

Council of Governors: held in public

Wed 10 September 2025, 17:00 - 18:30

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

Agenda

- 17:00 - 17:05
5 min

1. Welcome and apologies for absence (verbal)
Linda Patterson
 Item 01.0 - Council of Governors - Public Agenda - 10 September 2025 v3.pdf (3 pages)
- 17:05 - 17:05
0 min

2. Declaration of any conflicts of interest (enclosure)
Linda Patterson
 Item 02.0 - Declaration of conflict of interests - Governors August 2025.pdf (4 pages)
- 17:05 - 17:05
0 min

3. Minutes of the previous meeting held on 18 June 2025 (enclosures)
Linda Patterson
 Item 03.0 - Council of Governors Meeting - Public - Minutes - 18.06.2025 - Chair Approved.pdf (14 pages)
- 17:05 - 17:05
0 min

4. Matters arising
- 17:05 - 17:05
0 min

5. Action log (enclosure)
Linda Patterson
 Item 05.0 - Council of Governors - Public Action Log - for September 2025 meeting.pdf (3 pages)


Governor Feedback and Involvement


- 17:05 - 17:10
5 min


6. Issues and Questions from Communities (verbal)

Strategy and partnerships

- 17:10 - 17:20
10 min

7. Chair's Report (enclosure)
Linda Patterson
 Item 07.0 - Chair's Report - September 2025 - HC v.2.pdf (8 pages)
- 17:20 - 17:30
10 min

8. 10 year plan update
Therese Patten
 Item 08.0 - 10YP COG slides Sept 25 v2.pdf (9 pages)
- 17:30 - 17:40
10 min


9. Lynfield Mount update
 Item 09.0 - LMH Redevelopment update.pdf (7 pages)

Close: Holly
10/09/2025 08:16:28

17:40 - 17:50 10. Operational and Financial Planning 2024/25 (enclosure)

10 min

Mike Woodhead

 Item 10.0 - Finance Report COG (Month 4 - July 2025).pdf (13 pages)

17:50 - 18:00 11. Performance Report (enclosure)

10 min

 Item 11.0 - CoG Performance Report Cover Sheet - September 2025.pdf (3 pages)

 Item 11.0 - CoG Performance Report - September 2025.pdf (14 pages)


Good Governance

18:00 - 18:25 12. Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):

25 min

12.1. Finance and Performance Committee held July 2025

Maz Ahmed

 Item 12.1 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 23 July 2025 - Chair Approved.pdf (3 pages)

12.2. Quality and Safety Committee held July 2025

Alyson McGregor

 Item 12.2 - Effective Oversight Escalation and Assurance - QSC July 2025 CHAIR APP.pdf (3 pages)

12.3. People and Culture Committee held July 2025

 Item 12.3 - Effective Oversight Escalation and Assurance - PCC July 2025 CHAIR APPROVED.pdf (4 pages)

12.4. Mental Health Legislation Committee held 16 July 2025


Simon Lewiss

 Item 12.4 - Effective Oversight Escalation and Assurance - MHLC 17 July 2025 - CHAIR APPROVED.pdf (3 pages)

12.5. Audit Committee held June and July 2025

Christopher James Malish

 Item 12.6 - Effective Oversight Escalation and Assurance - Audit Committee 19.06.25 - CHAIR APPROVED.pdf (2 pages)

 Item 12.6 - Effective Oversight Escalation and Assurance - Audit Committee 23.07.2025 - Chair Approved.pdf (2 pages)

18:25 - 18:25 13. Council of Governors Annual Work Plan (enclosure)

0 min

Information

 Item 13.0 - Council of Governors Annual Work Plan.pdf (1 pages)

18:25 - 18:25 14. Council of Governors Terms of Reference (enclosure)

0 min

Information

 Item 14.0 - Council of Governors - Terms of Reference - RATIFIED 5 May 2022 v.2.pdf (8 pages)

18:25 - 18:30 15. Any other business (verbal)

5 min

Linda Patterson

Close Holly
10/09/2025 08:16:28

18:30 - 18:30 **16. Comments from public observers (verbal)**
0 min

Linda Patterson

18:30 - 18:30 **17. Meeting evaluation (verbal)**
0 min

Linda Patterson

Date of the Next Meeting: 5pm on 10 December 2025 – final details to be confirmed by Corporate Governance Team

Close: Holly
10/09/2025 08:16:28

Council of Governors – held in public

Date: Wednesday 10 September 2025

Time: 17:00-18:30

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

AGENDA

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

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

Strategic Priority			Lead	Time
GG	1	Welcome and apologies for absence (verbal)	LP	5.00pm
	2	Declaration of any conflicts of interest (enclosure)	LP	-
	3	Minutes of the previous meeting held on 18 June 2025 (enclosures)	LP	-
	4	Matters arising	LP	
	5	Action log (enclosure)	LP	5.05pm

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	
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Strategy and partnerships

All	7	Chair’s Report (enclosure)	LP	5.10pm
All	8	10 year plan update	TP	5.20pm

Close: Holly
10/09/2025 08:16:28

Best Quality Services & Best Use of Resources

BUoR	9	Lynfield Mount update	SE	5.30pm
	10	Operational and Financial Planning 2024/25 (enclosure)	MW	5.40pm
	11	Performance Report (enclosure)	KB	5.50pm

Good Governance

GG	12	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures): 12.1 Finance and Performance Committee held July 2025 12.2 Quality and Safety Committee held July 2025 12.3 People and Culture Committee held July 2025 12.4 Mental Health Legislation Committee held 16 July 2025 12.6 Audit Committee held June and July 2025	MA AM MR SL CM	6.00pm
	13	Council of Governors Annual Work Plan (enclosure)	For Information	-
	14	Council of Governors Terms of Reference (enclosure)	For Information	-
	15	Any other business (verbal)	LP	6.25pm
	16	Comments from public observers (verbal)	LP	-
	17	Meeting evaluation (verbal)	LP	-

Date of the Next Meeting: 5pm on 10 December 2025 – final details to be confirmed by Corporate Governance Team

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: fran.stead@bdct.nhs.uk

Name: Linda Patterson (Chair of the Trust)

Email: linda.patterson@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

Best Place to Work	Theme 1 – Looking after our people	BP2W:T1
	Theme 2 – Belonging in our organisation	BP2W:T2

	Theme 3 – New ways of working and delivering care	BP2W:T3
	Theme 4 – Growing for the future	BP2W:T4
Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3
Best Quality Services	Theme 1 – Access and Flow	BQS:T1
	Theme 2 – Learning for improvement	BQS:T2
	Theme 3 – Improving the experience of people using our services	BQS:T3
Good Governance	Governance, accountability and effective oversight	GG

Close, Holly
10/09/2025 08:16:28

Declaration of Conflict of Interests Council of Governors as at 31 August 2025

Name	Directorships, including Non-Executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences).	Declarations made in respect of spouse or co-habiting partner, or close associate
Elected Governors								
Arshad Ali	Director of a Health & and Social Care Training company - Seven Circles Ltd Chair of Bradford Stop The War Coalition	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mufeed Ansari	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Michael Frazer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Umar Ghafoor	Umar Ghafoor Trading Ltd – Director Exceed Academies Trust	Nil	Nil	CEO – Manningham Project Ltd	Nil	Nil	Nil	Nil

	– Trustee/Director							
Terry Henry	Nil	Nil	Nil	Nil	Nil	Nil	Trustee for Fountains Church Bradford	Nil
Paul Hodgson	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Aurangzeb Khan	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Imran Khan	Awaiting submission							
Mike Lodge	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tabaro Rwegema	Awaiting submission							
Emmerson Walgrove	Director, Bradford Cyrenians Director/Trustee, Sight Airedale Trustee, Prism Youth Project and Independent School	Nil	Nil	Nil	Volunteer, Equality Together	Nil	Involvement Partner, Bradford District Care NHS Foundation Trust Deputy Chair, The City of Bradford Festival of Talent Chairman, Speakout Bradford and District Chair and Trustee of Keighley Sea Cadets	Nil
Appointed Governors								
Deborah Buxton	Barnardo's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Andy Brown	Councillor Aire Valley Ward	Shareholder in Smith and Nephews,	Nil	Nil	Nil	Nil	Green Party member and Councillor for the Aire	Nil

	North Yorkshire Council	Filtronic PLC, Surgical innovations group, Greencoat PLC, Vistry Group, Abingdon Health Ltd					Valley Ward North Yorkshire Council	
Robert James	Nil	Nil	Nil	Nil	Nil	Nil	Dean of the Faculty of Life Sciences at University of Bradford	Nil
Cllr Sabiya Khan	Awaiting submission							

Close Holly
10/09/2025 08:16:28

Close Holly
10/09/2025 08:16:28

**Council of Governors' Meeting held in Public.
Wednesday 18 June 2025 at 5.00pm
Virtual meeting held on Microsoft Teams and in New Mill
Meeting Room 4.10**

Agenda
item

XX

Members present in person:	Dr Linda Patterson OBE FR(Chair of the Trust, Chair of the Council	
	Councillor Andy Brown Masira Hans Mike Lodge Robert James Emmerson Walgrove	Appointed Governor: North Yorkshire Council Appointed Governor: Hope and Light Project Public Governor: Rest of England Appointed Governor: Bradford University Public Governor: Bradford West
Members present via Teams:	Arshad Ali	Staff Governor: Clinical
	Mufeed Ansari Susan Francis Umar Ghafoor Terry Henry Paul Hodgson Councillor Sabiya Khan Linzi Maybin	Public Governor: Bradford East Staff Governor: Non-Clinical Public Governor: Bradford South Staff Governor: Non-Clinical Public Governor: Shipley Appointed Governor: Bradford Council Staff Governor: Clinical
In attendance in person:	Kelly Barker	Chief Operating Officer
	Sarah Denton Michelle Holland Phillipa Hubbard	Executive Personal Assistant (Secretariat) Deputy Director of HR Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director Nursing and Quality for Bradford district and Craven Heath and Care Partnership
In attendance via teams:	Therese Patten Trevor Ramsay Dr David Sims	Chief Executive Officer Member of Public Medical Director
	Maz Ahmed	Non-Executive Director
	Shane Embleton Simon Lewis	Deputy Director of Estates and Facilities (<i>for item 9</i>) Non-Executive Director and Deputy Chair of the rust
	Christopher Malish Sally Napper Farhan Rafiq	Non-Executive Director Non-Executive Director Director of Transformation, Improvement and Productivity
	Claire Risdon Mark Rawcliffe	Operational Director of Finance Non-Executive Director

Close: Holly
10/09/2025 08:16:28

Rachel Trawally

Corporate Governance Manager and Deputy Trust Secretary

Madeline Warburton

Well Led Auditor (Observer)

Apologies:

Deborah Buxton

Appointed Governor: Barnardo's

Bob Champion

Chief People Officer

Alyson McGregor

Non-Executive Director

Fran Stead

Trust Secretary

Tim Rycroft

Chief Information Officer

MINUTES

Item	Discussion	Action
005	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Chair, Dr. Linda Patterson, opened the hybrid meeting at 5.21pm.</p> <p>The meeting was quorate.</p> <p>The Chair thanked Joyce Thackray, Hannah Nutting, Susan Francis and Linzi Maybin for their contributions to the Council of Governors and noted they will not be re-applying.</p> <p>Trevor Ramsay was also thanked for his contributions but noted he will be re-applying for a second term.</p>	
006	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
007	<p>Minutes of the Council of Governors' meeting held on 22 January 2025 and the informal meeting held on 10 April 2025 (agenda item 3)</p> <p>The minutes of the Council of Governors meeting held on 22 January 2025 and the informal meeting held on 10 April 2025 were accepted as an accurate reflection.</p>	
008	<p>Matters Arising (agenda item 4)</p> <p>A query was raised regarding an update from Councillor Khan: Appointed Governor: Bradford Council concerning a patient incident. It was noted that a full review and assessment of health services had been conducted, and the matter was believed to be resolved. Action: It was agreed that further confirmation was to be provided.</p>	RT

Item	Discussion	Action
	<p>The Public Governor: Rest of Enlgand, M Lodge raised a point regarding governor attendance. He had contacted all governors to identify barriers to attending public meetings and received full responses. It was agreed that the importance of attending these meetings should be reiterated, especially to newly appointed governors.</p>	
009	<p>Action Log (agenda item 5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> noted the contents of the action log. 	
010	<p>Issues and Questions from Communities (agenda item 6)</p> <p>No issues or questions from Communities were raised but The Chair advised that herself and the Chief Executive were always available if needed.</p>	
011	<p>Youth View (agenda item 7)</p> <p>The Staff Clinical Governor L Maybin provided an update on the youth involvement initiatives within the trust. She commended E Holmes, Senior Experience, Involvement & Inclusion Officer for her excellent work in the youth involvement role. It was noted that the Young Dynamos Research Group had been highlighted as a significant initiative within the trust, serving as a voice for local young people and enhancing their CVs. There had been a strong push post-COVID to provide work experience opportunities, with notable interest from young individuals, including within the dental team. Upcoming careers events were planned for later in the year and Governors were invited to participate once dates and locations were confirmed.</p> <p>The Chair and attendees reiterated their appreciation for L Maybin's leadership in youth involvement and the Medical Director expressed that L Mayin's contributions had been outstanding and emphasised the importance of maintaining a diverse youth voice within the governors' discussions. Plans were suggested to engage with youth representatives in the coming weeks.</p> <p>The Chair then welcomed The Director of Transformation, Improvement and Productivity to his first meeting.</p> <p>The Council of Governors noted the verbal update.</p>	
012	<p>Lynfield Mount Update (agenda item 9 – agenda item taken out of order)</p> <p>The Deputy Director of Estates and Facilities, S Embleton attended to present an update on the Lynfield Mount Hospital Redevelopment project. The project aimed to develop a new build modular construction comprising two 18-bed wards, a new entrance, and a refurbishment program for the main building. The</p>	

Item	Discussion	Action
	<p>project was divided into several phases, including the demolition of existing buildings and the refurbishment of existing wards to provide 100% en-suite accommodation.</p> <p>The outline business case was approved in March 2025, with conditions that need to be addressed in the full business case expected in November 2025. The project budget was initially set at £50 million, but market testing revealed a higher cost, leading to value engineering efforts to reduce the budget to an affordable level. The revised budget now stands at approximately £65 million, with an additional £15 million expected from the Integrated Care Board (ICB) Capital Working Group.</p> <p>The design team were working closely with the modular construction supplier, McAvoy Group, under a pre-construction services agreement. The tender pack was expected to be completed in July 2025, followed by a full procurement process. The planning applications were submitted in February 2025, and positive discussions with the local council were ongoing.</p> <p>Extensive stakeholder engagement and communications were being conducted, including project delivery group meetings, ward visits, and workshops with staff and service users. A communications and engagement strategy were being developed to ensure everyone was informed about the project's progress and any disruptions.</p> <p>The project was expected to start on-site in April 2026, with completion anticipated in November 2028. The timeline included several governance steps and approvals, including Treasury approval due to the project's budget exceeding £50 million.</p> <p>Key risks included the potential lack of support for the full business case and the need for additional funding from the ICB. However, there was strong support from NHS England and positive indications from the ICB.</p> <p>Councillor Khan asked how the project team planned to ensure that local anchor organisations were included in the tendering process. S Embleton responded by explaining that the tender documentation would include pre-qualification questions related to social value, which would require bidders to demonstrate how they would use local suppliers and labour.</p> <p>He also noted that the project team would monitor compliance throughout the project, including aspects such as green credentials, waste disposal, local labour, and apprenticeships.</p> <p>P Hodgson asked when the decision from the ICB would be confirmed, T Patten advised she would attend the ICB Board Meeting on the 24 June 2025 and would advocate for the project.</p>	

Item	Discussion	Action
	The Council of Governors noted the update provided.	
013	<p>Chair's Report (agenda item 8 – agenda item taken out of order)</p> <p>The Chair presented the item to the Council of Governors with the following key points noted:</p> <ul style="list-style-type: none"> • The Board continued collaborative work with partners across the system. • NHS England was in the process of being absorbed into the Department of Health and Social Care, prompting potential changes at the Integrated Care Board (ICB) and place level. • While some developments were known, many remained uncertain. The organisation remained actively involved in place-based work with the ICB, which was considered beneficial. • The Board reaffirmed its commitment to managing these changes constructively, maintaining focus on delivering quality services, supporting staff, and serving the community without distraction. <p>The Chair then updated the Council on the upcoming elections for the Council of Governors. She explained that two information sessions had been held for prospective governors, led by the Chair, Holly Close (Governance Team), and Simon from Civica, who explained the nomination process and encouraged participation.</p> <p>It was shared that the nominations remained open until 1st July.</p> <p>Governors were asked to promote the elections within their networks and to submit quotes about their experience as governors for use on social media.</p> <p>P Hubbard highlighted the ongoing well-led review which focused on leadership, governance, systems, and partnerships. The audit team had attended various meetings, including Board and public Board sessions. Findings were scheduled to be presented at the July Board meeting and the September Council of Governors meeting.</p> <p>M Lodge raised a query regarding the process for replacing L Maybin as Deputy Governor. It was confirmed that a process was in place and agreement would be sought.</p> <p>The Council of Governors noted the continuing engagement that has taken place with external partners, internally at the Trust, and with the Council of Governors.</p>	
014	<p>Operational and Financial Planning 2024/25 (agenda item 10)</p> <p>The Operational Director of Finance presented the report to the Committee. It was reported that the West Yorkshire Integrated Care System had submitted a break-even plan, relying on £40m in recurrent and nearly £50m in non-</p>	

