetings are scheduled for managers and members of the HRBP team to review sickness cases and obtain assurance that cases are being progressed in a timely manner, and in accordance with policy.
 - The HRBPs continue to attend monthly CSU Triumvirate and Performance meetings where sickness rates are discussed alongside ward/department turnover rates.
 - The HR team is also working on an offboarding strategy to roll-out stay conversations across the Trust to improve attrition rates and identify why people consider leaving the Trust. Feedback and improvement plans from staff survey are also a critical element of the process.

The HRBP team has also recently commenced some ‘deep dive’ work in relation to high Bradford Factor Scores, and where CSU sickness rates remain consistently above target, with minimal reduction in sickness levels.

Whilst turnover rates have improved over the last 2 years, turnover did decrease between December and January to 9.46%. The highest turnover as at January 2025 was Unplanned Care Services (9.87%) and Corporate Services (9.73%), followed Diagnostics

People – Engagement – To be in the top 20% Employers

January 2025 – 0.63%
Special cause variation of an **improving** nature

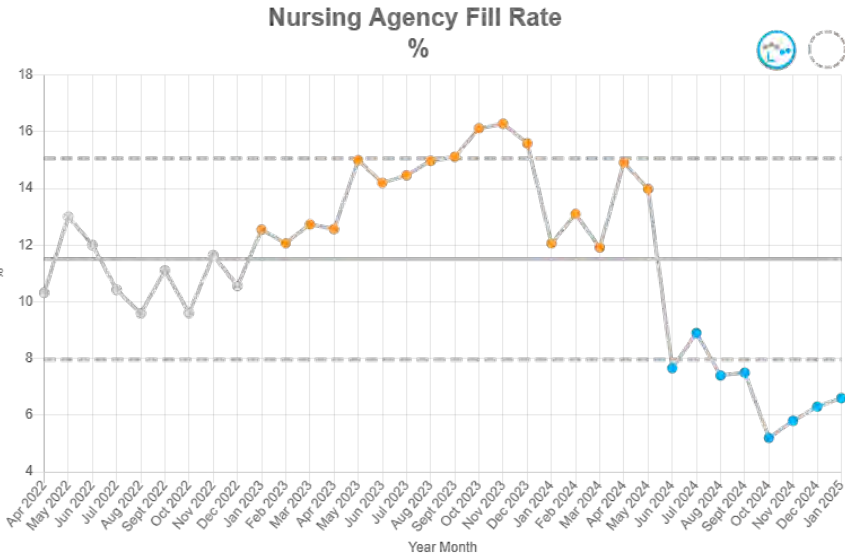


Analysis
<p>There has been an overall decrease in agency paid in January 2025 (worked in December 24). The decrease has been in the following staff groups Professional Scientific & Technical, AHP's, Estates and Facilities, Medical and Dental and Nursing and Midwifery.</p> <p>Healthcare scientists, Admin and Clerical & Additional clinical services have used no agency during January 2025.</p>
Risks, Mitigations and Assurance
<p>The Trust wide bank is working across the Trust to reduce the reliance on agency. CSU's are working to remove agency where it is safe to do so. No risks have been identified by the removal of agency.</p>

People – Engagement – To be in the top 20% Employers

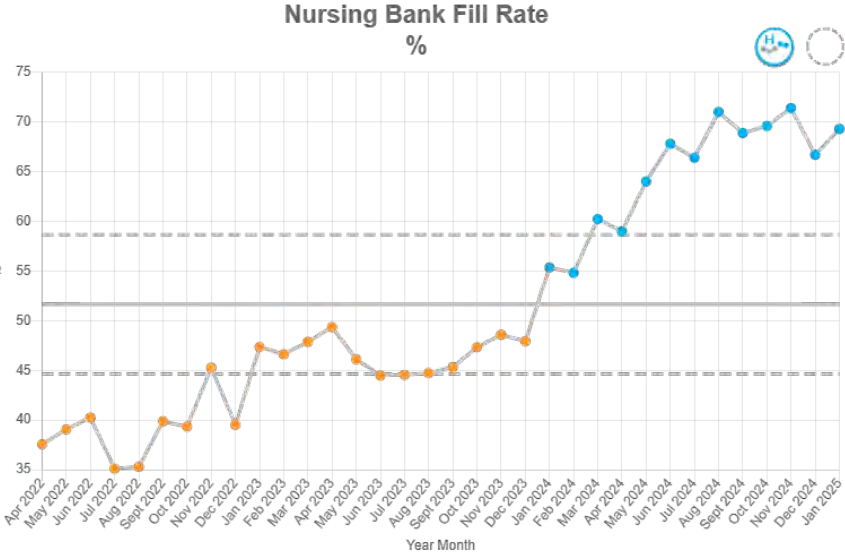
January 2025 -6.6%

Special cause variation of an **improving** nature



January 2025 – 69.3%

Special cause variation of an **improving** nature



Analysis

Nursing Agency

Agency staff filled 255 shifts in the month of January. This is split 255 registered and 0 unregistered staff. Out of the 220 filled registered shifts, 206 were filled with registered theatre staff. In January Agency fill rates increased for theatre staff by 0.89% for registered staff. Agency fill rates for HCA’s are 0 as these have not been in use since September 2023.

Nursing Bank

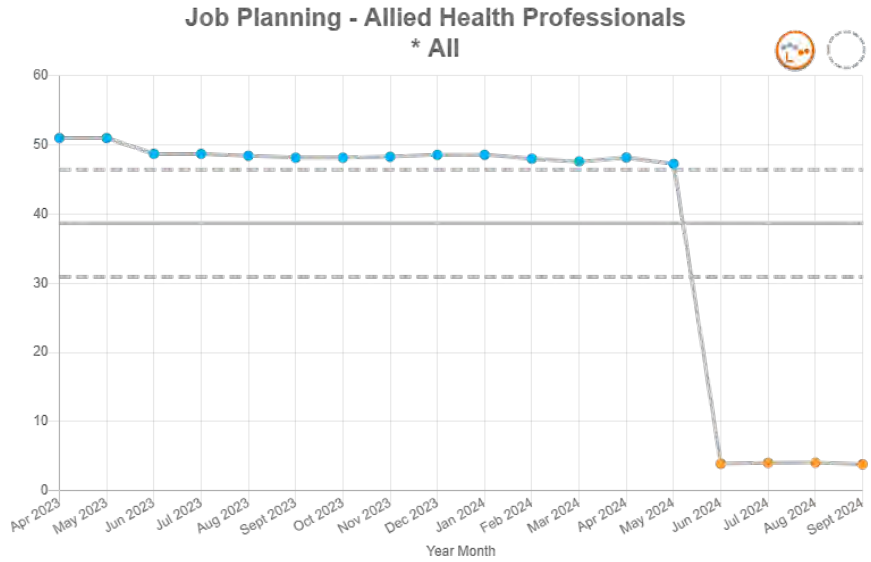
Registered bank fill rates have increased in January by 2.6%. Unregistered bank fill rates have decreased by 5.7% in January compared to December. Requests have increased from 2465 in December to 2664 in January for registered staff and a reduction from 4209 in December to 4060 in January for unregistered staff.

Risks, Mitigations and Assurance

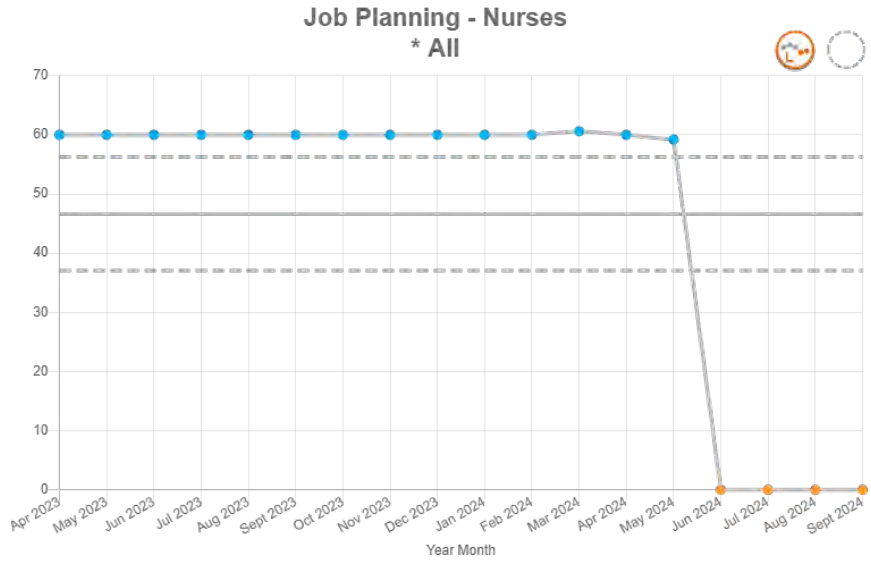
From the 20th November 2023 a new nursing agency approval process was put in place to give assurance around agency use for nursing. Reports are being shared on a monthly basis with Nursing workforce lead.

People – Engagement – To be in the top 20% Employers

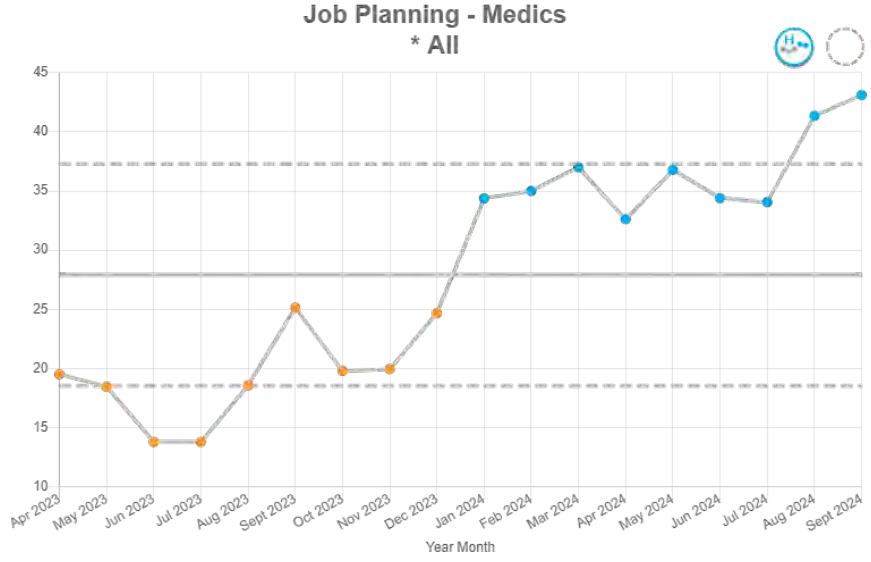
September 2024 – 3.8%
Special cause variation of a **deteriorating** nature



September 2024 – 0.0%
Special cause variation of a **deteriorating** nature



September 2024 – 43.1%
Special cause variation of an **improving** nature



Analysis

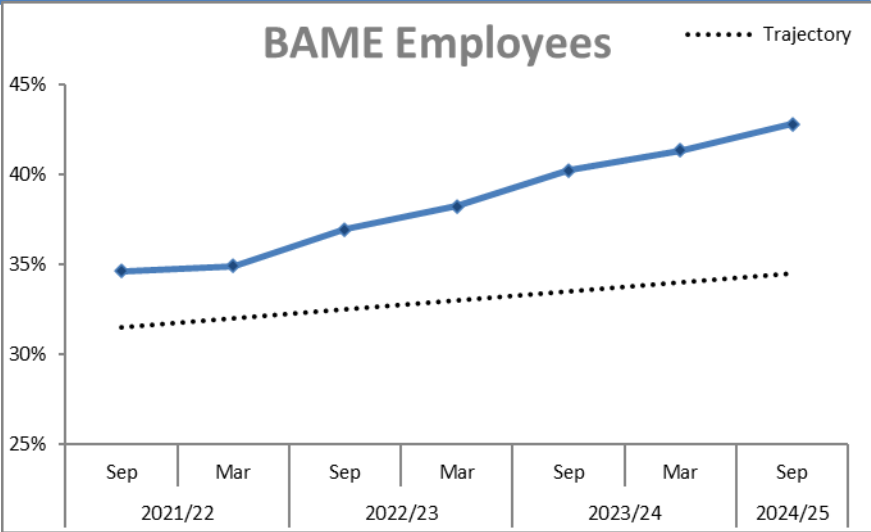
There are currently 960 clinicians registered within this system. This figure is now made up of 418 Medics, 346 AHPs and 196 nurses. Medics now have 180 signed off. AHPs have 13 and nurses have none signed off.

Risks, Mitigations and Assurance

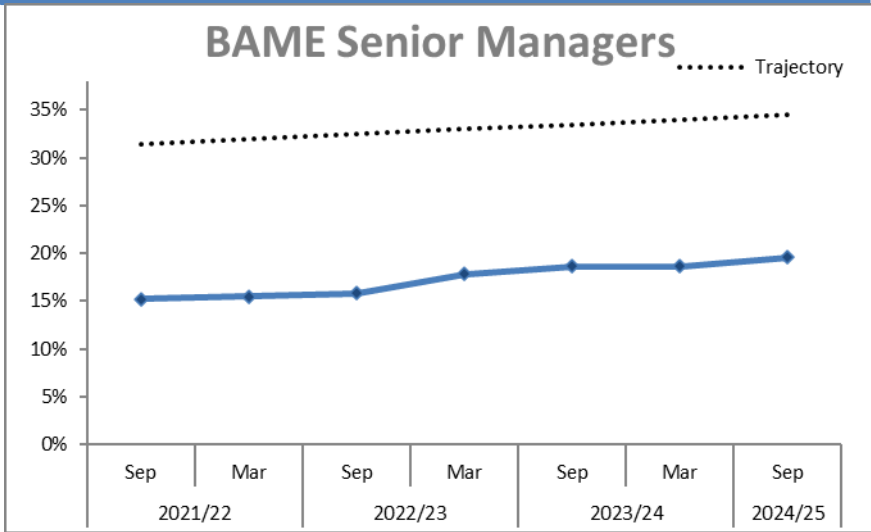
We are in the process of moving across to a new provider from November, and then the focus will be on to improve in all areas on the amount of signed off job plans. Training will take place on a continual basis.

People – Engagement – To be in the top 20% Employers

2024/25 Quarter 2 - 42.8%



2024/25 Quarter 2 – 19.59%



Analysis

The proportion of **Ethnic Minority employees** in the workforce continues to increase rising from 41% to 43% in the last 6 months as we continue to exceed our target of having an overall workforce reflective of the local population (35%).

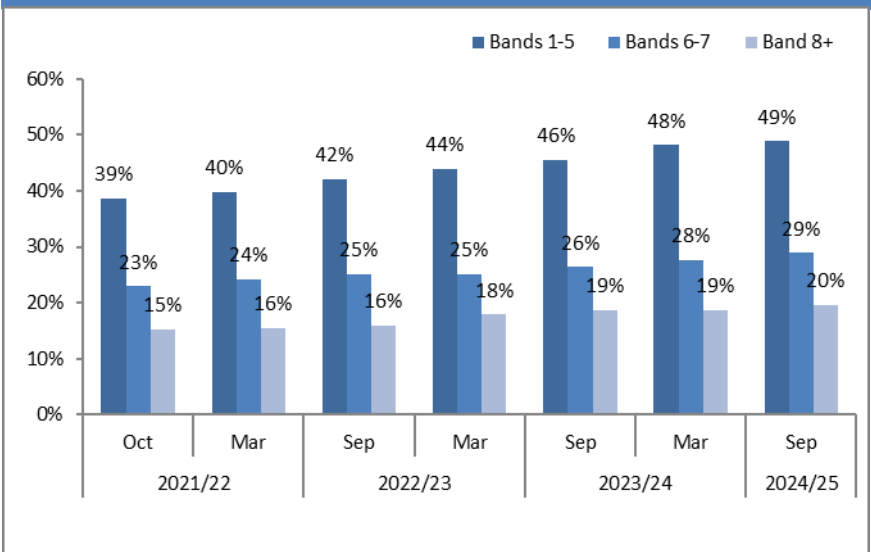
Representation at Senior Management level (Band 8+) has increased in the last 6 months from 19% to 20%, which is positive. We have also seen a 1% increase at Bands 6&7 (to 29%), which is encouraging. However Ethnic minority staff continue to be over-represented at lower levels in the organisation (a 1% increase to 49% for Bands 1-5). With 76% women in the workforce as a whole; **women continue to be over-represented in the lower to middle bands** (80% at Bands 1-5 with no change & 84% at Bands 6&7, with a 1% reduction in the last 6 months). There has been a 2% reduction in the percentage of women at senior management levels (Band 8+ VSM) where women continue to be proportionately under-represented at 71%.

Risks, Mitigations and Assurance

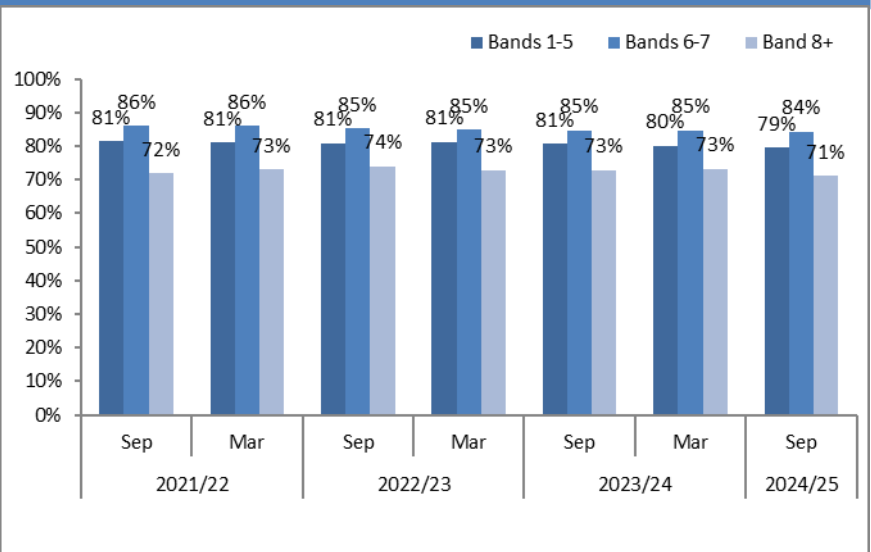
At our current rate of trajectory, achieving our ambition to have a senior workforce reflective of the local population (35% by 2025) continues to be challenging. This will continue to be a key focus of our refreshed WRES action plan for 2024/2025, as we continue to focus our efforts on providing development opportunities for aspiring leaders from an ethnic minority background and in ensuring we consider more innovative positive action approaches to recruitment for senior level roles as they arise and engaging with the race equality staff inclusion network in ensuring that development offers meet the needs of our ethnically diverse staff.

Our Chief People & Purpose Officer has become Champion for Gender Equality in the Trust and the refreshed Gender Equality Reference Group met in September to review the latest data and discuss our agreed areas of focus (women in leadership, addressing potential blockages to development, with particular focus on flexible working for front line workers and including focus on encouraging more men into traditionally female roles). The GERG will meet again in December, with a face-to-face workshop planned for early 2025 to ensure we are taking positive steps to address gender inequalities in the Trust, including working collaboratively with the wider ICS.

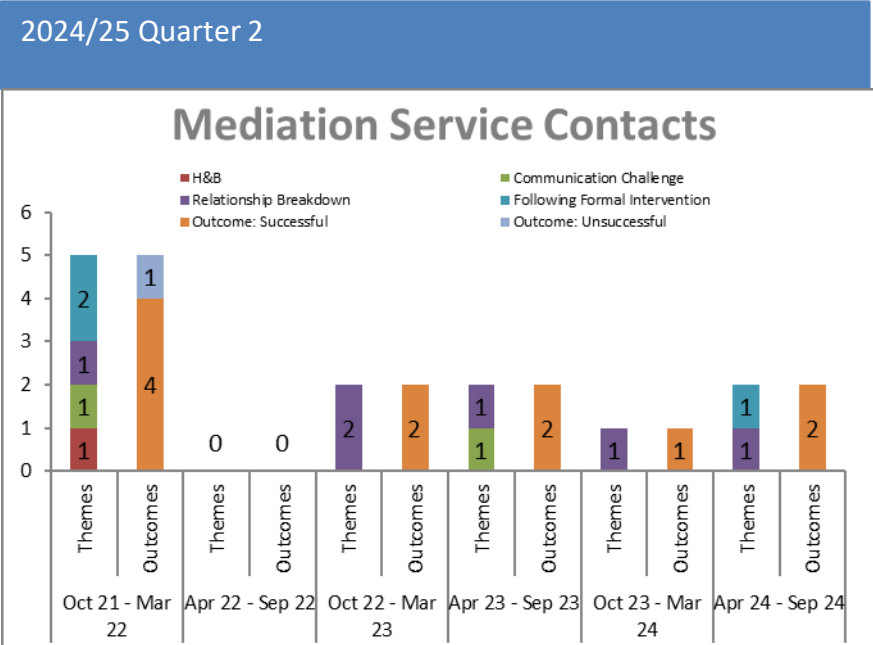
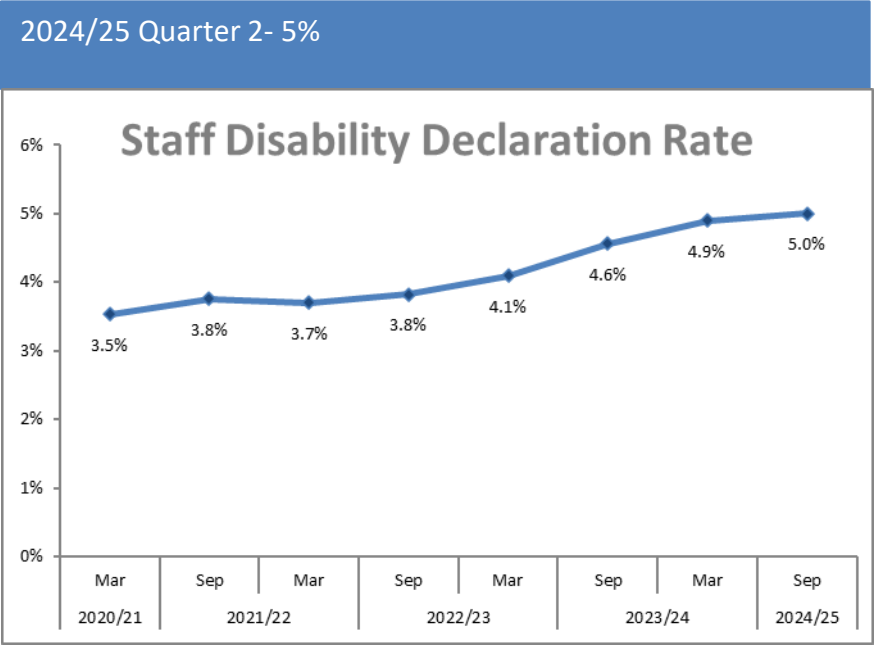
2024/25 Quarter 2 – BAME employee % by band



2024/25 Quarter 2– Female workforce by band group



People – Engagement – To be in the top 20% Employers



Analysis

Our **disability declaration rate** (as recorded in the Electronic Staff Record/ ESR) continues to remain fairly static with a small, but positive increase of 0.1% in the last 6 months to 5%.

2 **mediations** have successfully taken place since the last update, both resulting in positive outcomes for the parties with a further 3 cases are pending. Co-ordination of the service is undergoing a gradual transfer to HR to minimise potential delays and the number of people involved in the process.

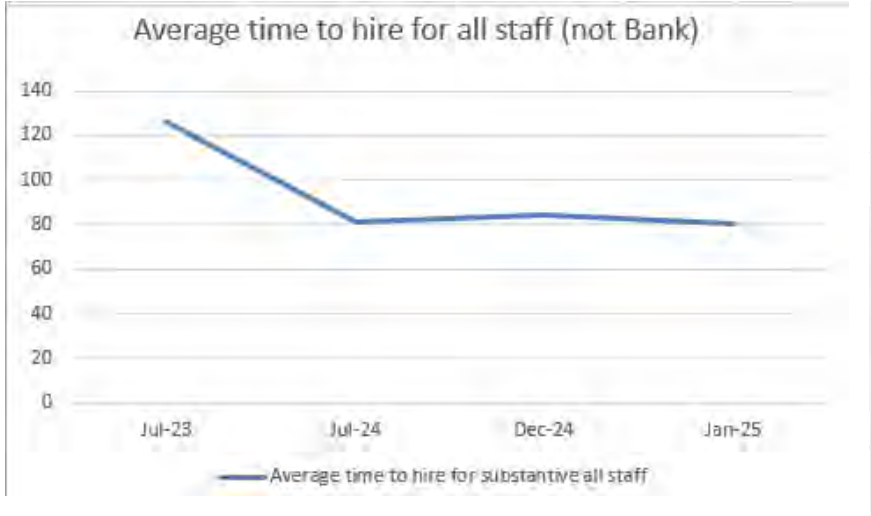
Risks, Mitigations and Assurance

Disability Declaration: Whilst the 2023 staff survey results only represent 43% of our workforce, there continues to be a much higher proportion of staff survey respondents (c. 25% in 2023) who declared a disability/ long term health condition, indicating there may be a number of staff who are not declaring their status in ESR. We continue to work with our Enable staff network in increasing confidence to declare a disability. The WDES Innovation Fund display and video has been shared widely on a regional and national basis, and with a number of events taken place across the Trust to raise the profile of disability equality and managing long-term health conditions. This has been really helpful in raising the profile of EDI across the Trust and has continues to generate lots of interest from wider staff in joining the Enable network and with staff registering their interest for key roles within the network core group. Compassionate leadership approaches (including supporting staff with long-term conditions) forms part of the safe space discussions taking place as part of the face-to face EDI Managers training. Our WDES action plan (which was approved at October People Academy) will continue to provide focus to improving the experience of colleagues with a disability or long-term health condition, which we hope will drive up declaration rates.

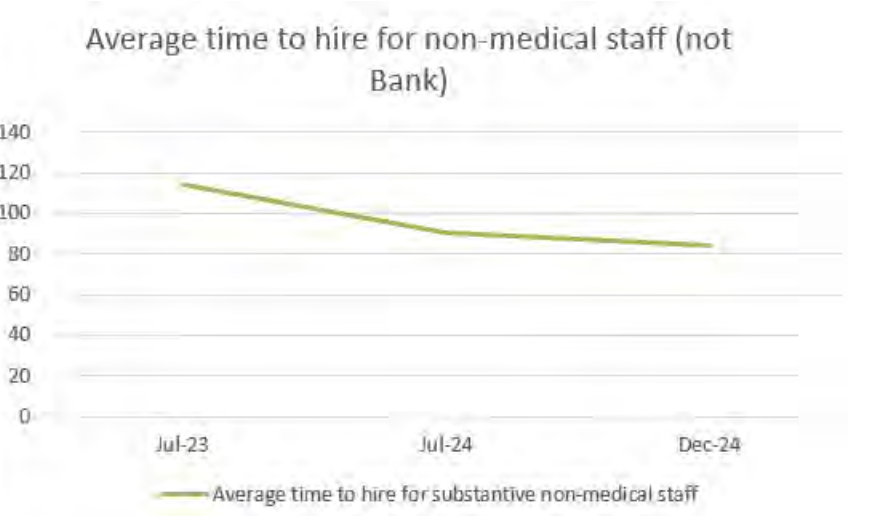
Mediation provides a crucial role in supporting staff to deal with any workplace disagreements/conflict and is an important tool for ‘nipping issues in the bud’. The mediation service will become a key component of the newly developed Respect, Civility and Resolution policy and process when it is finalised over the next couple of weeks and whilst the EDI team are working to raise the profile of mediation through the EDI Managers training, the service should benefit from a re-launch as part of the implementation phase of the new policy.

People – Engagement – To be in the top 20% Employers

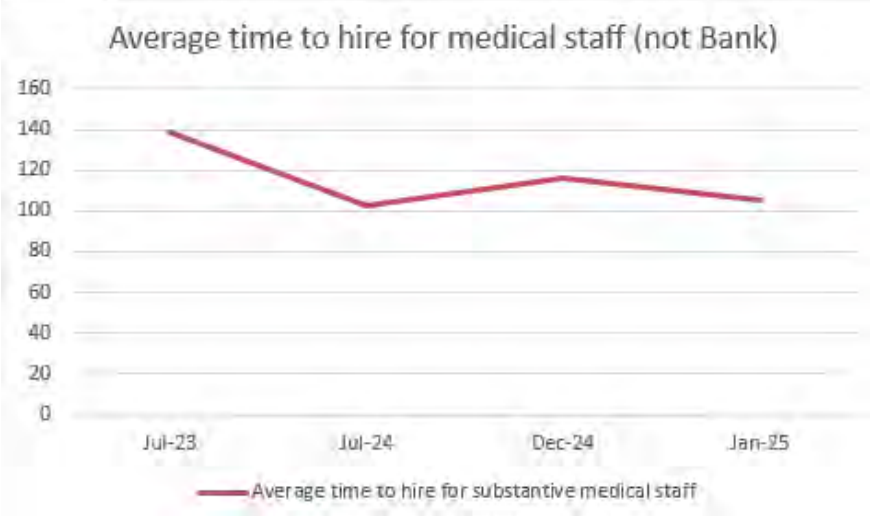
January 2025 Total substantive staffing – 80.3 working Days
Special cause variation of an **improving** nature



January 2025 Recruitment – 77.9 Working Days
Special cause variation of an **improving** nature



January 2025 Medical – 105.1 working days
Special cause variation of an **improving** nature



Analysis

The Recruitment Time to Hire programme Board was set up in September 2023 following dissatisfaction with the overall recruitment process at BTHFT. The 3 main aims of the programme board was:

- reduce average time from advert close to start date
- improve the recruitment experience for all staff
- improve the recruitment experience for candidates.

In the past 15 months we have changed the way the recruitment and medical recruitment teams work, audited the communications, improved the use of data evidence to make decisions. This has led to significant improvements and anecdotally we have received very positive feedback about recruitment from recruiting managers, and the HiRE Board members, representing the Trust. In particular, the quality and timely communications have led to an overall improvement in the candidate experience and an improved onboarding process.

Processing the recruitment elements continues to improve month on month and analysis of the data enables resources to be moved around to focus on bottlenecks. Despite the improvements, the time to hire for colleagues taking up post in February, was slightly longer due to shortlisting and interviewing delays over the festive period.

Risks, Mitigations and Assurance

Medical Recruitment has seen a decrease in the time to hire in January 2025 compared to the previous month, by 11 days, from 116.38 average days to 105.1 days. By nature, recruitment to permanent Consultant posts takes longer due to the team being unable to complete checks until the confirmation of completion training (CCT) and Specialist Registration with the General Medical Council (GMC). Recruitment of new Consultants is lengthy with many interviewed up to 6 month before their CCT date, leading to a longer-than-average time from conditional offer to completion of pre-employment checks. A number of consultant international agency workers have had longer DBS clearance time affecting the overall time to hire.

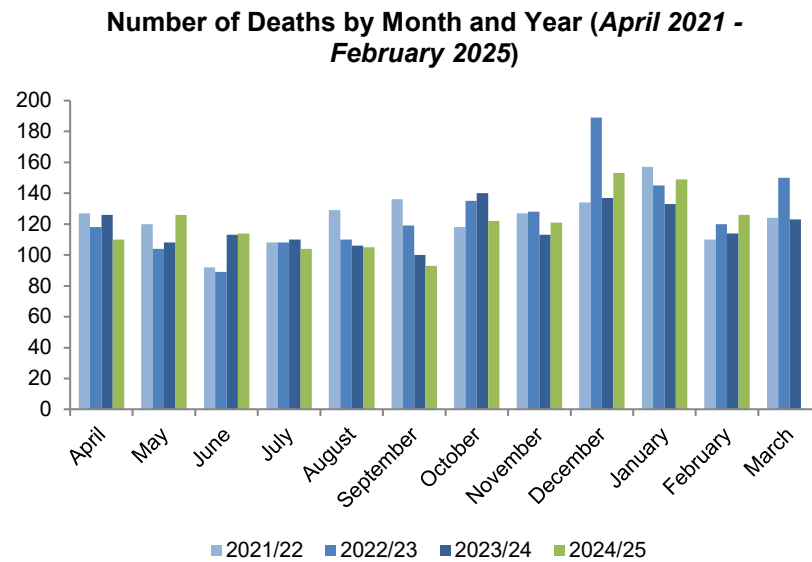
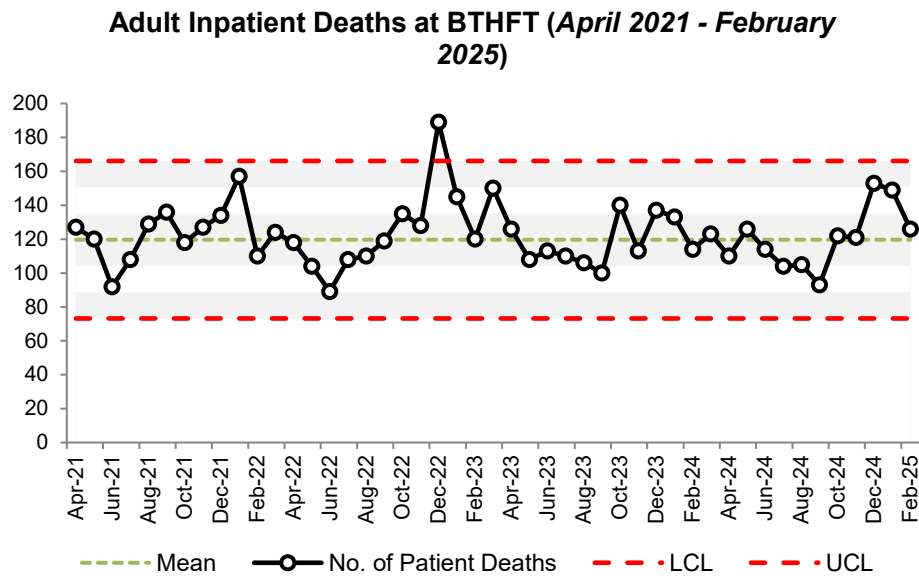
Recruitment time to hire reporting looks at duration between advert closing date and start date which does not always reflect the speed of the process. For example, recruits from a Newly Qualified Nurse advert in March may be ready to start within the KPI target but they cannot start until September once they have successfully applied for their professional registration with the Nursing & Midwifery Council (NMC). The clock continues to 'tick' up from a reporting perspective until they are officially in post, suggesting a longer time period to recruit, that is inaccurate of actual completion time.

3 NQM with delayed start dates also had a large impact on the overall time to hire. These colleagues were due take up post in October but didn't start until February due to personal circumstances.