Item	Discussion	Action
	<p>recurrent funding, yet a £33.m gap remained. Partner organisations were expected to help close this gap, or non-recurrent funding would be lost.</p> <p>The Trust had been asked to contribute an additional £2m in efficiency to support the system's break-even position. The trust board discussed this on the 10th of June, recognising the challenge given the already stretching targets and risks in the plan. The board emphasised the need for caveats, including securing the £15m support for the Lynfield Mount project.</p> <p>The month one financial performance report highlighted a risk in delivering the efficiency program, mainly due to developing plans around workforce productivity, digital initiatives, and difficult decisions. The trust had governance arrangements in place through the Organisational Sustainability Board, which focused on strategic programs to deliver the £16.3m efficiency target.</p> <p>It was shared that despite challenges, the Trust forecasted achieving the break-even plan which would involve a trust-wide 2% efficiency requirement to mitigate risks.</p> <p>P Hodgson questioned whether the reported £220k shortfall in month one included the additional £2m in savings required to support the ICS break-even plan. C Risdon confirmed it did not, and that the efficiency target would rise from £16.3m to £18.3m if the £2m was accepted. P Hodgson then asked if the Trust was confident in delivering the savings plan. C Risdon acknowledged the risks, which then prompted P Hodgson to express concerns that month one figures already suggested that the plan might not be deliverable – even before the additional £2m was factored in.</p> <p>P Hodgson then asked if the figures for Month two were available. C Risden responded that performance had improved slightly, particularly in out-of-area placements, but strategic programmes were still developing. Further clarity was then sought on how far off track the Trust was in month two. It was confirmed a £600k shortfall for month two, with a cumulative gap of £820k over two months.</p> <p>The Non-Executive Director, M Ahmed echoed the concerns raised by P Hodgson. He stated that the Finance and Performance Committee (FPC) had been particularly challenging and emphasised that the financial plan was structured with a “hockey stick” profile, meaning that the majority of savings were expected in the second half of the year. He expressed concern that the Trust was already behind plan early in the year, which he considered a serious risk.</p> <p>It was noted further that the Trust-wide 2% efficiency target had not yet been translated into a detailed and actionable plan. M Ahmed stressed that this plan needed to be developed and presented to the FPC to provide assurance that the break-even target could be achieved. He made clear that, at present, the committee did not have the level of assurance required and flagged this as a</p>	

Item	Discussion	Action
	<p>critical issue. Action: It was agreed that the revised “Plan B” would be scrutinised at the next FPC.</p> <p>M Ahmed urged the Trust to act swiftly, even if that meant delivering smaller-scale savings, to ensure that both the base plan and the potential additional £2m contribution were met.</p> <p>To conclude the item, The Chair of the Trust reiterated that the Board did have a serious discussion about the ask to find the additional £2m and the Trust had made it very clear that it was not going to compromise the quality of care for service users.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the Month 1 position is offtrack by £220k; • Noted the agency cap has been breached in April, with plans to mitigate in development; • Noted the level of financial risk in the plan, and the approach developed to mitigate the risks; • Highlighted further assurances required. 	CR
015	<p>Performance Report (agenda item 11)</p> <p>The Chief Operating Officer shared the performance report which aligned delivery metrics to the Trust’s strategic priorities. The data presented reflected themes from the Trust strategy and included triangulated insights from metrics, deep dives, Go See visits, staff experience, and service user feedback.</p> <p>Each committee reviewed this triangulated information to determine assurance levels against strategic priorities.</p> <p>K Barker highlighted how assurance levels varied across strategic priorities. For example, assurance for quality services differed from that of financial performance, reflecting the triangulated data.</p> <p>A key challenge discussed was the financial position, driven by increased demand for acute inpatient services. The use of independent sector beds was noted as a mitigation strategy, helping to avoid delays in community crisis care and reducing safety risks.</p> <p>The importance of triangulating risks across committees was emphasised. An example was provided of an extraordinary joint committee session involving Finance, Performance, and Quality & Safety Committees to assess the risk-benefit balance of out-of-area placements.</p> <p>The Finance and Performance Committee had recently focused on ensuring that intelligence feeding into its discussions reflected people and culture considerations. This was part of a broader effort to triangulate impacts across</p>	

Item	Discussion	Action
	<p>areas, particularly where delivery in one area could affect quality and safety in another.</p> <p>A summary of current assurance levels was provided:</p> <ul style="list-style-type: none"> • Significant assurance was noted for initiatives related to new ways of working and care delivery. • Limited assurance was recorded for access and flow, due to ongoing service demand. However, the Quality and Safety Committee had observed some stabilisation in waiting times and reviewed mitigations in place. The committee agreed to defer changes to assurance levels until further intelligence on incidents involving people waiting for services was reviewed. • Low assurance was noted for financial sustainability, reflecting risks discussed and challenged by governors. <p>The Council of Governors considered the key points and exceptions highlighted and noted the actions being taken.</p>	
016	<p>Personal Health Budgets – 1 year data to date (agenda item 12)</p> <p>P Hubbard presented to the Council of Governors a paper on the Personal Health Budgets initiative. She shared that the initiative had been running for just over a year and was originally introduced by Principal Social Worker Jacque Hooley. It aimed to provide individuals—both inpatients and those being discharged—with direct payments to support activities that promote health and well-being. These activities included options such as gym memberships and other personalised support.</p> <p>P Hubbard emphasised that strict governance was in place to prevent misuse of funds, such as spending on gambling, alcohol, or substances. The initiative was designed to be a proactive and joined-up approach to care planning, enabling individuals to access additional resources that supported their recovery.</p> <p>It was noted that many service users were previously unaware of their eligibility for such support. The initiative had led to the implementation of 26 personal health budgets per month since March, with data showing reduced readmission rates between February of the previous year and January of the current year.</p> <p>The impact of the initiative was described as significant; Action: it was suggested that a service user story would help illustrate its value.</p> <p>The Chief Executive Officer explained that herself and M Lodge had visited the team as part of a Go See visit and she reported that the team was highly passionate and positive about the initiative. They noted the financial benefits and the significant impact on service users.</p>	CGT

Item	Discussion	Action
	<p>The Appointed Governor for Bradford University: Robert James queried the future rollout and communication of the initiative. It was confirmed that a funded engagement plan was in place, with efforts underway to integrate personal health budgets into the early stages of the patient journey—particularly within the first 72 hours of admission. The initiative was also being presented at the Healthy Mind Board, which oversees mental health and autism services.</p> <p>It was shared that the long-term goal was to make personal health budgets available pre-crisis, aligning with the Trust's prevention and out-of-hospital strategies.</p> <p>M Lodge raised a question about the sustainability and scalability of the initiative. It was acknowledged that while the current focus was on hospitalised individuals, future plans aimed to extend support to those at risk of admission. The model was expected to be self-sustaining and had precedent in other NHS services, such as physical health and disability care.</p> <p>The committee expressed strong support for the initiative.</p> <p>The Council of Governors noted the information provided within the report.</p>	
017	<p>Council of Governors Effectiveness Review (agenda item 13)</p> <p>The Corporate Governance Manager and Deputy Trust Secretary presented an overview of the recent Council of Governors survey, which had been distributed over the past month. It was noted that the survey had now closed, and initial feedback had been compiled into a report containing suggestions and recommendations. These recommendations aligned with previous work undertaken by other subcommittees and formed part of a broader action plan.</p> <p>R Trawally explained that the report represented the first stage of a wider initiative aimed at improving governance processes and engagement.</p> <p>M Lodge shared reflections from observing a meeting at Leeds and York Partnership NHS Foundation Trust. He highlighted that while practices differed, they were not necessarily better. He explained that longer sessions were scheduled and that they used a café-style seating arrangement. M Lodge emphasised the value of governors attending external meetings to gain insights into broader governance practices.</p> <p>P Hodgson raised concerns about the 35% response rate to the survey, suggesting it indicated limited engagement from governors. R Trawally acknowledged the low response rate but noted that such figures were typical for effectiveness surveys across various organisations. She confirmed that</p>	

Item	Discussion	Action
	<p>additional efforts were underway to improve engagement, including a new induction session for incoming governors scheduled for September.</p> <p>The group discussed the need for multiple avenues to gather feedback beyond surveys, such as qualitative interviews and discussion sessions. Action: It was agreed that The Chair and R Trawally would meet with both the Lead and Deputy Lead Governor to explore alternative practices of gathering feedback and report back to the Council of Governors.</p> <p>The Council of Governors discussed and reviewed the report and action plan.</p>	RT
018	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Finance and Performance Committee held 23 January and 28 May (item 14.1)</p> <p>The Council of Governors noted the contents of the Finance and Performance Committee.</p>	
019	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 15 January, 12 March and 21 May (item 14.2)</p> <p>M Lodge asked what a Regulation 28 was. P Hubbard clarified that this was as a provision issued by the coroner following an inquest. It was noted that Regulation 28 was not a statutory action or penalty but rather a mechanism for identifying and sharing learning from deaths with relevant organisations.</p> <p>P Hubbard discussed the specific case in question, and it was shared that this Regulation 28 related to a service user under the care of a Community Mental Health Team (CMHT) who had difficulty accessing consultant support via the CMHT and sought help from their GP. The issue highlighted the need for robust systems and processes to ensure individual follow-up.</p> <p>Action: It was agreed that the outputs and actions resulting from this learning would be presented at the next Council of Governors meeting.</p> <p>M Lodge raised concerns raised regarding ongoing negotiations with primary care, particularly around shared care arrangements. It was acknowledged that shared care involves an agreement where consultants or advanced practitioners initiate treatment, and primary care practitioners continue monitoring and prescribing. Monitoring responsibilities—such as blood tests and heart rate checks—were noted as critical, especially for medications with potential toxicity. These responsibilities typically fall to GPs due to their accessibility to patients.</p> <p>A regional review across West Yorkshire had identified inconsistencies in shared care approaches. The outcome revealed dissatisfaction among some primary care colleagues who felt inadequately compensated for the additional workload.</p>	PH

Item	Discussion	Action
	<p>This situation was recognised as a significant risk, potentially requiring the organisation to establish new services to cover routine monitoring not currently provided.</p> <p>Negotiations were ongoing, and it was anticipated that further conclusions would emerge, possibly affecting care home arrangements and other GP practices.</p> <p>It was noted that shared care also applied to dentistry, particularly for patients with autism. These patients were able to access six-monthly check-ups with family dentists, which had direct implications for service delivery.</p> <p>The Council of Governors noted the contents of the Quality and Safety Committee.</p>	
020	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 16 January, 14 March and 22 May (item 14.3)</p> <p>The Council of Governors noted the contents of the People and Culture Committee.</p>	
021	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 16 January, 13 March and 22 May (item 14.4)</p> <p>S Lewis presented the report and highlighted that the January meeting reviewed a spike in interventions and restrictive practices on inpatient wards. This was scrutinised and the committee was satisfied with the explanations and supporting evidence provided.</p> <p>Feedback was received from an Associate Hospital Manager regarding concerns about the prescribing of depot medication. Specifically, it was suggested that financial considerations may have influenced a clinician's choice of medication. The committee expressed concern and agreed to conduct a deep dive into the matter.</p> <p>The March meeting was then discussed and it was noted that the committee had bid farewell to several long-serving members and welcomed new participants. The overall level of assurance was deemed significant, though limited in certain areas. Recruitment of Associate Hospital Managers was discussed, with recognition that further recruitment may be necessary despite a recent round. The committee conducted a deep dive into the depot medication concern. The Chief Pharmacist and Chief Medical Officer attended and were questioned thoroughly. It was confirmed that financial factors were considered only during the initial stage of determining the menu of medication options, which was deemed legitimate and consistent with NHS practice. Individual prescribing decisions were not influenced by financial considerations. The committee concluded that there was no systemic issue, though one locum clinician may</p>	

Item	Discussion	Action
	<p>have acted under a misapprehension from another trust. The discussion was considered thorough and constructive.</p> <p>S Lewis then took the Committee through May's report and shared that the committee reviewed developments related to the forthcoming Mental Health Bill, acknowledging its potential significance. Reports were analysed, and one involvement partner raised concerns about the current status of the involvement team. This was noted as a potential topic for further discussion in the next Committee.</p> <p>The Council of Governors noted the contents of the Mental Health Legislations Committee.</p>	
022	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Charity Funds Committee held 26 March 2025 (item 14.5)</p> <p>The Council of Governors were made aware that the charity had been performing well. A recent golf tournament, attended by Phillip and another representative for prize-giving, raised £8k on the day, with finalised totals reaching £13k. The event was described as a positive and enjoyable experience for participants.</p> <p>Additionally, a quiz night was held, which also contributed further funds. These activities were highlighted as examples of the charitable funds team's proactive efforts across the trust to raise money for enhanced services benefiting both staff and patients.</p> <p>The revised charity strategy was launched and aligned closely with the trust's strategic objectives. There was a particular emphasis on supporting the Lynfield Mount Hospital redevelopment and inpatient wards by providing more therapeutic equipment and space.</p> <p>The Council of Governors noted the contents of the Charity Funds Committee.</p>	
023	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Audit Committee held 12 March and 15 April 2025 (item 14.6)</p> <p>The Non-Executive Director: C Malish provided a verbal update on the Audit Committee's activities. The committee reviewed the Board Assurance Framework and Challenge Framework, ensuring coverage of all relevant areas. The review included:</p> <ul style="list-style-type: none"> • Compliance with Financial Instruments • Special Payments and Write-Offs • Progress of the Internal Audit Plan 	

Item	Discussion	Action
	<p>Three internal audits had been finalised since the previous meeting. Risks and their mitigation strategies were reviewed, with job planning identified as a concern. However, it was confirmed that this issue was being addressed.</p> <p>The committee received the external audit plan and noted a reduction in audit days, which aligned the trust with other NHS organisations. It was agreed that any changes to internal audit plans would be reported and approved by the Audit Committee moving forward.</p> <p>No new risks were identified.</p> <p>Progress on producing the financial accounts was reported as strong, with a finalisation meeting scheduled for the following day. The external auditors commended Claire and her team for their effective handling of the process.</p> <p>The Council of Governors noted the contents of the Charity Funds Committee.</p>	
024	<p>Council of Governors Annual Work Plan (agenda item 15)</p> <p>The Council of Governors noted the contents of the annual work plan.</p>	
025	<p>Quality Account (agenda item 16)</p> <p>The Council of Governors noted the contents of the Quality Account.</p>	
026	<p>Any Other Business (agenda item 17)</p> <p>The Staff Clinical Governor: A Ali introduced a community project in Bradford to install at least 100 defibrillators in high-footfall areas, particularly mosques. The Council of Mosques supported the initiative, recognising its potential to save lives during emergency delays. A Ali also offered free basic life support training to community members. A Ali shared that he wondered whether it would be possible to gain support from the Trust from this initiative.</p> <p>Action: It was agreed that the Corporate Governance Manager and Deputy Trust Secretary would put A Ali in touch with the Head of Charity and Volunteering to coordinate support through the Trust's charity.</p> <p>The member of public: T Ramsay raised whether job centres would be targeted to include defibrillators. A Ali explained the mosques was one targeted area.</p> <p>No other comments were raised.</p>	RT
027	<p>Comments from public observers (agenda item 18)</p> <p>None at this time.</p>	

Item	Discussion	Action
028	<p>Meeting Evaluation (agenda item 19)</p> <p>A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust.</p> <p>The Chair noted the meeting was carried out in line with Trust values and closed the meeting.</p> <p>The meeting closed at 6.45pm.</p>	
<p>These minutes were prepared with the assistance of AI tools and reviewed by the Deputy Secretary and the Chair for accuracy and completeness.</p>		

Close, Holly
10/09/2025 08:16:28

Action Log for the Council of Governors Public Meeting from June 2025

Action Key	Green: Completed	Sky Blue: Update to be provided at meeting	Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
1. 18/06/2025	<u>Matters Arising</u> The Corporate Governance Manager and Deputy Trust Secretary to provide further information to the Council of Governors in relation to the patient safety incident	R Trawally	September 2025	Complete – RT circulated email following the meeting.
2. 18/06/2025	<u>Operational and Financial Planning 2024/25</u> The Operational Director of Finance to ensure that the Trust's Plan B financial plan is scrutinised at the next Finance and Performance Committee.	C Risdon	September 2025	Complete – discussed at July FPC
3. 18/06/2025	<u>Personal Health Budgets – 1 year data to date</u> The Corporate Governance Team to plan a service user story in relation to personal health budgets	Corporate Governance Team	September 2025	Ongoing – to be arranged
4. 18/06/2025	<u>Council of Governors Effectiveness Review</u> The Corporate Governance Manager and Deputy Trust Secretary and Chair to meet	R Trawally & L Patterson	September 2025	Complete - The effectiveness review undertaken was in line with the other sub committee effectiveness reviews and the

Action Key	Green: Completed	Sky Blue: Update to be provided at meeting	Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
	with meet with both the Lead and Deputy Lead Governor to explore alternative practices of gathering feedback and report back to the Council of Governors.			actions would be picked up as part of the well-led action plan along with the sub-committees.
5. 18/06/2025	<u>Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 15 January, 12 March and 21 May</u> Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive, Director Nursing and Quality for Bradford district and Craven Heath and Care Partnership to present learning from the regulation 28 to the next Council of Governors meeting	P Hubbard	September 2025	Complete – PH provided an update which is included in the chairs report.
6. 18/06/2025	<u>Any Other Business</u> The Corporate Governance Manager and Deputy Trust Secretary to arrange for the Head of Charity and Volunteering to discuss with the Staff Governor: Clinical about how the Trust could support the initiative of including defibs in public areas.	R Trawally	September 2025	Complete – contact details provided by email



Close Holly
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Council of Governors – meeting held in public

10 September 2025

Paper title:	Chair's Report	Agenda Item 07.0
Presented by:	Dr Linda Patterson OBE FRCP – Chair of the Trust	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously		
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check <u>ALL</u> that apply	<input type="checkbox"/> Providing excellent quality services & seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth & innovation <input checked="" type="checkbox"/> Governance & well-led	
Care Quality Commission domains Please check <u>ALL</u> that apply	<input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

Purpose of the report
Chair's Report to the Council of Governors on key activities that have taken place over the last quarter, & upcoming areas of interest for Governors to be aware of.

Executive Summary	
Chair's Report to inform Governors on relevant partnership engagement & developments, system & integrated care partnership working, & activities with the Trust's Council of Governors, staff, & Board of Directors.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

Closed: Holly
10/09/2025 08:16:28

Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> note the continuing engagement that has taken place with external partners, internally at the Trust, and with the Board of Directors.

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check <u>ALL</u> that apply	<div> <input type="checkbox"/> Safe <input type="checkbox"/> Caring </div> <div> <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input type="checkbox"/> Responsive </div>
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> Well-Led Compliance NHS Code of Governance NHS Act Health and Social Care Act Health and Care Act Nolan Principles Provider Licence

Close, Holly
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Council of Governors – meeting held in public

10 September 2025

Chair's Report

Partnerships

Over the last two months I have been meeting with various stakeholders to introduce myself & to continue discussions on key issues. They include the following:

DATE	Meeting
04 June	Volunteer Celebration Afternoon Tea
06 June	Annual Charity Golf day – Shipley Golf club – present prizes
10 June	Introductory Meeting Nadira Mirza (ICB acting Chair)
10 June	Extraordinary Board of Directors meeting
11 June	Meeting of Chairs Councillor Susan Hinchcliffe
11 June	Medical Council
13 June	Introductory Meeting – Rebecca Gray, Mental Health Network
13 June	Bradford District Care Fountain Trust Governor Elections: Governor Awareness
17 June	Bradford District and Craven Collaboration Board (CiC)
18 June	Council of Governors in (Private)
18 June	Council of Governors in (Public)
20 June	Bradford District and Craven Partnership Board – Development Session
25 June	Monthly Catch up with Susan Hinchcliffe Bradford Council
26 June	Extraordinary Board of Directors held in private (Annual Returns)
30 June	Elaine Appelbee/Trust Chairs Meeting
01 July	West Yorkshire Community Health Services Provider Collaborative Quarterly Meeting
03 July	10 Year Health Plan Town Hall
09 July	Review of the Well-led Report
10 July	Health Devolution Commission meeting at House of Commons
15 July	Private Briefing Session for West Yorkshire Partnership Board Members
15 July	West Yorkshire Partnership Board Meeting (in Public)
15 July	AAC Panel EIP Consultant.
20 August	Meet the Lead Governor
20 August	Bradford District and Craven Collaboration Board (CiC)
2 September	Strategic Staff EDI Partnership 2025 to 2026 series
4 September	Leading Better Lives Together event
10 September	Council of Governors in (Private)
10 September	Council of Governors in (Public)

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

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

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

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

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

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

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

Governor engagement & duties

Summer 2025 Election

Nomination Phase:

The Election nomination phase started on 3 June 2025 and closed on 1 July 2025. We had a total of 10 applications in the following areas:

Seat	No of seats	Notes
Staff: Non-Clinical	1	Contested election – 4 nominations received
Public: Bradford West	1	Contested election – 3 nominations received
Staff: Clinical	1	Elected unopposed
Public: Bradford South	2	1 candidate elected unopposed Will carry 1 vacant seat in this constituency
Public: Keighley	1	Elected unopposed
Craven	1	Will carry 1 vacant seat in this constituency
Shipley	1	Will carry 1 vacant seat in this constituency

Due to having contested seats in the Bradford West & Staff Non-Clinical constituency a ballot phase took place. The ballot phase started on 22 July 2025 and closed on 15 August 2025. The results of the whole election were declared on 18 August 2025.

The elected Public Governors will start their terms on 18 August 2025. The Staff Governors will start their terms on 6 September 2025 when Linzi Maybin: Staff Clinical Governor and Sue Francis: Staff Non-Clinical Governors terms will come to an end.

Outcome of Election and Ballot:

The following people were elected unopposed:

Seat	Name	Notes
Bradford South	Hitesh Govan	1 vacancy still remains in this seat
Keighley	James Robson	
Staff: Clinical	David Hesford	

The following people were elected through the ballot:

Seat	Name
Public: Bradford West	Yasmin License
Staff: Non-Clinical	Aidan Jones

Update on Existing Governors:

Connor Brett, Public Governor: Keighley resigned from their post on 6 August 2025, therefore we will have a vacant seat in this constituency. A letter of thanks and recognition of his resignation has been sent to Connor.

Vacant Seats:

The Trust will now carry vacant seats in the following constituencies:

- Bradford South x1
- Craven x1
- Shipley x1
- Keighley x1

An induction/coffee morning was held on 4 September for governors, and future governor induction/training is being scheduled. Details will be circulated shortly.

Annual Members' Meeting 2025

This years Annual Members' Meeting will take place on 25 September 2025 from 13:00 – 16:15 at Victoria Hall, Victoria Road, Shipley, BD18 3JS. This is an in-person event that is open to all Governors, Trust staff and Members of the Public. If you haven't already RSVP'd, please email the Corporate Governance team corporate.governance@bdct.nhs.uk The day will include the a chance for services to showcase their work throughout the year, an update on the Lynfield Mount Redevelopment, a presentation on the Care Trust Way and also the Annual Members Meeting.

If you would like to submit a comment for the Board at the Annual Members' Meeting, please email your questions to either fran.stead@bdct.nhs.uk or linda.patterson@bdct.nhs.uk

Volunteers are required to man a Governor stall at the Annual Members' meeting. Please can any volunteers email corporate.governance@bdct.nhs.uk

Board of Directors & Committee meetings

There is the opportunity for Governors to observe public Board, & Committee meetings, chaired by our NEDs. All meetings are currently held using Microsoft Teams. Please contact the Corporate Governance team corporate.governance@bdct.nhs.uk to arrange attendance. Attending will give you another opportunity to observe the NEDs undertaking their role, whilst supporting you to observe the discussion that takes place to give you a greater understanding of the Trust.

Date of Meeting	Time	Meeting
Thursday 02 October 2025	09:00 – 12:00	Public Board
Thursday 4 December 2025	09:00 – 12:00	Public Board
Thursday 05 February 2026	09:00 – 12:00	Public Board
Thursday 25 September 2025	09:30 – 11:30	Audit Committee
Thursday 27 November 2025	09:30 – 11:30	Audit Committee
Thursday 29 January 2026	09:30 – 11:30	Audit Committee
Thursday 26 March 2026	09:30 – 11:30	Audit Committee
Wednesday 24 September 2025	09:00 – 11:00	Finance and Performance Committee
Wednesday 26 November 2025	09:00 – 11:00	Finance and Performance Committee
Wednesday 28 January 2026	09:00 – 11:00	Finance and Performance Committee
Wednesday 25 February 2026	09:00 – 11:00	Finance and Performance Committee
Wednesday 25 March 2026	09:00 – 11:00	Finance and Performance Committee
Friday 10 October 2025	13:00 – 15:00	Mental Health Legislation Committee
Thursday 20 November 2025	09:30 – 11:30	Mental Health Legislation Committee

Thursday 22 January 2026	09:30 – 11:30	Mental Health Legislation Committee
Thursday 19 March 2026	09:30 – 11:30	Mental Health Legislation Committee
Thursday 18 September 2025	12:30 – 14:30	People and Culture Committee
Thursday 20 November 2025	12:30 – 14:30	People and Culture Committee
Thursday 22 January 2026	12:30 – 14:30	People and Culture Committee
Thursday 19 March 2026	12:30 – 14:30	People and Culture Committee
Wednesday 17 September 2025	09:30 - 12:00	Quality and Safety Committee
Wednesday 19 November 2025	09:30 - 12:00	Quality and Safety Committee
Wednesday 21 January 2026	09:30 - 12:00	Quality and Safety Committee
Wednesday 18 March 2026	09:30 - 12:00	Quality and Safety Committee

People

Deputy Lead Governor

Due to Linzi Maybin's term of office ending on 6 September 2025, there was a vacant spot for the Deputy Lead Governor role. Governors were invited to nominate themselves by submitting a short statement on how they are suited to the role. The nomination period opened on 31 July 2025 with an extended end date of 26 August 2025. No Governors filled out the required nomination statement, therefore the post remains vacant. If interested please contact the CG team.

Governance matters

Effectiveness review

The Council of Governor effectiveness review actions are being reviewed and incorporated within the Well-led action plan. An update will be provided at a future meeting on the Well-led Implementation plan.

Regulation 28 – Update

As discussed at the last Council of Governor meetings, Governors were provided with a brief of the Regulation 28 received by the Trust. The Trust responded to the coroner on the 29 April. The Trust then implemented an action plan, which overlapped in relation to earlier learning. Actions taken can be found below:

1. New re-referral process to ensure management oversight of any service user rereferred to CMHT within 6 months.
2. Weekly monitoring of re-referrals and discharges for quality assurance.
3. Review of the Assessment Team to identify opportunities to improve processes and release clinical time to deliver assessments.
4. Recovery plan implemented to reduce waiting times and improve access.
5. Streamlined referral pathways to reduce unnecessary assessments.
6. Improved psychiatrist appointment booking, with urgent slots available.
7. Ongoing quality improvement programme to ensure meaningful intervention within 4 weeks of referral.

Dr Linda Patterson OBE FRCP
Chair of the Trust
September 2025

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10/09/2025 08:16:28

Fit for the Future: 10 Year Health Plan for England

Council of Governors Briefing

Therese Patten

10 September 2025

Close Holly
10/09/2025 08:16:28

Introduction



Bradford District Care
NHS Foundation Trust

- The 10 Year Health Plan sets a bold, ambitious course for the NHS
- The aim is to ensure sustainability, equity, and innovation in care delivery
- It was developed through extensive engagement with staff, patients, and partners

Close Holly
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The Three Big Shifts



Bradford District Care
NHS Foundation Trust

1. Hospital to Community

- More care delivered closer to home
- Expansion of neighbourhood health services

2. Analogue to Digital

- Emphasis on digital tools, AI, and single patient records
- NHS App becomes a “digital front door”

3. Sickness to Prevention

- Focus on early intervention and healthier lifestyles
- Investment in public health and preventative care

Strategic Priorities



Bradford District Care
NHS Foundation Trust

Workforce Transformation

- New operating models and flexible employment standards
- Training and digital literacy initiatives

Financial Reform

- Streamlined funding models and accountability
- Innovator passports to accelerate tech adoption

Transparency and Innovation

- Commitment to open data and patient empowerment
- Enhanced use of predictive analytics and automation

Close Health
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Local Implications



Bradford District Care
NHS Foundation Trust

Bradford District Care Trust is well positioned to lead on:

- Integrated health and care delivery
- Population health targeted approaches
- Community-based mental and physical health initiatives

Opportunity to showcase local innovations and align with national priorities

Close Holly
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Our Plans for health, care, and wellbeing



Bradford District Care
NHS Foundation Trust

A new plan shaping the future of our Partnership, setting out:

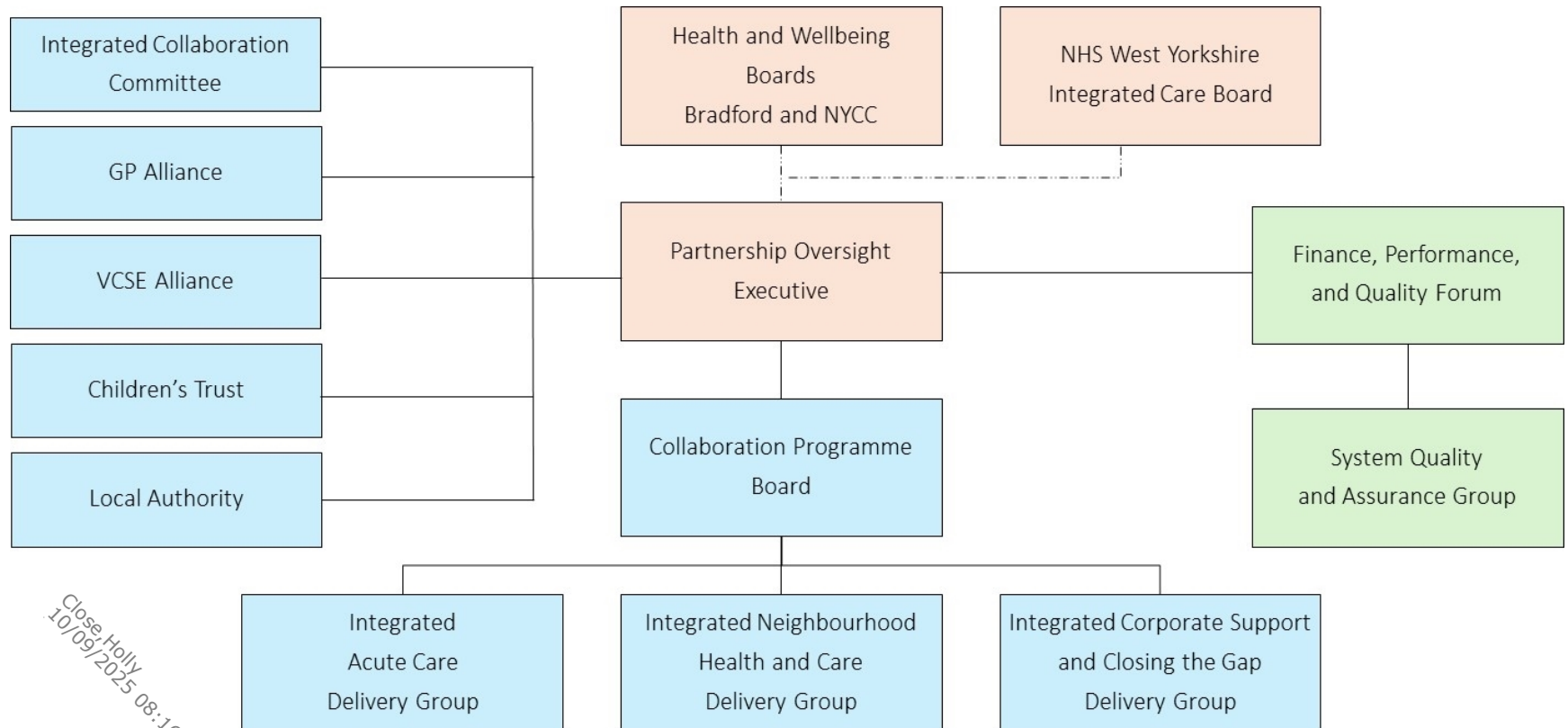
- Our population data and future state in 2040 – if we don't change
- Our citizen activation and involvement – what we've heard
- Our plans for integrated neighbourhood health and care support – health on the high street
- Our acute services of the future – hospitals without walls

Supported by our approach to:

- value and values, workforce, digital, and our infrastructure plans



Draft governance structure



Close Holly
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Priorities



Bradford District Care
NHS Foundation Trust

3 key strategic drivers which will be delivered via individual Operational Delivery Groups (ODGs), each with Executive Leadership and designated SROs, which together will be overseen by the Collaboration Programme Board.

The ODGs will support us in working together to meet the three big ambitions in the 10 Year Plan. Terms of reference have been developed

- **Integrated Acute Care:** Our two acute trusts have established the Airedale and Bradford Collaboration of Acute Services (ABCAS). The newly appointed ABCAS Director is leading work on the development of an acute services strategy that will deliver sustainable, integrated and safe services for our communities, will align with the requirements of Airedale's New Hospital Programme and will ensure that our hospitals are operating in a system that is re-oriented towards prevention and early intervention.
- **Integrated Neighbourhood Health and Care:** Will see a focus on people and outcomes first, with the ambition of supporting people to live well at home for longer. It will improve access to neighbourhood health and care services through the integration of pathways, better alignment of money, and through enabling digital interoperability to support our agile teams to co-locate in our neighbourhoods.
- **Integrated Corporate Support:** Will assist our 3 Trusts, and other partners where appropriate to do so, to improve productivity, efficiency, and effectiveness through addressing capacity and resourcing issues which will support sustainable and affordable delivery models in non-clinical corporate services.

Resources and Contacts

Bradford District Care
NHS Foundation Trust

- **Full plan:** <https://www.england.nhs.uk/long-term-plan/>
- **Toolkit:** The 10 Year Health Plan for England - Toolkit for NHS communications teams
- **Contact:** strategic.comms@nhs.net

Close Holly
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Council of Governors September 2025

Lynfield Mount Hospital Redevelopment update



High level progress update (1)

Progress since last report

- Progress is being reported through **LMH Project Board** (held monthly) with onward reporting to **Finance & Performance Committee**
- **Full Business Case (FBC)** – In progress of being drafted. Positive engagement with NHSE / DHSC colleagues on timelines for approval. Submission of the FBC expected in November 2025.
- **HM Treasury & Cabinet Office Approvals** – Expected that these will not be required – speeds up the approval process – just needing NHSE /DHSE approvals.
- **FBC Strategic leads and workstream delivery leads** – all identified via a new Governance Structure approved at Project Board. Terms of Reference and Membership of Project Board refreshed aligned to FBC requirements – Approved at LMH Project Board 21 August 2025
- **Full Design Packages Completed** – All design packages for all phases have been completed and signed off at Project Delivery Group and Project Board.
- Both **procurement methods are in progress** now to inform the FBC financial model.
 - **The refurbishment phases** - now out to competitive tender on the NHS SBS Framework - expected return October 2025 for evaluation & eventual award.
 - **The new build ward block & entrance** - negotiation with McAvoy Group continues to obtain a guaranteed maximum price (GMP) to be awarded vis NHS SBS Modular Framework (direct award) – GMP expected end September 2025.