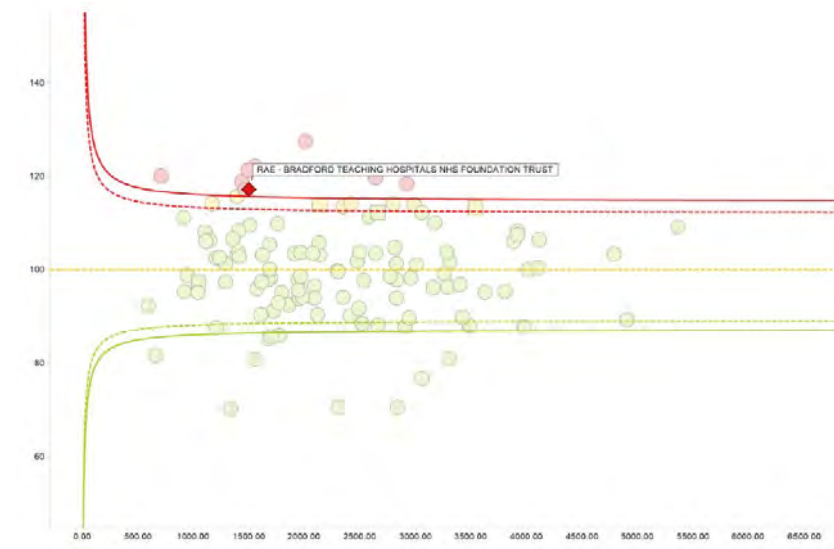
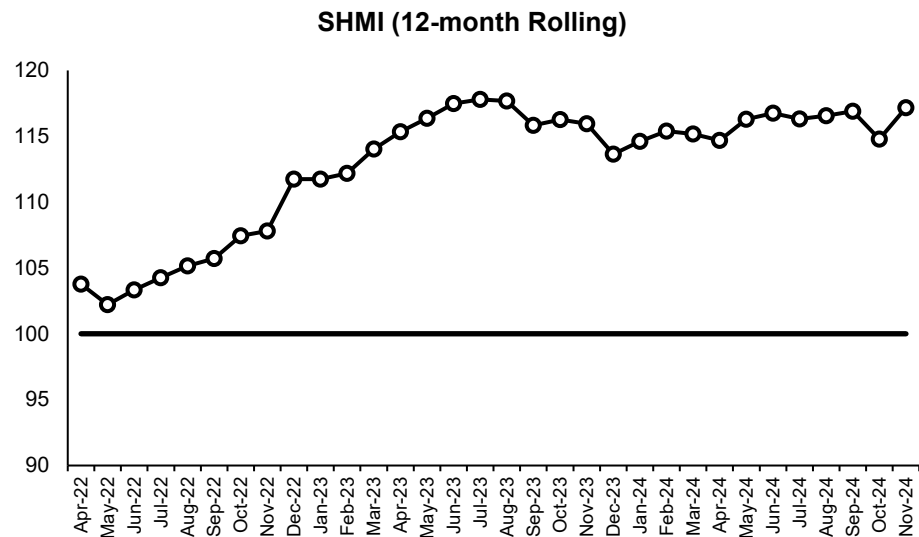
Overall page **214** of **334**

Clinical Effectiveness - To provide outstanding care for patients

February 2024 – 126 Adult Inpatient Deaths



SHMI 12-month Rolling – 117.18 (figure covering December 2023 – November 2024: Reported February 2025)



Analysis

The Summary Hospital-level Mortality Indicator (SHMI) shows the ratio of the observed to the expected number of deaths up to 30 days after discharge from hospital, multiplied by 100. The SHMI reports on mortality at trust level for acute trusts across the NHS in England and is evaluated over all diagnosis groups in a specified patient group. It excludes stillbirths, and a death is counted only once and to the last discharging acute provider. The SHMI value is not an indication of avoidable deaths or a measure of the quality of care delivered.

Learning, Improvement, Assurance

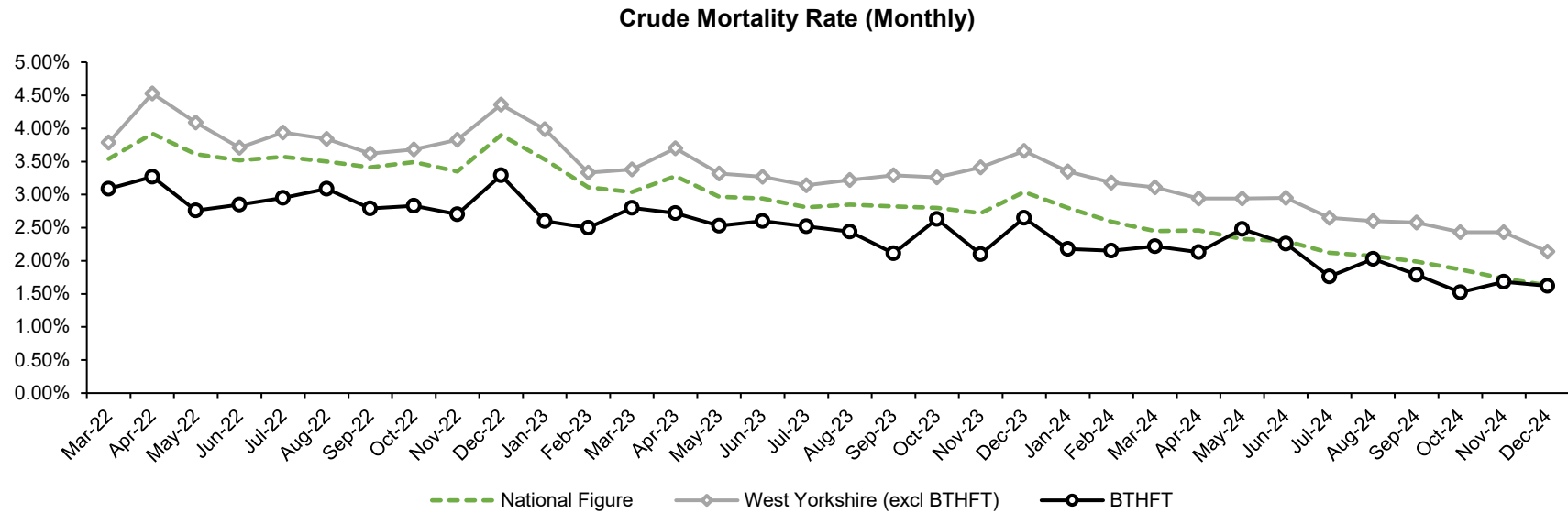
In January 2025, the Trust saw 149 adult inpatient deaths. This is a slight reduction on December and is the highest level we have seen since December 2022.

SHMI has increased slightly to 117.18.

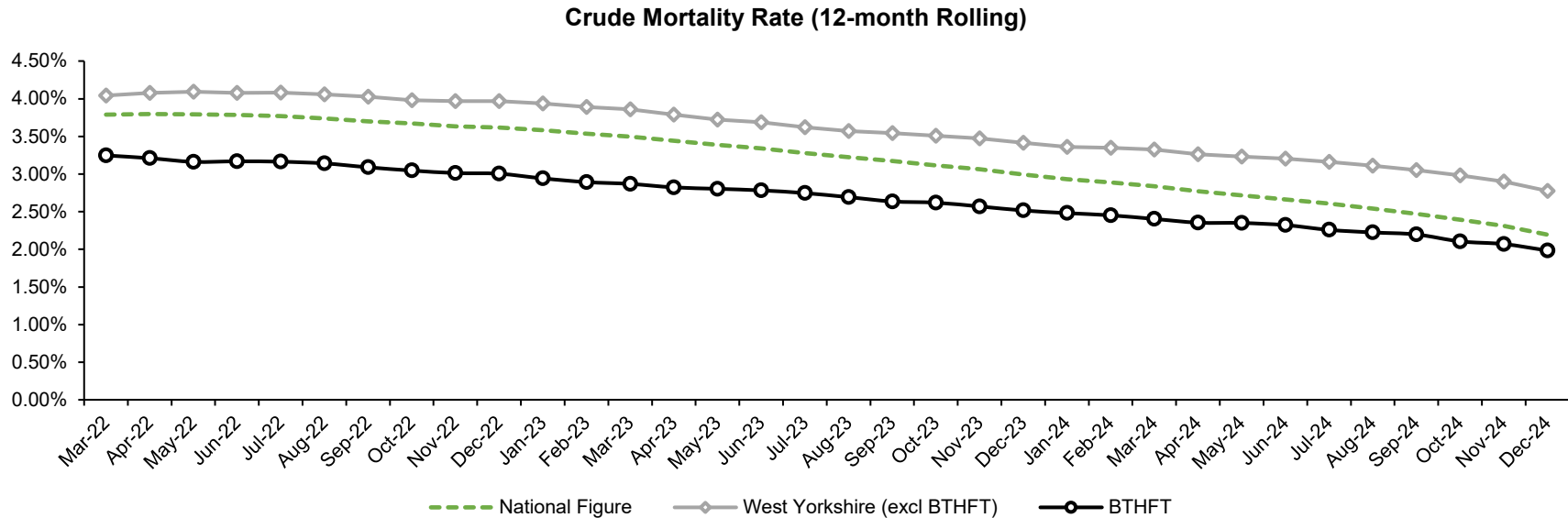
Having identified the main issue surrounding submission of historical coding data, along with continued efforts from the Coding Team to eliminate any backlog, our SHMI has been updated by NHS England to reflect these changes.

Clinical Effectiveness - To provide outstanding care for patients

Crude Mortality Rate (monthly) – 1.62% (figure for December 2024: Reported February 2025)



Crude Mortality Rate (12-month Rolling) – 1.99% (figure covering January 2024 - December 2024: Reported February 2025)



Analysis

Our crude mortality rate has plateaued at 1.62% for the month of December, the latest reported figure (*reported in February 2025*). BTHFT had the lowest crude mortality rate in West Yorkshire for the month and we are currently in line with the national average.

As a 12-month rolling average, BTHFT currently has a mortality rate of 1.99%, lower than the national average of 2.20% and well below the average for the rest of the West Yorkshire region, which has an average rate of 2.78%.

Learning, Improvement, Assurance

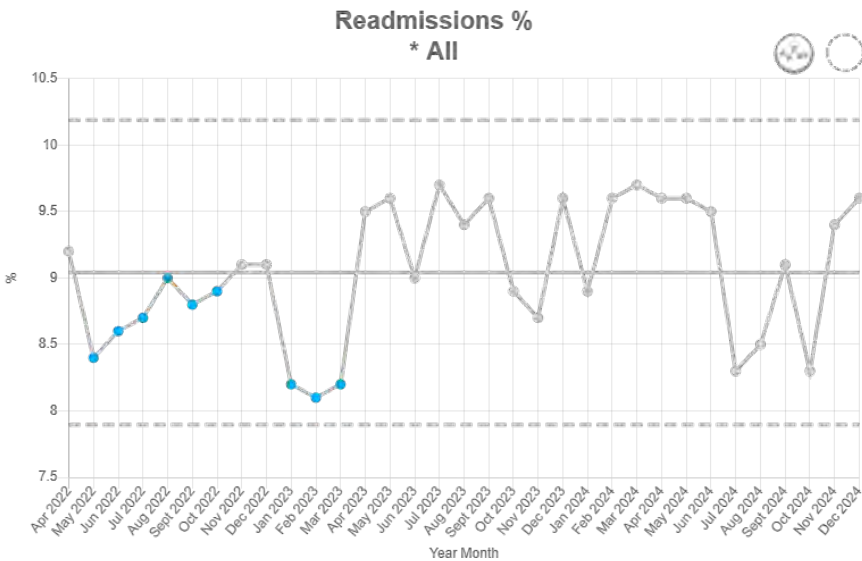
Crude mortality rate is a measure of the number of patient deaths as a proportion of overall patient activity. Crude Mortality Rate is an excellent way of looking at the rate of patient deaths as it takes into account the activity of the hospital by using the number of patient discharges as the denominator.

Since the discontinuation of HSMR by NHS England, the Learning from Deaths Team at BTHFT have chosen to focus on our crude mortality rates to balance against SHMI.

Our Crude Mortality Rate provides assurance that we continue to see very low rates of mortality at BTHFT despite a high SHMI value.

Clinical Effectiveness - To provide outstanding care for patients

December 2024– 9.6%
Common cause variation



Analysis

Overall re-admissions within 28 days in 2024 have increased slightly compared to 2023.
Data analysis indicates that this increase, and one of the reasons why our re-admission rates appear higher than regional average, is down to the coding of patients who are brought back for a planned follow-up after an initial Non-Elective spell (e.g. GATU/EPAU, paediatrics and general surgery)

Learning, Improvement, Assurance

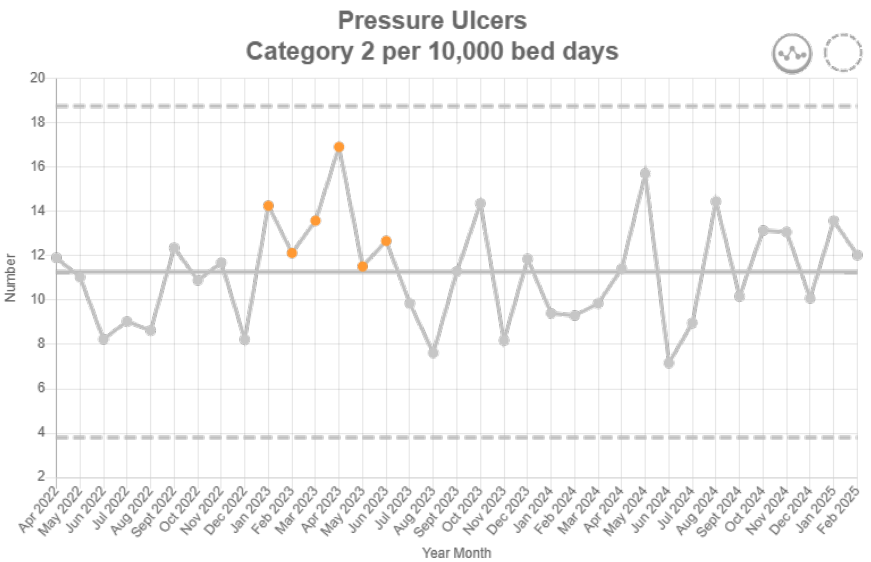
There is on-going work with BI, performance and CSUs to understand if there needs to be a different approach to the coding of a planned returners.
This work may take most of 2024 to complete.

Generally higher re-admission rates are a marker of a poor or failed discharge from hospital and can indicate avoidable unplanned emergency admissions. However, what appears to be driving some of our higher figures is actually a safety netting process to keep patients safe post-discharge.

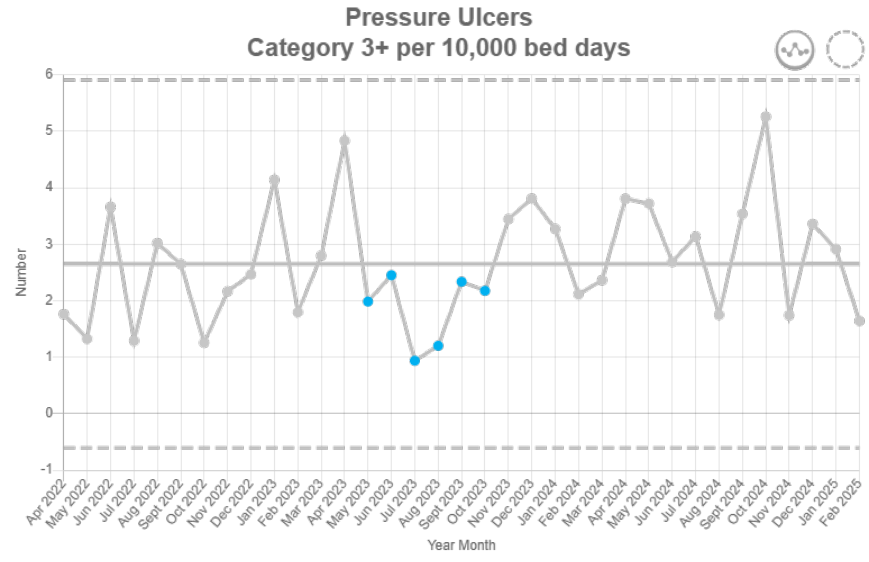
The balancing metrics relating to in-patient care (LoS, crude mortality, long LoS in AED) are all in the upper quartile when comparing our peer group.

Clinical Effectiveness - To provide outstanding care for patients

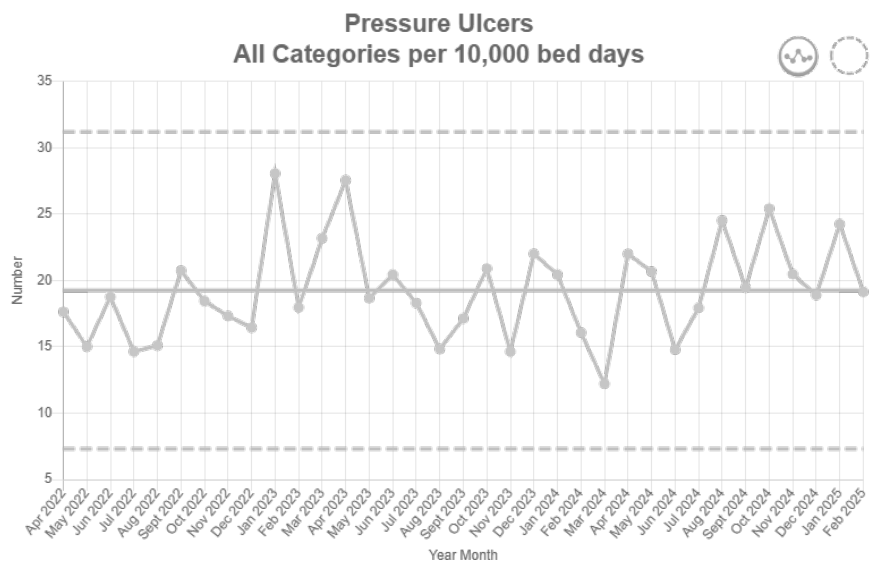
February 2025 – 12.0
Common cause variation



February 2025 – 1.6
Common cause variation



February 2025 – 19.2
Common cause variation



Analysis

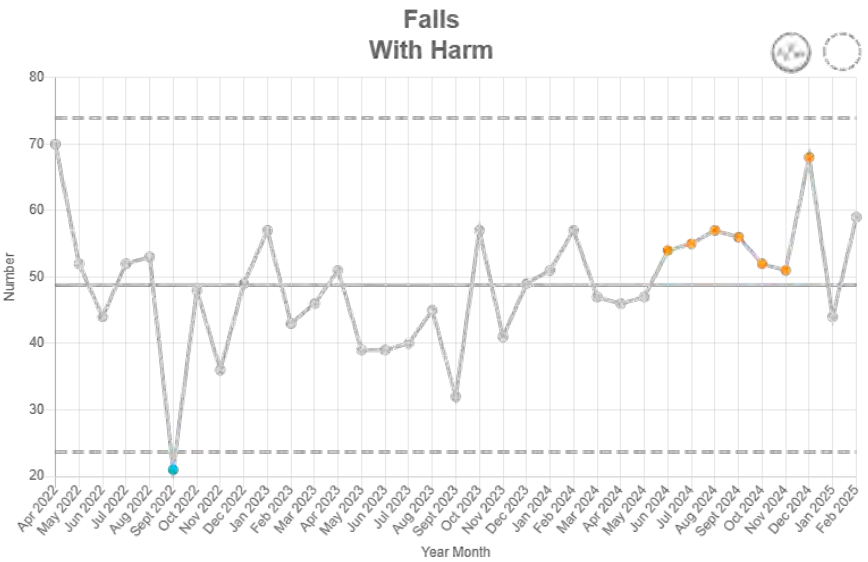
In February the number of pressure ulcers per 10,000 bed days decreased but is still within normal variation. Category 2 incidents are above the control limit but cat 3+ have decreased.
During February there were 2 wards/ depts with 4 or more pressure ulcer incidents (wards 1 and 23).
Ward 26 is continuing work on quality improvement projects using the Model for Improvement.
ED has completed a staff survey on pressure ulcer care and is reviewing training (this includes 'sweeper' days and e-learning). The team are planning to concentrate on risk assessment completion in the amber zone/ HDU with provision of prompts to support staff.

Learning, Improvement, Assurance

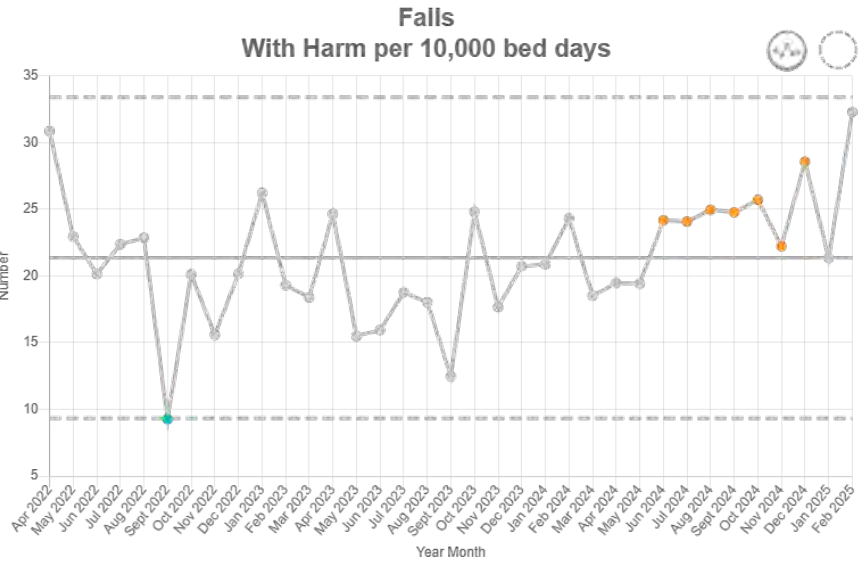
- Risks:**
- Upward trend of pressure ulcer incidents particularly within ED.
- Mitigations:**
- Update to pressure ulcer SSKIN bundle on EPR has been completed and is now live on EPR.
 - Quality improvement support has been provided to wards 23, 26 & 17 and is being provided to ED by TVN.
 - Reviewed performance on WWP to understand what they do well and how.
- Assurance:**
- Education and training is being delivered to new starters and existing staff (e.g. HCA bootcamp, e-learning modules) and bespoke training to clinical areas e.g. stroke & neurology.
 - The pressure ulcer improvement group meets monthly and ward teams share their data (pressure ulcers, training figures), learning from incidents and improvement plans. Most ward areas have presented to the group at least once. There is a focus on training, completion of accurate and timely skin assessment and documentation that supports care delivered.
 - Pressure ulcer policy has been updated and approved.

Clinical Effectiveness - To provide outstanding care for patients

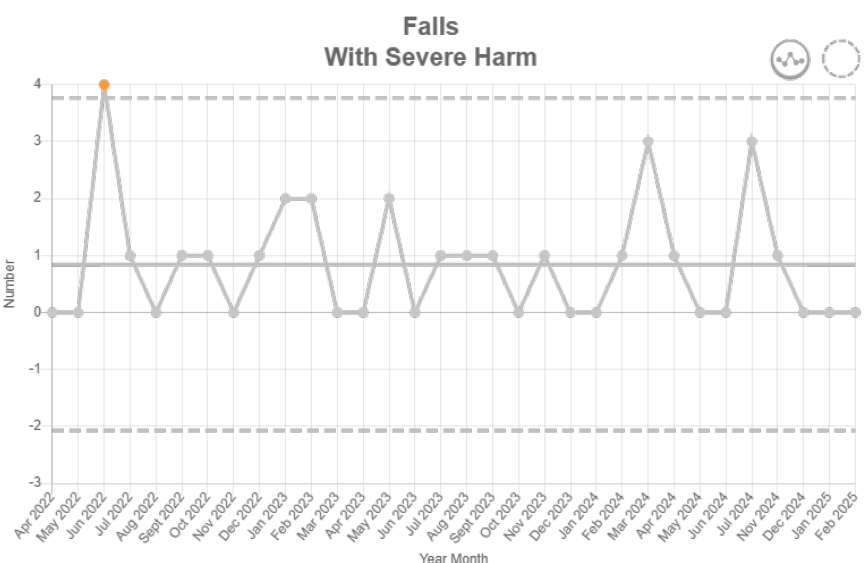
February 2025 - 59
Common cause variation



February 2024 –32.3
Common cause variation



February 2025 - 0
Common cause variation



Analysis

Learning, Improvement, Assurance

- Every fall that occurs within the Trust continues to be reviewed by the lead Nurse for Falls to ensure that all appropriate post falls care has been provided and learning identified.
- All falls are reviewed using the Royal College of Physicians hot debrief and after action review process in line with PSIRF with referral to SEG where appropriate should a PSII need to be considered.
- CSU's are requested to attend the falls improvement group to discuss ward data and themes from learning.
- There is focused bespoke support and training provided by the Lead Nurse to wards and areas who's falls rate is in the top 3 highest falls across the Organisation or where there have been specific issues or challenges identified.
- Key worker training dates continue and have been well attended to provide ongoing focused support to staff fulfilling those roles.
- The annual falls equipment review audit was completed in January 2025 to support wards to identify if they have sufficient resources to manage the falls risks. This is in line with the new contract for falls sensors which will be rolled out in February 2025.
- Volunteers have been recruited to looking at supporting patients to be occupied and engaged on specific wards to reduce the risk of patients attempting to stand unsupervised. This is being monitored with a view to rolling this out to other high risk wards.
- Bedside visual checks are now accessible on EPR. This is an essential part of the multifactorial risk assessment that should be completed on all patients deemed at risk.
- We have launched our 'mission statement, and 'Get the 6 pack' for ward areas.
- The National Audit for In Patient falls now monitors all fractures and head injuries within the Trust.

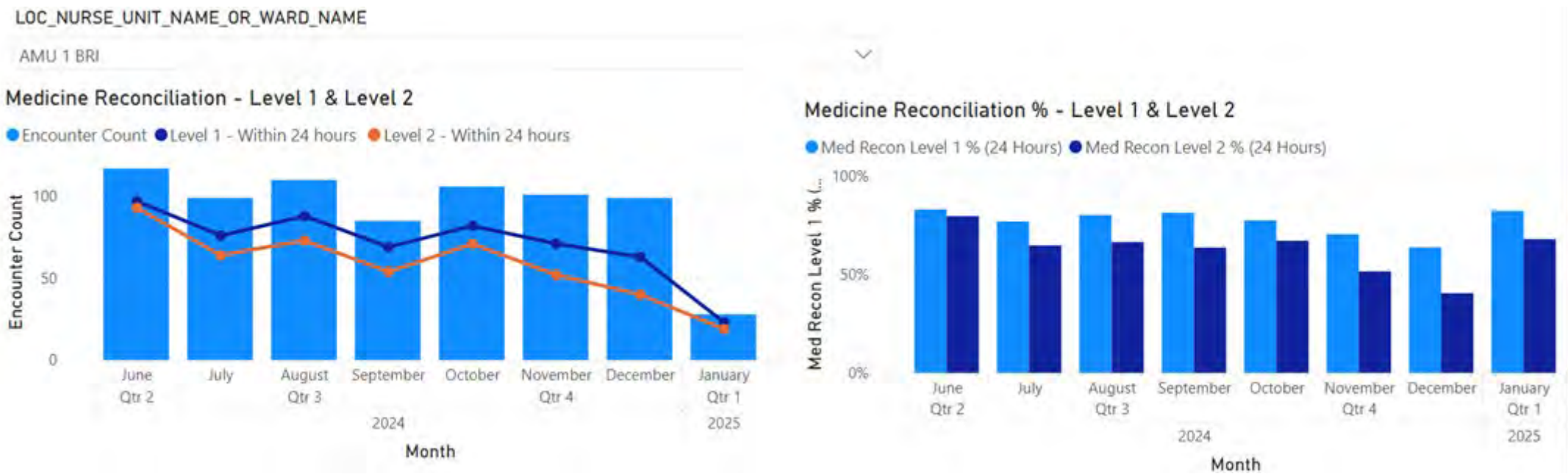
Analysis

Following discussions held between the Quality Team, Medicines Management Team and Business Intelligence, there is ongoing work to bring new, measurable metrics for Medicines Management.

These metrics are being actively worked on by Business Intelligence and the Pharmacy Team. Progress is being made on ward-by-ward basis with data quality checks and validation being undertaken by the Pharmacy Team each time a ward is added into the metrics. This is to ensure accuracy of the data being produced by the Power BI dashboard.

Whilst wards can be added quickly by the BI Team, the validation process by Pharmacy is time consuming. Once all wards have been stress-tested and data validation completed to ensure the metrics are working as they should, Trust-wide reporting will begin.

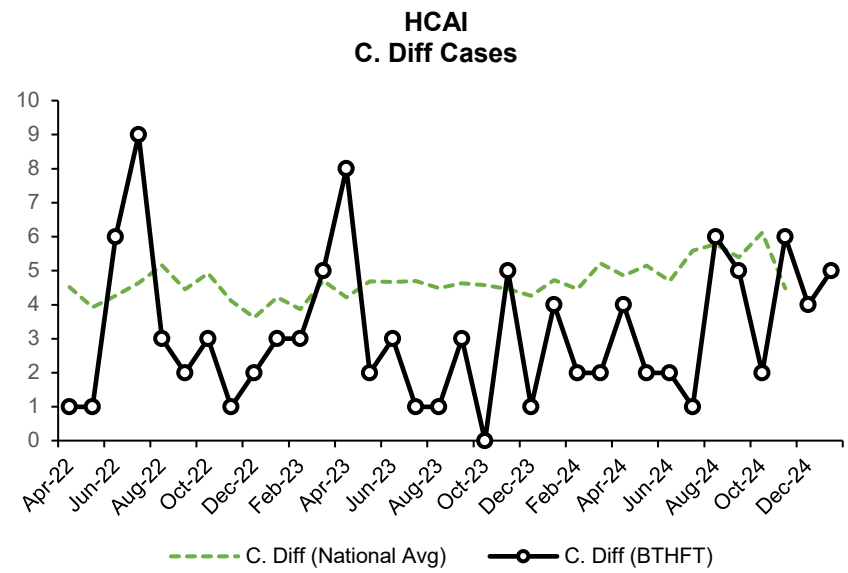
Business Intelligence have supplied an example image of how the data may be presented upon completion of the project:



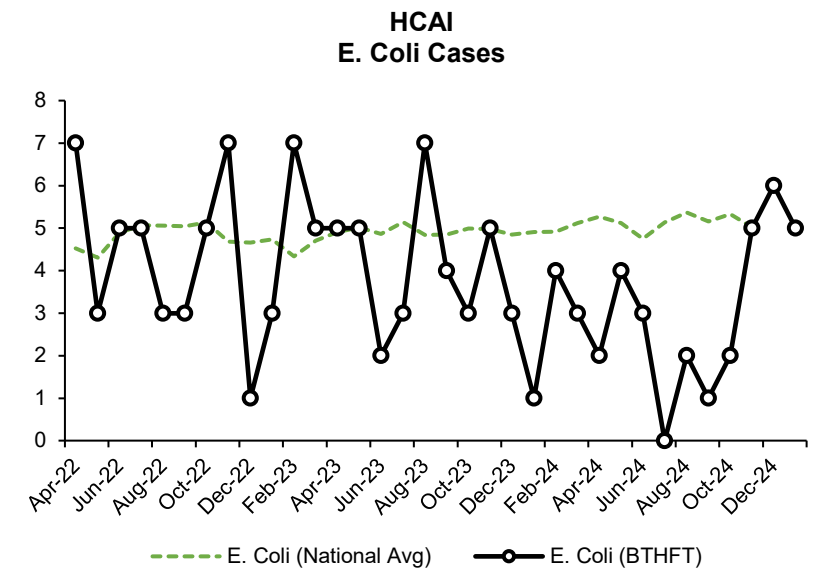
Please note that the data used for this representation is still undergoing validation and is not representative for this ward.

Clinical Effectiveness - To provide outstanding care for patients

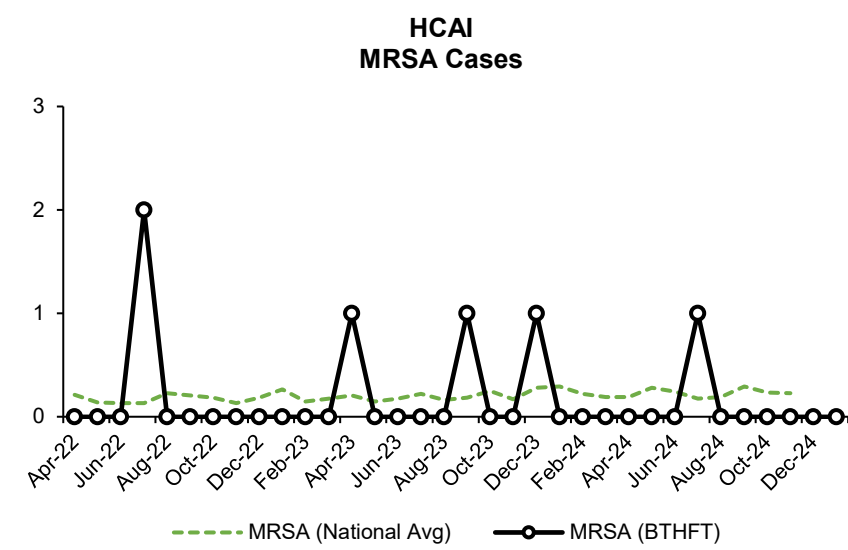
January 2025 – C. Diff Cases - 5



January 2025 – E. Coli Cases - 5



January 2025 – MRSA Cases - 0



Analysis

E. Coli Bacteraemia

Consistent improvement in E. coli bacteraemia has been observed in last few months after the peak in May 2023 especially since the implementation of hydration improvement project. However, increase in number of cases has been observed in last three months, These are sporadic cases in different wards. We will closely monitor the cases in future.

Clostridioles difficile Infection

An increase in the number of C. diff infection cases have been observed since August 2024. The review of cases was carried out. Different ribotypes have been identified in the recent cases which means no transmission between patients has occurred. Majority of the cases had multiple antibiotics resulting in C. diff infection. A comprehensive review of antibiotics was carried out by the antimicrobial pharmacist to identify any learning in antimicrobial prescribing practice. More efforts are being put to improve the practice of switching from IV to oral antibiotics.

MRSA Bacteraemia

No MRSA bacteraemia cases have been observed in last six months. Only one case has been observed in the last 12 months.

Learning, Improvement, Assurance

Clostridioles diff Infections reduction plan.