High level progress update (2)

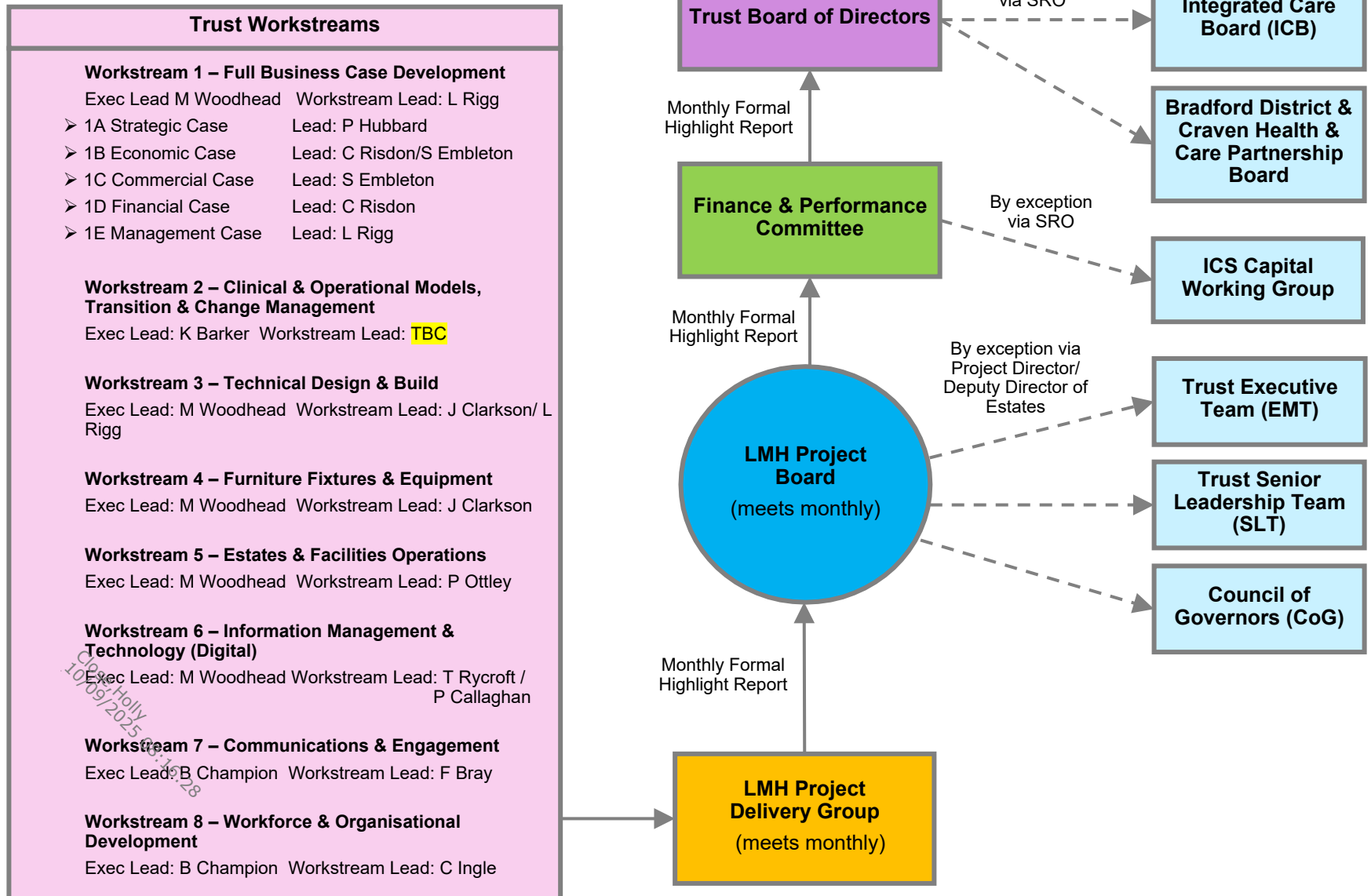
- **Enabling Works** - Works on Phase 1 – Osprey House remodelling is completed, with the new temporary entrance and demolition of the bungalows to follow – delay due to bat roosts but anticipated to complete this financial year.
- **Project Budget** – Remains at £65m inc VAT which includes £2.7m contingency sum and £4.7m optimism bias (£7.4m in total).
- **Planning Approval** – Slight delay with approval, due to late changes but anticipate full permission is forthcoming in September 2025 following positive dialogue.

Funding profile 2024 - 2028

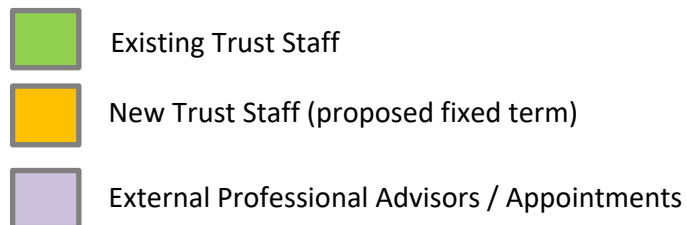
The project spend profile is noted below which will be subject to change should business case approval be delayed. (Note £1.275m had already been drawn down and expended)

	Forecast financial year spend					
Financial Year	Total for all projects (inc VAT)	Phase 1	Phase 2a	Phase 2b	Phase 3	Phase 4
2023 / 2024	£0	£0	£0	£0	£0	£0
2024 / 2025	£1,275,960	£618,038	£657,922	£0	£0	£0
2025 / 2026	£3,132,044	£691,194	£2,440,850	£0	£0	£0
2026 / 2027	£27,103,569	£0	£23,014,769	£4,088,800	£0	£0
2027 / 2028	£29,081,791	£0	£23,073,704	£3,546,790	£2,461,297	£0
2028 / 2029	£4,259,090	£0	£0	£0	£1,047,929	£3,211,161
Total	£64,852,455	£1,309,232	£49,187,246	£7,635,590	£3,509,226	£3,211,161

Project Reporting / Governance Structure



Project Management Team

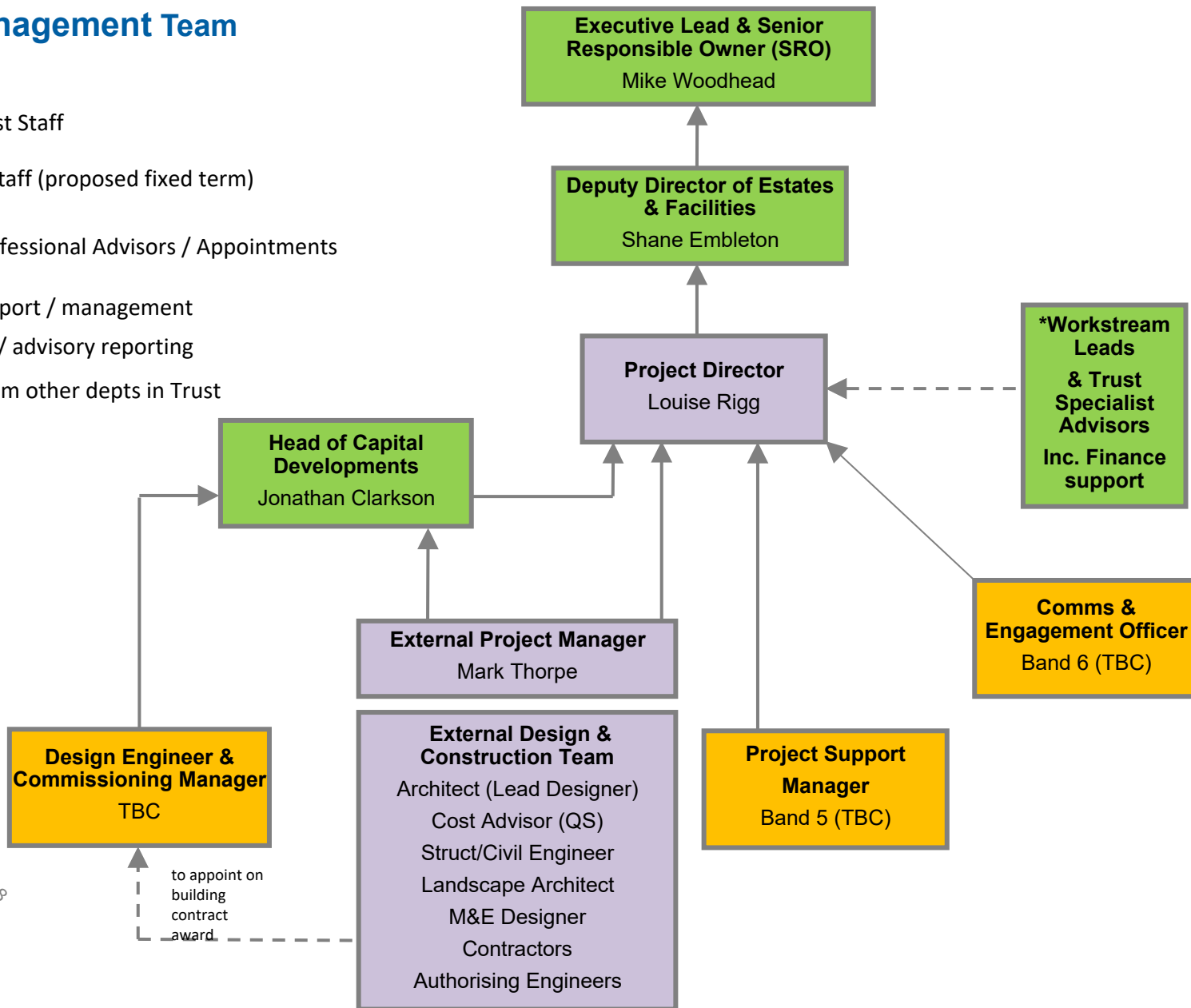


Direct report / management

Indirect / advisory reporting

* = Reporting in from other depts in Trust

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High level progress update (3)

Project Timetable *(unchanged since last CoG report in June 2025)*

OBC Approval:	February 2025 – completed
Full design sign off	July 2025 – completed
Procurement process	July – October 2025 ongoing
FBC Submission:	November 2025
FBC approvals:	January 2026 <i>(improvement on timescale) **</i>
Contractor Award	April 2026
On site (Phases 2, 3,& 4)	April 2026 – September 2026
Works complete:	November 2028

***FBC approval in January 2026 will allow the Trust to appoint contractors/ place orders for works which will assist NHS England / DHSC with the cashflow of the project.*

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Lynfield Mount : Redevelopment Plans 2025-2028

Architect Fly through



Council of Governors

10th September 2025

Item 10 Finance Report – Month 4 (July 2025)

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Financial Performance – Key Messages & Risks

Key Messages

In support of the wider ICS to deliver financial balance, the Trust has agreed its indicative shares of the WY ICS gap of £33.2m, with BDCFT share of this being £2m (BD&C Place share - £12m). The plan has been updated to reflect the stretch target in Month 4 reporting, with the Trust now planning for a £2m surplus and a £18.3m efficiency programme.

We are reporting slightly better than **plan at Month 4**, and at this early stage in the year we are forecasting to meet our planned surplus of £2m at the year end and actively scoping plans to fully de-risk the position.

The main risk area in achieving the financial position is the delivery of the efficiency programme, with a likely risk that plans will be offtrack by £4.4m. The drivers of risk continue to be demand for mental health inpatient services and patient acuity which is driving higher than planned levels of out of area placements and temporary staffing spend.

In addition to the efficiency delivery risk, there are additional risks (as detailed on the Risks and Mitigations slide) taking the gross risk that required focused attention to £6.2m. After taking account of the planned contingency of £3m, net risks are £3.2m.

Plans continue to be developed to target solutions to fully de-risk the position, with plans in the pipeline expected to reduce the risk over the coming months.

Focus is now turning to the planning activities for 2026/27 and the 5 year medium term financial plan. The underlying deficit going into 2026/27 is c£5m, mainly from non recurrent and undelivered CIP programmes. Planning guidance is expected late September, a high level estimate of the efficiency target for 2026/27 is between c£12m and c£15m.

Reporting breaches:

At Month 4, the **Agency cap has been breached by £520k** due to higher than planned levels of locums and additional staffing costs for an exceptional package of care for a service user on the Najurally Centre, who is expected to be discharged later in the year. NHS England measure the agency cap at West Yorkshire level, and whilst BDCFT is over our cap, others within the ICS are under meaning that overall WY is not breaching its cap at Month 4.

Trust Financial Overview

Bradford District Care
NHS Foundation Trust

Statement of Comprehensive Income

Financial Position by Care Group/Directorate						
£000's	YTD Budget	YTD Actual	Revised YTD Variance	Annual Budget	FOT Actual	Revised FOT Variance
Mental Health Care Group	32,408	32,875	467	94,914	96,413	1,499
Adults and Children's Comm. Care Group	22,119	21,785	(334)	65,740	65,844	104
Medical Directorate	5,734	5,941	207	17,026	17,131	105
Central Reserves & Developments	3,250	2,832	(418)	9,125	6,691	(2,434)
Contract Income	(75,429)	(75,394)	35	(226,056)	(225,695)	361
Estates & Facilities	3,952	3,916	(36)	11,848	11,852	4
Finance	899	896	(3)	2,680	2,733	53
Trust General Management	1,221	1,184	(37)	3,664	3,568	(96)
Nursing, Quality and Gov	2,075	2,102	27	6,204	6,161	(43)
People Matters	1,794	1,744	(50)	5,075	5,193	118
Digital Services	1,824	2,009	185	4,952	5,527	575
Transformation	921	763	(158)	2,828	2,556	(272)
(Surplus)/Deficit	768	653	(115)	(2,000)	(2,026)	(26)
Technical Adjustment - Horton Park		26	26		26	26
Reported (Surplus)/Deficit	768	679	(89)	(2,000)	(2,000)	0

Statement of Financial Position

Statement of Financial Position £000's	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Non-Current Assets	60,731	59,036	(1,695)	80,797	80,797	0
Current Assets	26,798	27,112	314	21,729	21,729	0
Current Liabilities	(20,588)	(28,508)	(7,920)	(13,253)	(12,612)	641
Non-Current Liabilities	(9,518)	(8,467)	1,051	(7,301)	(7,301)	0
Total Assets Employed	57,423	49,173	(8,250)	81,972	82,613	641
Public dividend capital	41,397	40,562	(835)	68,179	68,820	641
Income and expenditure reserve	(1,171)	(8,141)	(6,970)	(403)	(403)	0
Revaluation Reserve	7,000	6,556	(444)	4,000	4,000	0
Miscellaneous Other Reserves	10,196	10,196	0	10,196	10,196	0
Total Taxpayers' and Others' Equity	57,422	49,173	(8,249)	81,972	82,613	641

Managing the in year position

Headlines:

The current forecast includes risks that have been non recurrently mitigated of £0.6m. These are mainly due to the efficiency plans being offtrack.

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

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

Financial Position (Excluding risk assessment)	Forecast
Efficiency Programme Risk	511,834
Care Groups and departments further risks	128,808
Total Risks to be mitigated	640,642
Mitigations	
Non recurrent measures	(640,642)
Sub total: mitigations released in the position	(640,642)
Revised Forecast	(0)

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Efficiency Programme

The Month 4 position includes the risk of under delivery on the efficiency programme of £0.6m YTD and £0.5m forecast. Whilst this has been mitigated non recurrently to support the Trust is reporting a position in line with plan, action is needed to address the scale of deliverability risk inherent in the plans.

The risk assessed delivery ranges from £2.8m to £5.2m, with a **likely case additional risk of £4.4m** (equates to a 33% delivery risk of Q2-Q4 target). Mitigation plans to address the risk are outlined further in the paper.

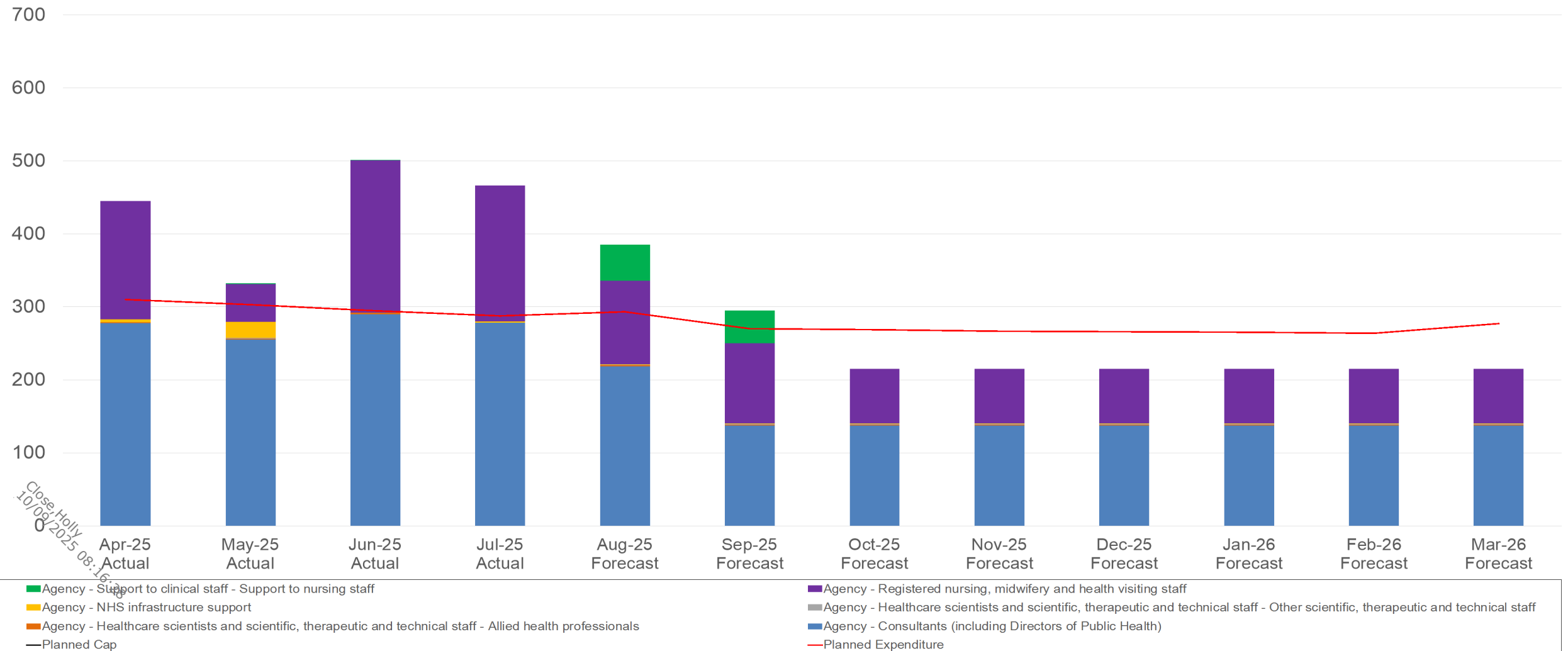
Efficiency Plan	Director Lead	YTD Planned Savings	YTD Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing	Variance from Plan Positive = offtrack Negative = better than plan	Full Year Planned Savings	Full Year Savings achieved Positive = actual savings delivered Negative = Savings not delivered and costs are increasing	Variance from Plan Positive = offtrack Negative = better than plan	Delivery Risk Rating	Best Case Risk Assessment	Likely Case Risk Assessment	Worst case Risk Assessment
1. Purposeful and Productive Adult & Community Pathway (LOS/OAPs)	Kelly Barker	426,819	124,778	302,041	3,192,718	2,890,677	302,041	Medium	817,998	1,299,071	1,638,521
1. Purposeful and Productive Adult & Community Pathway (Staffing)	Kelly Barker	296,704	127,442	169,262	1,365,740	1,196,495	169,245	Medium	710,122	813,597	977,982
1. Purposeful and Productive Adult & Community Pathway Total		723,523	252,220	471,303	4,558,458	4,087,172	471,286				
2. Medical Staffing	David Sims	18,527	(143,663)	162,190	233,281	233,281	0	Medium			
3. Continence service review	Kelly Barker	0	4,226	(4,226)	349,000	352,494	(3,494)	Low			
4. Enteral Feeding consumables	Kelly Barker	0	38,958	(38,958)	85,000	123,958	(38,958)	Low			
5. CYP Leadership restructure	Kelly Barker	27,778	0	27,778	250,000	167,000	83,000	Medium			
6. Adults Non Pay budget	Kelly Barker	166,668	166,668	0	500,000	500,000	0	Low			
7. Estates Rationalisation	Mike Woodhead	119,371	140,830	(21,459)	385,681	385,681	0	Low			
7. Estates Rationalisation	Mike Woodhead	47,396	47,396	0	142,180	142,180	0	Low			
8. Corporate Services review	EMT	263,546	263,546	0	958,094	958,094	0	Low			
9. Workforce Productivity	Bob Champion	222,222	0	222,222	2,000,000	2,000,000	0	High	1,250,000	1,750,000	2,000,000
10. Digital Optimisation (PKB)	Tim Rycroft	42,120	42,120	0	126,353	126,353	0	Medium			
10. Digital Optimisation	Tim Rycroft	0	0	0	500,000	500,000	0	High	200,000	500,000	500,000
11. Difficult decisions	Mike Woodhead	672,457	672,457	0	3,645,906	3,645,906	0	Medium	-	54,508	54,508
12. LMH Development	Mike Woodhead	0	0	0	10,257	10,257	0	Low			
SUB TOTAL: Strategic Programmes		2,303,608	1,484,758	818,850	13,744,210	13,232,376	511,834				
13. Technical: Income Opportunities	Claire Risdon	200,001	138,000	62,001	200,000	200,000	0	Low			
14. Technical: Lively up Yourself	Bob Champion	15,832	15,832	0	47,500	47,500	0	Low			
14. Technical: Procurement	Mike Woodhead	66,668	66,668	0	200,000	200,000	0	Low			
14. Technical: CNST	Phil Hubbard	9,760	9,760	0	24,395	24,395	0	Low			
14. Technical: Telphony	Tim Rycroft	9,844	9,844	0	29,533	29,533	0	Low			
15. Vacancy Factor	Kelly Barker/Mike	1,333,339	1,645,989	(312,650)	4,000,000	4,000,000	0	Medium			
16. SpA	Kelly Barker	0	0	0	100,000	100,000	0	Medium			
Efficiency Programme Performance		3,939,051	3,370,851	568,201	18,345,638	17,833,804	511,834		2,978,120	4,417,176	5,171,011
Non Recurrent Mitigations		0	568,201	(568,201)	0	511,834	(511,834)				
Reported Position		3,939,051	3,939,051	0	18,345,638	18,345,638	0				

Agency Expenditure

Headlines

- Agency costs YTD are planned to be £1.2m; YTD agency actual costs are £1.7m giving an adverse variance of £0.5m. The variance is mainly due to additional staffing costs for an exceptional package of care for a service user on the Najurally Centre, who is expected to be discharged in later in the year.
- The NHSE Agency cap for 2025/26 is planned at £3.4m; forecast agency costs are £3.7m, which is an adverse variance of £0.3m
- Three international SAS doctors have been recruited within the Trust. In September when the doctors have been fully onboarded the number of locum consultants is expected to reduce by 3, subject to assurance of clinical competencies.

Agency Staff Costs - Plan v Actual - £000's



Agency Breach Information

Headlines

Agency breaches are reported to NHS England on a monthly basis. The vast majority of the breaches relate to medical locums. As at end of June, there are 10 locums (181 shifts).

The following actions are being taken to reduce reliance on external locums:

- All agency commission rates have now been reduced to £10 or under
- The 6 PAs EIP job interview in May fell through due to applicants changing decisions – this interview is now scheduled for July 15th
- However, due to Himanshu Garg leaving the Trust, his post has had to be filled via locum agency, warranting a locum service transfer to occur on July 14th

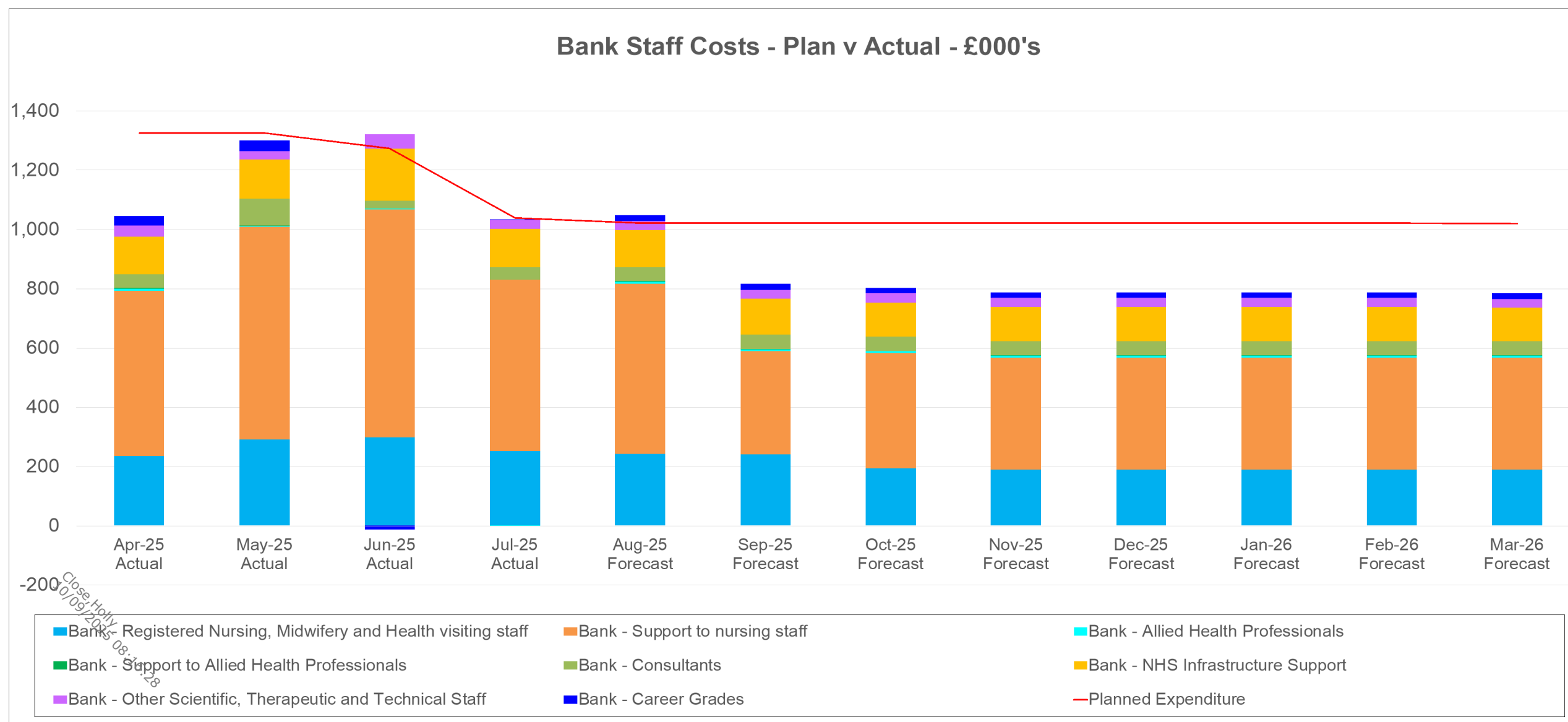
2024/25 - No. of Shift Breaches				
Month	Med staff	Nursing	AHP	Total
Apr-24	184	0	12	196
May-24	193	1	14	208
Jun-24	183	12	16	211
Jul-24	183	2	16	201
Aug-24	148	11	10	169
Sep-24	192	15	8	215
Oct-24	208	12	0	220
Nov-24	158	0	0	158
Dec-24	194	0	0	194
Jan-25	210	0	0	210
Feb-25	208	0	0	208
Mar-25	213	0	0	213

2025/26 - No. of Shift Breaches				
Month	Med staff	Nursing	AHP	Total
Apr-25	194	0	0	194
May-25	202	0	0	202
Jun-25	181	0	0	181
Jul-25				0
Aug-25				0
Sep-25				0
Oct-25				0
Nov-25				0
Dec-25				0
Jan-26				0
Feb-26				0
Mar-26				0

Bank Expenditure

Headlines

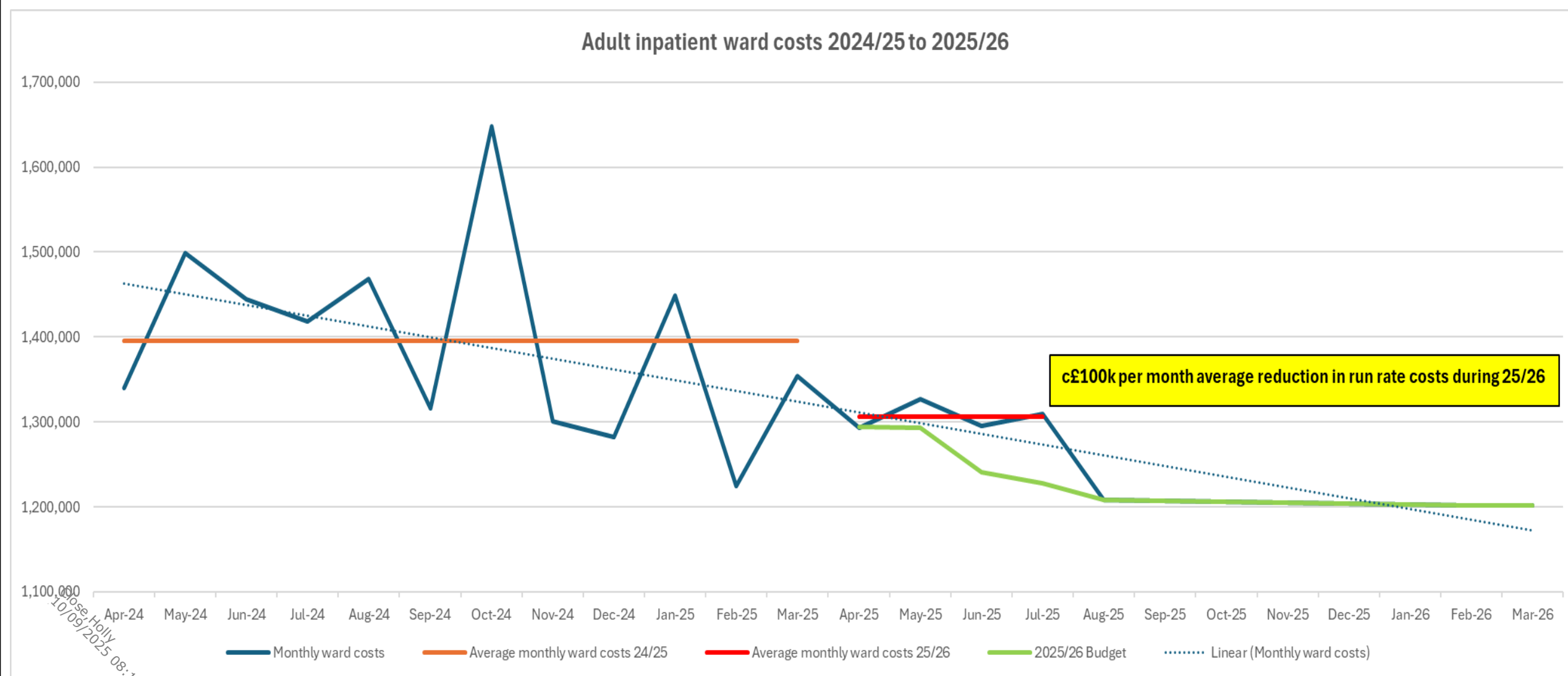
- Bank costs YTD are £4.7m compared to the plan of £5.0m resulting in a favourable variance to plan of £0.3m. The forecast spend is £11.3m against the plan of £13.1m (a favourable variance of £1.8m).
- The YTD positive position reflects the work that is underway within SP1: Purposeful and Productive MH Pathway, which has seen an average monthly reduction of £100k per month across the inpatient wards.
- Further improvements are forecast to be delivered as the actions from SP1 fully embed and roll out across all wards.



Adult MH Inpatient (Pay) Financial overview

Headlines

- Average monthly pay run rate costs for inpatient wards during 2024/25 were c£1.4m per month
- Improvement work aligned to the Strategic Programme is showing benefits, with average monthly pay costs reduced to c£1.3m in the 4 months of 2025/26
- Although the improvement is not yet in line with the plan, we are seeing the benefits of the focussed work reduce run rate costs by c£100k per month



Out of Area Placements (OAPs) overview

Headlines

* The average number of Out of Area placements has reduced from 33.97 in April to 30.19 in July.

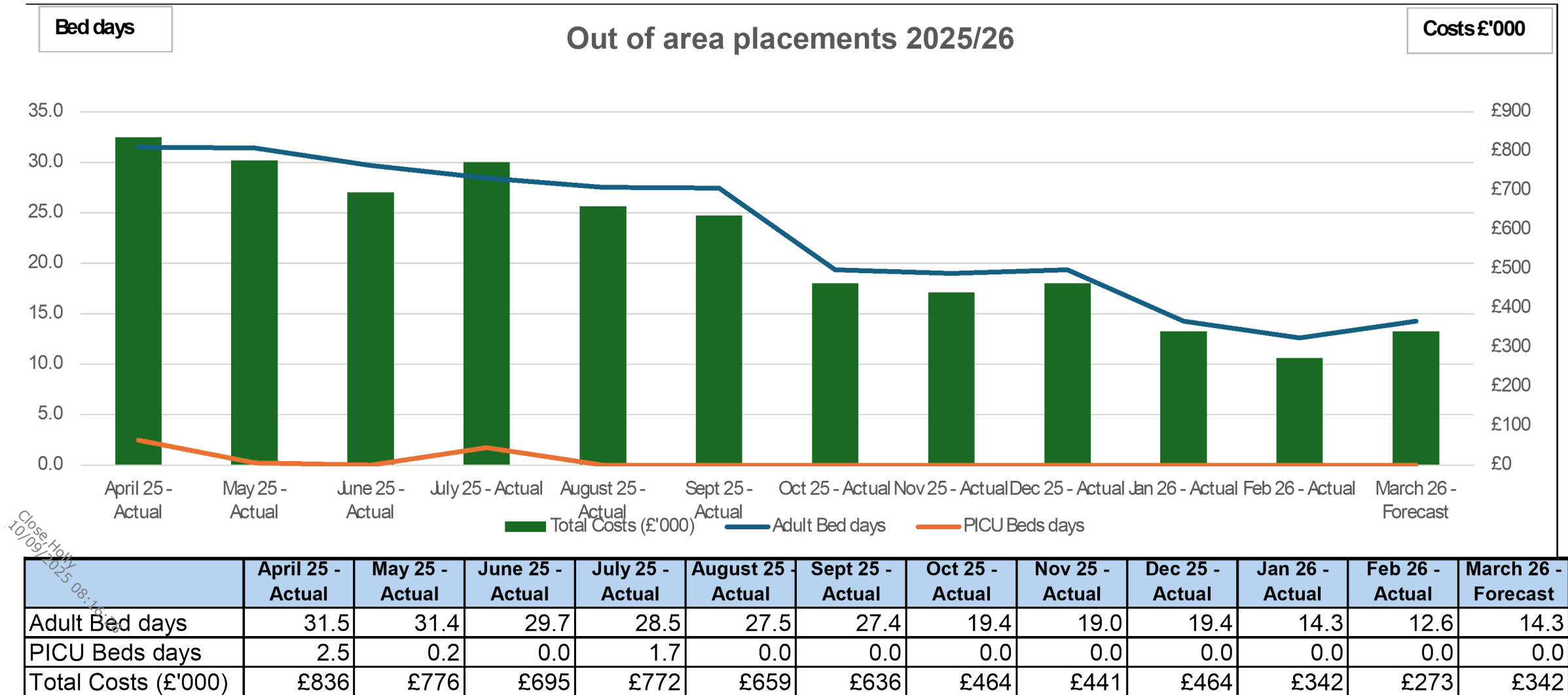
* In March there was an increase in out of area placements, leading to a higher than expected baseline from 1st April, which has taken time to recover.