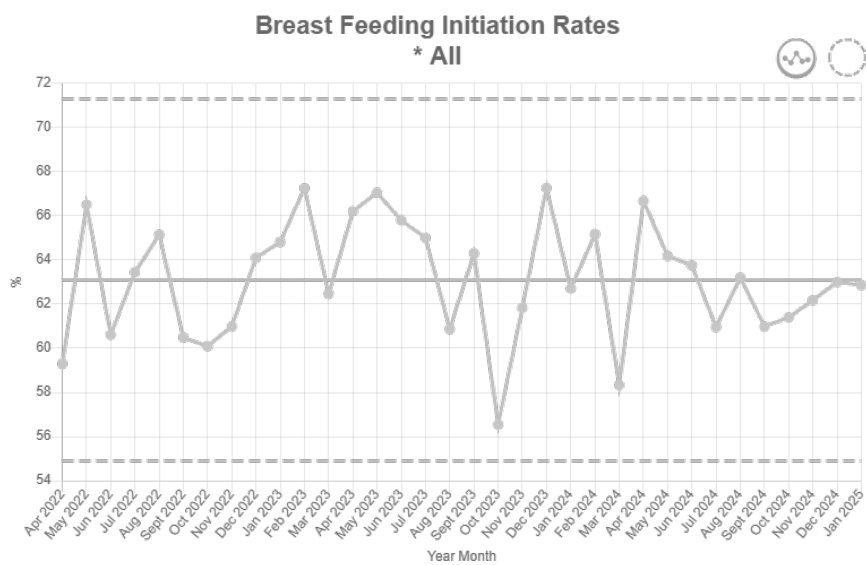
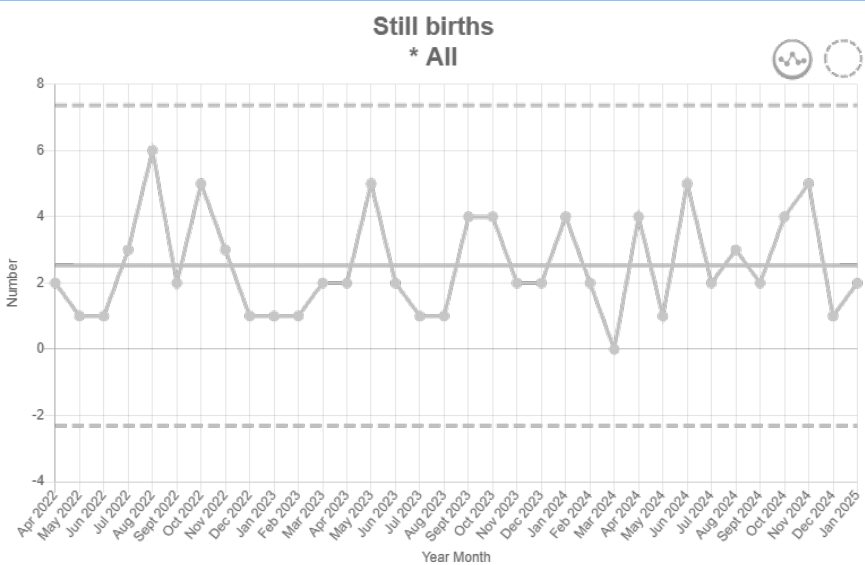
- CDI Improvement plan in place with regular updates.
- Immediate review of cases for quick learning
- Triangulation of cases using PSIRF
- Multidisciplinary team meeting in case of increase in the cases
- Adhoc and regular environmental audits
- Commode audits with IRIS on non-compliance
- Dedicated antimicrobial Stewardship pharmacist
- Data collection on compliance to Start Smart and Focus

Bacteraemia Reduction plan

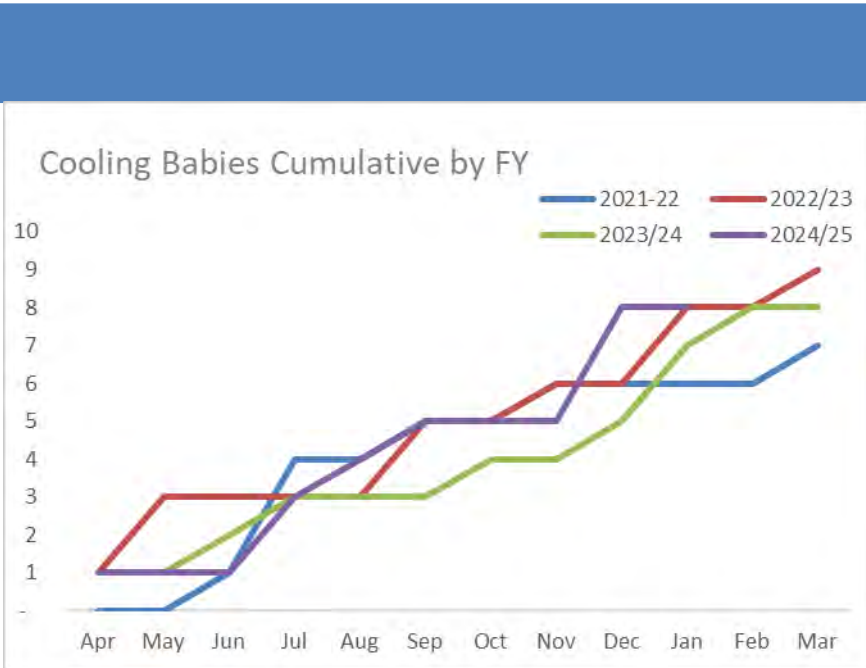
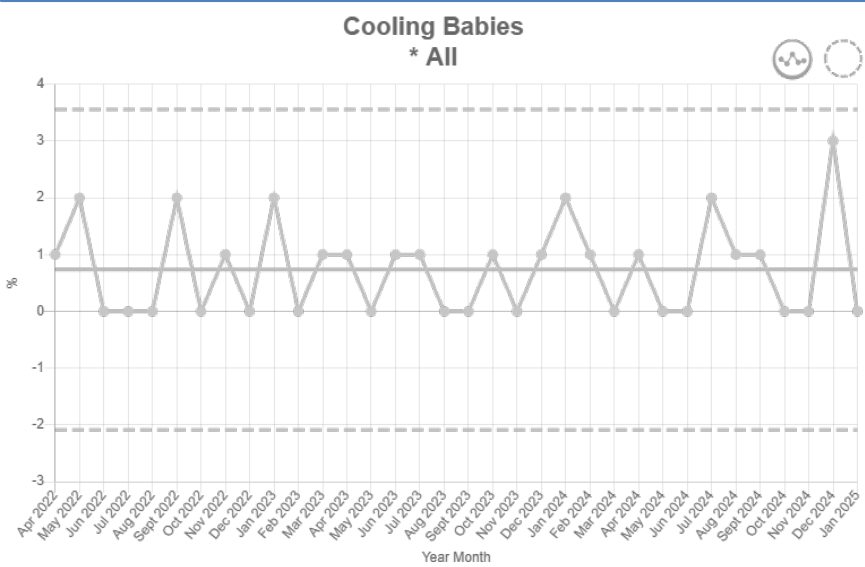
- A comprehensive improvement plan updated regularly
- Immediate review of bacteraemia cases for quick learning
- Triangulation of cases using PSIRF
- Preparing for ANTT accreditation
- Updated SOP for Central Venous Access devices (CVAD)
- Support Gloves off Campaign
- Hydration improvement project
- Audits of Octenisan compliance (IRIS on non-compliance)
- Addition of a tool to ask patients about Octenisan bath

Clinical Effectiveness - To provide outstanding care for patients

January 2025 - 2
Common cause variation



January 2024 - 0
Common cause variation



Analysis

Stillbirths are monitored and reported on a monthly basis, with a thematic approach if more than 4 are reported in any month. Each baby is subject to a Perinatal Mortality Review Tool (PMRT) and any intrapartum stillbirth of a term baby is referred to MNSI for independent investigation.

All cooled babies meeting MNSI criteria are referred for independent investigation.

Cooled babies not meeting MNSI criteria are reviewed as an MDT case review and after action review/PSSI as required.

Learning, Improvement, Assurance


There were 30 stillbirths in 2024 which is an increase from 27 stillbirths in 2023. 2 of these babies were expected deaths due to life limiting abnormalities and there were 6 further babies who had which had complications/abnormalities which made them at higher risk of mortality.

The service is meeting the MIS saving babies lives version 3 standards and continues to progress a number of initiatives to reduce inequalities which continues to be a theme within the PMRT reviews.

C. FINANCE REPORT

REFERENCES

Only PDFs are attached

 Bo.3.25.16c - Finance Report - Month 11.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

Month 11 Finance Report to Public Board

Presented by	Ben Roberts, Chief Finance Officer		
Author	Chris Smith, Deputy Director of Finance & Michael Quinlan, Deputy Director of Finance		
Lead Director	Ben Roberts, Chief Finance Officer		
Purpose of the paper	To provide the Committee with an update of the financial position.		
Key control	Key control – Delivery of our financial plan		
Action required	For assurance		
Previously discussed at/ informed by	N/A		
Previously approved at:			Date

Key Options, Issues and Risks

The Trust has generated £9m of additional non-recurrent revenue funding in Month 11, resulting in a change of plan from a £14m deficit to £9.7m deficit. These changes collectively mean BTHFT is required to deliver a deficit of £5m for the financial year 2024/25 – an improvement of £9m which is commensurate with the additional revenue funding received.

The Trust has reported a surplus of £6.6m for the month of February, which is £2.9m favourable to the revised £3.7m surplus plan for the month. Cumulatively, the reported deficit at Month 11 is £11.1m which is £1.3m adverse to the revised £9.8m year to date deficit plan.

The Trust is formally forecasting delivery of the required £5m deficit position at year end. Achieving this will be reliant on £6.4m - £7.5m of non-recurrent measures in Month 12.

Analysis

The underlying deficit in Month 11 was £3.7m, which is a deterioration on previous months' run rates and net non-recurrent pressures of £0.7m arose in month. A total of £2.8m of flexibilities were released to result in the reported £6.6m in month surplus position.

The reported year to date position remains £1.3m behind the revised cumulative £9.8m deficit plan. This adverse year to date variance reflects risks to the forecast recovery of Elective Recovery Fund income which were unresolved at the time of the Month 11 ledger close down. Subsequent to month end close down, the Trust has received the full £8m of forecast ERF income and this improved income position is now reflected in the I&E forecast.

The capital programme has seen further slippage in spending, with £27.7m being spent year to date against a planned spend of £39.5m. The slippage on the capital programme predominately relates to new Endoscopy Unit due to unforeseen delays. Mitigating actions have been approved to bring forward equipment to ensure the capital programme delivers to plan. The cash balance at month 11 is £13.1m, which is £13.1m less than plan.

The Trust is formally reporting its best-case financial forecasts to West Yorkshire Integrated Care System (WY ICS) and NHS England (NHS E). From an I&E perspective this is the required £5m deficit. The Trust is forecasting having a £31.8m cash balance under this forecast scenario at the year end. Therefore, we are not currently expecting to need cash support in 2024/25. The likely, mid-case, cash position is also £31.8m.

While there remain risks to delivering the 2024/25 I&E forecast, there is now a reasonable degree of confidence that this will be achieved. However, it must be noted that delivering the 2024/25 plan will be

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

reliant on the deployment of substantial non-recurrent measures and the deteriorating underlying deficit run rate presents significant challenges for 2025/26.

Recommendation

The Board is asked to note the contents of this report.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				G		
To deliver our financial plan and key performance targets				G		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					G	
To be a continually learning organisation and recognised as leaders in research, education and innovation				G		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					G	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS England Effective Use of Resources: Choose an item.
Other (please state):

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

1	INTRODUCTION
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The Trust is reporting a year-to-date Income and Expenditure (I&E) deficit of £11.1m against a revised planned deficit of £9.8m. This has been supported by non-recurrent measures, including £8.25m of additional non-recurrent NHS income recognised in month, with an underlying deficit of £30m to Month 11. Closing the Gap (CTG) efficiency has delivered £26.4m of improvements year-to-date against a plan of £34.3m.

The annual plan has improved from a £14m deficit to a £9.7m deficit and the ICB requires the Trust to overachieve against this improved target by a further £4.7m, meaning the organisation is targeting a £5m deficit position at year end. This is therefore a required £9m improvement on the previous month's best case forecast £14m deficit.

Achieving this forecast will require a surplus of £6.1m to be delivered in Month 12, the delivery of which will be entirely reliant on non-recurrent measures.

The capital programme has spent £27.7m against a planned spend of £39.5m year to date, with slippage in spend predominately around the new Endoscopy Unit which is being externally funded. The Capital Strategy Group approved £8.6m from the reserve list of schemes to ensure the capital plan is met in year. The cash balance at month 11 is £13.1m, which is £7.2m less than planned.

The year end cash position on the best-case forecast is £31.8m, under likely forecast it is also £31.8m. Therefore, we are not currently expecting to need cash support in 2024/25. Revenue cash operates under separate system to capital cash when requesting cash support. Currently the under delivery and delays in capital cash spend is supporting the revenue cash position.

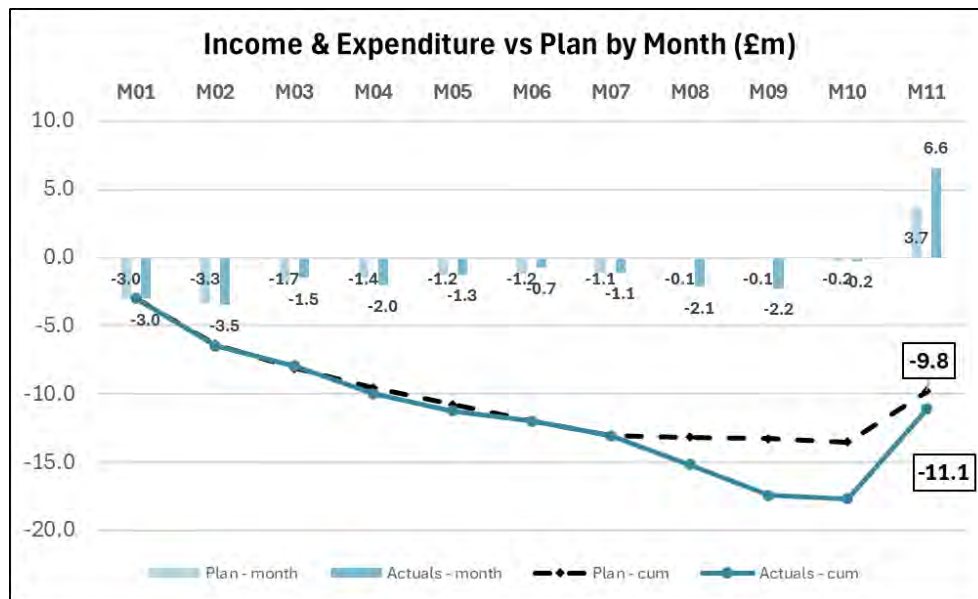
2	IN MONTH & YEAR TO DATE POSITION
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I&E Summary

The Trust has reported a YTD deficit of £11.1m at Month 11, which is £1.3m worse than the (revised) planned £9.8m deficit. This £1.3m adverse variance relates to an expected ERF income shortfall which has been resolved with a full cash receipt subsequent to the ledger closedown for Month 11 and will therefore be recovered in Month 12 reporting.

The year to date deficit of £11.1m is £1.3m adverse to the revised year to date £9.8m deficit plan.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c



CAPITAL

	Year to Date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Operational capital	23.0	20.1	(2.9)	25.1	34.5	9.4
PDC capital	14.2	6.6	(7.6)	19.4	10.7	(8.7)
TIF capital	0.4	0.4	0.0	0.4	0.4	0.0
Total capital expenditure	37.6	27.1	(10.5)	44.9	45.6	0.7
IFRS 16 leases	1.9	0.0	(1.9)	1.9	0.6	(1.3)
Total capital (control total)	39.5	27.1	(12.4)	46.8	46.2	(0.6)
Donated assets	0.0	0.6	0.6	0.0	0.7	0.7
Capital expenditure	39.5	27.7	(11.8)	46.8	46.9	0.1

The Trusts 24/25 total operational capital budget is £25.1m (£0.5m has been brokered into 25/26), which is distributed annually by West Yorkshire Integrated Care Board. The Trust has spent £20.1m up to Month 11 which is £2.9m lower than year to date operational capital allocation.

Forecast outturn is expected to be over operational budget by £0.7m, with mitigating actions in place to ensure delivery of the plan.

CASH

As at the end of month 11 the Trust held £13.1m in the bank which is £7.2m less than planned (£20.3m).

3	YEAR END FORECAST
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I&E High Level Forecast

The high level forecast results in a deficit of £12.5m to be bridged by £7.5m non-recurrent measures in Month 12.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

Table 1 – Best Case Scenario movement from Month 10 Forecast

	£000s Plan	£000s Actuals	£000s Variance
Forecast - Best Case	(14,000)	(14,000)	0
(1) ICB Surplus	4,300	4,300	0
(2) ERF Bonus	0	4,700	4,700
Forecast - Revised Best Case	(9,700)	(5,000)	4,700

The adjustments above mean that Trust needs to achieve an actual deficit of £5m. The table below shows where the 'do nothing' actuals are forecast to be at the year end.

Table 2 – Best Case to Actuals

	£000s Plan	£000s Actuals	£000s Variance
Forecast - Do Nothing	(9,700)	(5,000)	4,700
(3) Less Month 1-10 Residual Overspend		(4,200)	(4,200)
(4) Month 12 Overspend		(3,300)	(3,300)
Forecast - Do Nothing	(9,700)	(12,500)	(2,800)
Gap to Bridge		(7,500)	

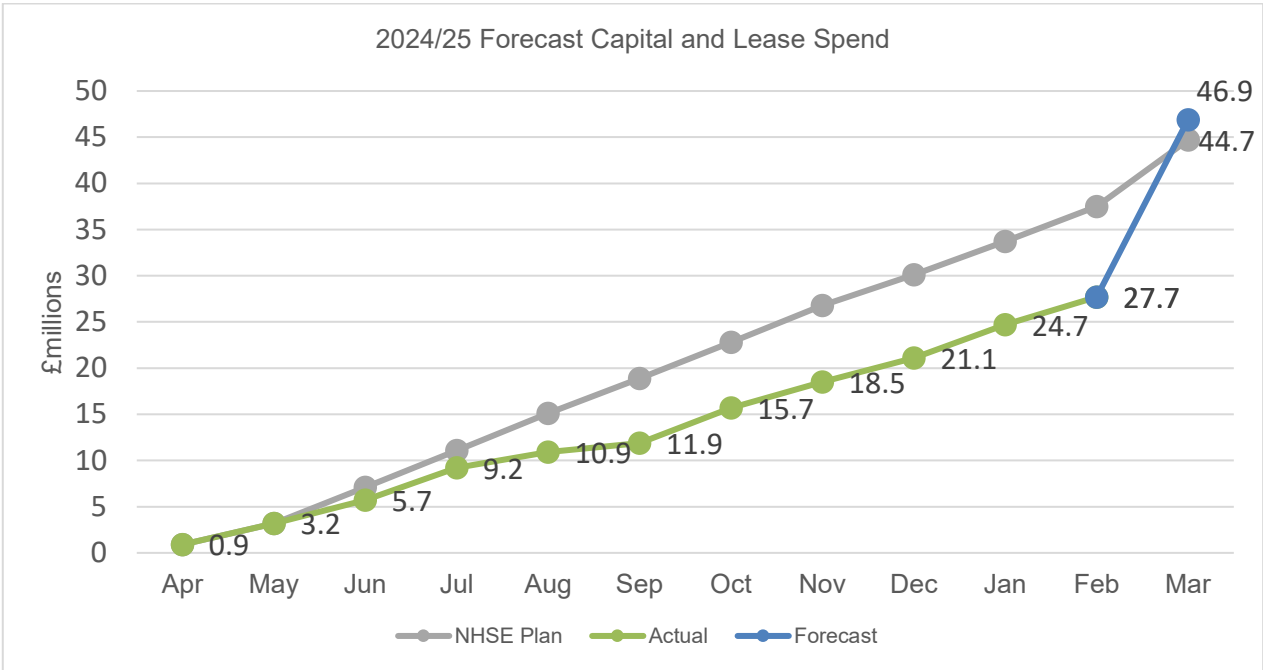
If no further action is taken, the Trust will have a deficit of £12.5m at year end, this is £7.5m higher than the best case and expected delivery of the £5m deficit. The table below details all the mitigating actions that are being taken to deliver the expected financial position.

Table 3 – Mitigating the Gap to Best Case

	£000s Plan	£000s Actuals	£000s Variance
Gap Pre Mitigation	0	(7,500)	(7,500)
(5) Band 2-3	0	1,200	1,200
(6) Legacy Accruals	0	1,800	1,800
(7) Capitalise Staff	0	500	500
(8) Annual Leave Reduction	0	900	900
(9) Additional Spend Controls	0	400	400
(10) R&D Income	0	2,500	2,500
(11) Surge Funding	0	1,100	1,100
(12) Pharmacy Stock	0	1,000	1,000
(13) Optimism Bias	0	(1,900)	(1,900)
Gap Post Mitigation	0	0	0

CAPITAL FORECAST

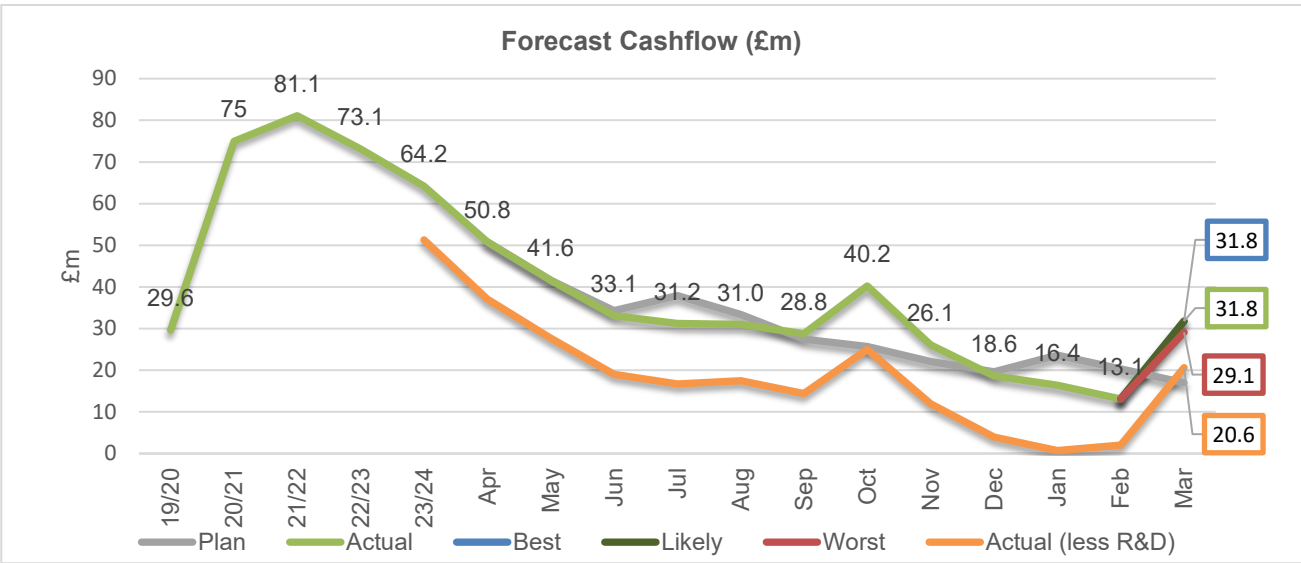
Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c



To deliver the capital programme the Trust will need to invest £19.2m (41.6%) during M12 (current average is £2.5m). Mitigating actions has been put in place to deliver the plan.

Under the current use it or lose it regime the Trust is not able to move CDEL from 24/25 to 25/26. The Trust is currently engaging with both NHS and WY ICB to explore options of moving CDEL from 24/25 to 25/26. Mitigation plans have also been put in place to bring forward future years spend to ensure the CDEL target is met and sufficient ‘head room’ is made in the next years allocations to support the slippage in this financial year.

CASH FORECAST



Likely forecast cash is expected to be £31.8m, which means that there is a low risk that the Trust will need revenue cash support this financial year. The timing of revenue cash support largely

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

depends on deliverability of the closing the gap programme (£38.8m) but there is a risk that cash support will be required next financial year.

At the moment the Trust is forecasting to spend £46.9m this financial year on capital. At month 11 the Trust has spent £27.7m which means that the Trust is forecasting to spend £19.2m in M12. Any further slippages or accruals to the capital programme will reduce the risks of the Trust requiring revenue cash support during 2024/25.

4 Closing the Gap

CLOSING THE GAP

Efficiency Programme Summary by Risk Rating (Best Case Forecast Scenario)						
Scheme Risk Rating (deliverability)	YTD Target £m	YTD Actual £m	YTD Variance £m	Annual Target £m	Forecast Delivery £m	Forecast Variance £m
Low Risk	34.3	21.9	(12.4)	38.9	24.5	(14.4)
Medium risk	0.0	2.0	2.0	0.0	2.3	2.3
High Risk	0.0	2.4	2.4	0.0	6.2	6.2
Grand Total	34.3	26.4	(7.9)	38.9	33.0	(5.9)

The Closing the Gap programme is forecast to deliver £33m of efficiencies by year end, inclusive of £8m ERF over-recovery. This is a £5.9m shortfall to the £38.9m target.

Of the total forecast £33m, £7.5m relates to the full year effect of plans put in place in 2023/24 and a further £2m is made up of budget reductions initiated by the CSUs but which do not impact on the actual run rate. This means a total of £23.5m of new cash releasing / generating efficiencies will have been delivered in 2024/25.

5 RISKS AND MITIGATIONS

I&E Risks & Mitigations

The principal risk to delivering the I&E forecast at this stage in the financial year is the ability to realise the planned non-recurrent contributions to the I&E position in Month 12. This risk is mitigated to the extent possible by the £1.9m optimism bias and the potential for the more favourable run rate forecast improving on the high level forecast by £1.1m.

6 POLICY CHANGES AND IMPACT ASSESSMENT

The new NHS national leadership has communicated the likelihood of a “re-set” of NHS finances to be communicated on Thursday 13 March 2025. This may have significant impact on the existing draft planning assumptions for 2025/26. A verbal update will be provided to the Committee on 19 March 2025.

7 RISK ASSESSMENT

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16c

The reliance on non-recurrent measures to deliver the 2024/25 financial plan means the underlying exit run rate heading into 2025/26 is a significant deficit.

8	RECOMMENDATIONS
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The Board is asked to note the contents of this report.

D. PERFORMANCE REPORT

REFERENCES

Only PDFs are attached



Bo.3.25.16d - Operational Performance Report Feb 25 (cover).pdf



Bo.3.25.16d - Operational Performance Report - Feb 2025.pdf

Meeting Title	Open Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16d

PERFORMANCE REPORT – FOR THE PERIOD FEBRUARY 2025

Presented by	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Author	Carl Stephenson, Associate Director of Performance		
Lead Director	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Purpose of the paper	To update on the current levels of performance and associated plans for improvement.		
Key control	This paper is a key control for the strategic objective to deliver our financial plan and key performance targets.		
Action required	For assurance		
Previously discussed at/ informed by	Finance & Performance Committee – 19 March 2025		
Previously approved at:		Date	
Key Options, Issues and Risks			
This report provides an overview of performance against several key national and contractual indicators as at the end of February 2025.			
Analysis			
Ambulance Handovers:			
<ul style="list-style-type: none">Performance for 15-minute handovers as reported by Yorkshire Ambulance Service (YAS) was 48.24% in February compared to 44.48% in January.Senior YAS presence to support crew clear times and data capture accuracy has been in place during recent months. Conversations are underway to agree sustainable improvements in these areas. Additional actions were tested during the perfect week in March, these included senior ED presence in the ambulance assessment area (AAA) and security keeping ramp and offload spaces free for YAS use.Live data sharing continues to support the deployment of YAS leads when required. An escalation protocol remains in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than 1 hour.			
Emergency Care Standard (ECS):			
<ul style="list-style-type: none">ECS performance for Type 1, 2 & 3 attendances was 82.12% for a February 2025 and is currently forecast at 81.95% for March 2025. This remains in the upper decile of Acute Trusts in England.Daily attendances in February increased to 407 ED arrivals per day compared to 381 in January. This is a similar level to February 2024.Streaming to the AECU service remains effective, positively impacting a range of UEC metrics. However, high acuity and increased LoS continue to impact downstream capacity/ patient flow resulting in increases to both admitted and non-admitted ED stays.Total G&A bed occupancy has increased slightly to 90.4% in February (compared to 89.9% in January) with Adult G&A occupancy increasing to 92.9%.High acuity patients and issues within the social care sector continue to impact the timely discharge of patients as reflected in an increase in the number of patients not meeting the criteria to reside during February (12.7% compared to 12.0% in January).			

Meeting Title	Open Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16d

- The Outstanding UEC programme which will aim to improve patient and staff experience, patient flow and address overcrowding continued to progress engagement events during the last month.

Long Length of Stay and Discharge Pathways:

- The daily average number of patients with a length of stay (LOS) > 21 days has reduced to 88 in February 2025 (down from 102 in January).
- Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds continues to be tracked by NHSE daily and the average days delayed beyond Medically Fit For Discharge (MFFD) date will be included in national planning trajectories in 2025/26. Daily and weekly monitoring is in place for both, and a range of interventions occur to expedite discharges as required.
- BTHFT's strong partnerships with community, social care, and voluntary sectors are helping to alleviate occupancy and discharge pressures that impact these measures, and further improvement is planned. This will form part of the Outstanding UEC programme and be underpinned by operational excellence actions.

Inpatient and Outpatient Activity:

- Inpatient activity increased but delivered below plan in February but is expected to deliver above plan in March.
- From October, the plan includes expected activity delivered through the day-case unit which was due to open at St Luke's hospital but is delayed to April 2025. Once open the unit will support an increase in sessions and an uplift in session productivity with the ability to run high volume low complexity lists.
- The number of lists run at BRI has increased, and weekend lists are in place to mitigate some of the delay to the DCU.
- Outpatient activity delivered slightly below plan in February due to half-term but is projected to increase significantly above plan in March.
- In response to the NHS Elective Reform, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust's Strategic Framework and will be integral to achieving Referral to Treatment (RTT), Cancer and Diagnostic Key Performance Indicators (KPI).
- The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.

Referral to Treatment:

- Referral to Treatment (RTT) performance remained stable in February at 60.82%, with March performance projected to remain in line with this.
- The waiting list size continues to reduce, and 52-week performance remains ahead of plan.
- There were 13 patients who breached 65 weeks at the end of February, this relates to the ongoing challenges in T&O who continue to be supported by Senior Operational colleagues.
- Pathway improvements are being progressed via GIRFT further faster action plans and enhanced by targeted support and rapid review aligned to key priority areas (as identified by internal and external data analysis).
- Backlog clearance to a sustainable waiting list size will require some additional resource alongside acceleration of the improvement and transformation schemes related to inpatient and outpatient

Meeting Title	Open Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16d

pathways. This ties in closely with the operational planning process and national challenges around finance, performance, and productivity targets.

Diagnostic waiting times:

- DM01 performance for February improved on January performance to a position of 85.60%. This is projected to improve further in March as specific areas continue to recover.
- Community Diagnostic Centre (CDC) and wider diagnostic reform is being progressed as part of the ongoing place partnership oversight of the CDC, this includes progress towards accreditation within two years of opening.
- An important development for 2025/26 will be the expansion of straight-to-test pathways, where we are exploring opportunities including breathlessness (bundle diagnostics), upper GI integrated dysphagia (ENT & gastro), post-menopausal bleeding cancer exclusion & further head & neck one stops.

Cancer Wait Times:

- The 28-day faster diagnosis standard (FDS) performance remained above target but dipped to 78.38% in January struggling to recover from the Christmas and New Year period. There has been significant focus on fast-track diagnostic turnaround times as part of the diagnostic improvement described in that section of this report.
- 62-day performance dropped to below the 70% target in January to a position of 68.38%. The number of patients waiting over 62 days increasing through January and February which will impact negatively on future performance.
- The increased number of delays correlates directly with the Christmas period, and week of snow disruption. There is no single cause for the delays, with tumour groups experiencing increased complexity, reduced treatment capacity, diagnostic delays, and patient-initiated delays during this period. Recovery plans are focussed on increasing capacity whilst longer term plans incorporate patient engagement including targeted work for patients who are less likely to attend.
- The Operational Excellence plans for cancer (and diagnostics) are being reviewed in line with output from clinical engagement sessions as part of the cancer boards workplan alongside national guidance on elective reform. Schemes to be prioritised include NSO expansion, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.

Recommendation

The Board is asked to:

- Receive assurance that overall delivery against performance indicators is understood.
- Note the escalation of areas of underperformance and be assured on the improvement actions.

Meeting Title	Open Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16d

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness			G			
To deliver our financial plan and key performance targets			G			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					G	
To be a continually learning organisation and recognised as leaders in research, education and innovation				G		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					G	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*) Performance for elective KPI remains a challenge and improvement plans are taking time to deliver on expected benefits.					

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

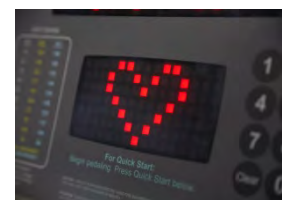
Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Choose an item.
NHS Improvement Effective Use of Resources: Clinical Services
Other (please state): Commissioning contracts with ICB and NHS England

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Operational Performance Highlight Report

Public Board of Directors
February 2025



Headline KPI Summary

Section	Headline KPI	Latest Month	National Target	BTHFT Plan	Perf.	3-Month Trend
1	Avg. Ambulance Handover	Feb-25	15:00	18:00	24:33	↓
2	Emergency Care Standard	Feb-25	85.00%	78.74%	82.12%	↑
4	Length of Stay ≥21days	Feb-25	N/A	135	88	↓
8	18 Week RTT Incomplete	Feb-25	92.00%	69.81%	60.82%	↓
8	52 Week RTT Incomplete	Feb-25	0.00%	1.29%	0.56%	↓
11	6 Week Diagnostic Standard	Feb-25	95.00%	86.39%	85.60%	↑
12	Cancer 28 Day FDS	Jan-25	77.00%	78.01%	78.38%	↓
13	31 Day General Treatment	Jan-25	96.00%	96.00%	93.67%	↑
13	Cancer 62 Day General Treatment	Jan-25	70.00%	74.48%	68.38%	↓

Red performance = not meeting plan; **Green** performance = meeting or exceeding plan

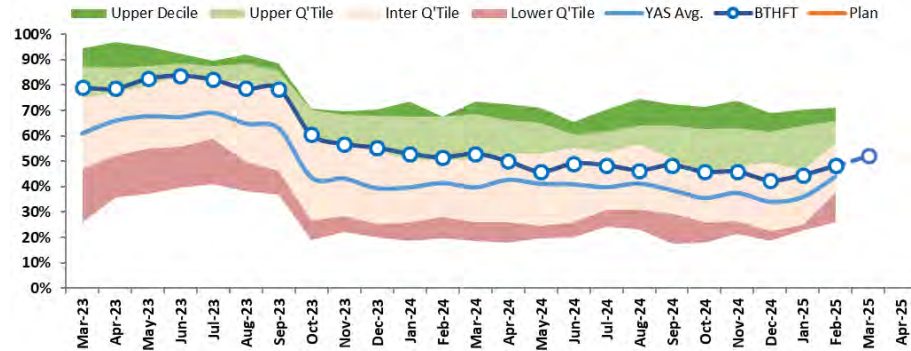
Red arrow = trend is a deterioration; **Green** arrow = trend is an improvement

Urgent and Emergency Care (UEC)

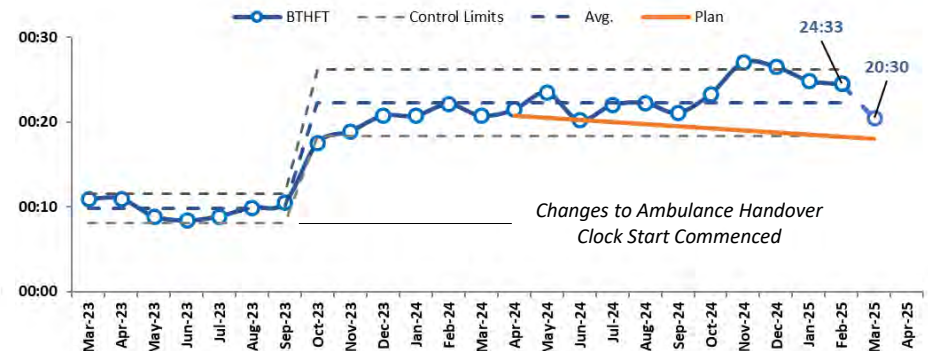
1. Ambulance Handover Performance

Objective: Reduce Ambulance Handover Time

1.1 Ambulance Performance Benchmarked (Source: YAS)



1.2 Average Ambulance Handover Time (Source: YAS)



1.3 Additional Ambulance Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Avg. Daily Arrivals	113	109	107	105	111	108	105	111	114	121	107	109	104
Total Turnaroud Time (MM:SS)	46:13	47:53	50:25	47:54	49:54	50:46	49:54	52:03	56:55	56:49	55:18	53:44	47:51
Avg. Handover Time (MM:SS)	20:48	21:30	23:32	20:16	22:04	22:18	21:10	23:20	27:05	26:36	24:57	24:33	20:30
% Handovers <30 mins	52.9%	80.3%	77.4%	82.0%	79.1%	79.6%	80.7%	76.3%	75.6%	73.8%	76.6%	75.9%	82.4%
% >60 mins	3.1%	4.5%	5.9%	2.8%	5.0%	4.6%	4.0%	6.3%	8.2%	8.7%	6.9%	6.6%	4.0%

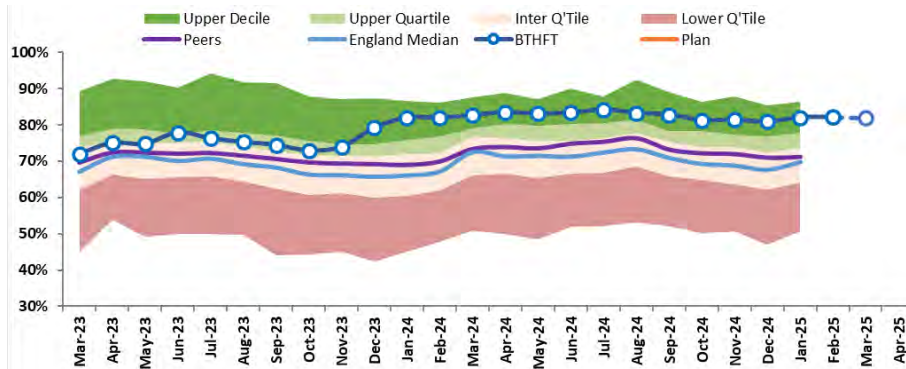
Latest position

- Performance for 15-minute handovers as reported by Yorkshire Ambulance Service (YAS) was 48.24% in February compared to 44.48% in January.
- Senior YAS presence to support crew clear times and data capture accuracy has been in place. Conversations are underway to agree sustainable improvements in these areas. Additional actions were tested during the perfect week in March, these included senior ED presence in the ambulance assessment area (AAA) and security keeping ramp and offload spaces free for YAS use.
- The YAS HALO continues its valuable support to the Trust, targeting delays to handover and crew clear times and providing critical support during peak demand.
- Live data sharing continues to support the deployment of YAS leads when required. An escalation protocol is also in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than 1 hour.