* A new safety protocol has been agreed with Clinical Board to ensure the closure of out of area beds is done in a safe and considered way. In July this led to the bed closures that will show financial savings in August.

* The forecast assumes that demand will reduce by 10 OAPs beds from October. This is based on the OSPB schemes meeting the targets.

* Use of Cygnet Bock Beds continues to be monitored to ensure maximum occupancy. This includes a flexible arrangement that enable us to flip the gender of beds, to best meet current demand.

* Use of Bradford Breathing Space continues to increase with an estimated occupancy of 71% in June.3 pathways are in use including IHTT admission avoidance, CMHT admission avoidance and Inpatient Early Supported Discharge.



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Provider Collaborative Financial Position

Headlines

At Month 4 the overall position of the Provider Collaboratives is in surplus (net £360k YTD and forecast £1.7m), with BDCFT share of the forecast surplus of £504k. The forecast positions include:

- The Children and Young Peoples inpatient service underspending; offset by
- A YTD overspend in Adult Secure Services, which is forecast to recover due to two out of area patients being discharged
- The ATU has a high cost exceptional package of care supporting a Leeds patient. Plans are being developed to support a discharge in later in the year.

The risk for the Provider Collaboratives is mainly driven by low volume/ high cost Out of Area Placements and Exceptional Packages of Care.

Monthly run rate costs and forecasts can be volatile and positions can see significant movement due to high cost packages. The risks and mitigation assessment takes into account the volatility of the PCs and the likelihood that the financial position will worsen.

West Yorkshire Provider Collaboratives Financial Overview	CYP	AED	AS	ATU	Total
Year to Date Surplus / (Deficit)	741	18	(181)	(218)	360
Forecast Surplus / (Deficit)	2,003	74	10	(346)	1,741

Forecast Risk and Gainshare	CYP	AED	AS	ATU	Total
BDCT	525	18	2	(41)	504
LCH	586	-		0	586
WY ICB	0	0		(144)	(144)
LYPFT	200	25	3	(58)	170
SWYPFT	692	31	4	(73)	654
SWY ICB	0	0		(29)	(29)
Total	2,003	74	9	(345)	1,741

Headlines:

After taking account of known risks noted below:

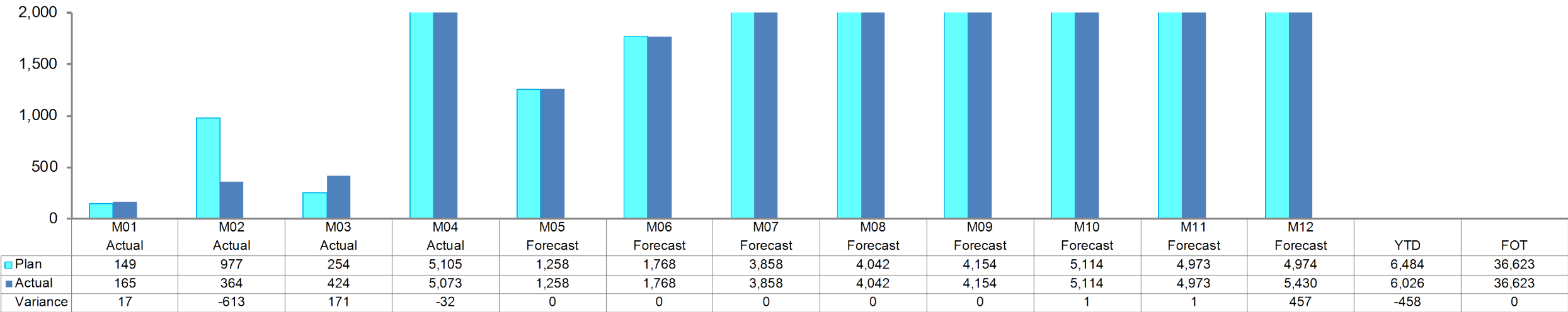
- To deliver the planned surplus, the likely case risk assessment requires gross mitigations amounting to £6.3m, mainly driven by the risk of delivering the efficiency programme
- After taking account of the planned contingency, £3.3m of risks require cover.

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

Detail	Assumption	Best £'000	Likely £'000	Worse £'000	OAPS £'000	Adult inpatient wards £'000
Variance from plan in reported position		£0	£0	£0	(£6,699)	(£14,863)
Downside						
Out of Area Placements (OAPs) - Baseline risk	Baseline in plan assume 30 beds before improvement plans. Risk reflects 3 beds above baseline for remaining months of the year	(£584)	(£584)	(£584)	(£584)	£0
Efficiency delivery risk	See efficiency modelling	(£2,978)	(£4,417)	(£5,171)	(£1,299)	(£814)
Provider Collaboratives	ATU risk - Exceptional Package of Care	(£53)	(£53)	(£84)	£0	£0
	Adult Secure PC risk of break even	£0	(£159)	(£159)	£0	£0
	Children and Young People PC risk of breakeven	(£525)	(£525)	(£525)	£0	£0
Pay award	3.6% Pay review body recommendation (2.7% assumed in plan and 0.1% incremental drift)	(£166)	(£166)	(£166)	£0	£0
Depreciation	Dispute over baseline funding	(£352)	(£352)	(£352)	£0	£0
Total Downside Risks		(£4,658)	(£6,256)	(£7,041)		
Upside						
Contingency		£3,000	£3,000	£3,000		
Total Upside Mitigations		£3,000	£3,000	£3,000		
Risk assessed plan - Surplus/ (Deficit)		(£1,658)	(£3,256)	(£4,041)	(£8,582)	(£15,676)
					(£10,562)	(£18,290)

2024/25 Spend

Capital Expenditure Plan vs Actual/Forecast



The capital position in July is underspent by £0.5m with a YTD spend of £6.0m. The likely capital forecast for the year is within plan at M04.

Work is underway to develop the Full Business Case for Lynfield Mount, indicative PDC of £25m is included in the 25/26 programme for the draw down from the earmarked national £50m funding. Discussions are underway with DHSC to reprofile costs in line with the new timeline/ cost profile, which will significantly change the profile of spend in 2025/26.

The total costs for the LMH Capital development are expected to be in the region of £65m. BDCFT have received confirmation that WY ICS will provide support for the additional £15m capital needed to fund the development, through ICS operational capital over the term of the development.

Council of Governors – Public Meeting

10th September 2025

Paper title:	Performance Report	Agenda Item 11.0
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Cliff Springthorpe, Head of Business Support	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

Purpose of the report

The purpose of the performance report is to assist the Council of Governors in seeking assurance against the Trust's performance and progress in delivery of a broad range of key targets and indicators.

Executive Summary

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

This report presents two types of information:

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

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

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

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

- ☐ **Yes** (please set out in your paper what action has been taken to address this)
- ☒ **No**

Recommendation(s)

The Council of Governors is asked to:

- consider the key points and exceptions highlighted and note the actions being taken.

Links to the Strategic Organisational Risk register (SORR)	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 2610: Core Children and Adolescent Mental Health Service waiting list • 2672: Lynfield Mount Hospital – Estate condition, associated impacts & redevelopment requirements
Care Quality Commission domains Please check <u>ALL</u> that apply	<div> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring </div> <div> <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led </div> <div> <input checked="" type="checkbox"/> Responsive </div>
Compliance & regulatory implications	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • The NHS oversight framework describes how NHS England's oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

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Council of Governors Performance Report

September 2025 Meeting

Performance Data up to
July 2025



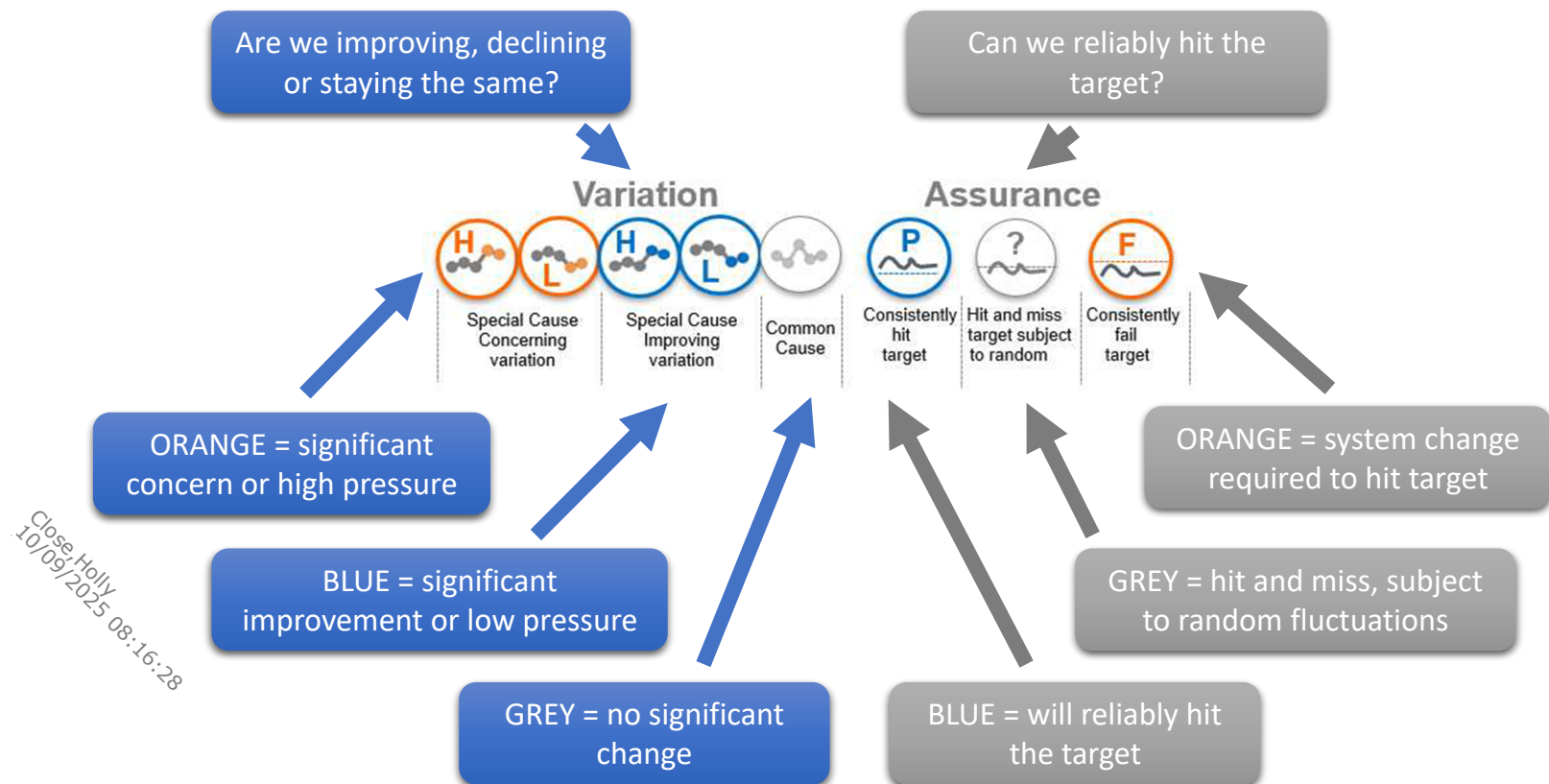
Good Governance; Accountability; Effective Oversight

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A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

<p>Theme 1: Looking after our people – we will</p> <ul style="list-style-type: none"> • Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We have increased engagement with the NHS staff survey, with a focus on teams we hear less from. The NSS 2024 attracted an increased response of 53%, with a huge increase in Bank worker engagement to 35%. • All survey themes show a slightly higher score than the previous person-centred indicating improved engagement, morale and satisfaction. • Our labour turnover continues to improve month on month and in particular, the retention of new starters is improving.. • Our management of Employee Relations (ER) casework has improved dramatically, with the lowest number of open cases in three years and the speediest resolution evident. • Whilst sickness absence rises in line with seasonal trends, the provision of health and wellbeing support and resources. The newly re-launched Primary Care Wellbeing Service supplements the existing range with a comprehensive offer of holistic and person-centred wellbeing services. 	<p>Confirmed Current Assurance Level:</p> <p>4. High</p>
<p>Theme 2: Belonging in our organisation – we will</p> <ul style="list-style-type: none"> • Continue to nurture compassionate, supportive and inclusive teams in our Trust. • Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities. • Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices. • Continue to measure and improve the experiences and progression of our staff from protected equality groups. • Encourage greater use of our comprehensive wellbeing offer so people are safe, healthy, thrive in their place of work and have a good work/life balance. • Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action 	<ul style="list-style-type: none"> • We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves. • Our WDES and WRES compliance continues to show improvements across all standards. • Our staff networks are thriving and ensuring their communities have a voice and are assured of our actions to support the Trust being the best place to work for people with protected characteristics. • The impact of the management skills training roll out is that fewer ER cases emerge and when they do, they are resolved more speedily at local level. • Roll out of NHS People Promise activities is supporting retention, including stay letters and career conversations. 	<p>Confirmed Current Assurance Level:</p> <p>4. High</p>

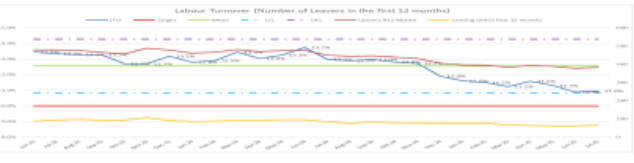

Delegated Strategic Priorities – Assurance Level

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

<p>Theme 3: New Ways of Working and Delivering Care - we will</p> <ul style="list-style-type: none"> • Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. • We are exploring opportunities for “dual qualification” for nurses and AHPs across acute and MHLDA career pathways to introduce higher levels of competence and cross-sector integrated working. • We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce. 	<p>Confirmed Current assurance level:</p> <p>3. Significant</p>
<p>Theme 4: Growing for the future – we will</p> <ul style="list-style-type: none"> • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities. <p><i>Close Holly 10/09/2025 08:16:28</i></p>	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We have on-boarded a total of 30 newly qualified RMNs to ward based roles. • We have contributed to the MHLDA Provider Collaborative Staff Bank and now have access to over 500 Bank Nurses from two other organisations to fulfil our temporary staffing needs. • Our temporary staffing fulfilment is sustainably at a ratio of 90% Bank and 10% Agency. • Continue ‘earn while you learn’ with student nurses from local Higher Education Institutes, by joining the Trust Bank alongside their academic training, with the first cohort by May 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. • We are actively engaged in a BD&C Place scheme to collaborate around recruitment to entry level roles in all health and social care specialties, not only in respect of job opportunities that reach out into our communities, but also a cohesive approach to developing career pathways through vocational and academic programmes open to all. 	<p>Confirmed Current Assurance Level:</p> <p>4. High</p>

Key Performance Indicators



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

Metric	Type	Year End Position 2023/24	Reportin g month	Performance	Target	SPC / trend																																				
Staff survey – engagement levels	Strategic	7.08	2024	7.08	7.4 (best)	Staff engagement score remains stable/increased slightly at 7.08 (0.03);																																				
Staff survey - % would recommend the Trust as a place to work	Strategic	64.28%	2024	64.28%	63% (sector)	<table><thead><tr><th></th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr></thead><tbody><tr><td>Your org</td><td>66.33%</td><td>63.10%</td><td>63.99%</td><td>62.26%</td><td>64.28%</td></tr><tr><td>Best result</td><td>77.76%</td><td>73.57%</td><td>73.02%</td><td>75.47%</td><td>78.15%</td></tr><tr><td>Average result</td><td>67.83%</td><td>63.10%</td><td>62.73%</td><td>65.57%</td><td>65.21%</td></tr><tr><td>Worst result</td><td>49.05%</td><td>41.47%</td><td>39.54%</td><td>39.56%</td><td>42.78%</td></tr><tr><td>Responses</td><td>1269</td><td>1412</td><td>1329</td><td>1671</td><td>1755</td></tr></tbody></table>		2020	2021	2022	2023	2024	Your org	66.33%	63.10%	63.99%	62.26%	64.28%	Best result	77.76%	73.57%	73.02%	75.47%	78.15%	Average result	67.83%	63.10%	62.73%	65.57%	65.21%	Worst result	49.05%	41.47%	39.54%	39.56%	42.78%	Responses	1269	1412	1329	1671	1755
	2020	2021	2022	2023	2024																																					
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Worst result	49.05%	41.47%	39.54%	39.56%	42.78%																																					
Responses	1269	1412	1329	1671	1755																																					
Labour turnover	Strategic	13.68%	Jul 25	10.95%	10%																																					
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Jul 25	2.8% of the 6.88% (40.67% of all absence)	N/a																																					

Close Holly
10/09/2025 08:16:28

Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	5/8 improved	2024/25	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	8/12 improved	2024/25	6/12 improved	12/12	
Gender pay gap (number areas improved out of 2)	Strategic	1/2 improved	2024/25	1/2 improved	2/2	The average (Mean) GPG in favour of males increased from 2024. The median GPG reduced however is still in favour of females.
Number of grievances involving discrimination & Proportion disciplinaries involving BAME staff	Strategic	1 Grievance 12 Disciplinaries (15.38% of all ER Casework)	Jul 25	4 Grievances 12 Disciplinaries (38.10% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Jul 25	77.07%	80%	

Close Holly
10/09/2025 08:16:28

Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	Jul 25	86.52% 5.19% Agency 81.33% Bank 13.48% Unfilled	100%	A reduction in agency and a increase in bank but also a reduction unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Bank and Agency Shifts	Strategic	5956 requested 395 Agency 5051 Bank 510 Unfilled	Jul 25	5334 requested 277 Agency 4338 Bank 719 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Jul 25	49.80 Agency 267.70 Bank Ratio: 15.69% Agency 84.31% Bank	N/a	
Vacancy rates	Strategic	7.4%	Jul 25	8.7%	10%	Reduction

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Number of apprenticeships	Strategic	116	Jul 25	125	63	No change
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Jul 25	0	N/a	No change

Strategic Priorities – Assurance Level

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

Theme 1: Access & Flow – we will

- Implement 'right care, right place, right time' service delivery models to improve choice, access, reduce waiting times and enhance continuity in care, including working with our partners and those in our services, to identify where digitally enabled services will improve accessibility and experience.
- Enhance collaboration between mental, physical community health services, and social care and system partners for all services to 'make every contact count' and to bring new and innovative ways of working to our communities.
- Work collaboratively with partners in a locality-based model to reduce health inequalities by using data and evidence-based practices to maximise the impact and outcomes

We will know we have been successful when:

- We will have a coherent set of metrics to track performance and safety, highlight inequalities experienced by protected equality groups, identify improvements and consistently benchmark with others.
- We can demonstrate equitable access to all of our services.
- Use high quality information and analysis to drive predictive health interventions, clinical decision making and service planning to reduce health inequalities.
- Service users have the choice to access our services using safe and secure digital tools where appropriate, to stay as healthy as possible.