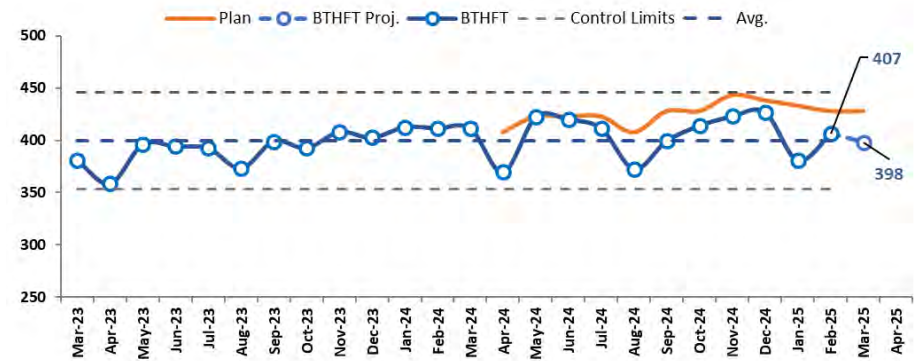
2. Emergency Department Measures

Objective: Improve Waiting Times in A&E

2.1 ECS Performance Benchmarked (Source: NHSE for Acute & Combined Trusts)



2.2 Average Daily Attendances (Type 1, 2 & 3) (Source: EPR)



2.3 Additional Emergency Department Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Type 1 Performance	75.1%	76.1%	75.2%	75.9%	76.5%	76.1%	74.6%	73.2%	73.4%	73.1%	74.3%	74.7%	73.7%
Arrival to Assessment	00:22	00:21	00:22	00:21	00:22	00:19	00:20	00:23	00:22	00:23	00:19	00:19	00:18
Assessment to Treatment	02:27	02:21	02:33	02:19	02:57	02:18	02:39	02:51	03:09	03:08	02:51	03:15	03:09
Treatment Length	02:29	02:35	02:34	02:26	02:28	02:35	02:39	02:45	02:47	02:52	02:57	02:57	02:38
LoS (Discharged Pts)	02:53	02:54	02:59	02:56	02:47	02:49	03:04	03:08	03:08	03:12	03:05	03:09	02:53
LoS (Admitted & Discharged Pts)	03:49	03:46	03:56	03:38	03:44	03:41	03:55	04:04	04:14	04:15	04:15	04:10	03:54

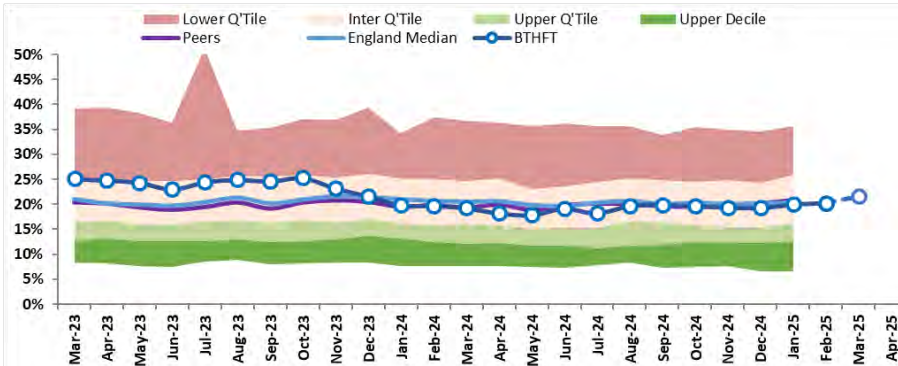
Latest position

- ECS performance remains in the upper decile of Acute Trusts in England with average daily attendances increased to 407 in February.
- February saw consistently high attendance, coupled with a rise in high-acuity patients. This led to a slight increase in patients with a LoS in hospital >7 days, subsequently raising bed occupancy and creating exit block, which continues to place significant pressures on the ED.
- Streaming to the AECU remains consistent with activity and continues to support admission avoidance.
- Long-term absence has disrupted consultant coverage in both Acute Medicine and the ED during this period; agency locums (two in each department) have helped stabilise the situation and mitigate gaps in January coverage and continue to be utilised into February.
- The expanded GP stream, supported by a primary care ANP, streamer and receptionist is in place providing rapid assessments into the primary care services. Additional GP stream capacity was organised with the BCA to support the surge in the department.
- These changes have provided the resilience needed to manage periods of high demand for patients who would have previously been delayed by hospital pressures despite not needing an admission to a hospital bed.
- Efforts are currently underway to ensure that services include the treatment of children under 2 years old and the integration of NHS 111 appointments, which are essential criteria for being designated as an Urgent Treatment Centre (UTC).

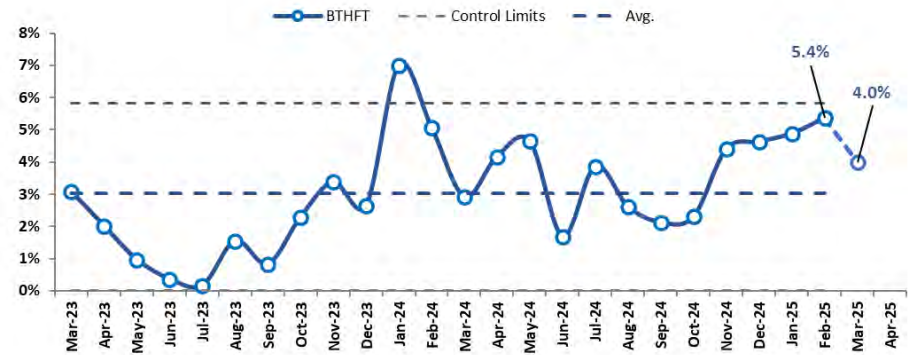
3. Hospital Admission Measures

Objective: Improve Admission Processes

3.1 BTHFT Conversion Rate (Source: NHSE for Acute & Combined Trusts)



3.2 % >12 Hour DTA to Admit



3.3 Additional Admission Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Avg. # Daily Admissions	84	75	81	85	81	79	86	87	88	88	81	83	86
Avg. DTA to Admit	05:08	05:17	05:39	04:03	05:11	04:19	04:26	04:51	05:49	05:53	06:22	05:36	05:38
LoS (Admitted P'ts)	07:27	07:26	07:59	06:24	07:35	06:53	07:02	07:33	08:25	08:21	08:35	08:07	07:36
% 12 Hour ED LoS	5.3%	5.9%	6.3%	4.2%	5.6%	5.6%	5.6%	6.3%	7.0%	7.2%	7.7%	6.7%	6.0%
Bed Occupancy (Total)	93.9%	94.5%	93.6%	88.4%	89.3%	88.7%	92.0%	91.3%	93.0%	89.8%	89.9%	90.4%	91.3%

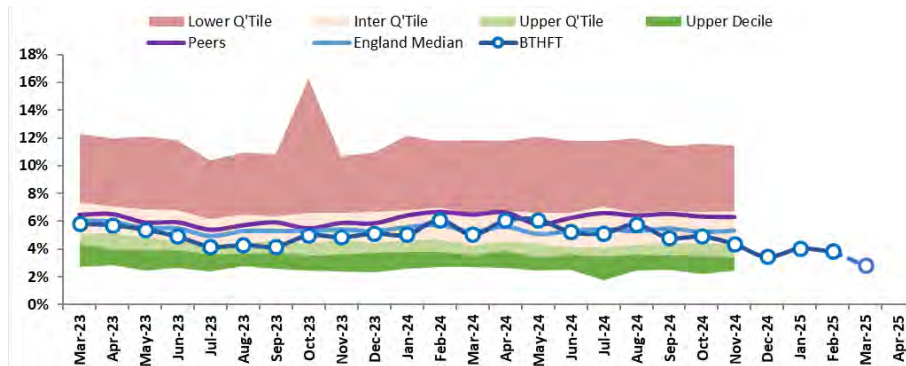
Latest position

- The AECU continues to positively impact on ED and hospital admission metrics however the main ED can still have prolonged waits, and this remains a focus for ongoing improvement.
- Total G&A bed occupancy for February was 90.4% (compared to 89.8% in January) with Adult G&A occupancy increasing slightly to 92.9%. Patient flow delays continue to impact ED length of stay (LoS) metrics.
- Increased bed occupancy and acuity during and following half-term holidays has created patient flow challenges impacted further by staff absences leading to an increase in admitted patient metrics (DTA and % Pts. >12 hr LoS).
- The ED team continue to attend the operational site huddle twice a day, improving communication between the department and those facilitating ward flow, and the placement of patients waiting to be admitted from ED. This fosters a positive approach to problem solving and a better understanding of the shared challenges the teams face when the hospital is busy.
- Agency locums have been recruited to address staffing gaps in the AMU, and to support AECU and ED in-reach, with a focus on alternative care pathways and treatments to prevent unnecessary hospital admissions
- The Outstanding ED programme aims to reduce overcrowding and enhance patient experience by fostering a 'one team' approach across the hospital. While some initiatives target ED-specific flow, others address hospital-wide flow. In Q4, engagement roadshows/sessions will be conducted with key stakeholders to gather insights, identify key themes, and ensure widespread engagement across the hospital.

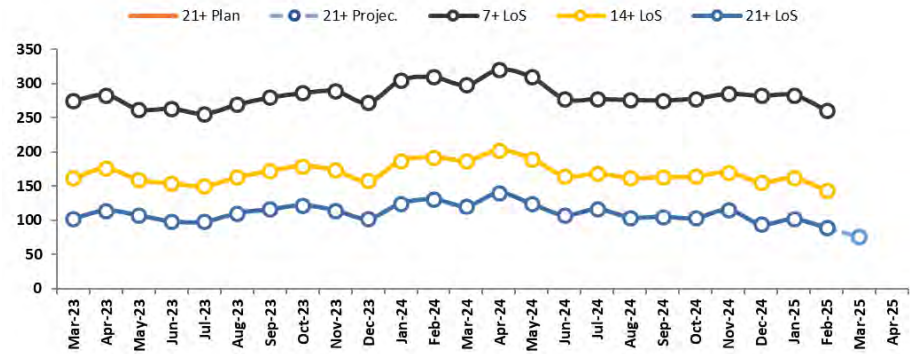
4. Inpatient Length of Stay (LoS) and Discharge KPI

Objective: Increase timely discharges from hospital

4.1 21 Day LoS Benchmarked (Source: NHSE for Acute & Combined Trusts)



4.2 Patient LoS Profile (Source: EPR)



4.3 Additional Inpatient LoS Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
% of Pts with Discharge Ready Date	94.6%	94.5%	94.9%	94.6%	93.7%	94.7%	95.1%	94.2%	93.7%	93.4%	93.3%	91.9%	91.8%
% of Pts Discharged on/before DRD	82.3%	83.8%	82.4%	83.0%	82.1%	81.5%	83.2%	83.3%	81.8%	81.7%	82.5%	83.7%	82.9%
Avg. LoS stay beyond DRD	4	5	5	4	4	3	3	4	3	3	3	3	2
% Pts Not Meeting Criteria to Reside	12.0%	12.4%	13.7%	14.3%	12.5%	11.9%	12.7%	13.5%	11.1%	11.6%	12.0%	12.7%	11.4%
Bed Occupancy (Adult)	94.7%	96.1%	95.1%	89.4%	90.8%	90.7%	92.9%	92.8%	93.9%	90.1%	91.7%	91.7%	92.9%
Bed Occupancy (Paed)	83.5%	73.3%	75.1%	75.4%	70.2%	63.7%	79.9%	71.4%	81.0%	85.8%	66.5%	70.1%	70.2%

Latest position

- The average number of patients with a LoS >21 reduced to 88 in February compared to 102 in January.
- Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds continues to be tracked by NHSE daily and the average days delayed beyond Medically Fit For Discharge (MFFD) date will be included in national planning trajectories in 2025/26. Daily and weekly monitoring is in place for both, and a range of interventions occur to expedite discharges as required.
- The pilot discharge coordinator model was extended by 6 months until June 2025. The ward pilot has ceased, and the discharged coordinators will be based in the MAIDT for a further pilot period. A business case is currently underway with an options appraisal for future operating models to improve discharge planning
- Criteria to Reside meetings continue to be undertaken daily while Super Stranded Patients are reviewed weekly by DDN and Matrons.

5. Delivering UEC Operational Excellence

Headline Improvement Plans:

Ambulance Handover improvement:

- A review is underway to **streamline ambulance self-handover processes** at the front door/reception to reduce AAA congestion. A Quality Improvement lead is undertaking work to support this initiative including wider Ambulance handover pathway improvement opportunities.
- BCA have proposed a pilot to support with P3/P4 conveyances, to utilise the GP service and avoid an arrival to the ED via ambulance.
- YAS have recruited a Senior Paramedic during the winter period to support the Trust, on-site to **assist crews with clearing times**.
- Joint work with YAS is also underway to **improve total turnaround** to no more than 45 minutes. Crew clear times are having a disproportionate impact on overall handover times, specifically Cat 2 response times. This work will also develop a clear protocol for clock stops for both handover and crew clear as validation still indicates a significant number of data quality issues.

Emergency Department improvement:

- Following business case approval for six additional ED consultants, interviews were conducted in February, resulting in the appointment to 3 substantive roles. To address remaining staffing gaps, 1 agency locum is in post, and the locum booking team is actively pursuing further appointments. This will help support 24/7 consultant presence in ED.
- Recruitment for Senior Clinical Fellows is underway, with 3 appointed and 5 awaiting interviews. These appointments will enhance staffing with senior decision-makers during night and weekends. These will provide further **resilience in the ED clinical workforce**.
- The Urgent Care Centre (UCC) will continue its workstreams to enhance utilisation, develop new pathways, review triage processes, and maintain contractual arrangements with Bradford Care Alliance (BCA), which provides GP input to the UCC.
- The **outstanding UEC programme** which will aim to improve patient and staff experience, patient flow and address overcrowding was approved by the Board in November. The discovery phase of this programme has so far included multiple workshops including colleagues with health planners/architects for an 'ED Redesign' which is progressing, with a paper approved at ETM for a 'proof-of-concept' design. A comprehensive digital process mapping exercise of ED pathways also took place in February. Preparation for engagement events with patient groups, staff groups and colleagues across the wider specialities are underway, with a communication plan to be agreed in March.

Inpatient LoS and Discharge improvement:

- The average days delayed beyond Medically Fit For Discharge (MFFD) date will be included in national planning trajectories in 2025/26. Daily and weekly monitoring is in place for discharge KPI, and a range of interventions occur to expedite discharges as required.
- Weekly H-FAST check in meetings continue to be attended. Pathway 2 project is underway to improve the use of IMC beds across the district.
- The NHS Volunteer Responders has been signed off at ICS for utilisation in Trust. Executives have been advised that a programme of work is required to operationalise this in BTHFT.

Stroke improvement plan:

- The plans to improve the front door pathways are now fully implemented with the associated **improvements seen in the SSNAP scores**.
- The last SSNAP score on the old system was a C, but **1% point off a B** which is a significant improvement.
- No SSNAP scores are being published for the next few months (tentatively April 25) whilst the **new SSNAP metrics are implemented**.
- The main concern for our pathway remains **therapy input** and a business case is in progress via the MSK CSU to address this.

RTT and Planned Activity

6. Inpatient Activity

Objective: Increase Elective Ordinary and Day Case volumes

6.1 Elective Activity (Source: EPR)



6.2 Patients Treated in Theatres (Source: EPR)



* data up to 22nd November 2024 – pre TACC implementation

6.3 Additional Inpatient Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Admitted Clock Stops	1,279	1,247	1,319	1,276	1,372	1,177	1,378	1,459	1,365	1,337	1,405	1,398	1,667
Number of lists run	539	527	534	517	596	524	566	616	467	No data post TACC implementation			
Patients Per List	1.9	1.9	2.1	2.0	1.9	2.0	1.9	2.0	2.0				
Capped Utilisation	83.90%	85.42%	86.09%	83.19%	83.15%	82.89%	79.61%	85.29%	82.95%				
Total Cancellations	119	145	153	138	135	113	144	140	103				
28-day Rebooking Breaches	9	3	5	2	11	9	7	1	3				
Decisions to Admit	4,928	5,191	5,340	4,873	5,564	4,968	5,212	5,714	5,079	4,935	5,428	4,764	4,271

* data up to 22nd November 2024 – pre TACC implementation

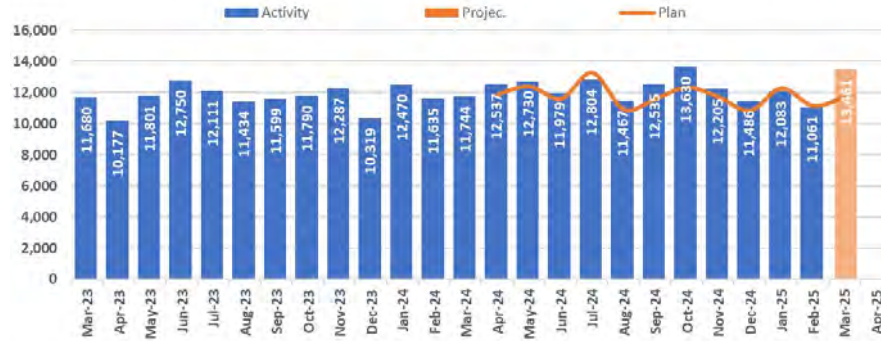
Latest position

- Activity is behind plan as from October the plan included expected activity delivered through the day case unit which was due to open at St Luke's hospital. The opening of the unit is now expected in April 2025.
- The number of lists run at BRI has increased, and weekend lists are in place to mitigate the delay to the DCU.
- A Theatre and Critical Care module was added to our EPR in late November and services successfully migrated from Galaxy to this build. Reporting has unfortunately been impacted as a result but should be back in place in coming weeks.
- Theatre efficiencies aiming to increase the number of lists run and the number of patients per list are being progressed. This will continue into 2025/26 as a key part of our operational excellence plan with productivity targets aligned to national analysis and the operational planning trajectories set with NHSE.

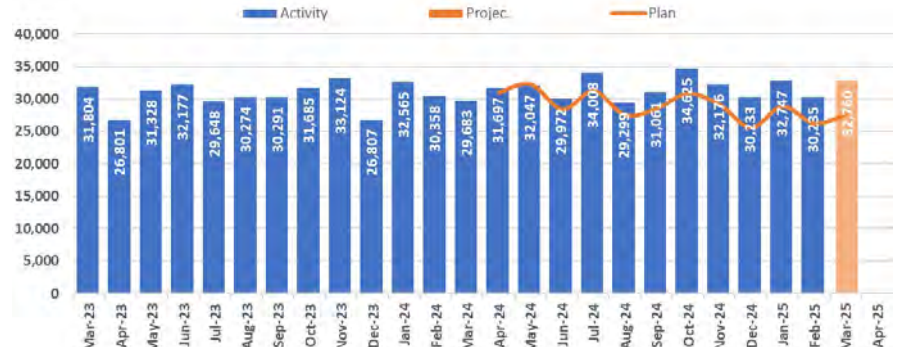
7. Outpatient Activity

Objective: Transform how we deliver Outpatient care

7.1 First Outpatient Attendances (Source: EPR)



7.2 Follow Up Outpatient Attendances (Source: EPR)



7.3 Additional Outpatient Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Non Admitted Clock Stops	5,909	6,474	6,589	6,255	6,713	5,699	6,353	6,804	6,672	5,787	6,105	5,592	6,086
DNA Rate	8.36%	8.18%	8.51%	8.29%	7.91%	8.00%	8.04%	7.92%	7.79%	8.04%	9.22%	7.93%	10.24%
Follow Up Orders	24,424	26,352	26,173	24,133	26,895	23,453	24,900	27,986	25,956	24,575	27,638	25,482	30,022
PIFU %	2.45%	2.53%	2.65%	2.57%	2.55%	2.29%	2.47%	2.36%	2.82%	2.46%	2.86%	3.82%	3.94%
First to Follow Up Ratio	2.53	2.53	2.52	2.50	2.66	2.56	2.48	2.54	2.64	2.63	2.71	2.73	2.43
Number of clinics run	5,383	5,789	5,765	5,505	6,076	5,336	5,835	6,486	6,005	5,588	6,198	5,472	6,006
Patients Per Clinic	7.7	7.6	7.8	7.6	7.7	7.6	7.5	7.4	7.4	7.5	7.2	7.5	7.7
GP Referrals	7,405	7,803	8,553	7,840	8,937	7,729	8,521	9,166	8,628	8,452	6,514	5,867	4,519

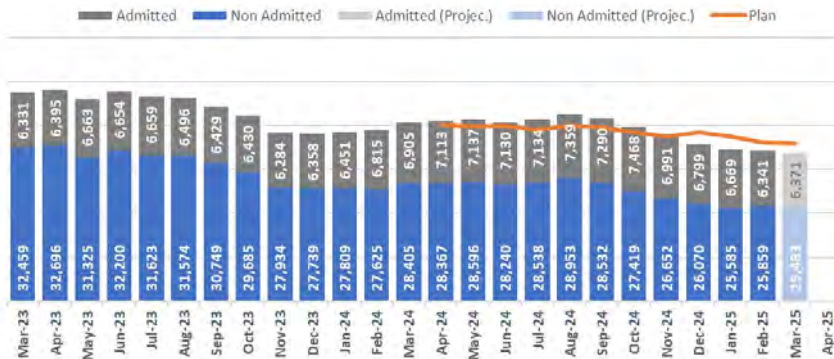
Latest position

- Outpatient activity delivered slightly below plan in February due to half-term but is projected to increase significantly above plan in March.
- The work to improve activity levels of outpatients with procedures in line with the planning guidance is resulting in an increase. More services have now been included within the project and automation of coding added in some of these.
- Patients continue to be routinely contacted via SMS as part of the waiting list management initiative aligned to the national validation toolkit recommendations.
- In response to the NHS Elective Reform, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust's Strategic Framework and will be integral to achieving Referral to Treatment (RTT), Cancer and Diagnostic Key Performance Indicators (KPI).
- The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.

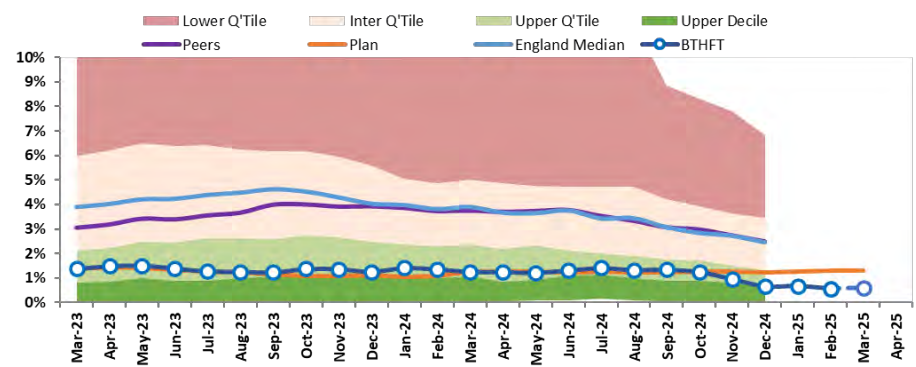
8. Referral to Treatment

Objective: Reduce waiting lists and eliminate long waits

8.1 RTT Incomplete Waiting List Size



8.2 52 Week RTT Benchmarked (Source: NHSE for Acute & Combined Trusts)



8.3 Additional RTT Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
RTT Performance	64.48%	64.35%	64.69%	64.31%	63.30%	62.27%	62.03%	61.77%	61.73%	62.26%	60.62%	60.82%	60.43%
Incomplete (<18)	22,772	22,832	23,114	22,747	22,406	22,610	22,220	21,551	20,767	20,463	19,551	19,583	19,248
Incomplete (>18)	12,542	12,648	12,619	12,623	12,992	13,702	13,602	13,336	12,876	12,406	12,703	12,617	12,606
Incomplete (52+)	442	443	435	463	499	484	472	436	321	214	215	181	192
Incomplete (65+)	34	58	67	75	65	55	69	61	27	14	12	13	10
Incomplete (78+)	1	1	0	0	2	1	5	4	2	0	1	0	0
W/L Change	+874	+166	+253	-363	+28	+914	-490	-935	-1,244	-774	-615	-54	-346

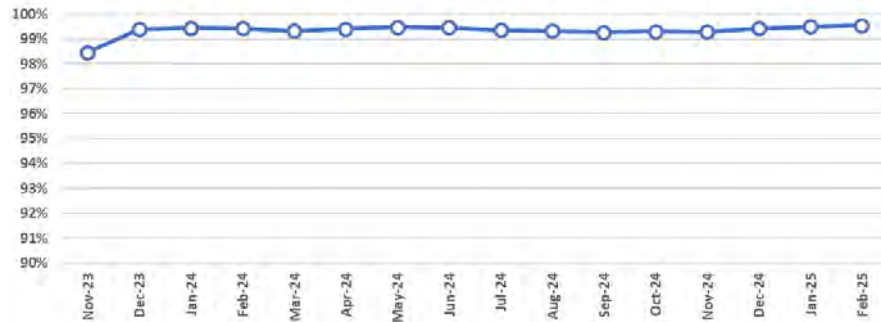
Latest position

- The RTT waiting list size continued to reduce into February. The number of patients waiting over 52 weeks also reduced. The use of Independent sector will support further long wait reductions this financial year.
- T&O, ENT and OMFS are being supported with weekly meetings to review patient-level data and have action trackers in place.
- T&O recovery is now focussed on delivering chronological booking to aid 65-week clearance. A soft tissue knee consultant has now been recruited (August start date) with 2 locum posts now closed for Arthroplasty consultants; agency support is being sought in the interim to increase elective lists.
- A detailed paper on elective reform and the annual RTT improvement needed was presented to ETM in January. Backlog clearance will require additional resource alongside acceleration of improvement and transformation schemes related to inpatient and outpatient pathways. These schemes will be focussed on patient experience and choice and improving staff experience of related processes whilst increasing overall capacity to reduce waiting times.

9. Waiting List Management and Validation

Objective: Reduce errors to improve wait times

9.1 RTT Waiting List Confidence Level



9.2 Correction Rate



9.3 Additional WL Management and Validation Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
RTT LUNA DQ Metrics	1,692	1,434	1,199	1,215	1,488	1,585	1,663	1,516	1,515	1,217	1,057	970
Correction Rate - Non RTT	81.69%	42.69%	29.32%	19.27%	17.99%	11.49%	27.27%	34.86%	32.63%	22.84%	22.67%	14.00%
Non-RTT DQ Process Failures	38,143	38,425	35,659	34,777	34,779	35,213	35,706	35,961	34,733	34,715	34,745	33,242

Latest position

- Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.54% in February 2025. The number of DQ errors on RTT PTL are at its lowest level ever reported on LUNA Dashboard for the trust.
- The significant reduction in the number of DQ metrics on the RTT waiting list, this is due to targeted validation of incomplete pathways and improvement in staffing capacity in the Corporate Access team (CAT).
- Technical validation of process failures is underway with 4320 pathways corrected and 21375 pathways removed in the last 12 months by CAT. The team is now working on clearing 4251 process failures created in the first six months of 2024.
- Data Quality Intervention Specialist (DQIS) team has implemented a new booking process in Oncology and has conducted staff training, to prevent Past TCI DQ errors related to chemo sessions. Initial data shows 38% reduction the DQ errors being created.
- DQIS team has provided inpatient waiting lists management training to Nephrology to tackle the issue of patients on inpatient waiting list without a ticking clock (Elective not ticking). This has resulted in 70% reduction in elective not ticking patients for Nephrology.
- DQIS team is starting to work with IBD team on week commencing 17th March 2025 to resolve the issue of high number of process failures being created by the service.

10. Delivering RTT/Planned Operational Excellence

Headline Improvement Plans:

RTT and Planned Activity Improvement

- In response to the NHS Elective Reform plan which was published in January, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust's Strategic Framework and will be integral to achieving our Key Performance Indicators (KPI). The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.
- As part of this we are exploring what else can be done to **improve attendance at appointments**, particularly for communities with poorer health outcomes. We will be liaising further with local care networks to review DNA rates and patterns in relation to GP practices and IMD. Learning from what is working across several pilot initiatives we are mobilising additional capacity to phone patients.
- **Referral and first OPA optimisation** are also key parts of this work and will support early care planning and maximise the outcomes of clinic appointments as a result. CDC and diagnostic reform, described later in the report, will support this.
- The **Day Case Unit (DCU)** at St. Lukes Hospital will support an increase in sessions and an uplift in productivity with the ability to run high volume low complexity lists. The unit handover is currently delayed to April 2025. The impact of lost activity against plan and lost income from ERF is significant and weekend lists are running to partially mitigate this.
- The use of benchmarking and productivity data will continue to be progressed. Services have specific improvement plans aligned to "Getting It Right First Time" (GIRFT) further faster which is a national initiative against which we will continue to be monitored. Rapid reviews will be used to help enhance this process and tackle priorities areas identified through internal or external data analysis.
- The NHS Impact driver diagrams have been reviewed and adopted into programmes that align to our improvement approach, the NHS Model for Improvement. Inpatient productivity is a specific area identified by NHS England which we continue to progress using the methods described.

Waiting List Management and Validation

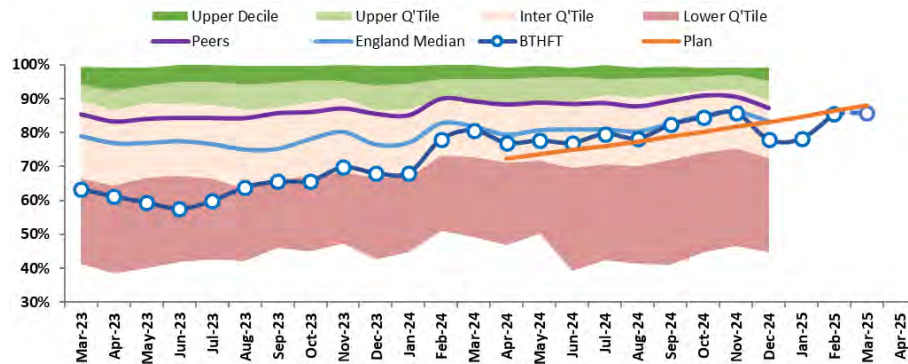
- Web-based **waiting list management tools** were successfully launched across the Corporate Access Team (CAT) and tracking of RTT pathways and Non-RTT orders for all CSUs. This has allowed elective services across the Trust to track and validate all RTT and Non-RTT pathways in one place and will result in improved functionality and better oversight of pathways.
- **Validation of Elective not ticking** patients has been introduced on the waiting list management tool by CAT. This has resulted in 35% reduction in the number of patients on Elective not Ticking list in February 2025 compared to December 2024.
- Services are **clinically validating non-RTT patients** who are 12 months past their see by date in line with the validation toolkit and PIFU will be extended to this process as appropriate.
- **Text based validation** of RTT and long waiting Non-RTT patients is being automated via the waiting list management tool.
- Management of further waiting lists and DQ cohorts is being developed on the Web-based waiting list management tools including Active Monitoring, PIFU and completes.
- **Review of Out-Patient PTL** is to take place by the Business Intelligence team and CAT to improve the reporting and visibility of each patient cohort on different waiting lists.

Cancer & Diagnostics

11. Diagnostic Waiting Times

Objective: Increase activity to reduce delays for diagnostic tests

11.1 DM01 6-week Performance (Source: NHSE for Acute & Combined Trusts)



11.2 Diagnostic Activity vs Plan



11.3 Additional Diagnostic Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
(Phys. M'ment) Activity	1,850	1,754	1,781	1,563	1,992	1,856	1,669	1,760	1,597	1,271	1,386	1,425	1,475
(Phys. M'ment) Performance	73.4%	77.1%	83.2%	74.5%	84.6%	75.6%	80.9%	79.1%	79.7%	69.7%	69.7%	76.5%	78.3%
(Imaging) Activity	9,058	9,399	10,350	9,991	10,412	10,113	9,328	9,914	8,890	8,591	9,182	8,516	9,057
(Imaging) Performance	82.6%	76.8%	75.7%	76.4%	77.8%	78.7%	81.5%	84.8%	85.5%	79.5%	79.3%	87.9%	87.6%
(Endoscopy) Activity	1,310	1,337	1,543	1,440	1,489	1,257	1,411	1,425	1,501	1,403	1,625	1,537	1,547
(Endoscopy) Performance	90.8%	77.1%	77.7%	84.2%	81.7%	79.5%	88.8%	89.4%	95.4%	81.2%	87.9%	90.7%	91.3%

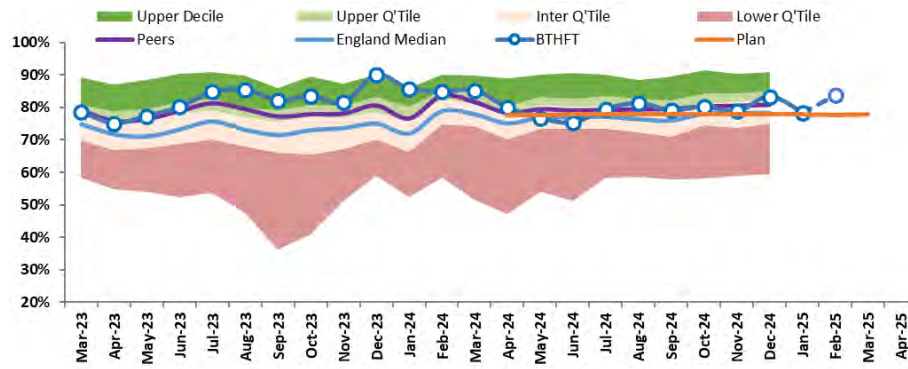
Latest position

- The CDC continues to provide capacity for all commissioned modalities including Endoscopy, Cystoscopy, Radiology, Sleep Studies, ECG, and Echocardiography. Process and efficiency improvements are routinely being explored to further capitalise on this resource.
- Pressure on NOUS continues following growth in obstetric ultrasound and with the number of vacant sonographer posts resulting in capacity challenges. A high volume of MSK referrals is having an additional impact. ETM have supported insourcing arrangements, which will see a further 103 scans delivered per week. This is expected to commence in April.
- Audiology performance deteriorated due to reduced services over Christmas, the impacts of snow and ice in January, and additional sickness absence. Analysis has shown a workforce deficit leading to paper being prepared for ETM containing a proposed workforce model and phasing. In the short term we are seeking mutual aid from neighbouring Trusts for this modality.
- Additional sessions were arranged in February and continue into Match for Neurophysiology to support recovery following short term loss of capacity whilst the service look at a sustainable model for staff absence.
- Cardiology capacity was increased to aid recovery from receiving AGH breaches as part of the CDC process. A conversation is planned with partners around CDC reporting arrangements to align with DM01 rules.

12. Cancer Diagnostic Phase

Objective: Deliver the Faster Diagnosis Standard (FDS)

12.1 28 Day FDS Benchmarked (Source: NHSE for Acute & Combined Trusts)



12.2 28 Day Performance by Tumour Group vs 77% Standard (Source: PPM)

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Trust	81.5%	79.0%	80.3%	78.7%	83.4%	78.4%	83.7%
Breast	97.2%	98.3%	95.4%	96.8%	96.5%	94.4%	98.3%
Gynae	50.8%	37.5%	49.6%	37.5%	51.7%	48.3%	57.5%
Haematology	33.3%	56.3%	57.9%	47.6%	60.0%	13.3%	35.3%
Head & Neck	82.7%	80.7%	75.5%	80.7%	85.2%	84.2%	91.4%
Lower GI	79.1%	82.7%	75.4%	76.2%	81.8%	65.3%	80.3%
Lung	86.0%	82.6%	93.6%	86.8%	97.6%	84.5%	95.4%
NSS	85.7%	69.2%	93.3%	81.3%	85.7%	66.7%	92.9%
Upper GI	92.6%	87.6%	91.1%	83.3%	95.5%	89.3%	95.2%
Skin	73.8%	71.8%	75.3%	72.8%	68.8%	71.1%	76.8%
Urology	82.5%	75.0%	81.7%	81.6%	86.1%	80.6%	66.3%

12.3 Additional Diagnostic Phase Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
# 2WW Refs	1,960	2,167	2,134	1,674	1,961	1,818	1,729	1,844	1,717	1,598	1,828	1,920
% 2WW Performance	92.3%	86.1%	89.9%	94.4%	92.9%	92.1%	93.9%	92.4%	91.8%	90.9%	88.0%	93.0%
28 Day FDS Performance	85.2%	80.0%	76.6%	75.2%	79.4%	81.5%	79.0%	80.3%	78.7%	83.4%	78.4%	83.7%
# Total Patients Seen FDS	1,374	1,666	1,959	1,827	1,722	1,716	1,692	1,758	1,612	1,466	1,568	1,559
# Undiag, unbooked >28 days	313	318	342	212	179	196	175	188	183	264	300	228

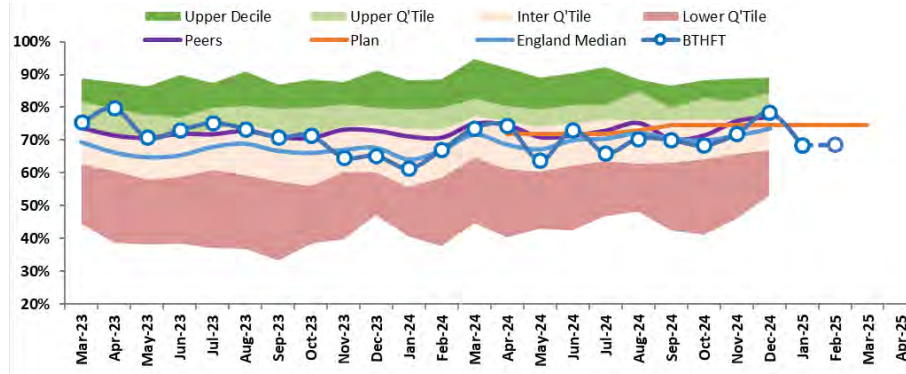
Latest position

- Two week wait (2WW) performance was 88.04% in January. Breast performance recovered to above 85% but remained below the target. Improvement plans for additional Breast one stop clinics are being explored, although 28-day performance for this modality is strong despite the 2WW challenges. Breast are also trialling a new booking system whereby a telephone call is needed to avoid appointments being changed for dates outside of the 2WW window.
- FDS performance for January remained above the Trust target but dropped to 78.38%. Histology is being closely managed to minimise the impact on this phase. Consultant reporting capacity for histopathology is much improved but the lab staffing issues is causing some delays. Daily operational meetings are in place for histopathology for support and oversight.
- Work on MDT streamlining continues with a targeted focus on system wide improvements for notifying patients of a benign cancer diagnosis and improving reporting processes.

13. Cancer Treatment

Objective: Deliver the 62 Day Treatment Standard

13.1 62 Day Treatment Benchmarked (Source: NHSE for Acute & Combined)



13.2 62 Day Treatment Performance by Tumour Group vs 70% Target (Source: PPM)

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Trust	69.7%	70.0%	68.4%	72.0%	78.5%	68.4%	68.7%
Breast	95.1%	95.1%	79.7%	83.6%	96.7%	82.8%	76.3%
Gynae	100.0%	48.0%	0.0%	55.6%	33.3%	50.0%	37.5%
Haematology	100.0%	48.0%	0.0%	55.6%	33.3%	50.0%	63.2%
Head & Neck	25.0%	36.4%	50.0%	41.2%	69.0%	28.6%	30.0%
Lower GI	69.6%	57.1%	62.5%	89.5%	100.0%	52.9%	72.2%
Lung	40.0%	26.3%	38.5%	13.3%	30.8%	43.8%	52.9%
Upper GI	78.3%	36.8%	28.6%	80.0%	92.3%	100.0%	71.4%
Skin	82.8%	82.9%	93.5%	83.3%	83.3%	75.0%	75.0%
Urology	71.8%	75.8%	66.7%	78.0%	79.2%	80.5%	78.4%

13.3 Additional Cancer Treatment Metrics

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
# 31 Day Treatments	247	262	257	260	261	248	300	245	247	228	221	212
31 Day Performance	91.9%	95.0%	93.8%	91.5%	92.3%	93.5%	91.0%	93.5%	91.9%	93.0%	93.7%	95.8%
62 Day Performance	74.3%	74.1%	64.5%	72.2%	66.1%	69.7%	70.0%	68.4%	72.0%	78.5%	68.4%	68.7%
# of >62 (All Types)	51	80	98	77	82	54	52	52	54	67	102	96

Latest position

- 31-day treatment (time from decision to treatment) performance continued below target at 93.67% for January. This metric was a focus area for the Cancer timeout day in November, which provided an opportunity for greater understanding and scrutiny to highlight current challenges shape future planning. Operational excellence plans are being reviewed to best support this.
- 62-day performance dropped significantly in January 2025 to a below target position of 68.38% with clearance of patients who had already exceeded the 62-day target due to diagnostic delays being a priority. The backlog of patients waiting over 62 days continued to increase because of the Christmas period and difficult weather conditions and performance in February and March will also be impacted by this.
- Surplus Cancer Alliance money for targeting the patient backlog in the form of running additional clinics is being actioned where appropriate. Additional Urology clinics in February have been arranged to support the recovery in this phase of the patient pathway.
- Although treatment volumes have impacted on performance against this standard, there is no single cause for this with tumour groups experiencing increased complexity, reduced treatment, diagnostic delays, and patient-initiated delays.

14. Delivering Cancer & Diagnostic Ops Excellence

Headline Improvement Plans:

Cancer Wait Times improvement



- The **Operational Excellence plans** for cancer (and diagnostics) are being reviewed in line with output from clinical engagement sessions as part of the cancer boards workplan alongside national guidance on elective reform.
- Schemes to be prioritised include NSO expansion, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.
- Civica go live is planned from April 2025 and integration and design workshops are progressing. This system change will bring many benefits, including supporting **Personalised Stratified Follow Up (PSFU)** and digital remote monitoring system (RMS) for patients after cancer treatment, which will reduce unnecessary follow-ups. This will also provide the data needed to better review our services against best practice time pathways and identify areas for further improvement.
- Pathway Navigator and Cancer Care Co-Ordinator roles have proven successful and fixed term roles are now permanent. Further expansion is planned of these roles via the use of Cancer Alliance funding, and substantive appointment to these and FTC CNS roles has been agreed by ETM. Additionally, a successful Innovation Bid to the Cancer Alliance is providing an opportunity for CNS internships to **develop future CNS workforce** and attract nurses to these roles. Student Nurses have also commenced placements.
- IMD and patient demographic data is included in patient experience and cancer wait time reports being used to inform plans to improve services and reduce inequalities. This included a recent report to HOSC using PCN and demographics to show variation. Funding has been made available to pilot the use of free bus tickets for patients who are more likely to DNA or cancel their appointment. This is being aligned to work underway to predict DNA and reduce health inequalities.

Diagnostic Wait Times improvement

- Business Intelligence dashboard development has made significant progress and modality dashboards have been launched. Centralised reporting is being developed to better support the **weekly access cycle** and monthly performance meetings.
- Digital transformation progressing with AI, e-referral and joint reporting systems schemes in place.
- Work continues to analyse referrals and reach out to work collaboratively to assist reduction of unnecessary or inefficient referral patterns and re-direct where appropriate.
- Community Diagnostic Centre (CDC) and wider diagnostic reform is being progressed as part of the ongoing place partnership oversight of the CDC, this includes progress towards accreditation within two years of opening. An important development for 2025/26 will be the expansion of straight-to-test pathways, where we are exploring opportunities including breathlessness (bundle diagnostics), upper GI integrated dysphagia (ENT & gastro), post-menopausal bleeding cancer exclusion & further head & neck one stops.
- **MRI 7-day model** being explored which will further enhance scanning resilience. Investment in workforce will be the main challenge.

REFERENCES

Only PDFs are attached

-  Bo.3.25.21 - Strategic Framework Cover Paper.pdf
-  Bo.3.25.21 - Strategic Framework Information Pack.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.21

Strategic Framework

Presented by	Mark Hindmarsh, Director of Strategy & Transformation		
Author	Alison Smith, Head of Partnerships		
Lead Director	Mark Hindmarsh, Director of Strategy & Transformation		
Purpose of the paper	<p>This paper sets out the proposed Strategic Framework for the remaining two years of the 2022-2027 Corporate Strategy.</p> <p>The framework reaffirms the current vision, values and strategic objectives, improves the monitoring and reporting arrangements and confirms the Trust's improvement method to support implementation.</p>		
Key control	N/A		
Action required	For approval		
Previously discussed at/ informed by	<p>Board meeting – November 2024</p> <p>ETM on 17th February, 24th February and 10th March 2025</p> <p><i>Working Together in 2025/25</i> engagement event on 26th February 2025</p> <p>Board Development Session on 27th February 2025</p> <p>People Committee on 12th March 2025</p> <p>Finance and Performance Committee on 19th February and 19th March 2025</p> <p>Quality Committee on 20th March 2025</p>		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

A new, simpler Strategic Framework is proposed to focus efforts on the Trust's five Strategic Objectives over the last two years of the current Corporate Strategy ([Our Patients, Our People, Our Place and Our Partners Corporate Strategy 2022-2027](#)).

The overall aim is to design a system that enables people across the Trust to focus on improvements that will have the biggest impact on the Trust's strategic objectives.

The new strategic framework has been developed through engagement with colleagues across the Trust. It was set out at the *Working Together in 2025/26* engagement event on 26th February at which attendees developed ideas for metrics and priority initiatives for 2025/26. Since then, conversations have continued at the Board Development Session, People Committee, Quality Committee and Finance & Performance Committee, as well as with the Executive Team and the Hospital Management Group.

This paper feeds back from all these discussions and proposes a framework to be the 'golden thread' that connects the Board to the rest of the Trust.

Analysis

The Strategic Framework is illustrated in the attached slide pack.

The overall Strategic Framework

Slide 3 summarises the overall framework and how it:

- reinforces the Vision, Values and Strategic Objectives we are already working to

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.21

- describes how Strategic Objective Metrics and Breakthrough Metrics will be designed to monitor progress
- proposes a set of Priority Initiatives for 2025/26 that are focused on the five objectives
- confirms the IHI Model for Improvement as the organisation-wide improvement method

The Vision, Values and Strategic Objectives

Slide 4 reaffirms the Vision and Values and the five strategic objectives:

- **Quality:** To provide outstanding care for patients, delivered with kindness
- **Improvement:** To be a continually learning organisation and recognised as leaders in research, education and innovation
- **People:** To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion
- **Partnership:** To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals
- **Sustainability:** To deliver our financial plan and key performance targets

The “4Ps”

The Corporate Strategy 2022-2027 set out the Trust’s ambitions around 4 themes (“the 4Ps”): Our Patients, Our People, Our Place and Our Partners. It talked about making a difference to everyone who needs our care, developing and nurturing our people, making a difference for every member of our community and working with partners to tackle problems that cannot be addressed by one organisation alone. These are very much still our ambitions and are picked up in the five strategic objectives. Slides 5 and 6 analyse how the five strategic objectives cover all aspects of the 4Ps.

Draft Strategic Objective Metrics and Breakthrough Metrics

The new Strategic Framework will enable greater assurance and better reporting to the Board. The audience at the *Working Together in 2025/26* event was asked to develop a set of Strategic Objective Metrics that could be reported on every six months to demonstrate progress on each of the objectives.

The table on slide 8 summarises the Strategic Objective Metrics that were developed in the group discussions with proposals on how they can be developed into a working metric. It also suggests breakthrough metrics that will underpin each of these objective metrics.

The proposal for Board is to use a series of “progress dials” to demonstrate overall progress against each of the objectives. These dials will combine relevant data from the “breakthrough metrics” into a single visual way of monitoring overall progress against the objective at each board update (slide 7). Each breakthrough metric will also be included in the board reporting pack so Board is able to see which of the breakthrough metrics are driving changes in the dial.

A full set of objective metrics, with their progress dials will be presented at the next board meeting.

Priority Initiatives

The framework includes a small number of high profile, organisation-wide, programmes designed to deliver a step change in achievement of the strategic objectives. These are the new, innovative and transformative programmes of work tied to big national priorities.

The audience at the *Working Together in 2025/26* event were asked to suggest priority initiatives for

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.21

2025/26 and these were assessed against the criteria in the description above and linked to the strategic objectives. The proposed initiatives for 2025/26 are on slide 9:

- Closing the Gap 2025/26
- Martha's Rule
- Acute Care Programme
- Outpatient Transformation
- Digital Strategy
- Thrive
- Health Equity and Health Inequalities
- Administrative Workforce Review
- Acute collaborations (WYAAT and with Airedale)
- Green Plan

The IHI Model for Improvement

There are three key strands to 'how' the Strategic Framework will be implemented:

- Values
- The Accountability Framework
- The IHI Model for Improvement

The Trust Improvement Strategy 2023 – 2028 highlighted the IHI Model for Improvement as the Trust's chosen improvement method and 200 people have already trained at practitioner level and 400 at foundation level. It is a well-evidenced and well-respected method in healthcare that enables teams to make the changes and improvements they want to make and will be the foundation of all the priority initiatives (slide 10).

The Strategic Framework itself emulates the Model for Improvement – by clarifying what we aim to achieve and using metrics so we know whether a change is an improvement.

Next Steps

The new Strategic Framework has already started to guide work across the Trust, and there are a few crucial next steps to embed it for 2025/26:

- Finalise the Strategic Objective Metrics and Breakthrough Metrics for 2025/26
- Establish work programmes for the ten Priority Initiatives (where they are not already up and running)
- Align organisational strategies e.g. People Strategy, Digital Strategy around the five strategic objectives
- CSUs to develop plans in line with the Strategic Framework and present at the May 2025 Thrive Live event.

Recommendation

The Board is asked to approve the Strategic Framework for 2025- 2027 to cover last two years of the Corporate Strategy 2022-2027:

- re-affirm commitment to the Vision, Values and Strategic Objectives and combine the 4Ps into the Strategic Objectives to simplify the framework
- note the work so far on the strategic objective metrics and breakthrough metrics
- support the 10 Priority Initiatives for 2025/26
- re-affirm commitment to embedding the IHI Model for Improvement as the Trust's improvement method
- note next steps

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.21

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i>	Low	Moderate	High	Significant		
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS England Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

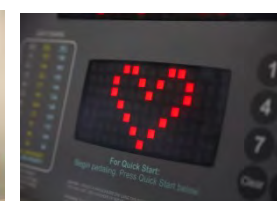
Trust Strategic Framework

Mark Hindmarsh

Director of Strategy & Transformation

BOARD OF DIRECTORS MEETING IN PUBLIC

Wednesday 26th March 2025



Summary

- The Board is asked to approve the Strategic Framework for 2025-2027 to cover last two years of the Corporate Strategy 2022-2027:
 - overall Strategic Framework (slide 3)
 - re-affirm commitment to the Vision and Strategic Objectives (slide 4)
 - incorporate the 4Ps into the Strategic Objectives to simplify the framework (slide 5)
 - note the work so far on the strategic objective metrics and breakthrough metrics (slide 6)
 - approve the 10 Priority Initiatives for 2025/26 (slide 7)
 - re-affirm commitment to embedding the IHI Model for Improvement as the Trust's improvement method (slide 8)
 - note next steps (slide 9)

Proposed Strategic Framework for 2025-2027

VISION	To be an outstanding provider of healthcare, research and education and a great place to work				
STRATEGIC OBJECTIVES	Quality	Improvement	People	Partnership	Sustainability
	To provide outstanding care for patients delivered with kindness	To be a continually learning organisation and recognised as leaders in research, education and innovation	To be one of the best NHS employers prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion	To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals	To deliver our financial plan and key performance targets
OBJECTIVE METRICS	HIGH level metric	HIGH level metric	HIGH level metric	HIGH level metric	HIGH level metric
BREAKTHROUGH METRICS	2-4 detailed metrics	2-4 detailed metrics	2-4 detailed metrics	2-4 detailed metrics	2-4 detailed metrics
PRIORITY INITIATIVES	Acute Care Programme	Outpatient Transformation	THRIVE	Equity and Inequalities	CTG 2025/6
	Martha's Rule	Digital Strategy	Admin workforce review	Acute Collaboration	Green Plan
HOW	Accountability Framework, Model for Improvement, Business Case Process				

Reaffirm commitment to:

- **Vision**
- **Values**
- **Strategic Objectives**



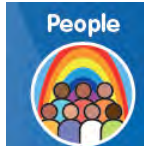
Incorporating the 4Ps from the 2022-2027 Corporate Strategy



Fold the “4Ps” into our vision, objectives & values



Incorporating the 4Ps from the 2022-2027 Corporate Strategy

 <p>Quality</p>	 <p>Improvement</p>	 <p>People</p>	 <p>Partnership</p>	 <p>Sustainability</p>
<p>To provide outstanding care for patients delivered with kindness</p>	<p>To be a continually learning organisations and recognised as leaders in research, education and innovation</p>	<p>To be one of the best NHS employers prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion</p>	<p>To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals</p>	<p>To deliver our financial plan and key performance targets</p>
<p>Delivering outstanding nursing and midwifery care</p> <p>Providing outstanding patient experience</p> <p>Delivering high quality services</p>	<p>Research for all: building on our international reputation as a City of Research and using data to become and anchor institution for population health</p> <p>New ways of working and delivering care</p> <p>Delivering a virtual hospital as part of a clinically-led transformation</p> <p>Using digital technology, data and insight to transform how we deliver care</p> <p>Growing for the future through planning, education, training and acting as an anchor institution for Bradford</p>	<p>Looking after our people</p> <p>Engendering a feeling of belonging in the NHS</p>	<p>Acting as One with our partners across Bradford Districts & Craven</p> <p>Tackling Health Inequalities: population health intelligence driving population health management</p> <p>Working with other providers of acute hospital care to best meet the needs of our shared patient populations</p> <p>Working with partners across West Yorkshire to improve services and address health inequalities</p> <p>Continue to develop the Trust as a hub for specialist services in the west of West Yorkshire</p>	<p>Restarting and recovering planned care after COVID-19</p> <p>Strategic estate: Fir for purpose facilities for Bradford</p> <p>Meeting our commitment to sustainability and delivery of the NHS Net Zero Carbon target.</p>

Monitoring progress

- High level **Strategic Objective Metrics** that demonstrate progress for each strategic objective.
- These will be metrics that build on the component parts of each strategic objective e.g. improvement will cover continuous improvement, research, education and innovation.
- Built up from **Breakthrough Metrics** that combine to give an overall picture for each strategic objective
- Six-monthly assurance to Board using a ‘**progress dial**’ visualises the current position and change since last report



DRAFT Strategic Objective Metrics and Breakthrough Metrics

Bradford Teaching Hospitals
NHS Foundation Trust

Strategic Objective		Metric proposed at engagement event	DRAFT Strategic Objective Metric	Example Breakthrough Metrics
Quality	To provide outstanding care for patients, delivered with kindness	To gain outstanding CQC rating in all 5 domains	Metric based on services self-assessment against relevant CQC domains (using InPhase)	For example: <ul style="list-style-type: none"> Measures for “Safe domain” (pressure ulcers, falls, medication errors; summary Hospital Level Mortality Indicator) Measures for “Caring domain” (Inpatient scores from Friends & Family test) etc.
Improvement	To be a continually learning organisation and recognised as leaders in research, education and innovation	To become an exemplary organisation in the number of publications/ posters/ improvement projects undertaken at BTHFT.	Metric incorporating continuous improvement, research, education and innovation	For example: <ul style="list-style-type: none"> % of staff trained in IHI Model for Improvement Improvement projects using IHI Model for Improvement Numbers recruited to clinical trials and be in top 3 recruiting nationally etc.
People	To be one of the best NHS employers prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion	Composite metric to encompass staff recruitment and retention, sickness, staff satisfaction, leadership, progression and leaders with protected characteristics (above a particular band)	“People come, stay and thrive” Metric incorporating being one of the best NHS employers, health and wellbeing, and equality, diversity and inclusion	For example: <ul style="list-style-type: none"> Staff turnover Sickness rate Appraisal rate Senior staff with protected characteristics Employee Relations Caseload Staff survey completion rate Staff survey - would you recommend your organisation as a place to work?
Partnership	To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals	Access to our services is equitable	Metric that incorporates access to services and performance against key standards for our most deprived communities	For example: <ul style="list-style-type: none"> Constitutional standards where we can demonstrate we have improved more than average in our most deprived communities (IMD1 & IMD2) DNA rates for IMD1 and IMD2 postcodes
Sustainability	To deliver our financial plan and key performance targets	Deliver our patients needs within the resources available, achieving upper quartile performance	Metric based on achievement of both upper quartile performance nationally across key finance and performance standards	For example: <ul style="list-style-type: none"> National rank for: monthly deficit figure; Available cash; RTT 18 weeks; RTT 52 weeks; ECS 4 hours; ECS 12 hours; CWT 62-day; CWT 28-day FDS; DM01 6 weeks Green Plan metrics

Priority Initiatives 2025/26

Bradford Teaching Hospitals
NHS Foundation Trust



- Outstanding Care
- Kindness

Martha's Rule

Acute Care Programme



- Learning, Research, Education, Innovation

Digital Strategy

Outpatient Transformation



- Best Employer
- Health&Wellbeing
- EDI

Administrative Workforce Review

Thrive



- Collaborate Local/Regional
- Reduce Health Inequalities

Acute collaborations

Health Equity and Health Inequalities



- Financial Plan
- Performance Targets

Closing the Gap 25/26

Green Plan

Trust Improvement Method



Next Steps

- Finalise the Strategic Objective Metrics and Breakthrough Metrics for 2025/26
- Establish work programmes for the ten Priority Initiatives (where they are not already up and running)
- Align organisational strategies e.g. People Strategy, Digital Strategy around the five strategic objectives
- CSUs to develop plans in line with the Strategic Framework to present at the May 2025 Thrive Live event

REFERENCES

Only PDFs are attached

 Bo.3.25.22 - Partnerships - strategic view.pdf

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.22

Partnerships – Strategic View

Presented by	Mark Hindmarsh, Director of Strategy and Transformation		
Author	Alison Smith, Head of Partnerships and Transformation Programmes		
Lead Director	Mark Hindmarsh, Director of Strategy and Transformation		
Purpose of the paper	This paper is the second of our regular strategic views of partnership risks and opportunities.		
Key control	<p>This paper relates to strategic objective 5 – to collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals.</p> <p>Strategic Risk: If the Trust doesn't work effectively in partnership, then there is a risk that the Trust fails to provide the best service to patients, resulting in poor patient and staff experience, worse outcomes for patients and missed opportunities to address health inequalities</p>		
Action required	For information		
Previously discussed at/ informed by			
Previously approved at:			Date

Key Options, Issues and Risks

The Trust has a strategic objective to collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals. This paper provides a strategic and forward-looking view of current opportunities and risks in partnership working with key partners at place and West Yorkshire. Partnership working is crucial to improving health equity and reducing health inequalities so there is an important read across to the Health Inequalities Update.

There is a strategic risk in the Board Assurance Framework that addresses the risk of not working effectively with partners:

If the Trust doesn't work effectively in partnership, **then** there is a risk that the Trust fails to provide the best service to patients, **resulting in** poor patient and staff experience, worse outcomes for patients and missed opportunities to address health inequalities.

The Chief Executive and Executive Directors regularly attend partnership meetings and the detail of many of these is reported in the Board report from the Chief Executive.

Analysis

Partnerships in the Strategic Framework

The *Working Together in 2025/26* event engaged colleagues in designing metrics and priority initiatives linked to the five strategic objectives. For partnerships, the discussion focused on tackling health inequalities as the key driver for partnership working and the proposed metrics focus on health equity and health inequalities. Two priority initiatives are suggested to support the partnerships objective: the health equity and health inequalities work programme and the acute collaborations that include WYAAT initiatives and the Airedale and Bradford Collaboration on Acute Services.

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.22

Update on Partnership Work

The previous strategic view of partnerships (November 2025) identified key partners in each of the Trust's spheres of influence – as a service provider, a teaching hospital, a research institute, a system partner and an anchor institution.

University of Bradford

One key partner that features in almost all spheres of influence is the University of Bradford. As a fellow Anchor Institution in Bradford, the University is a crucial partner in the education of health care professionals and of young people in Bradford more widely. It is already a partner in the provision of some services e.g. therapies, and there is potential to do more to strengthen our joint work beyond our work with undergraduate education.

Following a useful joint meeting of the two Boards, a number of colleagues including the Director of Strategy & Transformation, and Dr David Robinson, Director of Education recently visited the University to see first hand their innovative and newly modernised training facilities for healthcare professionals and high quality clinical space. A reciprocal visit is planned for colleagues from the University to see the new Day Case Unit at St Lukes Hospital in March 2025, before the unit formally opens. During this visit, 360 degree photos of the theatres will be taken to be used in the university's immersive training bubble.

Earlier this month, the Trust was contacted by the university to be part of a visit to Bradford by the Health Advisor from the British Embassy in the Philippines. The university already has strong links with the health sector and British civil service in the Philippines and developing this relationship will be a significant part of our work in future.

As this relationship develops, we have committed to developing a formal work plan for the year with with the University, and this will start with mapping the existing work we undertake with the university and strengthening this.

WYAAT and acute collaboration work

Executive colleagues from across West Yorkshire met earlier in the month. Following the presentation to the Board in February, execs from the region worked through the latest work on the corporate and clinical services review. This work will feed into the Case for Change document that we are expecting in April.

The two executive teams from Airedale NHS FT and Bradford Teaching NHS FT met in early February. At the meeting, there was formal agreement to progress with the creation of a joint work portfolio to improve the sustainability of services, support the financial position in 2025/26 and improve quality. As part of this a Director of Collaboration role (that will report into each CEO) is currently out to advert to lead what will be called the Airedale and Bradford Collaboration of Acute Services (ABCAS). The advert closes at the end of the month.

Other NHS partnership work

As part of the public engagement on the NHS ten year plan, a community engagement event was held by the place ICB team in Manningham in February. This was a well attended event that the Director of Strategy and Transformation also participated in. The outputs from the event were incorporated into the ICB response to the 10 year plan earlier this month. The publication of the

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.22

ten year plan itself has been delayed and it is not expected to see this document until the Summer at the earliest.

Bradford District Care NHS FT host on behalf of the place partnership the local innovation hub. As the Trust develops it's improvement method here, we have agreed to work with colleagues in the Care Trust who also have a well understood and embedded improvement method to share best practice, innovation and work more closely on projects that cut across both our organisation. The current lead for the place Innovation Hub has also recently been appointed into the new Director of Transformation role at the Care Trust, so there are is the basis there for further strengthening our joint work.

Other partnership work

Through our colleagues at the Bradford Institute for Health Research, we already have clinical colleagues working in schools across Bradford. One such example of this is with the Dixon's Academy group of schools, where Dr Mat Mathai has led on the development a "Wellbeing Hub" at Dixon's Allerton. The hub is an excellent example of partnership working as it also includes colleagues from the Care Trust and local ICB in it's make up. We believe this model of delivering clinical and wellbeing care to students in the school environment is a way of improving outcomes and addressing health inequalities and is a model of care the Trust could adopt with other educational establishments across the city and will be part of our partnership plans for 2025/26.

The Trust is part of a number of clinical networks across both West Yorkshire and the wider Yorkshire and Humber region. On the 4th March, the annual Paediatric Surgery Clinical Network meeting took place, attended by a number of colleagues from the Trust's Paediatric team and the Director of Strategy & Transformation. The core of the meeting was feeding back from a number of site visits that the central team had undertaken across the region over the previous months and how as a network we would work more closely together to address some of the workforce issues falling out of these visits. Training, especially of junior medical colleagues will be a particular focus for the network over the course of the rest of the year.

NHS England and ICB announcements

Following national announcements last week, the coming months could be difficult and uncertain for colleagues in some partner organisations about merging NHS England into the Department of Health and Social Care and reducing running costs for ICBs. As the impact of these plans becomes clearer further information will be shared with Trust Board.

Recommendation

The Board is asked to:

- note this strategic view of partnership working and the links to the Strategic Framework and the update on health equity and health inequalities
- note the current opportunities and developments in partnership working

Meeting Title	Board of Directors		
Date	26 th March 2025	Agenda item	Bo.3.25.22

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i>	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>


Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Responsive
Care Quality Commission Fundamental Standard: Good Governance
NHS England Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Only PDFs are attached

 Bo.3.25.23 - Health Inequalities update.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.23

Health Inequalities Update – March 2025

Presented by	Mark Hindmarsh, Director of Strategy and Transformation		
Author	Naveed Saddique, Health Equity Improvement Lead Carl Stephenson, Associate Director of Performance Sara Hollins, Director of Midwifery		
Lead Director	Mark Hindmarsh, Director of Strategy and Transformation		
Purpose of the paper	To provide an update on the health inequalities programme		
Key control	<p>This paper relates to strategic objectives 1 – to provide outstanding care for our patients, delivered in kindness and objective 5 – to collaborate effectively with regional partners, to reduce health inequalities and achieve shared goals.</p> <p>Strategic Risk: If the Trust fails to address health inequalities, then this will contribute to a widening of the gap in health outcomes, access and experiences across Bradford District and Craven.</p>		
Action required	For assurance		
Previously discussed at/ informed by	Quality Committee		
Previously approved at:	<i>e.g. Academy / ETM / CSU group</i>	Date	
			20 March 2025

Key Options, Issues and Risks

Health inequalities are unfair and unavoidable differences in health across the population, and between different groups in society.

BTHFT is committed to tackling health inequalities to support the achievement of equitable access, outcomes and experience for our patients and the wider communities we serve. The Trust seeks to exceed the minimum requirements advised by NHSE and embed a comprehensive approach to reducing health inequalities at the heart of all that we do.

This paper provides an update on the Tackling Health Inequalities Programme as at March 2025. In particular, the key topics discussed will include –

1. Equity of Access
2. Maternity and health inequalities
3. Launch of the Make Every Contact Count project
4. Enhancing digital inclusion through Library Services
5. Population Health Fellowship BTHFT uptake
6. Health equity at the staff induction

The Committee are asked to note that this paper now encompasses the 'Health Inequalities and Access to Care' update which was previously submitted to the Board of Directors separately.

Analysis

1 – Equity of Access

Progress continues to be made to improve equity of access for BTHFT staff -

- Continued use of IMD and other demographic data to better understand how our waiting times, referral rates, attendances, hospital admissions etc. can be used to direct activity in support of reducing health inequalities

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.23

- Since the last update there has been a focus on cancer pathways and variation by PCN and IMD were reviewed at a cancer timeout session; there is also a planned pilot focussed on improving attendance rates via the use of free bus travel for CORE20 patients
- To build on progress to date the Operational Excellence plans for 2025/26 have a clear alignment to improving equity of access; this includes further work to reduce DNA rates for CORE20 patients and will add initiatives across RTT, Cancer, Diagnostic, and UEC

2 – Maternity and health inequalities

Work undertaken by Maternity Services has been included within this report to demonstrate the longstanding achievements and improvements made in access, outcomes and experiences. Most recently, the progress made to tackle health inequalities was demonstrated within the LMNS (Local Maternity and Neonates System) inspection.

In its aims to improve health equity, Maternity Services have carefully considered the population they serve and have been guided by national frameworks (CORE20PLUS5) as well as reports such as the disparities in experiences for black women in maternity. As such, the initiatives and projects undertaken to address health inequalities have been tailored specifically for their patient base.

It's also worth noting that many of the initiatives and improvements have been integrated within the Maternity's 'business as usual' resulting in a consistent approach in delivering high quality equitable care. The below is a sample of improvements the service has undertaken to improve health equity –

- Utilisation of food banks – food bags are available for those who need help. This is a result of fostering strong relationships between Maternity Services and the Bradford Metropolitan Foodbank. Maternity staff are aware of the food bag availability and will utilise it when needed. To remove any barriers in accessing the food bags, patients do not have to meet any specific requirements allowing a greater number of patients to be served.
- Freephone number and taxi access – a freephone number was setup to support patients to contact staff within Maternity Services. Taxis paid for by Maternity are available for patients who are unable to attend appointments.
- Pre-paid sim cards – having identified that patients from deprived areas have struggled with access to mobile phone due to costs, patients are given access to pre-paid sim cards free of charge.
- Referrals to emergency fuel top ups – staff can refer patients to services whereby they can access fuel top ups.
- Winter coat rack – a selection of coats donated to the department are made available for patients in winter. School uniforms have also been made available at other times of the year.
- Dignity packs – packs containing hygiene products and other essential toiletries are made available to patients.
- Induction portal – a set of online web pages have been developed containing videos and information on what women can expect who have been referred for induction. The information is available in multiple languages and an audit on its effectiveness is due in Q1 of 2025/26.

Upcoming improvements include adjusting Maternity Services' performance dashboard to incorporate health inequalities indicators. This will help to identify patients by deprivation or other factors such as patients who smoke.

Maternity Services are also aiming to provide further improvements directly within the community by using Maternity Circle, bringing equitable care closer to home. This will involve work to align best practice

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.23

such as receiving care at the start of the pregnancy as opposed to delaying care until the second trimester as per some cultural norms.

Development of the workforce to become more representative of the local community is a high priority for the service. This is to help develop capability of staff to take up more of the leadership roles within the service which will ultimately lead to better outcomes.

It's worth noting that improvements within Maternity Services to address health inequalities are replicable within other clinical services across the trust. Service and Business Development will help support the dissemination of best practice and promotion of replicable initiatives.