**Confirmed
Current
Assurance
Level (QSC –
quality
perspective):**

2. Limited

**Confirmed
Current
Assurance
Level (Finance
& &
Performance
perspective):**

1. Low

Theme 2: Learning for improvement – we will

- Share best practice and learning across integrated multi-disciplinary teams, to improve clinical effectiveness and social impact for service users, carers and families.
- Continue to embed the Care Trust Way training and support in service delivery to support continuous quality improvement, adopt innovation and reduce waste.

We will know we have been successful when:

- We consistently adopt a continuous improvement approach, share learning and creating opportunities for our people to develop their improvement and innovation skills.
- We have a vibrant portfolio of research that guides clinical and service decisions

**Confirmed
Current
Assurance
Level:**

3. Significant

Strategic Priorities – Assurance Level

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

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

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

We will know we have been successful when:

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

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

2. Limited


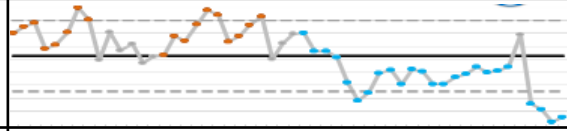

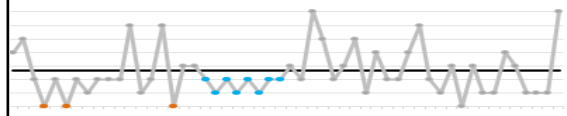


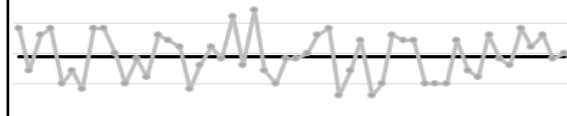


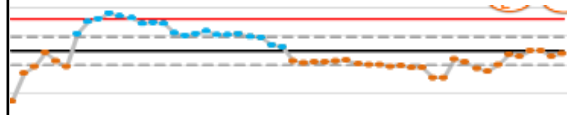
**Confirmed
Current
Assurance
Level (MHLC –
restrictive
practices):**

3. Significant

Close Holly
10/09/2025 08:16:28

Key Performance Indicators

Best Quality Services: Theme 1: Access & Flow

Metric	Type	Reporting month	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Reportable Out of Area Placements Monthly Bed Days – Inappropriate	Strategic	Jul 25 May-Jul (3m)	54 188				526	
Number of people with inpatient length of stay <=3 days (Acute wards)	Strategic	Jul 25	7	TBC			3	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	Jul 25	15	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Jul 25	67.4%	92%			69.5%	

Close Holly
10/09/2025 08:16:28

Key Performance Indicators

Best Quality Services: Theme 2: Learning for Improvement

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

Close Holly
10/09/2025 08:16:28

Key Performance Indicators

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

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

Close Holly
10/09/2025 08:16:28

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

Strategic Priorities – Assurance Summary

Making Best Use of Resources: We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do

Theme 1: Financial Sustainability – we will

- Ensure that all operational services and corporate functions optimise the use of resources, deliver best value and reduce waste within agreed budgets and with regard to environmental and social impacts

We will know we have been successful when:

- We are consistently delivering a financially balanced position at Trust and care group level.
- We can demonstrate the return on investment and value for money of investments in our physical and digital infrastructure

CONFIRMED
Current Assurance Level:
1. Low

Theme 2: Our environment and workspaces – we will

- Ensure that our people have opportunities to shape, test and implement digital solutions to stimulate innovation and creativity in service delivery.
- Co-design a revised green plan to embed sustainable healthcare models and to continually drive environmental improvements and innovation.
- Co-design spaces that meet the needs of our people and service users, are energy efficient and decarbonising and, where possible, use existing facilities in our neighbourhoods to reduce duplication and deliver care closer to home.
- Provide a robust, resilient and secure digital infrastructure that enables our people to do their job from anywhere, anytime

We will know we have been successful when:

- Services are co-located in shared health and care delivery spaces across Bradford and Craven, reducing our overall footprint.
- Sustainability and efficiency are embedded into all refurbishment and new build projects, using sustainability principles, completing sustainability impact assessments and taking account of NHS England's targets and guidance.
- We will have achieved the targets set out in our Trust's green plan by focusing on reducing waste, increasing recycling and reducing our carbon emissions.
- We have assessed our organisation as being digitally mature, including meeting/ exceeding all 10 standards within the data security protection toolkit

CONFIRMED
Current Assurance Level:
1. Low

Theme 3: Giving back to our communities – we will

- Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement

We will know we have been successful when:

- We can demonstrate that social value is built into all material investment and procurements.
- We have delivered the ambitions in our joint climate change adaptation plan, shared with Bradford Teaching Hospitals NHS Trust and Airedale NHS Foundation Trust.

CONFIRMED
Current Assurance Level:
2. Limited

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Close Holly
10/09/2025 08:16:28

Effective Oversight: Escalation and Assurance

Report to:	Council of Governors	Meeting date:	10/09/2025
Report from:	Finance & Performance Committee	Meeting date:	23/07/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Maz Ahmed (Chair/NED), Mark Rawcliffe (NED), Mike Woodhead, Phil Hubbard, Dr David Sims. Farhan Rafiq and Tim Rycroft		
In attendance	Holly Close, Shane Embleton, Theresa Fawcett, David Gibson, Michelle Holland, Alix Jeavons, Claire Risdon and Rachel Trawally		
Observers	Paul Hodgson		
Apologies	Kelly Barker, Bob Champion, Therese Patten and Fran Stead		
Best Quality Services	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none">• Integrated Strategic Performance Report• Strategic Risk Report• AAAD: Senior Leadership Team – Care Group Assurance Meeting• AAAD: System Finance & Performance Committee• Finance Report – Month 3• Organisational Sustainability Board (OSPB) Update• Finance Report Month 3• Quarterly submission to NHS England• Costing transformation programme• NHS Oversight Framework• Lynfield Mount Hospital Redevelopment• Health, Safety & Security Annual Report and Policy Annual Assurance Report• Fire Safety Annual Report and Annual Assurance Report• Microsoft Licensing Update• Committee annual Terms of Reference review• Committee Annual Governance Report		
Alert items agreed by Committee	<ul style="list-style-type: none">• Finance Report – Month 3 - £7.3m in total risk identified, with £1.4m still unmitigated. Heavy reliance was reported on non-recurrent mitigations and the need for further detailed breakdown of the risks and plans behind them.		
Advise items agreed by Committee	<ul style="list-style-type: none">• Integrated Strategic Performance Report – Concerns were raised about the potential impact of the upcoming resident doctor industrial action on length of stay• AAAD: Senior Leadership Team – Care Group Assurance Meeting - Leadership Capacity in Children and Young Peoples Mental Health: Only 3 of 11 team manager posts were filled due to sickness, employee relation cases and vacancies, triggering business continuity measures and operational strain		

Close, Holly
10/09/2025 08:16:28

	<ul style="list-style-type: none"> Organisational Sustainability Board (OSPB) Update – Programme remained off plan with strategic programme one £390k behind target Organisational Sustainability Board (OSPB) Update - A digital services review was underway, with findings expected by November to look at digital transformation capacity. NHS Oversight Framework - Trust placed in Segment 4 with a score of 2.80. Improvements were needed to improve data quality and the use of existing data more strategically Health, Safety & Security Annual Report and Policy Annual Assurance Report - The Committee was notified on legislative requirements under the Terrorism Protection of Premises Act (Martin's Law), which introduced new security obligations for healthcare premises.
Assure items agreed by Committee	<ul style="list-style-type: none"> Integrated Strategic Performance Report – Out of area placements fell by 128 bed days (Apr–Jun), due to Organisational Sustainability Programme Board efforts. Integrated Strategic Performance Report - Improved Length of Stay Metrics: Patients with stays over 100 days reduced from 32 to 15. Lynfield Mount Hospital Redevelopment: £65m funding confirmed; project remained on track with Cabinet Office assurance status retained. Fire Safety Annual Report and Annual Assurance Report - Enforcement notice resolved; training compliance now above target Microsoft Licensing Update - £55k savings reinvested in Power BI and Copilot licences, maintaining cost neutrality. Organisational Sustainability Board (OSPB) Update - Equality Impact Assessments (EQIAs) had been completed for most teams as part of the corporate cost reduction programme.
Decisions made by Committee	<ul style="list-style-type: none"> Approved - Finance and Performance Committee Minutes – 28 May 2025 Approved – NHS England Quarterly Return Declaration Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Pre-Submission Report Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Post Submission Report Approved - Health, Safety and Security Annual Report Approved - Fire Safety Annual Report Approved - Finance and Performance Committee Terms of Reference Approved – Finance and Performance Committee Annual Governance Report
New risks identified by Committee	<ul style="list-style-type: none"> No New risks identified.

Close: Holly
10/09/2025 16:28

Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> Joint Committee to be planned with the Quality & Safety Committee to align financial, performance and quality data. 		
Feedback following discussion at 'parent' meeting			
Report completed by	Holly Close Corporate Governance Officer	Date	24.07.2025
On Behalf of Chair	Maz Ahmed (Chair)		

Close, Holly
 10/09/2025 08:16:28

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board Council of Governors	Meeting date:	24/07/2025 10/09/2025
Report from:	Quality and Safety Committee (QSC)	Meeting date:	16/07/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor (Chair), Christopher Malish (NED), David Sims		
In attendance	Chris Dixon, Jess Greenwood-Owens (Secretary), Rachel Trawally, Rebecca Jowett, Rachel Howitt, Rebecca Le-Hair, Michelle Holgate Presenter for item; Jaspreet Sohal, Thabani Songo, Eleanor Hinchliffe		
Observers	Sefat Roshny (and presenter for 1 item)		
Apologies	Phil Hubbard, Fran Stead, Bob Champion, Kelly Barker, Sally Napper (NED) Catherine Schofield, Grainne Eloi, Carla Smith, Anita Brewin.		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"> • Matters Arising; Update on Quality Account and Annual Governance Report • Learning from your experience: Visit to Nepal • Volunteering and Patient Carer Experience and Involvement – Q4 Update • Strategic Assurance Report; Integrated Performance Report and Strategic Narrative • Quarterly CQC Update • Quarter 1 Report: Equality and Quality Impact Assessment • Risk Management Annual Report • Annual Clinical Audit Report 2024/25 • Medicines Management Annual Report • Safer Staffing Annual Report • Guardian of Safe Working Hours Report • Annual Report: Patient Advice & Complaints • Alert, Advise, Assure + Decision Reports; System Quality Committee; Clinical Board (May & June 2025); Patient Safety and Learning Group; Senior Leadership Team – Quality, Safety & Governance • Annual Effectiveness Review – Action Update • Committee Annual Terms of Reference Review • Strategic Risk Summary • Confirmation of Escalation Reporting • Workplan 2025/26 • Any Other Business 		

Close: Holly
10/09/2025 08:16:28

	<ul style="list-style-type: none"> Meeting Evaluation
Alert items agreed by Committee	<ul style="list-style-type: none"> Use of Section 136 suites as emergency inpatient beds due to lack of immediate bed availability had continued. This practice, while sometimes necessary, was under scrutiny by the CQC. Out-of-area placements had totalled 116 bed days in May and 961 over the past three months. Although mitigations were in place (e.g. contracted independent sector beds), this remained a significant pressure point.
Advise items agreed by Committee	<ul style="list-style-type: none"> Action logs would be developed to include more detail on how/which meeting specifically actions are closed (particularly with regard to where future items need to be considered) A wider piece of work is being undertaken to consider action tracking overall. AI (e.g. Copilot) had been trialled for minute-taking and action planning. Early feedback was positive; but further testing and governance oversight was still required. A reset of the involvement and volunteering strategy was underway, with new SOPs and reimbursement policies being developed. Developments aligned with national guidance. While flow had improved significantly (from worst to best in West Yorkshire), assurance ratings remained 'limited.' There was a call to revisit these ratings and better align them with current performance and develop a reporting technique that would allow members to clearly see this. The partnership with Jaya Mental Health in Nepal had yielded valuable insights into culturally grounded care, family involvement, and low-resource innovation. Plans for reciprocal mentoring and fundraising were underway. Two recent CQC enquiries related to staffing concerns and burnout (Airedale and Lynfield sites) had been received. While responses were submitted, the underlying issues may require a broader workforce strategy review. Persistent delays in dental treatment requiring general anaesthetic due to anaesthetist availability had continued. This was exacerbated by industrial action and may have worsened. Shared Care Risk: This had posed a high risk previously, however, GPs have now signed up. Some GP practices continued to opt out of some responsibilities, keeping this issue on the risk register but the level of the risk was downgraded. Medicine Shortages: Ongoing shortages created pressure on teams. Workforce Gaps: High vacancy rates for healthcare support workers were driven by recruitment challenges and visa policy changes. Recruitment Strategy: Stronger links with universities and colleges were recommended to improve Band 2 and newly qualified nurse pipelines. Guardian Role: Proactive support for junior doctors was encouraged to improve exception reporting and rota management.

Close, Holly
10/09/2025 08:16:28

Assure items agreed by Committee	<ul style="list-style-type: none"> The Trust had significantly improved inpatient flow and reduced average length of stay. Further reductions in the 60-day metric were being considered. Supervision rates had remained above 80%. Spot training compliance was improving, with targeted plans for newly qualified staff. All CQC enquiries had been responded to within timescales. A new engagement officer had been appointed, and action plans were being co-produced with estates and clinical teams. A facilitated Learning event involving 60 medical staff (including many consultants) had focused on learning from deaths, including a powerful presentation from a bereaved parent. Plans were in place to expand this to a multidisciplinary audience. The Volunteer-to-Career Programme had been recognised by Helpforce and seen as a national exemplar. There was potential to scale this further to support NHS prevention and community engagement agendas. Digital Progress: Electronic prescribing and automated dispensing were in development, aligning with NHS digital strategy. Clozapine Access: Finger-prick testing had improved access and reduced inpatient admissions. Governance: Audit processes had strong clinical and executive oversight; risk management training reached 96% compliance. Staffing Oversight: Despite challenges, governance and mitigation strategies were in place, with improvements in supervision and restraint reduction. 		
Decisions made by Committee	<p>The following items were approved by the Committee:</p> <ul style="list-style-type: none"> Approval of minutes and AAAD from previous meeting Action Log Risk Management Annual Report Annual Clinical Audit Report 2024/25 Committee Annual Terms of Reference Review Strategic Risk Summary 		
New risks identified by Committee	<ul style="list-style-type: none"> There were no new risks, however, the reporting and tracking of risks would be considered for a future meeting. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> N/A 		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	17/07/2025
On Behalf of Chair	Alyson McGregor (NED/Chair)		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public) Council of Governors	Meeting date:	24/07/2025 10/09/2025
Report from:	People and Culture Committee	Meeting date:	17/07/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (NED/Chair) Sally Napper (NED), Phil Hubbard, David Sims, Mike Woodhead.		
In attendance	Jess Greenwood-Owens, Michelle Holland, Fay Davies, Lisa Wright, Jo Wilson, Rachel Trawally, Farhan Raf, Michelle Holgate. Timed business: Claire Ingle, Emma Stott, Brontë Dines-Allen, Kathryn Callaghan, Wali Nazar, Naomi Fernandez.		
Observers	N/A		
Apologies	Fran Stead, Jeanette Homer, Kelly Barker, Bob Champion.		
Best Place to Work	Theme 1 – Looking after our people		BP2W:T1
	Theme 2 – Belonging in our organisation		BP2W:T2
	Theme 3 – New ways of working and delivering care		BP2W:T3
	Theme 4 – Growing for the future		BP2W:T4
Agenda items	<ul style="list-style-type: none"> • Matters Arising – WRES and WDES correction to a previous report due to data. • Strategic Assurance Report; Strategic Narrative Report • Integrated Strategic Performance Report including: Medical Staffing Update; Recruitment Activity Update and Rostering Activity • Belonging & Inclusion Update • Staff Networks Annual Report 2025 including; Rainbow Alliance Annual Report; Aspiring Cultures Annual Report and Beacon Network Annual Report • Annual Report on Leadership & Management Development • WRES Update • Strategic Risks • Committee Terms of Reference • Annual Effectiveness Review – Update on Actions • Committee Workplan 2025–26 • Confirmation of Escalation Reporting; Strategic priority assurance levels; Top 3 strategic risks for AAA report; Alert, Advise, Assure + Decision Reporting • Any Other Business • Meeting Evaluation 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • Disproportionate Disciplinary Rates: There had been a significant increase in the proportion of staff from ethnically diverse backgrounds entering disciplinary processes, particularly in 		