3 – Make Every Contact Count

BTHFT has relaunched the Making Every Contact Count (MECC) approach specifically to reduce inequalities by supporting our staff to facilitate improvements to public health. This is achieved by encouraging our health and care staff to use everyday interactions to promote healthier lifestyles and signpost individuals to appropriate services.

At BTHFT, the MECC initiative focuses on equipping staff to engage in meaningful conversations with patients and service users to improve health outcomes, reduce inequalities, and enhance the overall patient experience. To date, we have engaged with several services which we believe will have the most impact as well as services where some holistic care is already provided. These areas include outpatients, pre-assessment, dietetics and physiotherapy with more to follow.

The MECC pilot at St Luke's Hospital launched in mid-February, focusing on equipping staff to have meaningful health conversations with a focus on Hypertension Case Management being one of our Core20Plus5 clinical priorities, and to capture key demographic data. Over 20 staff members within adult outpatients have been trained on MECC principles and data collection, with 40 demographic forms completed and over 50 conversations held (though not all recorded). As staff transition to consistent documentation, ongoing support and reminders remain crucial.

To embed MECC into routine practice, weekly site visits by the Health Inequalities Project Manager provide encouragement and reinforcement. A dedicated MECC toolkit has also been developed to support both managers and staff. Additionally, QR codes in seven languages have been introduced to enhance patient access to hypertension resources. Staff engagement in MECC training continues, with final numbers to be confirmed.

The MECC implementation also includes signposting and links to child oral health and smoking cessation services (aligned to the Health Inequalities Statement metrics).

4 – Public access to BTHFT's Library Services

NHS England has suggested that NHS organisations work with public libraries to help improve the access to online medical records either through the website or the NHS App. This was further reiterated by Professor Bola Owolabi (National Director of Health Inequalities) and Dr Vin Diwakar (National Director of Transformation) that digital exclusion and health inequalities are inextricably linked. Additionally, on digital inclusion will be a key part of the NHS Plan due to be published in 2025.

It's also worth noting the population in Bradford have low health literacy and the health information is currently too complicated for patients to access. In light of this, we proposed to Library Services that there is scope for BTHFT to provide access to computers on site allowing an additional avenue in which the public can gain access to their health records. The benefits of this approach include –

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.23

- BTHFT's role as an anchor organisation is strengthened through the use of our premises by local communities for more than healthcare purposes
- In addition to supporting users to access their health records, we can also -
 - o Help local community residents to apply for BTHFT jobs and increase their knowledge of the NHS job applications process
 - o Provide basic IT skills where needed
 - o Utilise QR codes to nudge users for instance to have their blood pressure checked, look into smoking cessation, book an NHS check etc.
 - o Provide general internet access to patients who may not be able to afford internet connect at home
 - o Give BTHFT a community hub environment feel and improve our digital inclusion offer

Initial research has suggested BTHFT would be one of the first (if not the first) trust to offer this service.

At present, Informatics are exploring how to provide the relevant kit (likely reconditioned PCs) that meet information governance guidelines. Library Services are also exploring how to accommodate public users without affecting current users.

We anticipate this service will go live in April/May 2025.

5 – Population Health Fellowship uptake at BTHFT

We have engaged with our Clinical Service Units, corporate teams and clinical cohorts to promote the West Yorkshire Population Health Fellowship. The fellowship provides staff with the opportunity to undertake a health inequalities project related in their service for one year. Uptake this year has far exceeded previous years' applicants resulting in multiple health inequalities projects to be undertaken within BTHFT once the programme commences in April 2025.

2022-2023	2023-2024	2024-2025	2025-2026
3	2	1	5

A core group of fellows (both previous and current) will be created to provide peer support to each other and networking opportunities.

6 – Staff induction and health inequalities

In February 2025, health inequalities was added to the staff induction agenda. New staff are now given a presentation that focuses on 'who do we serve?' which provides context on Bradford population demographics, the inequalities the population experiences and how improving equity and reducing inequalities is the responsibility of all staff.

This was developed with input from Education, EDI and the Reducing Inequalities Alliance. The aim is to revise the presentation to become more participative as the induction programme changes. Currently, the presentation includes some background/context information (such as statistics) which will be included as part of pre-induction reading once Education relaunch and enhance the induction.

Initial feedback suggests that the induction in its current form is well received with 12 out of 14 people finding it 'very useful' and 2 out of 14 'relatively useful'.

Recommendation

The Board is asked to note the detail of this paper and the intended actions.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.23

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i>	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Person Centred Care
NHS England Effective Use of Resources: Clinical Support Services
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BO.3.25.24 - REPORT FROM THE CHAIR OF THE AUDIT COMMITTEE ? 25

FEBRUARY 2025

REFERENCES

Only PDFs are attached



Bo.3.25.24 - Report from the Chair of Audit Committee - February 2025.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.24

Committee Escalation and Assurance Report

Report from the: **Audit Committee**

Date of meeting: 25 February

Key escalation and discussion points from the meeting

Alert:

There were no issues considered at the meeting which the Board needs to be alerted to.

Advise:

Internal Audit

The Committee received the following reports and noted the range of assurances given:

Report No	Report	Final	Draft	Opinion
BH/12/2025	Closing the Gap	✓		Limited
BH/13/2025	Risk Management Strategy – CSU Focus	✓		Limited
BH/14/2025	Safeguarding Children	✓		Significant
BH/15/2025	Recruitment Controls – Vacancy approval process	✓		High
BH/16/2025	Procurement	✓		Significant
BH/17/2025	Operational Planning Guidance	✓		High
BH/18/2025	Health and Safety; Contractors	✓		Significant
BH/19/2025	Digital Strategy	✓		Significant
BH/20/2025	IT Contract and Financial Management	✓		Significant
BH/21/2025	Quality and Safety Framework – Quality and Patient Safety Academy Deep Dive	✓		Significant
BH/22/2025	Security Management including Violence Prevention and Reduction Standards	✓		Limited
BH/23/2025	Medical Records	✓		Significant
BH/24/2025	Patient experience; Complaints	✓		Significant
BH/25/2025	Business Cases	✓		Low
BH/26/2025	Clinical Appraisals	✓		Significant
BH/27/2025	Non-Clinical Appraisals	✓		Limited

The Committee was grateful for the attendance of Directorate representatives to present their perspectives on the Limited and Low assurance reports and discuss their approach to implementing the actions agreed in response to the reports' recommendations. The Committee noted that there was some commonality of findings across the Closing the Gap and Risk Management Strategy reports in that there was some weakness in delivery in these areas within the CSUs. The Committee was advised that the Executive Team had already identified this issue and were working to find the right balance between expectations, accountability and support.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.24

The Committee expressed its wish to see immediate improvements in the Business Case processes and heard that progress was being made and changes to approval processes would be considered.

The team at Audit Yorkshire remain on track to complete the audit programme for the year with the continued cooperation of Trust Directors and managers and expect to be able to provide a Head of Internal Audit opinion in good time for the year end closedown deadlines.

Internal Audit Plan 2025/26 / BAF audits

In a discussion about the Internal audit plan for 2025/26 the Committee sought to better understand the value of another audit of the BAF. A separate meeting will be held between the Committee members and the Associate Director of Board Governance to discuss how the BAF and the Risk Management Strategy fit together and what an appropriate audit approach would be.

The Committee agreed the Plan and reiterated its requirement to approve any changes to the plan as the year progresses.

Internal Audit Recommendation Tracking

The Committee believes there remains room for improvement in the Trust's responsiveness to internal audit recommendations but was assured that Executive Team were aware of this and, led by the Chief Financial Officer, were introducing new systems to aid responsiveness.

The Audit Committee will continue to consider referring overdue recommendations to the relevant Committee for them to assess the risk of any action not being completed by the agreed deadline.

Assure:

External Audit – the Committee was advised of changes made to the leadership of the Deloitte team, with Nicola Wright taking over as Audit Partner, and Lizzie Ferdani as Audit Manager. The Audit Partner assured the Committee that there would be consistency from previous years in the Deloitte team working directly with the Trust's Finance team on the 2024/25 audit, which will be beneficial to both Deloitte and the Trust.

She presented the external audit plan for the 2024/25 audit. The Committee noted the areas of focus, none of which were a surprise and were consistent with risk areas in previous audits. The Committee was assured by reports from the Chief Financial Officer on progress with addressing the recommendations in the 2023/24 ISA260 and on preparation for the 2024/25 Annual Accounts. Both the Deloitte team and the Trust Finance team remain committed to early discussion of any issues that arise with a view to avoiding or minimising the impact on the effective and efficient production and audit of the Accounts.

The Audit Committee noted that the Audit Partner would be endeavouring to complete the Value for Money opinion in good time and was supportive of that. The Committee provided its perspective on the governance issues that had attracted the External Auditors' comments in the 2024/25 Value for Money report and was pleased to be advised that the Audit Partner

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.24

planned to hold meetings with the Chair and Chief Executive shortly to develop her own understanding of the issues.

Counter Fraud – the Audit Committee noted and were assured by the report from the Local Counter Fraud Specialist which provided information on strategic approaches to countering fraud and updated information of suspected frauds within the Trust.

Losses and Special Payments / Tender Waivers

The Committee was assured by the reports provided. It will continue to seek improved information for high value tender waivers.

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
10 March 2025

BO.3.25.25 - REPORT FROM THE CHAIR OF THE CHARITABLE FUNDS

COMMITTEE ? 4 FEBRUARY 2025

REFERENCES

Only PDFs are attached



Bo.3.25.25 - Report from the Chair of the Charitable Funds Committee - February 2025.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.25

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: **CHARITABLE FUNDS COMMITTEE**

Date of meeting: **4th February 2025**

Key escalation and discussion points from the meeting
Alert:
Advise:
<p>Finance Report</p> <ul style="list-style-type: none"> Year to date, the organisation is £164,000 behind plan due to expenditure below plan and vacancies within the team. Income is lower than planned by around £500,000 due to the vacancies and around £1 million due to the Neonatal Unit. An updated plan will be developed and presented for approval by the Committee in May. The year to date cost of raising funds is 44% against a target of 25%. An improvement trajectory will be included in the revised plan. The forecast is 51% based on increased investment into the fundraising team. <p>The key risks include a net reduction in funds this financial year, meaning some shares may need to be liquidated, resulting in a lower return on investment. This will be kept under review; the ambitious capital project of £3 million for the Neonatal Unit, meaning cashflow will need close monitoring as the organisation may be unable to fund any capital payments.</p>
Assure:
<p>The Charity Director, Laura Riach shared that the main points of the report related to the Neonatal Unit appeal and reassured the Committee that the team are working closely with the Sick Children's Trust, who are committed to the project.</p> <p>The Board meets monthly and are making good progress. The works area is currently being surveying and the MoU (Memorandum of Understanding) with the Sick Children's Trust around partnership working is awaited.</p>

Report completed by:

Altaf Sadique

Charitable Funds Committee Chair and Non-Executive Director

20/03/2025

REFERENCES

Only PDFs are attached



Bo.3.25.26 - BHC 12 month review.pdf



Bo.3.25.26 - Appendix 1 - Charity Independence Project Milestones March 25.pdf

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26

BRADFORD HOSPITALS CHARITY: 12 MONTH REVIEW

Presented by	Mark Hindmarsh, Director of Strategy & Transformation, Altaf Sadique, Chair of Charitable Funds Committee & Laura Riach, Charity Director	
Author	Laura Riach, Charity Director	
Lead Director	Mark Hindmarsh, Director of Strategy & Transformation	
Purpose of the paper	To present the report for information	
Key control	N/A	
Action required	For information	
Previously discussed at/ informed by	Charity Operational Committee Charitable Funds Committee	
Previously approved at:	Committee/Group	Date
	N/A	

Key Options, Issues and Risks

Executive Summary

The past year has marked a significant period of transition for our charity. We expanded our organisational capacity with the creation of a new Community Fundraiser position. Additionally, we navigated a leadership change following the departure of our previous Director in May, with Laura Riach stepping into the role in November. Special thanks must be given to Lisa Williams (Head of Fundraising) for maintaining operational stability and ably leading the team, for the 6-month period without a Director in post.

Key Achievements

Community Engagement & Partnerships

- Established corporate partnerships with Compass Group (£1,000+) and Dunelm Stores (£15,000+ in kind gifts)
- Connected with 30+ new Bradford businesses through seasonal campaign initiatives
- Collaborated with Together for Cinema on new cinema room project, which will be the first of its kind in a hospital setting in the UK

Events & Fundraising Innovations

- Launched new fundraising events: Firewalk, Abseil & Zip Wire challenge, Christmas Carol-A-Thon, Valentine's Market
- Participated in the Great North Run with NHS Charities Together
- Supported three successful charity balls and engaged 5 teams in Dragon Boat Race
- Celebrated 15 years of the Giggle Doctors programme at BTHFT

Facility Improvements

- Opened the BRI Reflection Garden with Katy Rushworth from ITV
- Completed the new Sensory Room on the children's ward
- Funded Paediatric sub-waiting area refurbishment
- Introduced Baggins the Bear selfie frame and gallery to enhance patient experience, as well as securing pro-bono work to transform the space outside the children's ward with a Baggins the Bear mural to ensure the space is welcoming for children.
- Secured £35,000 donation from Sovereign Health Care to support the Stroke Unit with installing new Stroke Hoist Equipment. This work is currently in progress.
- Funded the Brilliant Bradford Staff Awards & also Bradford long service awards to aid staff wellbeing and recognition and secured an additional £15,000 grant from Sovereign Healthcare to support this project.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26

- Awarded funding for the Ramadan Allies project for the third consecutive year to support our Muslim colleagues.
- Provided funding to ICU for a handheld ultrasound machine.
- Funded a mini PCNL Machine to support removal of medium sized kidney stones.
- Funded a Motamed therapy bike to support strengthening arms & legs.
- Funded double mattresses for the parent accommodation within the Neonatal Unit.

Grants

- Secured £18,338 grant from the Ken & Edna Morrison Charitable Trust to fund the GiggleDoctors programme, Baggins the Bear, and new Rockin R gaming equipment for the children's ward.
- Secured a £5000 grant from the Harry & Mary Foundations to support Children's Services.
- Secured £2000 grant from Yorkshire Children's Trust to support the gift of play at BRI and St.Lukes Children's Departments.

Other items to note

Financial Process Improvements

- New streamlined electronic application form will be going live soon to encourage increased staff applications.
- The Finance Officer (Robia) is now working one day per week in the office alongside the team to streamline the efficiency of reconciliation process through team integration.
- Installed Donation Kiosk at BRI concourse to increase visibility and further drive donations to the charity.

Digital Infrastructure

- We are transitioning over to the Donorfy database system in April.
- New website launched last year with improved functionality which will help us to prepare for enhanced digital marketing capabilities.

Communications plan

- There is significant work to do in terms of educating staff and the general public regarding the work of the charity. Plans are in place to work with a marketing agency to create several videos, for internal and external use, which includes 70 hours of pro bono time with an intern in the final year of their marketing degree. We will be working on a video that can be shared at induction for new starters, as well as a video to be shared with all current staff.

Looking Forward

Building on these achievements, we will focus on expanding our team further, maximising visibility of completed projects to showcase our impact, cultivating repeat participation in successful initiatives, and further developing corporate partnerships.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26

Case for Independence

The case for independence was approved in March 2024 by the Board but was temporarily paused during the Director vacancy. Please refer to the Independence Project Timeline paper (Appendix 1) for an updated outline of key technical milestones.

As the charity continues to grow, establishing independent charity status represents both a technical and cultural evolution:

- **Governance Development:** We will begin soliciting nominations from this board to sit on the new trustee board structure. We would ideally aim for 3-4 trustees from the current board and hope to start conversations soon with interested parties. Please note that we will be working with a recruitment agency to recruit the 'independent trustees'
- **Delegated Authority:** To maintain momentum, we propose delegating key decision-making powers to the Charitable Operations Committee and Charitable Funds Committee, preventing unnecessary delays in project progress
- **Policy Framework:** Comprehensive policies and procedures are being established to support independent operations
- **Cultural Commitment:** We remain dedicated to ensuring all conversations and decisions reflect our core values and mission
- **Financial Efficiency:** Streamlining operations while potentially reducing administrative costs through independent management. We will be introducing a change to our way of working with the Finance Team by introducing a Service Level Agreement and Key Performance Indicators
- **Fundraising Expansion:** Accessing grant opportunities exclusively available to independent charities
- **Perception Transformation:** A critical goal on the path to independence is changing the mindset across the Trust to view the charity as a professional operation capable of generating significant change and meaningful impact for both staff and patients

The timeline for transition anticipates appointing key leadership positions by the summer of this year, allowing for a structured and well-managed shift to independence by April 2026 while maintaining our essential connection to Bradford Teaching Hospitals Foundation Trust.

Recruitment and Staffing Update

Our team infrastructure continues to evolve in preparation for independence:

- Key leadership positions identified for the new structure
- Recruitment timeline established with appointments anticipated by summer 2025 for two of the key roles, with three more in the pipeline
- Staff engagement sessions planned to address cultural transition to independence
- Skills assessment will be completed to identify training and development needs
- Lisa Williams has sadly resigned recently so going out to recruit a replacement imminently. Lisa has done a fantastic job over the past two years, and we are sad to be losing her from the team. We wish her well with her exciting new chapter at Leeds Children's Charity.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26

Major Programme of Work: Neonatal 'Home from Home' Campaign

Our Neonatal Unit Appeal has emerged as our flagship initiative, with the Home from Home Accommodation campaign in partnership with The Sick Children's Trust representing a critical need to jointly raise c£3m by Autumn 2026.

The campaign:

- Addresses Family Separation: Many families face the trauma of being separated from their critically ill newborns due to lack of nearby accommodation.
- Partnership Approach: Collaboration between Bradford Hospitals Charity and The Sick Children's Trust combines our local knowledge with their specialised accommodation expertise.
- Holistic Care Model: The Home from Home concept recognises that supporting families is essential to improving outcomes for vulnerable babies.
- Community Impact: Families will benefit from reduced travel burden, financial strain, and emotional stress during extremely challenging times.
- Trust-wide Priority: This project demonstrates how the charity can implement substantial infrastructure improvements that hospital budgets alone cannot support.

Plans include

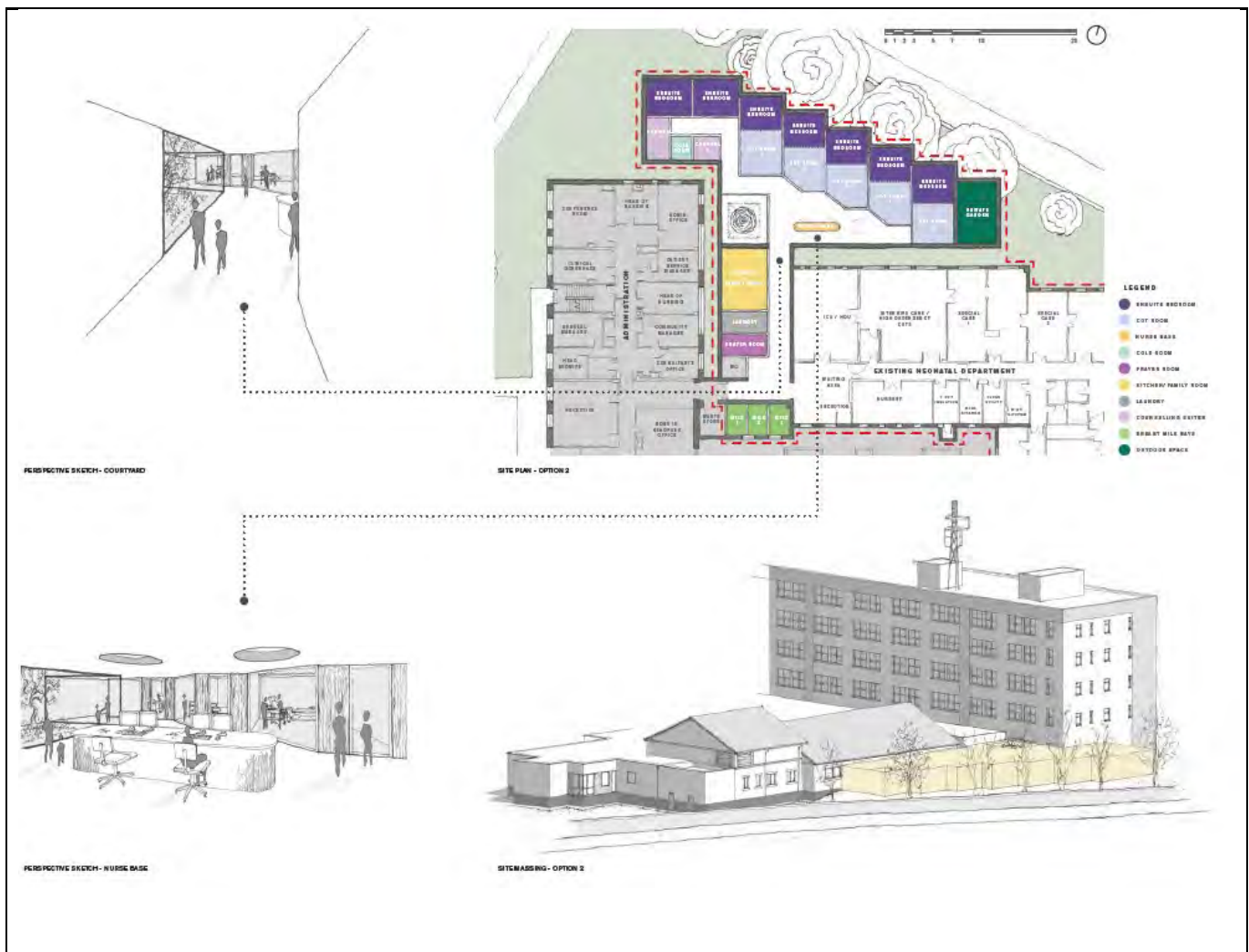
- An additional 5 en-suite bedrooms which allow families to stay closer to their babies.
- This will reduce anxiety for parents, keep families together, and improve outcomes for our babies.
- Refurbished living spaces and kitchen to accommodate parents and siblings and allow families to support each other.
- A tranquil garden area where families can reflect and relax.
- An indoor play area for siblings to keep entertained.

Project Status

- Estates progress is on track at RIBA stage 3, with an anticipated Autumn 2026 opening.
- Fundraising has reached £307,000 to date, surpassing the required £150,000 seed funding through various initiatives, including the Lord Mayor's Appeal.
- The strategic partnership with the Sick Children's Trust is working well with full commitment to the project.
- Private Phase Launch event scheduled for May 7th on site, with public phase launch planned for October.
- Discussions beginning in April with strategic media partners to ensure widespread coverage across Bradford and surrounding areas.

We warmly encourage all board members to participate in upcoming NNU events to demonstrate leadership commitment to this critical project.

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26



Recommendation

As we prepare for independent status, we ask Board Members to consider the following:

- Trustee Recruitment:** Please consider if you wish to become a Charity Trustee when we transition to independence. Your existing knowledge of our organisation would be invaluable in this new structure.
- External Trustee Recommendations:** We warmly welcome suggestions for external independent trustees who could strengthen our board. We are particularly seeking:
 - Key decision makers within the Bradford community
 - Individuals with strong networks across the region who are willing to make introductions and open doors
 - Those with a demonstrated passion for healthcare in Bradford
 - People with complimentary skills in fundraising, finance, governance, charities and strategic development

Meeting Title	Board of Directors		
Date	25 March 2025	Agenda item	Bo.3.25.26

3. **Governance Delegation:** We recommend the board approve delegating key decision-making powers to the Charitable Operations Committee and Charitable Funds Committee to maintain momentum and prevent delays in project progress during the transition period.

4. **NNU Campaign Participation:**

- To delegate to key Board Members to attend the Private Phase Launch event on May 7th to demonstrate board-level commitment
- Mark your calendars for the October public launch event
- Help amplify our campaign messages through your personal and professional networks

Your active participation in this transition period will be crucial to establishing a strong foundation for our independent future, ensuring we can maximise our impact for staff and patients across Bradford Teaching Hospitals.

Thank you for reading.

Bradford Hospital Charity – Independence Outline Project Timelines

	Timeframe	Action	Notes	Who	Cost Incurred
	Stage 1 – Registration				
1	Trust Board March 2024	Agreement from the Charitable Funds Committee and from the Trust Board	This was agreed when Sharon Milner was in post. The process was then delayed whilst a new Director was appointed.	Trust Board	N/A
2	Trust Board March 2025	The Board to enter the supplemental deed and delegate authority to one of their number to sign the deed on behalf of the Trust.	At present, Bradford Hospitals Charity does not have the power within its governing document to proceed with the incorporation and independence. If the conversion goes ahead without the power being included, the trustee (i.e. the board) are at risk of acting outside of their powers and the conversion could be open to challenge. The supplemental deed adds this power clearly, to mitigate this risk.	Trust Board	Legal costs have already been paid to draft the deed
3	End March 2025	Contact several recruitment agencies for quotes to commence the search for suitable Trustee candidates for the Charity Board of Trustees	The Charity Director has engaged with Eden Brown and Charity Horizons. Just awaiting quotes. – plan interviews for July 2025	Charity Director Charity Chair	Recruitment Fees
4	Early April 2025	A joint letter to the Department of Health (DHSC) and Charity Commission (CC) formally notifying both organisations of the decision to convert	The Charity Director can draft the letter, but the legal advisor should review it.	Exec Director (Trust) Charity Director Wrigley's	Legal Costs
5	Early April 2025	Consider and agree on the form of a charitable company, Company Limited by Guarantee (CLG) or Charitable Incorporated Organisation (CIO)	Legal advice has already been provided by Wrigley's and advice from other Hospital Charities is that all conversions to date have moved to Company Limited by Guarantee (CLG) but could be either. Charity Director to research.	Trust Board Lead Exec Director Charity Director	N/A
6	Mid-April 2025	Apply for consent from the Charity Commission, to use the name decided/agreed upon with the Trust, for the new independent charity	This should not be a problem, as the name has been agreed in principle if conversion takes place to remain as Bradford Hospital Charity (only the Charity Number will change)	Charity Director	Registration Fees
7	Mid-April 2025	If CLG is selected, then an application is made to register with Companies House	The charity director is to be appointed as 'Director' to make an application to register a new company/legal entity.	Charity Director	Registration Fees
8	April 2025 – July 2025	Prepare draft constitution – Articles of Association of CLG to define the purpose and objects of the new charity.	Trust Executives (and the legal team) will wish to oversee, review and agree on the draft constitution to ensure any fundamentals or non-negotiables have been defined and shared.	Trust Execs (TBC) Charity Director Wrigley's	Legal Costs
9	Late April – July 2025	Prepare draft Memorandum of Understanding in conjunction with project group from the Trust (incorporating representatives from appropriate departments)	Significant legal involvement should not be required since the MOU is effectively an internal contract. Template MOUs from other Hospital Charities can be used and a list of items to be	Trust Reps (TBC) Charity Director Charity Chair	N/A

Bradford Hospital Charity – Independence Outline Project Timelines

			covered and included can be provided by both Trust and Charity.		
10	May 2025	Commence TUPE consultation for existing staff	Utilising advice from Wrigley's and the internal HR team	Charity Director/HR Project Manager (if in post)	N/A
11	May 2025	Apply to NHS Pensions Authority to allow staff to continue as active members.	This may not be necessary if existing staff members do not wish to remain as active members in NHS pension scheme	Charity Director Project Manager	N/A
11	July 2025	Provide DHSC with a draft version of the Articles of Association and MOU	The regulations linked to the transfer of hospital charities to independence require acknowledgement and approval from DHSC	Trust Execs – Finance Director Trust CEO	N/A
13	July 2025	Prepare and apply to the Charity Commission to include evidence of due diligence regarding Trust Fund audits, endowments and clarification of unrestricted funds	Current timescales for approval from the Charity Commission (dependent on complexity) are 4-6 months	Charity Director Wrigley's Project Manager	Legal Costs
Stage 2 – Transfer Process					
14	September 2025	Establish a Charity 'Shadow Board' of Trustees, aligned to the governance framework (defined within the Articles of Association)	Shadow Board members (Trustees) are to go through an induction where they meet and finalise any remaining governance standards, Terms of Reference, purpose of committees, and membership of each. Shadow Board will commence the meeting schedule and support the Charity Director in discussions regarding the Memorandum of Understanding.	Charity Director Charity Chair Charity Trustees	N/A
15	September 2025	Set up new bank accounts and register the new legal entity with HMRC	Applications for financial accounts will require documents from BTHFT regarding financial references, account information, audits, etc	Charity Director Charity Chair	Service Fees
16	August – December 2025	Development of Charity Policies, SOPs and governance framework, committee structures and terms of reference.	The development of policies can be informed by existing independent hospital charities, with advice from external HR service providers. Committees and terms of reference to be developed with Trustees, Chair and Charity Director	Charity Director Charity Chair Shadow Board	Service Fees
17	September – November 2025	Finalise the Memorandum of Understanding document and agree on any issues of concern or those requiring resolution.	It would be assumed that almost all issues will be negotiated, resolved, and agreed upon between the Trust and the Charity, but this may require formal (independent) resolution and legal oversight.	Charity Director Trust Board Wrigley's?	Legal costs?

Bradford Hospital Charity – Independence Outline Project Timelines

18	October 2025	Prepare transfer agreement, detailing the specific actions by week, counting down - Day 1 for the independent Charity	Ensure all legal and logistical requirements are actioned and implemented on the required date.	Charity Director Trust Execs (TBC) Project Manager	N/A
19	October – December 2025	Novate any existing provider contracts with external providers and seek quotes for independent services (IT/HR/Auditors)	Negotiate contracts for additional external service provision (if not provided by the Trust within the MOU) – including IT service provider	Charity Director Project Manager	Service Fees
20	December 2025	Prepare Job Descriptions for additional fundraising posts and support staff, advertise, set interview schedules, etc.	Using HR service provider and aligned to Charity T&Cs	Charity Director HR Provider	Service Fees
21	January 2026	Apply for Scheme and linking direction from the Charity Commission and potentially may require a S105 order	Can apply for the Scheme after the new charity is registered with the Charity Commission (legal actions in relation to Endowments and any legacies)	Charity Director Wrigley's	Legal Costs
22	April 2026	Go Live – launch date	Final sign-off by Trust (CEO) and Charity Director or Chair, with oversight and witnessing by legal advisor.	Charity Director Trust CEO Wrigley's	Legal Costs
Stage 3 – Post Transfer Completion					
23	April/May 2026	Take action to wind up the old charity and register on the register of mergers	Option to keep the former charity active to protect any legacy income. (May depend on the endowment position and the scheme/orders from the Charity Commission)	Charity Director	Service Fees
24	May 2026	Update website, materials, email addresses etc with new charity number and logo/branding if required	Communication with any key stakeholders, who are not yet informed.	Project Manager	N/A

Notes:

1. The negotiation, development and completion of a Memorandum of Understanding between the Charity and the Trust, will require representation from a number of representatives of the Trust, both from the Executive team and from a range of Trust departments. To agree on many of the actions in the table above, it will be necessary to establish a 'Charity Independence Working Group' (or similar) potentially to include:
 - a. Charity Director
 - b. Trust Chair
 - c. Lead Trust Executive (TBC)
 - d. Medical Director (or Associate/Deputy)
 - e. Trust Non-Exec Director
 - f. Finance Department
 - g. HR Department
 - h. IT Department

i. Corporate Governance

The Independence Working Group should have Terms of Reference, timelines and Project Management support.

Outline Costs – as built into the Independence Business Case

Charity Conversion to Independence – Estimated Project Costs	
Requirement	Cost
Trustee recruitment (Charity Board)	£20,000
Legal Fees	£30,000
Professional services/registration fees	£20,000
Project management/ admin support	£30,000
IT Equipment purchase costs	£15,000
Total	£115,000

REFERENCES

Only PDFs are attached



Bo.3.25.27 - CFC Terms of Reference (cover).pdf



Bo.3.25.27 -Appendix 1 - Draft Charitable Fund Committee TOR (track changes).pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.27

Charitable Funds Committee terms of reference

Presented by	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Author	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Lead Director	Reneé Bullock, Chief People and Purpose Officer		
Purpose of the paper	To present a proposed amendment to the Committee's terms of reference		
Key control	N/A		
Action required	For approval		
Previously discussed at/informed by	Charitable Funds Committee on 4 February 2025		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

The Charitable Funds Committee terms of reference were last reviewed and approved by the Board in November 2024.

The Charitable Funds Committee reviewed the Terms of reference at its meeting in February 2025.

There is one change proposed to the Committee membership as shown in track changes at Appendix 1 which relates to the removal of the Chief Operating Officer and the addition of the Director of Strategy and Transformation.

The Director of Strategy and Transformation is now the Lead Executive with responsibility for Bradford Hospitals Charity.

Recommendation

The Board is asked to approve the amendment to the Committee Terms of Reference, as attached as Appendix 1.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.27

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Choose an item.
Care Quality Commission Fundamental Standard: Choose an item.
NHS England Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Charitable Fund Committee Terms of Reference

Purpose	<p>Status and overall purpose of the Charitable Fund Committee</p> <p>Bradford Teaching Hospitals NHS Foundation Trust (“the Trust”) is the sole Corporate Trustee of Bradford Hospitals Charity (“the Charity”). The responsibility for the management and use of funds held by the Charity lies with the Trust’s Board of Directors.</p> <p>The Charitable Fund Committee (“the Committee”) is a Committee of the Board of Directors. Its purpose is to provide assurance to the Board that the Trust’s charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales and to ensure compliance with the charity’s own governing document.</p> <p>It does not remove from the Board the overall responsibility for this area but provides a forum for a more detailed consideration of charitable matters and allows for direct contact with the Charity Commissioners where necessary.</p> <p>Scope and Objects of the Charity</p> <p>The Charity has as its sole objective to use its funds:</p> <p>“For any charitable purpose or purposes relating to the NHS wholly or mainly for the services provided by Bradford Teaching Hospitals NHS Foundation Trust”.</p> <p>The Charity seeks to achieve this objective, giving consideration to general guidance on public benefit, by two main routes.</p> <p>Firstly, the Corporate Trustee works to identify significant projects to which it can contribute or which it can wholly fund. It actively enhances the refurbishment of wards and clinical areas from basic specifications to higher quality.</p> <p>Secondly, there are hundreds of staff working at a sub-fund level to identify small but valuable differences where Charitable Fund monies can deliver benefits to patients / staff, such as attendances at extra training courses or conferences.</p> <p>What is Public Benefit?</p> <p>To be charitable, spending must demonstrate sufficient public benefit in what it aims to achieve.</p> <p>Patient focused expenditure within the NHS (unless directed mainly towards private patients) will generally meet this public benefit test.</p>
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Responsible to	Board of Directors
Delegated authority	<p>The Committee is authorised by the Board of Directors to monitor all aspects of activity within Bradford Hospitals Charity as set out within its governing document registered with the Charity Commission.</p> <p>The Committee is authorised by the Board of Directors to obtain as and when required external independent professional advice through normal business processes and to secure the attendance of outside parties with relevant experience and expertise if this is considered to be appropriate.</p>
Powers of Trustees and their responsibilities	<p>Trustees have and must accept ultimate responsibility for directing the affairs of a Charity, and ensure that it is solvent, well-run, and delivering the charitable outcomes for which it has been set up.</p> <p>Bradford Teaching Hospitals NHS Foundation Trust is a corporate body and is the Corporate Trustee of the Charity, acting through the Trust's Board of Directors. Members of the Board of Directors and the Committee must act in accordance with the responsibilities and duties of charity Trustees as set out below.</p> <ol style="list-style-type: none"> 1. Ensure the Charity is carrying out its purposes for the public benefit 2. Comply with the Charity's governing document and the law 3. Act in the Charity's best interests 4. Manage the Charity's resources responsibly 5. Act with reasonable care and skill 6. Ensure the Charity is accountable
Duties	<p>The duties of the Committee are to:</p> <ul style="list-style-type: none"> • Ensure that the Charity complies with current legislation; • Review new legislation and its impact on the Charity; • Set and review an investment policy for the Charity; • Appoint brokers to manage the Charity's funds if required; • Review the performance of the Charity's investments as managed by its brokers; • Set and review an investment policy including the use of investment gains; • Review individual fund balances within the overall Charity on a regular basis; • Seek expenditure plans from individual fund holders where funds are currently not being used; • Agree guidance and procedures for fund holders; • Review audit recommendations;

- Review the Annual Accounts for the Charity; and
- Review the Annual Reports for the Charity.

The Committee may delegate any of its powers or functions to a subcommittee of two or more members but the terms of any such delegation must be recorded in the minute book.

The Committee has the power to delegate all investment decisions to the appointed investment broker.

Financial Controls

Financial controls are an essential part in assuring all stakeholders that a charity's property is safeguarded, is managed efficiently and that sound governance arrangements exist.

The Chief Finance Officer is responsible for implementing an internal control system which clearly shows areas of responsibility and lines of authority. These are set out in the following internal documents set by the Committee in the governing document.

- Expenditure policy
- Investment policy
- Reserve policy

Annual Report and Return of Accounts

Acting on behalf of the Corporate Trustee, the members of the Committee must comply with their obligations under the Charities Act 2011 (as amended) with regard to:

- the keeping of accounting records for the Charity;
- the preparation of annual statements of account for the Charity;
- the auditing, or independent examination, of the statements of account of the Charity;
- the preparation of an annual report and the sending of it together with the statements of account to the Charity Commission; and
- the preparation of an annual return and its transmission to the Charity Commission.

Accounts must be prepared in accordance with the provisions of any Standard of Recommended Practice (SORP) issued by the Charity Commission.

Sub-Groups	Charity Operational Committee
Chairing arrangements	<p>General meetings shall be chaired by the Non-Executive Director appointed as Chair of the Committee.</p> <p>If there is no such person or he or she is not present, a Non-Executive Director nominated by the Committee members shall chair the meeting.</p>
Membership	<p>The Committee membership shall comprise:</p> <p>Three Non-Executive Directors, one of whom shall be appointed as Chair of the Committee</p> <p>The Chief Executive</p> <p>The Chief Finance Officer</p> <p>The Chief Operating Officer The Director of Strategy & Transformation</p> <p>An individual shall cease to be a member of the Committee if he or she;</p> <ul style="list-style-type: none"> • Ceases to be a Director of the Trust; or • Is disqualified from acting as a Trustee by virtue of section 178 of the Charities Act 2011 (as amended).
In attendance	The Deputy Director of Finance and Board Secretary will be in attendance.
Secretary	Secretarial support will be provided by an Executive Assistant.
Quorum	<p>No business shall be transacted at any general meeting unless a quorum is present. A quorum is a minimum of three Committee members including at least one Executive and one Non-Executive Director.</p> <p>Each member shall have one vote but if there is an equality of votes the person who is chairing the meeting shall have a casting vote in addition to any other vote he or she may have.</p>
Frequency of meetings	<p>The Committee shall meet four times per year unless the Committee agrees a different meeting schedule.</p> <p>A minimum period of notice is required to hold any general meetings of the Committee of at least seven calendar days.</p> <p>The members present at a meeting may resolve that the meeting shall be adjourned.</p> <p>At the request of the Chair, the Committee may hold meetings by</p>

	telephone, video link or by email exchange. Normal rules relating to quoracy will apply to such meetings. These meetings will be deemed as standard meetings of the Committee.
Circulation of papers	Papers will be distributed a minimum of four clear working days in advance of the meeting.
Reporting	<p>The Committee must keep minutes of all:</p> <ul style="list-style-type: none"> • meetings of the Committee and sub-committees including the names of the members present at the meeting; and • the decisions made at the meetings and where appropriate the reasons for the decisions. <p>The Chair of the Committee is responsible for reporting to the Trust Board on those matters covered by these terms of reference through a regular written report. The minutes of the Committee shall also be submitted to the Trust Board for information and assurance. The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure, or may require executive action. The Committee will present a written annual report to the Trust Board summarising the work carried out during the financial year and outlining its work plan for the future year.</p>
Date agreed by the Charitable Fund Committee:	6 November 2024 <u>6 February 2025</u>
Date approved by the Board:	28 November 2024 <u>26 March 2025</u>
Review date:	<p>28 November 2025</p> <p>The Committee shall review the terms of reference annually, and any amendments required shall be put before a meeting of the Board of Directors for approval.</p>

REFERENCES

Only PDFs are attached



Bo.3.25.28 - HLRR - Board cover paper.pdf



Bo.3.25.28 - Appendix 1 - March 2025_All open Operational Risks with a current scoring of 15 or over (as at 25.02.2025).pdf



Bo.3.25.28 - Appendix 2 - Risk on a Page Report v1.pdf



Bo.3.25.28 - Appendix 3 - Target Mitigation Date Changes.pdf

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.28

High Level Risks

Presented by	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives		
Key control	Understanding the Board's risk appetite related to the achievement of the Trust's strategic objectives is a key component of the Board Assurance Framework		
Action required	For assurance		
Previously discussed at/informed by	<ul style="list-style-type: none"> ETM: 10 February and 3 March 2025 Quality Committee: 20 February and 20 March 2025 People Academy: 12 February and 12 March 2025 Finance and Performance Committee: 19 February and 19 March 2025 		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

All **operational** risks scoring 15 and above (high level risks) are escalated to the Executive Team Meeting (ETM) on a monthly basis and then to the relevant Committees and the Board.

At its meetings on 10 February and 20 March 2025, ETM considered a summary of all high level risks, including any new risks, closures and changes in score, and those risks which had passed their review date.

The Committees reviewed the high level risks within their remit at their meetings during February and March 2025.

The HLRR, showing all high level risks rated 15+ for March 2025, is attached at Appendix 1.

High Level Risks Report on a Page

The document at Appendix 2 provides a visual overview of all high level risks at BTHFT as at November 2024, and shows trends over a number of cycles and flags areas that ETM, the Committees and Board may wish to consider.

The following information is included:

- An overview of the risk profile, with details of the total number of high level risks.
- An overview of whether scores are increasing, decreasing or staying static.
- A graph showing the changing number of risks on the register.
- Static risks which demonstrates over time how long risks have remained static for. A risk that remains static over a number of months may be an indication that further work is required to control the risk.

Target Mitigation Dates

Risks beyond their target mitigation date

There are no risks beyond their target mitigation date.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.28

Changes to target mitigation dates

The document at Appendix 3 provides a detailed overview of all current high level risks and the number of changes made to the target mitigation date for each risk since it was created.

New risks to the High Level Risk Register (HLRR)

Since the last report to the Board, two new risks have been accepted onto the HLRR.

Risk ID:	Score:	Target Score:	Risk Description:	Lead Director:	Target date:	Committee:
February 2025:						
48	16	8	Increase in reported harm associated with hospital acquired pressure ulcers.	Karen Dawber, Chief Nurse	31 March 2025	Quality Committee
2692	16	4	The National Maternity Early Warning Score (MEWS) was implemented on the 13/11/2024 on EPR. It has been identified that there are specific rules and parameters that work in the background of the Digital MEWS. The rules and parameters determine whether a complete MEWS can be completed. Furthermore, the additional concerns are still not listed is single questions with a yes/no response for each. This therefore does not provide assurance that each additional concern has been addressed and answered individually.	Karen Dawber, Chief Nurse	31 March 2025	Quality Committee

There were no new risks in March 2025.

Risks which have been removed/closed

One risk has been closed since the previous report.

Risk ID:	Previous Score:	Risk Description:	Lead Director:	Reason for closure:	Committee:
512	15	(Staffing) Maternity staffing issues due to long and short term sickness	Karen Dawber, Chief Nurse	In view of the favourable staffing position and continued controls and mitigation in place to manage absence, the staffing risk is negligible and therefore the risk will be resolved. Residual risk score also lowered to 3 from initial projection.	People Academy & Quality Committee

Risks which have changed in score

Three risks have changed in score since the last report to the Board:

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.28

Risk ID:	Current Score:	Previous Score	Target Score:	Risk Description:	Lead Director:	Target date:	Academy:	Reason:
February 2025:								
607	16	20	8	Constraints within the Histopathology Reporting Service	Ray Smith, Chief Medical Officer	31 March 2025	Quality Committee	Over January and February 2025, it is expected that 5 additional NHS Locum consultants who have been appointed will come into post. This would bring the total up to 14 consultants, the best position for some years. On that basis, the risk has been reduced from 20 to 16. It is likely that the risk will be able to be reduced further once the consultants have started with us.
221	12	16	8	Deteriorating Condition of the Pharmacy Aseptic Unit Facility and Equipment	Sajid Azeb, Chief Operating Officer	3 March 2025	Finance and Performance Committee and Quality Committee	New Fan unit put into air handling unit which replaced the old style fixed speed belt and gear motor. This unit is more efficient and allows increase and decrease of fan speed. We have increased fan speed and are now achieving 20 air changes per hour throughout the unit meeting recognised standards for air change rates. Subsequently pressure differentials have increased within the unit therefore reducing the likelihood of ingress of bacteria and contaminants from outside, as well as flushing any contaminants from personnel and the filter/housing issues out of the unit quickly. Additional validated cleaning and decontamination remains in place as best practice and microbiological testing results remains good and amongst the best in the region with very good control of the environment despite the remaining issues with filters and fabric of the unit. Move to modular unit is progressing.
2605	10	16	8	The Meadows - Chemotherapy Day Unit Capacity	Ray Smith, Chief Medical Officer	31 March 2025	Finance and Performance Committee and Quality Committee	Assessment suggests that the risk will increase once more in the next 12 months however 10 is the current risk score after all mitigation in place.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.28

No risk scores changed during March 2025.

Risks beyond their review date

There are no risks beyond their review date.

Recommendation

The Board is asked to confirm whether it is assured that all risks on the High Level Risk Register are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.28

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients, delivered with kindness				g		
To deliver our financial plan and key performance targets				g		
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications	Yes	No
Risk register and/or Board Assurance Framework Amendments		▪
Quality implications		▪
Resource implications		▪
Legal/regulatory implications		▪
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS England: <i>Risk assessment framework, quality governance framework, code of governance</i>
Care Quality Commission Domain: <i>well led</i>
Care Quality Commission Fundamental Standard: <i>good governance</i>
Other (please state):

Relevance to other Board of Director's Committee:	
Audit Committee	Other (please state)
▪	Committees

All Open Operational Risks with a current scoring of 15 or over (as at 25/02/2025)

Consequence	Likelihood	Rating
(1) Negligible	(1) Cannot believe that this will ever happen again	15 to 25 Extreme
(2) Minor	(2) Do not expect it to happen again but it is possible	8 to 12 - High
(3) Moderate	(3) May recur occasionally	4 to 6 - Moderate
(4) Major	(4) Will probably recur, but is not a persistent issue	1 to 3 - Low
(5) Catastrophic	(5) Will undoubtedly recur, possibly frequently	

Risk Register Id	Legacy ID	Date of Entry	Lead Director	Risk Lead	Source of risk	Assuring Committee or Academy Summary	Risk Title	Description of Risk	Next review date	Rating (Initial)	Consequence (Initial)	Likelihood (Initial)	Rating (residual)	Consequence (residual)	Likelihood (residual)	Control measures in place at the time of entering the risk on to the Risk Register	Summary of Risk Treatment Plan	Target date for implementation of mitigation	Consequence (current)	Likelihood (current)	Rating (current)
171	3748	15 Feb 2022	Ray Smith	Jen Green	Business Meeting	Quality Committee Finance and Performance	(Service delivery/Capacity) Renal Services Capacity	<p>Renal Services Capacity</p> <p>There is a risk that as the demand for hemodialysis (HD) at Bradford Teaching Hospitals NHS Foundation Trust renal dialysis units has reached the available capacity and that it will not be possible to provide timely dialysis for some patients.</p> <p>Increasing demand within the local demographic and an aging and limited foot print has created a risk that any loss of capacity could lead to clinical harms for patients resulting from sub optimal dialysis provision as the only means of managing dialysis across the patient group.</p> <p>There is a high risk of increasing down time at the St Luke's site and the satellite unit at Skipton because of the aging infrastructure. Loss of either facility for an extended period would be unsustainable without seeking support from organizations both within and without the region.</p>	31 Mar 2025	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	8	(4) Major	(2) Do not expect it to happen again but it is possible	<p>Patients who cannot be dialysed in a timely way are monitored and clinically managed on a daily basis.</p> <p>We are providing twice weekly dialysis (instead of 3 sessions) where it is clinically appropriate, this is not to manage capacity.</p> <p>Patients who require urgent care through lack of timely dialysis can be brought to BTHFT for treatment as acute patients, however capacity to deliver this is very limited, and emergency/ reactive dialysis carries a high degree of risk of adverse outcomes and would place severe unsustainable stress our on call emergency dialysis service which should be reserved for acutely ill inpatients.</p> <p>Specialist nurse staffing is augmented by TNR and agency staff</p> <p>Additional staffing capacity has been built into the rota using existing staff.</p> <p>Patients are encouraged to take up peritoneal dialysis where clinically appropriate and where possible with the restricted theatre availability. We have introduced a fluoroscopic PD catheter insertion service and are strongly promoting home-based</p>	<p>26/10/24 - Last remaining twilights at Skipton have now opened. A paper was submitted to ETM in September to increase capacity by opening Sundays at St Luke's. Consultation with staff and patients required, capacity not expected to come on line until February 2025</p> <p>14/08/24 Current risk remains. The CSU is planning to open the remaining twilight shifts from September/October. Feasibility study into possible expansion at Skipton has been requested and will be subject to business case approval and AGH not utilising the space</p> <p>03/05/24 Skipton twilights (Monday, Wednesday and Friday) are now open.</p> <p>11/04/24 After staff consultation, the CSU is due to open dialysis slots at Skipton from 22/04/24 on Monday, Wednesday and Friday initially. Discussion ongoing with Execs and Specialised Commissioning regarding funding and growth.</p> <p>11/11/23 Given Skipton is now the only available site with capacity and is expected to be utilised from January 2024 with capacity for 20 patients, the risk likelihood has been increased meaning the overall risk score is now 20.</p> <p>15/09/23 3 business cases to increase Renal dialysis were approved at Planning Committee this week . Recruitment approval process to begin for the expansion at St luke's . Skipton expansion will start the</p>	31 Mar 2025	(4) Major	(5) Will undoubtedly recur, possibly frequently	20
290	3627	10 Feb 2021	David Moss	Chris Davies	Business Continuity	Health and Safety Quality Committee Finance and Performance	Estates Critical Infrastructure Risk	<p>If the Trust does not invest significant capital resources to reduce the identified backlog maintenance and critical infrastructure risk of its estate, significant business continuity impact due to failure of estates infrastructure / engineering systems / building fabric will be experienced.</p> <p>The Trust has identified backlog maintenance and critical risk remedial works calculated at £103m (excluding associated asbestos abatement estimated at a further £30m).</p> <p>Due to the limited financial capital allocations available to the Trust to support the associated risk prioritised remedial work plan, the Trust is unable to significantly reduce the business continuity risk associated with failure of the estate and its engineering system and catch up with the expediential life expiry of the estate.</p> <p>This risk will remain on the risk register, as a high risk, for the foreseeable future in the absence of significant back-log maintenance funding and /or funding to allow the strategic development of the estate including the development of a new hospital. As the backlog maintenance is addressed additional works are required including unforeseen infrastructure failure.</p>	07 Mar 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	15	(5) Catastrophic	(3) May recur occasionally	<ul style="list-style-type: none">•An identified backlog maintenance programme of work has been identified•Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken.•A current facet survey inspection is being undertaken to identify and allocate funding resources.•Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.	<p>February 2025: C&D block temporary staircase opening W/C 27th Jan. Q4 works progress. 2025 20% 6 facet survey to commence in Feb which will review and update the £102m position.</p> <p>January 2025: Q4 works continue as planned and the priority remains on fire safety upgrades however new additional works are now in the program and the budget / cash flow has been amended to match. Additional works include: SLH renal drainage upgrade, C&D block temporary staircase (to be complete the end of Jan), urgent roof remedials and replacement across the organisation. Emergency lighting upgrade in maternity inline with the refurbishment work. Asbestos abatement in the BRI duct.</p> <p>March 2024: The back-log program continues and planning for 24/25 is underway which includes, fire alarm, compartmentation and emergency light upgrades (year 2 of 8), plans to decontaminate the BRI duct continues. Plans to replace the SLH C&D block heritage bridge link continues with the planners and designers. Stakeholder groups continue.</p> <p>Nov 2023: Fire Safety scheme continues to progress, maternity building 80% complete, autronica system / phase 1 one progressing on the main BRI site. Cost in for Daisy Bank roof - £500k+</p> <p>Sept 2023: The 5 year programme continues to progress using the allocated budget.</p>	30 Apr 2026	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	20
2542		04 Apr 2024	Ray Smith	Jill Parkinson	Risk Assessment	Quality Committee	Haemonetics Blood Track Kiosks End of Life	<p>The Haemonetics Blood Track kiosks at BTHFT are now 'end of life'. If there is a mechanical failure Haemonetics will be unable to repair the kiosk/s rendering part / all of the system unusable. This means the paper traceability process will be used to collect blood / blood components and to verify the traceability / fate of all blood / blood components. This results in:</p> <ul style="list-style-type: none">- A less effective process which will reduce traceability compliance for BTHFT. Traceability is a legal requirement as stipulated in the Blood Safety and Quality Regulations (BSQR 2005) and by the Medicines Healthcare Regulatory Authority (MHRA). BSQR and MHRA stipulate hospitals must maintain 100% traceability of all blood / blood components for 30 years.- Potential for staff to fail to manually check the time the blood / blood component has been out of temperature-controlled storage which could result in harm to a patient.- Extra time involved to manually check traceability compliance.	08 Apr 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	1	(1) Negligible	(1) Cannot believe that this will ever happen again	<p>Staff are competency assessed bi-annually on both the electronic and paper blood collection process and receive theory training bi-annually on paper traceability.</p> <p>New Blood Track kiosks have been purchased by BTHFT .</p>	<p>20.02.25: HTC held by videoconference 04.02.25. Once Haemobanks, which includes new kiosks, are installed the risk to the organisation will be eradicated. We cannot mitigate the risk further until Blood Track TX is implemented. Next HTC 01.04.25.</p> <p>05.12.24: HTC held by videoconference 03.12.24. Once Haemobanks, which includes new kiosks, are installed the risk to the organisation will be eradicated. We cannot mitigate the risk further until Blood Track TX is implemented. Next formal HTC 04.02.25.</p> <p>07.08.24: HTC held by videoconference 06.08.24. Once Haemobanks, which includes new kiosks, are installed the risk to the organisation will be eradicated. We cannot mitigate the risk further until Blood Track TX is implemented. Next formal HTC 12.11.24.</p> <p>29.07.24: The lock on the main blood issue fridge is now fixed, therefore the fridge is now back in use.</p> <p>18.07.24: The lock which is part of the blood track kiosk on the main issue fridge in pathology has now failed. This has resulted in the blood being moved into a storage fridge in the transfusion laboratory. An engineer from Haemonetics is visiting the trust WC 22nd July to review the lock and advise if it can be fixed. Reported to MHRA ref: 2024/007/018/HV1/012 IRIS: #6699. MHRA have since excluded the report from their annual report. SHOT will review it for data analysis purposes.</p>	08 Apr 2025	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	20

2566		12 Apr 2024	Sajid Azeb	Sarah J Buckley	Risk Assessment	Quality Committee	Delayed Discharges to Adult Social Care	If we are unable to facilitate timely discharge of patients due to changes in the provision of social care, then we will struggle to meet our commitment to close our additional winter beds, incur financial costs, and experience an increased in 12-hour breaches, Accident & Emergency Department (AED) overcrowding, bed waits, and ambulance delays. This will result in an increased risk to patients, increase in patient safety alerts, decrease in quality of care, an increased financial risk to the Trust, and a reputational risk.	31 Mar 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	-Ward staffs to ensure that patients risk assessments are in updated. -Development of IMC blueprint to improve discharge planning and timely discharges within 24 hours of no longer meeting criteria to reside -Patients are only transferred to ward 27 when they no longer meet the criteria to reside and there is no known discharge date, when this has been approved by a senior reviewer considering the impacts of the transfer to an alternative ward on psychological and physical health and well-being. -Mixture of patients on ward 27 creating increasing difficulties for staff on the wards to provide appropriate care. -Additional audits completed provided by matron to ensure that all care plans are in place, monitored and reviewed -Winter pressure wards opened to create excess capacity to meet demand. -Requirement for a medically optimised for discharge ward (27). - Request a speciality review in the department, consideration of elderly virtual ward pathway (where appropriate). Patients are provided with an hospital bed (non-pressure relieving) and oral or intravenous nutrition (where appropriate).	04.02.2025 - BTHFT offer made to BDCT to fund 3 months therapy support to HFAST. Meeting between Execs and MSK/Therapies CSU on 5th March 2025 to determine plan for ongoing therapy provision following this 3 months support from BDCT. 20.01.25 - CBMDC have advised the Trust that the growing demand that is being received by BEST and CBMDC Therapy is no longer sustainable. People coming out of hospital on HFAST are more complex, still needing a lot of therapy input from community teams and requiring larger packages of care from BEST which is putting pressure on their (BEST and CBMDC Therapy) current capacity. The community reviewing team are also experiencing capacity issues which is impacting CMBDC's ability to reduce BEST caseloads. There is currently no therapy input provided from BTHFT or CBMDC for people discharged on HFAST. The model has been piloted with acute therapy involvement at various levels (supporting triage within MAIDT, Therapist on call, attending home visits and supporting assessments only when required) but due to the demand within the acute setting this was withdrawn in December 2024. CBMDC therapy is not funded to provide input into HFAST, but they are still receiving and picking up referrals (out of good will) in the community to support the needs of those patients that are more complex (moving and handling, assessments for larger/complex pieces of equipment). BEST provide support in the community across all pathways, not just	30 Jun 2025	(4) Major	(5) Will undoubtedly recur, possibly frequently	20
2604		04 Jul 2024	Karen Dawber	Mayada Elsheikh	Risk Assessment	Quality Committee Finance and Performance	Emergency Department Overcrowding	The number of patients in the emergency department often exceeds its designed capacity and available resources meaning providing safe, timely, and efficient care to current and incoming patients becomes challenging.	07 Apr 2025	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	06/01/2025 Reviewed - risk remains the same. Below mitigations in place, to review again in 3 months time. 04/07/2024 OPEL framework in place and YAS ambulance handover SOP in place. Existing Trust Escalation Plans, including Winter operational response plan in place. On-site and visible CSU leadership, including On-call senior manager availability for escalation. Regular escalation through the CSU management team and site operational huddle Media campaigns to encourage patients to use alternative resources such as 111, GP, pharmacy, and the Healthy Together site. In Hours AED consultant (on-site) contacts Command Centre. Command Centre contacts 1st on call manager. 1st on call manager (on site), site matron, AED consultant and AED shift leader assess situation. Command centre via the site huddle, contact the relevant CSU representatives. Assessment of need is undertaken by silver command with bronze leads.	1. Immediate actioning of Trust-wide comms and social media campaign to inform parents of one carer policy once surge commences and SOP triggered 2. Develop an OPEL scoring system for escalation to alert the Executive team when we are under significant pressure. (Adults and Paeds) 3. Agreement from speciality teams to accept direct referrals and for ED teams to be able to send these patients directly to speciality receiving areas on their arrival to ED, including tertiary referrals and semi-elective admissions. 4. Develop business case for 24/7 consultant cover. 5. AED Pharmacist/Tech must ensure adequate stock, assist with complex prescriptions, and suggest alternatives to reduce the burden on nursing and medical staff for medication checks, issuing of TTOS, prescription reviews, and bed waits.	30 Sep 2025	(4) Major	(5) Will undoubtedly recur, possibly frequently	20
2677		23 Dec 2024	Ray Smith	Rebecca Kidd	Risk Assessment	Quality Committee	Respiratory Inpatient Capacity	Concerns re respiratory inpatient capacity, including number of respiratory HDU beds, number of ensuite siderooms and over all inpatient respiratory bed capacity.	07 Mar 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	Core Testing for respiratory viruses now accessible to the respiratory ward Daily assessment of acuity and required nursing provision underway. Paper for ETM due 13.12.2024 with an options appraisal. 08.02.2025 - Surveillance with regards to pre admission swabbing for respiratory admissions with new onset viral symptoms is underway. This appears to have led to a decrease in "pop up" viral illness patients who are already on the way in main bay thus reducing the risk of cross infection. Respiratory HDU inpatient demand has been on a downward trajectory since the second week of January further also further deducing the capacity pressure. As described the likely hood of cross infection and capacity issues has reduced so this risk has been reduced to a 15.	Options appraisal to assess appropriate ways to increase the resp HDU capacity.	01 Sep 2025	(5) Catastrophic	(3) May recur occasionally	20

607	3309	26 Nov 2018	Ray Smith	Nima Maleki	Risk Assessment	Quality Committee	Constraints within the Histopathology Reporting Service There is a risk that due to capacity constraints within the Histopathology consultant workforce there is likely to be delays in samples being reported across all tumour sites leading to longer waiting times for diagnosis. Longer waiting times will delay treatment causing harm to patients. Constraints in the workforce is due to consultant vacancies and the number of trained doctors locally and nationally do not meet demand.	31 Mar 2025	12	(4) Major	(3) May recur occasionally	8	(2) Minor	(4) Will probably recur, but is not a persistent issue	•2 locums are in place •Some work is outsourced (as and when required) •Additional sessions are covered by existing substantive staff	24/02/25 update in response to UKAS findings evidence request 161 9565 The risk score has been reduced to reflect the recruitment of Consultants. The reduction in the risk score from 20 to 16 is due to the initial mitigation to recruit Consultants which is now complete. We currently have 11 Consultants in post with a further 2 to start April 2025. The risk will remain at a 16 as recognition that there will be a period of training and assurance processes to be completed before we see the full impact of the consultant posts on turnaround times for histology reports. Risks scored at 16 or above are reviewed monthly by the Executive Team and are presented to the Quality Committee. Keeping the risk score at this level ensures continued oversight at Trust Board level and recognises the significance of the remaining risk Updated by Leah Richardson 13/1/25 - Over January and February 2025, it is expected that 5 additional NHS Locum consultants who have been appointed will come into post. This would bring the total up to 13 consultants, the best position for some years. On that basis, the risk has been reduced from 20 to 16. It is likely that the risk will be able to be reduced further once the consultants have started with us. 26/10/24 - some success in appointments, we have appointed a 6 month NHS locum and x3 12 month NHS locums (subject to finders fee) who are currently undergoing recruitment checks . Unfortunately x2 consultants leave in October. EP post has been drafted and with HR	31 Mar 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
901	3013	07 Dec 2016	Paul Rice	Daniel Kay	Business Continuity	Quality Committee	Risk of Cyber Security Threats There is a risk that cyber security attacks to healthcare organisations could impair the clinical and business operations of the Trust. A cyber security attack could result in a data leak of patient and corporate data.	24 Mar 2025	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	9	(3) Moderate	(3) May recur occasionally	Technical prevention via current firewall. Engagement with NHS Digital CareCert scheme in order to undertake external security assessment and give report and recommendations. Regular security penetration testing undertaken as part of annual Information Governance plan. The Trust has also achieved the ISO27001 accreditation, which ensures the Trust follows best practice in terms of technology, people and process.	Apr - Dec 2025 - Implementation of a SIEM to create a proactive cyber security monitoring process. Jan - Dec 2025 - Senior Cyber Security Analyst needs to be recruited to enable Cyber Security Monitoring & Vulnerability Management. April 2025 - Implementation of ADAudit and Password Manager Pro (Security Tools) June 2025 - DSPT/CAF Submission & Audit April 2025 - Revised and Simplified set of Security Standards and working practices. Jan - July 2025 - ISO 27001 - Re-certification Jan - Apr 2025 - Review of BTHFTs ISMS and reviewed against DSPT/CAF, ISO27001:2022 and Cyber Essentials + March 2025 - Incident Management Framework Revised and improved based on testing. Feb 2025 - Incident Exercise (Table top) - Test the BTHFT Incident response plans and processes. Jan 2025 - Vulnerability Management Standard, dashboard and review. Dec 2024: Plans to implement further controls such as enforced MFA, Conditional Access rules for outside the UK access. These plans to be approved via the Technical Design Authority (TDA) in the next few months. July 2024: Cyber Manager appointed and will start in September 2024. In addition the IT Ops team have completed Cyber First Responder Training. There has also been a Cyber Incident table top exercise completed with PenTest Partners. - CH	30 Aug 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2509	16 Feb 2024	Karen Dawber	Louise Lacy	Business Continuity	Quality Committee	CYP Autism and ADHA Assessment Waiting Times The average waiting times for Autism and ADHD assessment is currently 42 weeks with the longest wait 110 weeks. The significant numbers awaiting assessment have a risk of delay in diagnosis and impact on long-term development. The average waiting times for Autism and ADHD assessment is currently 42 weeks with the longest wait 110 weeks. The significant numbers awaiting assessment have a risk of delay in diagnosis and impact on long-term development If the long waiting times continue then Children and young people will have a delayed assessment and initiation of support services. Resulting in a delay in diagnosis; with an impact on • the long term development of the child o delay in access to appropriate education and support o reduction in life opportunities o increase in unnoticed mental health issues o older children who could reach crisis (for e.g. self-harm) • increased parental queries/anxiety about the child • staff wellbeing and increased work load demands	07 Apr 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	9	(3) Moderate	(3) May recur occasionally	Signposting for parents/carers to support agencies is provided when accepted for autism assessment, including the BEAT programme commissioned from AWARE VCS. Many support agencies can be accessed without a diagnosis. Staff have worked to make efficiencies in the pathway to increase capacity, e.g. non face to face elements, recent changes in pathway and working collaboratively between providers to reduce waiting times or hold ups. They offer support where possible to adhoc contacts from parents and carers requiring advice. Signposting for parents/carers to support agencies is provided when accepted for autism assessment, including the BEAT programme commissioned from AWARE VCS. Many support agencies can be accessed without a diagnosis. Staff have worked to make efficiencies in the pathway to increase capacity, e.g. non face to face elements, recent changes in pathway and working collaboratively between providers to reduce waiting times or hold ups. They offer support where possible to adhoc contacts from parents and carers requiring advice. Signposting to support agencies is provided when	1. BTHFT Autism Assessment Pathway Implementation Project- ongoing changes to pathway 2. Ongoing involvement in System wide Autism pathway development reviewed 17/09/2024 no changes further review of RA in 3 months Reviewed October 2024 - no change to score Internal review of pathways and new Follow up pathway to implement Nov 24. This will reduce requirement for number of follow ups and focus on PIFU. BDCT developed a proposal for Centre of Excellence, new pathway that streamlines all 3 providers. For presentation at PLE in Nov and anticipated start date April 25. Summary paper of changes presented at AGA and ETM Oct 24 by the CSU Update 02/01/2025 a proposal by BDCT for Centre of Excellence was being submitted to PLE in Dec, we are awaiting the outcome. The score remains the same 07 Feb 25 The Model for centre of excellence approved at PLE ib Dec 2 however need clarity of what funding has been approved. The next steps are: 1. ICB contracting team to review and consider if lead provider needs to be put to tender	27 Dec 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16	

2549		05 Apr 2024	Ray Smith	Jen Green	Risk Assessment	People Quality Committee	<p>Workforce Constraints within Non-Surgical Oncology (NSO)</p> <p>There is a risk that the current NSO workforce within BTHFT and also WYAAT can't continue to support the current NSO model of care within the region, which will delay cancer treatment causing harm to patients.</p> <p>The delivery of NSO services has become significantly challenging in recent years due to:</p> <ul style="list-style-type: none">• growth in the prevalence of cancer• increase in treatments and complexity of treatment regimens meaning we are treating more patients and for longer• significant national vacancy levels in the Consultant medical oncologist workforce where numbers of trained specialists have been outstripped by demand• workforce pressures across all NSO professional groups including specialist nursing, SACT nursing, Advanced Clinical Practitioners and pharmacist groups <p>The above factors not only within BTHFT have led to significant pressures across WYAAT which have been particularly acute in Mid Yorkshire. As a result, mutual aid support has been required from Trusts within the region. The support offered has been dependent on tumour site in order to protect the current service.</p> <p>The NSO Programme has been tasked by WYAAT to develop</p>	30 Apr 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(4) Major	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none">• Local monitoring of waiting times with adhoc additional sessions where possible• ETM approved locum consultant• Exec sponsored involvement in NSO Programme	<p>05/02/25 - NSO options paper has been to WYAAT CEOs and WYAAT DoFs for comment but requires further work. The CSU has also provided comments on the paper. Work on outpatient modelling continues with the Programme Director for the North Sector</p> <p>26/10/24 - NSO implementation group established, first meeting 31/10/24. NSO options paper submitted with preferred option is that Oncology at BTHFT do not have a bed base</p> <p>14/08/24 - BTHFT is supporting the demand and capacity work to describe and evidence future service provision. Business case has been drafted by the WYAAT NSO Programme Director for the North Sector.</p> <p>1. Local review and response to gaps in service - Jen Green 2. Overview and support of NSO Programme - Ellie MacIver</p>	31 Mar 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2573		24 Apr 2024	David Moss	John Poynton	Governance and Risk Committee	Finance and Performance	<p>There is a risk to the Trust of reputational damage, resilience and enforcement action due to the lack of specialist internal H&S advice, oversight and support across Estates, Facilities and Capital development resulting in an elevated potential risk of harm to patients, staff, visitors and contractors.</p> <p>Project/work demand, whether pre or during construction, exceeds the available capacity within the estate capital team. This means that on and off site performance cannot be adequately monitored/checked/challenged at a level deemed necessary to ensure that all statutory/regulatory obligations are satisfied throughout the life of any project.</p> <p>External service providers are in place, however cannot/are unable to carry out all the necessary duties to ensure full compliance on behalf of the Employer.</p> <p>There is a real and evident risk that this will trigger mental health and wellbeing risk of existing NHS staff, as ALL work/process is subject to regular audit.</p> <p>This risk will not only remain during design/development/construction. If non compliance is experienced and potentially identified too late in the process, this risk will transfer into post construction activity i.e. maintenance and operation.</p> <p>There is also a risk to the general health of both staff, public and patients if for example, contaminated materials are identified and not appropriately managed/monitored.</p>	31 Mar 2025	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	<p>Temporary funding, until permanent funding provided, to procure appropriately skilled resource within the capital team.</p> <p>Appointment of external providers where able to satisfy 'some' of the employer/client obligations.</p> <p>Development of necessary H&S process/protocol(s) to satisfy statutory obligations.</p>	<p>"Business case for additional permanent resource.</p> <p>Temporary appointment of 3x competent external (consultant/agency) professional - 1x H&S, 2x PM.</p> <p>Allocating 'some' internal duties to external service providers (consultancy and/or agency), however cannot be 100% due to appointment and PI coverage.</p> <p>Appoint an appropriate consultant service provider to develop a H&S protocol/policy that recognises condition and demands upon the estate, providing necessary infrastructure, process and governance and assurance arrangements to ensure the trust satisfies its statutory obligations under statutory regulation, utilising the staff identified within said business case.</p> <p>Implement a work plan that reflects capacity of the team, ensuring risk of exceedance is mitigated.</p> <p>February 25 Update: Closing the Gap panel has approved 1 Health and Safety vacancy for the operational estates maintenance team. Now out to advert. ** Risk ID 2652 now combined within this risk** I.e the lack of Health and Safety support to the estates team</p>	31 Mar 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2653		16 Oct 2024	Ray Smith	Jane Dennison	Risk Assessment	Quality Committee	<p>Retention and Archiving of Clinical Research Records</p> <p>Lack of consistent archiving of Trust clinical research records including patient information has caused legal and regulatory risk across the organisation.</p>	31 Mar 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(2) Minor	(2) Do not expect it to happen again but it is possible	<p>Current archiving arrangements have been identified and a working group has been set up and an action plan developed and is starting to be implemented.</p>	<p>Action plan developed and is being implemented. Some steps will be completed by March 2025 with full implementation by June 2025</p>	30 Jun 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2654		16 Oct 2024	Paul Rice	Adam Griffin	Escalated from Executive Director's Meeting	Quality Committee	<p>Clinical Coding (Financial, Reporting and Patient Documentation Completeness)</p> <p>Financial: If we are unable to deliver and maintain data recording, coding and transactions then the Trust will not be correctly compensated for the clinical activities and procedures it is undertaking.</p> <p>Reporting: If we are unable to deliver and maintain data recording, coding and transactions then any national metrics submitted by BTHFT will be incorrect, and may attract adverse scrutiny from stakeholders such as NHS England, West Yorkshire ICB and the associated press.</p> <p>Patient Documentation Completeness: If the depth and accuracy of clinical coding and patient documentation is incomplete or inaccurate, there is a risk that future care could be compromised due to this missing information.</p> <p>Reputational: If we are unable to rectify and correct clinical activity data which reflects a sub-optimal position in terms of quality and/or safety, there is a risk that external bodies will view this as a lapse of governance.</p>	28 Feb 2025	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	8	(4) Major	(2) Do not expect it to happen again but it is possible	<p>1. Clinical Coding Department focusing on backlog activities</p> <p>2. Performance and monitoring arrangements</p> <p>3. Clinical Coding Training</p> <p>4. Coding Recovery Programme</p> <p>5. Planned objectives to redesign the totality of coding/clinical recording/financial and data activities.</p> <p>6. The overarching governance framework for these activities shall be refreshed before the end of FY 24/25.</p>	<p>A comprehensive coding recovery programme that is chaired by Adam Griff (Dept CDIO), which reports into ETM on a regular basis has been established. To reflect the positive progress that is being made, a monthly highlight report shall be produced and submitted to ETM from January 2025.</p> <p>This recovery programme was established in Sept 24, and is is focused on expediting a recovery plan to correctly, and accurately recognise clinical activities and associated data. This is dues to conclude in Apr 2025. In broad terms, the programme is focusing on:</p> <ul style="list-style-type: none">- Clearing the coding backlog- retrospectively capturing clinical activities- Increasing the awareness and education of coding activities, with follow ups in particular areas. <p>In conjunction with this recovery work is a deep-dive into the end-to-end process of recording and reporting on clinical activities (in the context of coding) which will then lead to a proposed refreshed approach to the totality of coding activities; this includes a refreshed oversight and governance arrangement. This analysis, and new operating model shall be drafted and made available in Q4 24/25, and the new TORs for this group shall be presented at QPSC in Feb 25.</p>	30 Sep 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16

2692		31 Jan 2025	Sara Hollins	Monica Parmar	Escalated from Division	Quality Committee	MEWS (new) Risk Assessment	The National MEWS was implemented on the 13/11/2024 on EPR. It has been identified that there are specific rules and parameters that work in the background of the Digital MEWS. The rules and parameters determine whether a complete MEWS can be completed. Furthermore, the additional concerns are still not listed is single questions with a yes/no response for each. This therefore does not provide assurance that each additional concern has been addressed and answered individually. This risk assessment follows on from MEWS risk assessment, which was completed on 12/11/2024	28 Feb 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(1) Negligible	(4) Will probably recur, but is not a persistent issue	1. Record keeping guideline Existing training prior to 13/11/24 IRIS reporting of MEWS 2. Escalation process is in place should a user identify that they have completed a MEWS and the score is incorrect. 3. Auditing MEWS; included will be the additional concerns The EPR team are looking at whether each additional concern can be listed individually without disrupting the rules and calculation tools that are built into the digital national MEWS	1. Further communication and user-friendly guide with 'rules' to be developed and circulated to all Maternity areas 2. Further Escalation to service provider (Oracle) that incorrect MEWS calculation on the single occasion was isolated and that there is assurance this will not reoccur 3. Digital teams to address maternity requirements for Additional Concerns tool to as requested following discussions with Oracle	31 Mar 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
30	3890	30 Aug 2023	Karen Dawber	Carly Stott	Risk Assessment	Quality Committee	USS capacity	There is a risk that the service cannot achieve the 72 hour timeframe for undertaking fetal ultrasound scans due to a lack of scan capacity	31 Mar 2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	Issues with scan capacity are escalated to the Obstetrics Team Manager and service manager USS department are asked to reschedule any routines/non-urgent patients, scope for an additional list or if they can find capacity anywhere else. Capacity availability in the next 7 days is ascertained The clinical records of the patients who will breach the 72 hour timeframe are reviewed by a Consultant to formulate a plan prioritising the patients into the next scan dates available. Some patients are invited to attend MAC/ANDU over the weekend for a well-being check and CCTG prior to the scan appointment which impacts on this areas workload. Referrals are vetted to ensure scans are justified and the correct test for the patient is being carried out	Radiology; Plans to train 2 sonographers in obstetrics 2023/2024. They will qualify the end of Summer 2024. 3. Scope how USS will be affected with additional scans in light of the new growth chart which has identified new centiles which trigger growth scans 5. Develop a paper which outlines the risks, service gaps and requirements to achieve local and national guidance and a safe standard of care to women and their unborn baby 6. Radiology to complete a risk assessment regards to ultrasound staffing and a business case to increase headcount of sonographers Simon kirk/Alison burns/K Lomas Complete 7. USS task and finish group to be held monthly with actions to enable achievement of best practice guidance of scanning within the required timeframes Carly Stott/Nada Sabir 30 August 2024 8. Monitor the number of scans performed within the required timeframe to ascertain compliance with best practice guidance and inform the risk E Quinlan/A Kundi/N O'Grady Ongoing 10/4/24 CS to update RA next month following USS capacity meeting. 24/5/2422.05.24 Regular USS task and finish group meeting have been held and progress has been made with increasing capacity to ensure women receive scans within the expected timeframes. Ongoing audit of this is in place which demonstrates that compliance with next working days scans for women presenting with RFM is 71-74% . Capacity should further improve following completion of some of the outstanding actions on the USS task and finish group action log.	31 Mar 2025	(5) Catastrophic	(3) May recur occasionally	15
56	3864	10 May 2023	Ben Roberts	Mike Page	Corporate Objective	Quality Committee	Loss of Nuclear Medicine Capability Due to Ageing Equipment	hybrid imaging units old and unreliable- failures result in reportable to cqc incidents under irmer and poor patient experience and diagnostic quality	03 Mar 2025	10	(2) Minor	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	Currently two cameras which can be each used. However both are aged. 23.10.24	Capital replacement of Gamma Camera Equipment	17 Mar 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
70	3850	29 Mar 2023	Sajid Azeb	Erin Payne	Risk Assessment	Finance and Performance People	Pharmacy Accommodation - Cramped and not fit for purpose	There is a risk to the patient care, staff wellbeing and trust finances arising from inadequate pharmacy accommodation. The key risk are: Aseptic Unit The pharmacy aseptic unit is listed as a separate risk - risk 3696. Pharmacy Dispensary The Pharmacy dispensary is cramped and can be overcrowded at busy times which increases the risk of dispensing errors. In addition to this, the cramped accommodation means the trust is unable to further automate the dispensary with the latest dispensing robots. Current dispensing robots are significantly more efficient meaning dispensing times can be further reduced and include technology such as automatic labelling which further reduces the chances of dispensing errors. The current accommodation means waiting times are longer and dispensing errors more likely than a modern automated dispensary. Pharmacy Quality Assurance / Control The quality assurance area has recently been face lifted but like other areas accommodates more colleagues than there are spaces for. In addition to this there is inadequate storage areas to store expensive equipment which may become	03 Mar 2025	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	SOPs are in place to ensure processes are as safe as possible in the current accommodation. Additional accommodation has been sought with two further portakabins provided to house colleagues. Flexible working and home working has been explored and is utilised where possible. Minor works have been undertaken to improve the accommodation including staff rest facilities. Work has been undertaken to relocate the pharmacy aseptic unit which will give opportunities to redevelop the BRI site.	Update 03/02/2025 Ongoing (see risk 221) Update 06/01/2025 Ongoing (see risk 221) for the aseptic unit. Pharmacy reception area funding approved to install air conditioning, 2 way lockers for medicines storage/collection cabinets, and upgrading of entrance door. Waiting for works start date confirmation from contractors. Update 05/11/2024 Ongoing (see risk 221) Update 07/10/2024 Ongoing validation of temporary aseptic facility. Operator validations (material transfer tests and broth simulations) starting this month (risk 221) Update 14/08/2024 Cleaning validation process is underway in the temporary aseptic unit (risk 221) Update 18/06/2024 Further delays with commissioning of temporary aseptic unit due to roof leak earlier in the year and faulty isolator requiring repair. Serviced 14/06/2024, now for deep clean.	31 May 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15

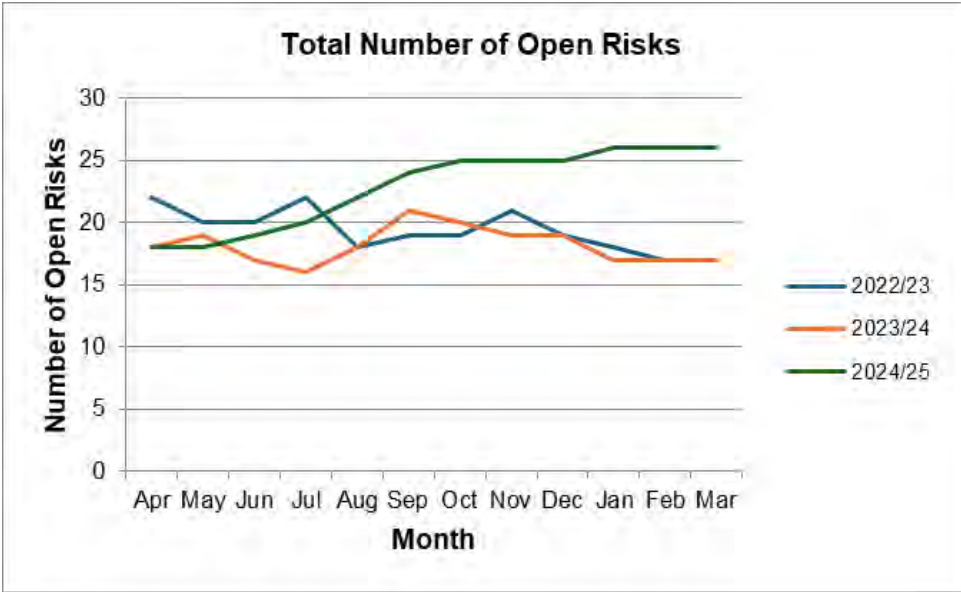
95	3824	14 Sep 2023	Ray Smith	Farah Naz	Risk Assessment	People Quality Committee	Emergency Department Medical Staff Coverage - weekend and evenings	If we are unable to provide a sufficient number of middle and senior grade doctors that meets the 24 hour capacity and demand of the Emergency Department then there may be a mismatch of patient acuity and demand versus the number and competencies of clinical decision makers on duty at any one time resulting in an increased risk of patient harm, compromised quality and performance and a negative impact on efficiency and patient flow	31 Mar 2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none">•The Trust has supported the ED with the ability to go to super sessions and agencies to support the workforce model as it stands•New medical staffing model paper in development to be presented at ETM, this will take into account the skill mix of the workforce for a 24 hour period which takes in account volume and acuity•Increase pools of ACP's, physician associates and SAS posts•Temporary winter pressures funding has been approved to cover locums i.e. increased funding for super sessions•Weekly rotas review and day to day management of rotas•Trainees in place to support medical coverage in the emergency department•Consultant cover ED on the weekend and evenings	11/02/2025 - Interviews for new consultants taking place Feb 2025 10/09/24 - Business case for additional consultants has now been approved and is in the process of phased implementation. When partially recruited the risk can be lowered. When fully implemented the risk can be closed 04/07/2024 New medical staffing model paper will be presented at ETM on the 08/07/2024 12/3/24 - Staffing paper not approved by ETM on the basis of affordability. Work underway with job plans and rotas to explore alternate means of providing safe and resilient cover. 1.New medical staffing model paper in development to be presented at ETM 2. Active management of medical rota by rota co-ordinators, concerns escalated as needed to clinical lead 03/05/24 Currently working with execs around developing safe and sustainable senior medical staffing model.	31 Mar 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
2601		28 Jun 2024	Ray Smith	Liz Kelley	Risk Assessment	Quality Committee	Cath Lab Equipment Failure	Downtime of current equipment is preventing optimal numbers of patients being seen, leading to longer waits for elective PCI and pacing work, and pressure on beds due to acute waits.	28 Feb 2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	12	(4) Major	(3) May recur occasionally	Acute waits being prioritised	See risk assessment Architect redrawing options to include shell for 2nd lab, visit planned 17/10/24 Await revised costings for redrawn options. With Sajid Lunat for scoping 30 Dec 2024	31 Jul 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
2612		15 Jul 2024	Ray Smith	Jacob Mushlin	Risk Assessment	Quality Committee People	Emergency Department (ED) Consultant review of pathology and radiology results	Consultants are allocated a 4 hour admin session per week to complete patient centred admin roles. This includes reviewing all radiology reports placed in the ED pool for review. The number of additional investigations has significantly increased since AECU came under the ED footprint with the medical teams requesting additional investigations under the ED Consultant name. IF we are overwhelmed with the number of results from pathology and radiology coming into the ED review pool THEN the significance of some results might get missed and there may be delays actioning the results. This will RESULT in potential harm to patients by missing results that may require further investigation or repeating and consequently missing potentially life-threatening conditions e.g cancers.	28 Feb 2025	15	(5) Catastrophic	(3) May recur occasionally	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none">- Consultants are allocated admin time of 4 hours per week to complete such tasks. However, the task is becoming increasingly onerous given the volume of tests ordered.- Radiology will write "CRIT" next to results such as an obvious fracture.- Consultants try to prioritise reviewing and actioning the critical radiology reports.- Consultants are having to contact inpatient teams or refer to specialty consultants to ensure patients are followed up appropriately.- Consultants are having to order additional diagnostic investigations and allocate to the ACU pool or VDW to follow up.- Staff advised to use 20-20-20 guidance.	03/10/2024 ACPs/trainees not yet able to assist in reviewing results. No admin support yet for remove results for patients already admitted to the Trust - expected date for completion revised to Nov 24 To explore whether speciality teams with patients in AECU can review all own investigations ordered through ED as part of the Outstanding programme in ED Early emerging ideas about whether a 'radiology liaison consultant' could look at unpicking issues relating to results in ED List of email contacts and pathways for use in ED to refer patients with abnormal results to the relevant MDT has been compiled and ED consultants have access to this - will continue to be added to Encouragement of regular breaks and looking after welfare whilst reviewing results has been discussed at ED and CSU governance. SOP required for this - completion date revised, now expected Nov 24 (new lead for this Jacob Mushlin) Expression of concern re volume of results in the pool to the UEIC tri-team and Exec team is ongoing (lead Jacob Mushlin) No further changes to controls since last update 1. Explore options for additional admin staff to remove inpatient results from the pool and possibly assist in the removal of normal results. 2. SOP to be developed to encourage staff to look after own health when spending long periods of time reviewing results.	28 Feb 2025	(5) Catastrophic	(3) May recur occasionally	15
2629		09 Aug 2024	Karen Dawbier	Emma Clinton	Risk Assessment	Quality Committee People	Violence and Aggression in Emergency Department	Violence and aggression continues to occur in ED resulting in a risk of harm to staff and patients both of physical and psychological harm. This will result in higher sickness/absence and reduced recruitment and retention. Incivility within a clinical setting has a significant adverse impact on staff performance and patient health outcomes. This also results in a poor patient experience and damage to the reputation of the Trust. There has been an increase in verbal abuse incidents in ED towards staff from patients and carers. The risk of abuse is directly correlated to longer waiting times, increased mental health presentations, misuse of substances including alcohol, and overcrowding. There is also a cohort of high intensity users with complex psychosocial needs that have no duty to be housed and seek refuge in ED and book in regularly as patients. There is currently no constant supervision of the waiting area by security or ED staff to identify escalating issues. This results in no intervention at a low level to prevent further escalation.	06-Apr-25	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	<ul style="list-style-type: none">• Policy for withholding treatment from violent and abusive adult patients and behaviour letters sent to patients/carers that are verbally abusive.• High Intensity user group- to devise management plans alongside police, substance team, mental health, security, homeless team, voluntary sector including social prescribing.• Close working with Security management to gather evidence for Anti-Social Behaviour interventions by West Yorkshire Police and Criminal Behaviour Orders imposed by the courts.• Daily weekday MDT huddles to discuss all patients needing social and medical interventions.• Encouraging staff to report incidents via IRIS and report incidents to the police when necessary, with a view to pursuing prosecution and providing victim or witness statements.• Environment action plan to reduce incidents of violence and aggression.• Incident debriefs• Staff offered support services such as psychology and counselling after involvement in incidents	06/01/2025 Reviewed - risk remains the same. Below mitigations in place, to review again in 3 months time. 03/10/2024 BodyCams due to arrive w/c 07/10/24 Discussed at CSU tri-team risk meeting (02/10/24) it is too soon to downgrade this risk, not yet had time to review effectiveness of mitigation. Incidents of V&A on patients and staff still occurring. Increase in incidents reported, though this may reflect active encouragement to report V&A incidents. A thematic analysis of these incidents could be useful to better understand whether there has been a change - would need to be planned and resourced. To add to QIP plan for ED/CSU 1. Body worn cameras to be purchased- business case 2. Increased security presence in ED business case 3. De-escalation/Mental Health training for staff Trust wide 4. Environment action plan actions to be funded and completed	31 May 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15

High Level Risks Report on a Page – March 2025

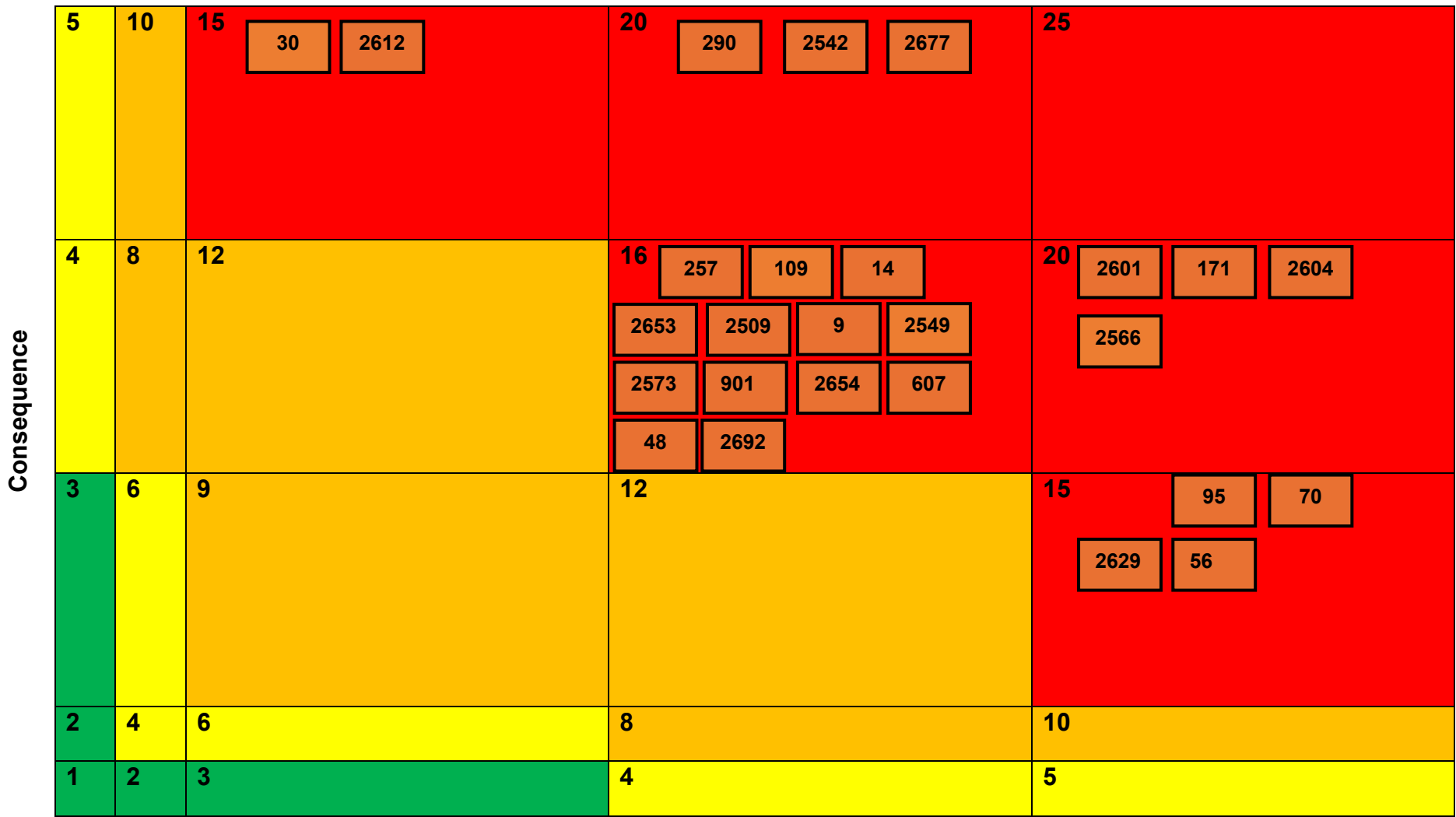
Total High Level Risks	26*
Aligned to F&PA	5
Aligned to QA	22
Aligned to PA	7
Aligned to Board	2

*Note some risks are aligned to more than one Academy

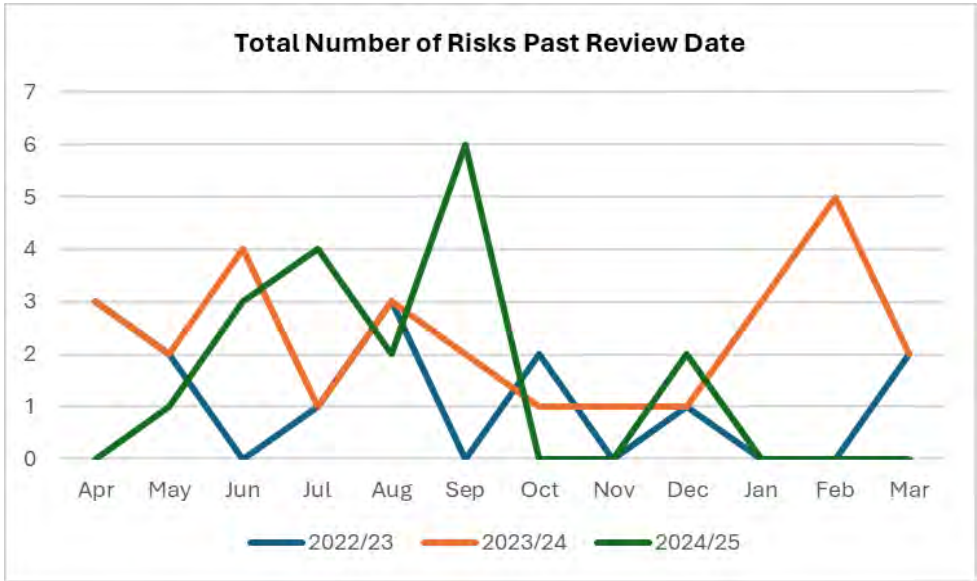
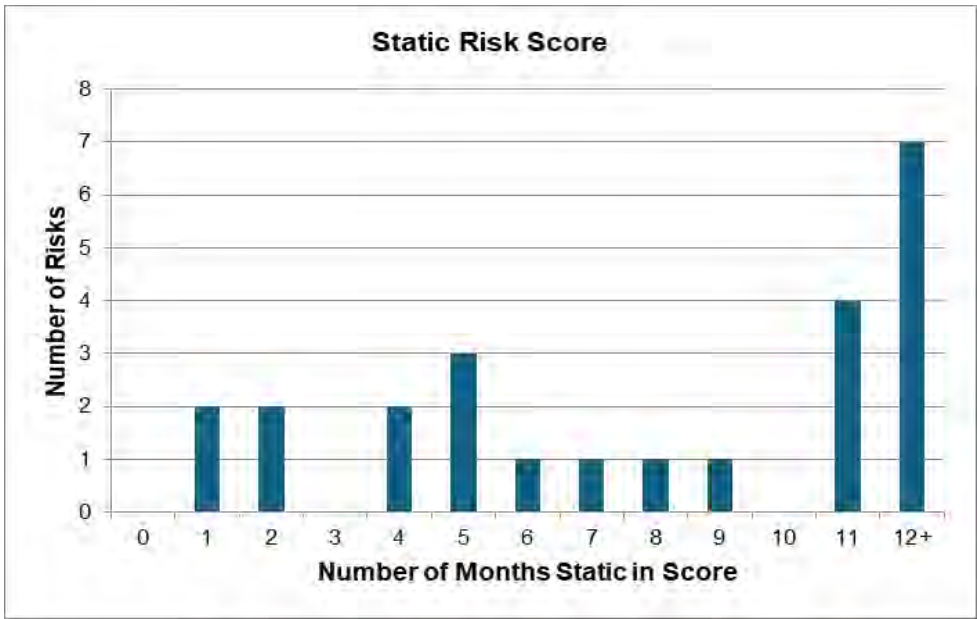
Movement of Risks	
New	0
Marked for closure	0
Risk score increased	0
Risk score static	26
Risk score decreased	0



Risk Overview



Key: New Closed Increase Decrease Static Past Review Date



Changes to Target Mitigation Date of Current High Level Risks-March 2025

IRIS ID	Legacy ID	Date of entry	Academy/ Committee	Current Score - March 2025	Target Score	Original	1st Change	2nd Change	3rd Change	4th Change	5th Change	6th Change	7th Change	8th Change	9th Change	10th Change	11th Change	12th Change	13th Change	14th Change
257	3660	25/05/2021	PA & QC	16	12	30/09/2021	31/10/2021	26/02/2022	31/03/2022	30/04/2022	31/10/2022	30/12/2022	30/06/2023	31/07/2023	31/08/2023	31/12/2023	31/03/2024	31/05/2024	02/07/2024	01/04/2025
607	3309	26/11/2018	QC	16	4	30/04/2019	31/12/2019	30/04/2020	30/12/2022	31/08/2024	31/03/2025									
109	3810	14/10/2022	PA & QC	16	6	30/10/2022	08/12/2022	01/04/2023	30/09/2023	30/09/2024	31/03/2025									
2542	N/A	04/04/2024	F&P & QC	20	1	11/06/2024	05/08/2024	19/11/2024	19/12/2024	11/02/2025	08/04/2025									
171	3748	15/02/2022	QC	20	3	31/01/2023	31/01/2024	30/09/2024	31/12/2024	31/03/2025										
30	3890	30/08/2023	QC	15	5	31/08/2024	31/05/2024	30/09/2024	31/12/2024	31/03/2025										
290	3627	10/02/2021	QC	20	10	30/04/2021	31/05/2021	31/03/2023	31/03/2025	30/04/2026										
14	3906	17/10/2023	Board	20	10	30/11/2023	31/03/2024	30/09/2024	31/03/2025											
2549	N/A	05/04/2024	PA & QC	16	4	31/03/2025	31/05/2024	31/10/2024	31/03/2025	31/03/2026										
95	3824	14/12/2022	PA & QC	15	6	28/02/2024	31/08/2024	31/10/2024	31/03/2025											
2612		15/07/2024	PA & QC	15	6	30/09/2024	03/12/2024	28/02/2025												
2601	N/A	28/06/2024	QC	15	8	31/12/2024	31/01/2025	31/07/2025												
56	3864	10/05/2023	QC	15	6	01/03/2025	17/03/2025													
901	3013	07/12/2016	QC	16	9	30/04/2024	30/03/2025	30/08/2025												
9	3911	10/11/2023	Board	16	8	30/09/2024	31/03/2025													
48		23/05/2023	QC	16	8	31/08/2023	31/03/2025													
70	3850	29/03/2023	F&P & PA	15	6	01/04/2025	31/05/2025													
2604	N/A	04/07/2024	C	20	9	01/10/2024	30/06/2025	30/09/2025												
2566	N/A	12/04/2024	QC	16	12	30/11/2024	30/06/2025													
2509	N/A	16/02/2024	QC	16	9	01/04/2024	27/12/2025	27/12/2026												
2629	N/A	09/08/2024	PA & QC	15	6	31/05/2025														
2573		24/04/2024	F&P	16	12	31/03/2025														
2653		16/10/2024	QC	16	4	30/06/2025														
2677		23/12/2024	QC	20	5	01/09/2025														
2654		16/10/2024	QC	16	8	30/09/2025														
2692		31/01/2025	QC	16	4	31/03/2025														

Key:


Target mitigation date changed since last report

Past the target mitigation date

BO.3.25.30 - ISSUES TO REFER TO COMMITTEES/ACADEMIES OR
ELSEWHERE

REFERENCES

Only PDFs are attached

 Bo.3.25.33 - Board Open Work Plan 2024-26 (1).pdf

BOARD OPEN 2024-26										
Item	Lead	Jan 25	Mar 25	May 25	Jul 25	Sep 25	Nov 25	Jan 26	Mar 26	Notes
STRATEGY										
Corporate Strategy	Director of Strategy & Transformation			x			x			
Mental Health Strategy	Chief Nurse		x			x			x	*Deferred from September
Green Plan	Director of Estates & Facilities	x			x			x		
Communications - Annual Update	Chief People & Purpose Officer		x			x				
Digital Strategy	CDIO		x	x			x			
Improvement Strategy	Chief Medical Officer	x			x			x		
Patient Experience & Engagement Strategy	Chief Nurse	x			x			x		
EDI Strategy	Chief People & Purpose Officer		x			x			x	
People Strategy	Chief People & Purpose Officer									Date TBC
Strategy - Emerging Issues	All	x	x	x	x	x	x	x	x	
QUALITY										
CQC Reports/Action Plan	Chief Nurse	x			x		x			Only when there is relevant information to report July/Nov - quarterly updates on action plan. Review frequency in November.
Infection Prevention & Control Q4 Report (Annual Report)	Chief Nurse			x						
Maternity and Neonatal Services Update	Chief Nurse	x	x	x	x	x	x	x	x	
Inpatient Survey	Chief Nurse						x			
Adults & Children Safeguarding Annual Report	Chief Nurse				x					
Research Activity in the Trust	Chief Medical Officer		x			x*			x	*Presentation from Research Team
PEOPLE										
Equality, Diversity & Inclusion Update (WRES, WDES)	Chief People & Purpose Officer			x						Presentation
Equality & Diversity Council (quarterly reporting - update)	Chief Executive		x	x		x	x		x	
Staff Survey Results	Chief People & Purpose Officer		x	x					x	
Freedom to Speak Up	Chief Nurse			x			x			
Nursing & Midwifery Staffing Establishment Review	Chief Nurse	x			x			x		
Guardian of Safe Working Hours annual report	Chief Medical Officer			x						
Medical Appraisal & Revalidation Annual Report & Statement of Compliance	Chief Medical Officer					x				
Gender Pay Gap Report	Chief People & Purpose Officer		x						x	
Workforce Report	Chief People & Purpose Officer	x	x	x	x		x	x		Quarterly - goes to People Jan, April, July, Nov
Healthcare Worker Flu Vaccination Best Practice Assurance	Chief People & Purpose Officer	x		x				x		
Apprenticeships	Chief Medical Officer		x						x	Presentation
Education Annual Report	Chief Medical Officer			x						
FINANCE & PERFORMANCE										
Finance Report (inc Closing the Gap)	Chief Finance Officer	x	x	x	x	x	x	x	x	
Performance Report	Chief Operating Officer	x	x	x	x	x	x	x	x	
Integrated Dashboard	All	x	x	x	x	x	x	x	x	
Operational Plan Submission	Chief Operating Officer / Chief Finance Officer		x						x	
Financial Plan	Chief Finance Officer		x						x	
Capital Programme	Chief Finance Officer		x						x	
Budget setting process & timetable	Chief Finance Officer						x			
Winter Plan	Chief Operating Officer						x			
Charity ISA 260, Draft Annual Report & Accounts and draft Letter of Representation	Chief Finance Officer	x						x		

BOARD OPEN 2024-26

Item	Lead	Jan 25	Mar 25	May 25	Jul 25	Sep 25	Nov 25	Jan 26	Mar 26	Notes
PARTNERSHIPS										
Health Inequalities	Director of Strategy & Transformation		x			x			x	
Partnerships - strategic view	Director of Strategy & Transformation		x		x		x		x	
GOVERNANCE / ASSURANCE										
Board Assurance Framework	Chief People & Purpose Officer	x		x	x		x	x		
High Level Risk Register	Chief Nurse	x	x	x	x	x	x	x	x	
Review of Standing Orders/SFIs/Scheme of Delegation	Chief Finance Officer / CPPO						x			
Constitution - annual review	Chief People & Purpose Officer						x			
Self Certification of Provider Licence	Chief People & Purpose Officer			x						
NED Independence Test	Chief People & Purpose Officer			x						
Compliance with NHS Code of Governance	Chief People & Purpose Officer			x						
Well Led Review & Board Self Assessment	Chief People & Purpose Officer									Date TBC
Annual Report from Academies and Committees	Committee/Academy Chairs			x						
Risk Appetite Review	Chief People & Purpose Officer			x						
Annual Fire Safety Report	Director of Estates & Facilities			x						
Annual Health & Safety Report	Director of Estates & Facilities			x						
Premises Assurance Model Progress Report	Director of Estates & Facilities						x			
Annual Security Report	Director of Estates & Facilities			x						
Violence Prevention & Reduction Standard	Director of Estates & Facilities			x			x			May - part of Annual Security Report
Data Security & Protection Toolkit	CDIO			x						
DPO Annual Report	DPO					x				
Emergency Preparedness, Resilience & Response & NHSE Core Standards	Chief Operating Officer					x				
Use of the Trust Seal	Chief People & Purpose Officer					x				
NED Champion Roles - annual review	Chair			x						
Fit and Proper Person Test - annual review	Chief People & Purpose Officer			x						
Modern Slavery Statement	Chief People & Purpose Officer						x			
COG Engagement Policy	Chief People & Purpose Officer	x		x						
STANDING ITEMS										
Patient Story	Chief Nurse	x	x		x		x		x	
Getting to know the CSUs	Chief Operating Officer/Chief Medical Officer/Chief Nurse			x		x		x		
Chair's Report	Chair	x	x	x	x	x	x	x	x	
Chief Executive's Report	Chief Executive	x	x	x	x	x	x	x	x	
Chair's report from Academies and Committees	Committee/Academy Chairs	x	x	x	x	x	x	x	x	

Key:
Planned item
Planned item deferred to future meeting
Planned item cancelled and not re-planned in / state reason in notes
Item discussed at the meeting