Close: Holly
10/09/2025 08:16:28

	<p>inpatient mental health services. This had been flagged as a serious concern to address.</p> <ul style="list-style-type: none"> • Sickness Absence: Although it had been improving overall, sickness absence remained a concern and had become a key metric in the national oversight framework. The Trust was still considered an outlier. • Vacancies in Healthcare Support Workers: Due to more rigorous recruitment standards, there had been more vacancies in this area. • Organisational Change Impact: Concerns had been raised about the cumulative impact of multiple organisational changes, which might have led to increased ER cases, grievances, and sickness absence. • A discrepancy in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data were identified. The issue arose from differing definitions of “shortlisted” between the Trust’s recruitment system (TRAC) and NHS England’s criteria. A correction was made to a previously submitted AAAD to the Board: initial WRES data inaccurately indicated that white candidates were four times more likely to be appointed post-shortlisting. After correction, this disparity reduced to 1.25 times, aligning more closely with internal representation. However, the revised WDES data revealed a worsening trend—non-disabled candidates were 2.08 times more likely to be appointed than disabled candidates. Neither the WDES or the WRES data had been released as public reports yet. Corrections would be made to the various locations that this information has been reported.
<p>Advise items agreed by Committee</p> <p>Close, Holly 10/09/2025 08:16:28</p>	<ul style="list-style-type: none"> • Model Roster Oversight: It had been advised that oversight of the model roster should sit with OSPB, with highlights reported back to the People & Culture Committee for visibility and assurance. • EDI Disciplinary Review: A workshop had been planned with inpatient services to understand the root causes of disproportionate disciplinary actions. The Aspiring Cultures Network had been involved in shaping this work. • Inclusive Recruitment: Adjustments to recruitment processes for candidates with autism and learning disabilities had been advised and implemented, including tailored onboarding and assessment centre support. • Apprenticeship Strategy: There had been a recommendation to explore apprenticeships more broadly as a strategic workforce solution. • ER Case Volume: Although it had improved, ER case volumes remained high and were sensitive to organisational change and workforce pressures. • Staffing Pressures in Inpatient Units: High usage of bank and agency staff, particularly in areas like Ashbrook and Bracken, had been linked to increased observations, patient acuity, and vacancies.

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

Close, Holly
10/09/2025 08:16:28

Effective Oversight: Escalation and Assurance

Report to:	Council of Governors	Meeting date:	10/09/2025
Report from:	Mental Health Legislation Committee	Meeting date:	17/07/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chair/NEDs/Exec Directors: Simon Lewis (Chair), Non-Executive Director Alyson McGregor Non-Executive Director, Philippa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership and David Sims, Medical Director		
In attendance	Simon Binns, Mental Health Legislation Lead, Marilyn Bryan, Associate Hospital Manager, Richard Cliff, Head of Legal Services, Holly Close, Corporate Governance Officer (Committee Secretariat), Christopher Dixon, Deputy Director of Nursing Professions and Professions, Keith Double, Involvement Partner, Teresa O'Keefe, Mental Health Act Advisor, Baljit Kaur Nota, LA Team Manager, Joanne Tiler, Mental Capacity Act Clinical Lead, and Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary		
Observers	Dr Phalaksh Walishetty - Consultant Psychiatrist		
Apologies	Apologies from all (members and attendees) Kelly Barker, Chief Operating Officer, Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer), Karen Essien, Thabani Songo, Head of Nursing – Mental Health and Fran Stead, Trust Secretary		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"> Feedback from Involvement Partners Strategic Narrative Report Mental Health Act Reform Alert, Advise, Assure + Decision Report: Positive & Proactive Group, incl Use of Force Bill updates Associate Hospital Manager's Report Care Quality Commission Update: Mental Health Act Monitoring Review Visits Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) and Mental Capacity Act Annual Report Timeliness of reports to tribunals and hospital managers Alert, Advise, Assure + Decision Report: Clinical Board 		

Close: Holly
10/09/2025 08:16:28

	<ul style="list-style-type: none"> • Mental Health Legislation Committee Effectiveness Review Actions • Committee Terms of Reference • Mental Health Legislation Committee: Annual Work Plan
Alert items agreed by Committee	<ul style="list-style-type: none"> • No “alert” but see the first point in the Advise section below, which the Committee wishes to flag to the Board.
Advise items agreed by Committee	<ul style="list-style-type: none"> • Clinical Board – The Trust is currently not able to report into national benchmarking data on psychological therapy input due to the absence of SNOMED coding within the electronic patient record system (SystmOne). This limitation affects our ability to demonstrate the level of psychological therapy provided, particularly to detained patients. The issue has been raised with digital services, and enabling SNOMED coding is on their development list. But the functionality has not yet been activated. This gap is a concern, particularly given high rates of restrictive practices on female wards, where traumatised individuals are cared for. He suggested the issue be added to the report to the Board, as a supportive mechanism, to assist further discussions with digital colleagues. • Further clarification was sought on the future inclusion of Non-Executive Directors having a role in hospital manager hearings within job descriptions for future NEDs. • The Involvement Partner said that the team morale had declined among Involvement Partners. • Positive & Proactive Group – while the Trust’s internal dashboards showed relatively low levels of restrictive practices, the NHS England Strategic Oversight Report had indicated that the Trust is an outlier. The Trust will need to look at that and understand why our data appears to put us in an outlier category (e.g. in relation to reported low data). The NHS England Strategic Oversight Report would be presented to the Board in the next private session. • Mental Health Act Reform – the Trust has briefed local MPs to assist them to ask appropriate questions in parliamentary committees.
Assure items agreed by Committee	<p>The overall level of assurance, in relation to the key matters that the Committee is focused on, was considered to be “significant”.</p> <p>Positive signs of improvement and progress:</p> <ul style="list-style-type: none"> • Strategic Narrative Report - The Trust remains in a strong comparative position regarding the use of prone restraint, reporting low numbers relative to regional partners. Positive reflection of the Trust’s ongoing commitment to least-restrictive practice and trauma-informed care. • Positive & Proactive Group – one incident of prone restraint had been recorded; but the service user had positioned themselves into the restraint, rather than being placed into it by staff. • The Committee’s attention was drawn to new data presented through the Patient Safety Incident Response Framework (PSIRF), which included analysis by gender and ethnicity. This analysis supported previous findings that the highest use of

Close, Holly
10/09/2025 08:16:28

	<p>physical interventions was associated with incidents of self-harm, particularly among white female service users. A focused piece of work is planned to explore this further, with an emphasis on trauma-informed approaches.</p> <ul style="list-style-type: none"> • CQC Update: Mental Health Act Monitoring Review Visits – following a CQC visit of Willow Ward, an action plan had been implemented to address some environmental concerns. A task and finish group, comprising of members from the estates team, was been established. A number of changes have been made, to reduce delay and improve safety, especially where previous access relied on staff from the adjacent low secure unit. Dr Sims had conducted a follow up visit: the recommendations had been actioned . • Mental Capacity Act Annual Report – The report noted that training had been a significant area of growth, with increased delivery of face-to-face sessions tailored to specific teams and areas of practice. This approach had been well received, with growing demand across services and a rise in clinical support requests, particularly for complex cases. • Clinical Board – It was confirmed that concerns previously raised regarding shared care arrangements had been resolved. GPs had now signed up to the new working arrangements. • Committee Effectiveness Review Actions – An update was provided on actions arising from the recent review. A summary paper was presented outlining progress against four key areas. • Committee Terms of Reference – One minor change was proposed (to rename the section titled “Assurance Escalation Reporting” to “Effective Oversight and Escalation Assurance.”) 		
Decisions made by Committee	<ul style="list-style-type: none"> • Approval of the following items: <ul style="list-style-type: none"> - Minutes from 22 May 2025 - Associate Hospital Managers’ Group Report - Mental Health Legislation Committee Terms of Reference 		
New risks identified by Committee	<ul style="list-style-type: none"> • No new risks identified 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> • N/A 		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Corporate Governance Officer	Date	18/07/2025
On Behalf of Chair	Simon Lewis		

Close: Holly
10/09/2025 08:16:28

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	26 June 2025
Report from:	Audit Committee	Meeting date:	19 June 2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Simon Lewis, Sally Napper.		
In attendance	Therese Patten, Philipa Hubbard, Stacey Pearson, Leanne Sobratee, Lee Swift, Salma Younis, Helen Higgs, Sarah Denton, Rachel Trawally, Claire Risdon, Osama Rathore.		
Observers	Mike Gill was in attendance as part of the ongoing Well Lead Review.		
Apologies	Apologies were noted from Fran Stead.		
Good Governance	Governance, accountability and effective oversight		GG
Agenda items	<ul style="list-style-type: none">• Matters arising• Strategic Assurance Report and Supporting items: .1 Strategic Narrative 2. Compliance and Risk Report.• Review of Losses & Special Payments.• Waiver of Standing Orders & Standing Financial Instructions.• Proposed Write off of Outstanding Debt.• BDCFT Annual Accounts 2024/25• External Audit: ISA 260 Annual Report and Head of Internal Audit Opinion• External Audit: Annual Report, including Value for Money Assessment.• External Audit: Letter of Representation• Internal Audit: Annual Report and Head of internal audit opinion.• Annual Report and Annual Governance Statement 2024/25• Internal Audit: Annual Internal Audit Plan 2025/26• Internal Audit: Progress Report and any Follow Up Reports.• Local Counter Fraud Annual Work Plan 2025/26• Local Counter Fraud Progress Report.• Audit Committee Work Plan 2025/26		
Alert items agreed by Committee	<ul style="list-style-type: none">• Nothing.		
Advise items agreed by Committee	<ul style="list-style-type: none">• The Committee will follow up on the recent AWOL audit with a limited assurance rating at the next Audit Committee.		
Assure items agreed by Committee	<ul style="list-style-type: none">• Strategic Assurance Report: The audit committee noted the position regarding low and limited assurance areas, recognizing that some issues are beyond the trust's control.		

	<ul style="list-style-type: none"> Review of Losses and Special Payments: No waiving of standing orders and no write-off of debts 		
Decisions made by Committee	<ul style="list-style-type: none"> Approved: The Committee agreed to recommend the Annual Accounts for Board approval. Approved: The Committee agreed to recommend the Annual Report for Board approval. Approved: The Committee approved the internal audit work plan. Approved: The Committee approved the local counter fraud work plan and reduction in attendance to Committee meetings. 		
New risks identified by Committee	<ul style="list-style-type: none"> There were no new risks identified by the Committee. 		
Feedback following discussion at 'parent' meeting			
Report completed by	Sarah Denton, Executive Assistant	Date	19.06.2025
On Behalf of Chair	Chris Malish, Non-Executive Director		

Close, Holly
10/09/2025 08:16:28

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	23 July 2025
Report from:	Audit Committee	Meeting date:	23 July 2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Sally Napper.		
In attendance	Philipa Hubbard, Leanne Sobratee, Salma Younis, Rachel Trawally, Claire Risdon, Chris Boyne, Anne Marie Dorrington, Richard Cliff		
Observers	No observers		
Apologies	Apologies were noted from Simon Lewis, Fran Stead.		
Good Governance	Governance, accountability and effective oversight		GG
Agenda items	<ul style="list-style-type: none">• Matters arising• Dentist Pay Discretionary• Strategic Assurance Report, Strategic Narrative Report, Compliance & Risk Report• Annual Litigation Report• Review of Loses & Special Payments• Waiver of Standing Orders & Standing Financial Instructions• Proposed Write Off of Outstanding Debt (• Internal Audit: Progress report, Follow Up Reports• Committee Annual Terms of Reference Review• Committee Annual Report• Draft report - Well Led (BDCFT/19/2025)• Alert, Advise, Assure and Decision Report to Board of Directors• Audit Committee Workplan 2024/25		
Alert items agreed by Committee	<ul style="list-style-type: none">• The dentist pay discrepancy issue was highlighted, with ongoing work to resolve overpayments and the approach to reclaiming funds being reviewed for fairness and compliance.		
Advise items agreed by Committee	<ul style="list-style-type: none">• The committee reviewed the strategic assurance report, agreed with the assurance levels, and discussed the need for clear reporting and triangulation of data, especially regarding financial and quality risks		
Assure items agreed by Committee	<ul style="list-style-type: none">• The Annual Litigation report was received, noting low claims numbers, effective benchmarking, and established learning processes.• No new losses or special payments were reported.• Internal audit progress was confirmed, with only one report slightly delayed.• The annual terms of reference were reviewed and recommended for board approval, with minor updates pending.		

Close: Holly
10/09/2025 08:16:28

	<ul style="list-style-type: none"> The draft well-led report was received, with the full report to be presented in September. 		
Decisions made by Committee	<ul style="list-style-type: none"> . 		
New risks identified by Committee	<ul style="list-style-type: none"> There were no new risks identified by the Committee. 		
Feedback following discussion at ‘parent’ meeting			
Report completed by	Nazmeen Khan – Corporate Governance Officer	Date	23.07.2025
On Behalf of Chair	Chris Malish, Non-Executive Director		

Close, Holly
 10/09/2025 08:16:28

Agenda item 13.0 Council of Governors Public Workplan
2025-26

						Informal	Public hybrid	Private hybrid	Private teams	Public teams
						Date	Date	Date	Date	Date
Category	Agenda item	Paper author	Item presented	Lead Director	Lead PA	10/04/2025	18/06/2025	10/09/2025	10/12/2025	11/02/2026
Good Governance	Apologies	Verbal	Corporate Governance Officer	Chair	Corporate Governance Officer	X	X	X	X	X
Good Governance	Declarations of conflicts of interest	Verbal	Corporate Governance Officer	Chair	Corporate Governance Officer	X	X	X	X	X
Good Governance	Minutes of last meeting	Corporate Governance Officer	Chair	Chair	Corporate Governance Officer	X	X	X	X	X
Good Governance	Matters arising	Corporate Governance Officer	Chair	Chair	Corporate Governance Officer	X	X	X	X	X
Good Governance	Action log	Corporate Governance Officer	Corporate Governance Officer	FS (Trust Secretary)	Sarah Denton	X	X	X	X	X
Best Place to Work	Youth view	Linzi Maybin				X	X	X	X	X
Best Place to Work	Terms of Reference	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer					
Good Governance	Alert, Advise, Assure and Decision reporting	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer	X	X	X	X	X
Good Governance	Notification of future meeting dates	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Sarah Denton	X				
Good Governance	Committee annual effectiveness review	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer		X			
Good Governance	Committee annual Terms of Reference review	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Sarah Denton			X		
Good Governance	BDCT Annual Report	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Sarah Denton		X			
Good Governance	AMM Minutes	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Sarah Denton					
Best Use of our Resources	Operational and Financial Planning 2025/26		Claire Risdon	Mike Woodhead	Zoe Naylor		X			
Best Use of our Resources	Performance Report		Claire Risdon	Mike Woodhead	Zoe Naylor	X	X	X	X	X
Best Use of our Resources	Personal Health Budgets - 1 year data to date		Chris Dixon/Jacqui Hooley	Phil Hubbard			X			
Good Governance	Council of Governors Annual Work Plan	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	Sarah Denton	X	X	X	X	X
Good Governance	Ratification of Resilience Group Terms of Reference; Incident Response Plan; Severe Weather Plan; Industrial Action Plan		Chris Wright							X

Closed for
10/09/2025
0:28

Council of Governors

Terms of Reference

Version:	2
Reviewed by:	Corporate Governance
Ratified by:	Council of Governors
Date reviewed:	5 May 2022
Date ratified:	5 May 2022
Job title of author:	Corporate Governance Manager and Deputy Trust Board Secretary
Job title of responsible Director:	Chair of the Council of Governors / Chair of the Trust
Date issued:	6 May 2022
Review date:	May 2023
Frequency of review:	Annual
Amendment Summary:	

1 Name of Group

Council of Governors.

2 Composition of the Group

The membership of the Council of Governors is determined by Annex 3 of the Constitution, and is made up of both elected and appointed Governors totalling 27.

Membership is set out below.

Elected Governors (20)

Constituency	Area/ Class	Number of Governor Seats
Public (15)	Bradford East	3
	Bradford South	3
	Bradford West	3
	Craven	1
	Keighley	2
	Rest of England	1
	Shipley	2
Staff (5)	Clinical Staff Bradford District Care NHS Foundation Trust	3
	Non-Clinical Staff Bradford District Care NHS Foundation Trust	2

Close: Holly
10/09/2025 08:16:28

Appointed Governors (7)	
Local Authority Governors	
Bradford Council	2
North Yorkshire Council	1
Partner Organisation Governors	
Barnardo's	1
Bradford Assembly	1
Bradford University	1
Noor Project – Hope and Light	1

In accordance with the Foundation Trust Code of Governance it is expected that the Council of Governors will invite the Chief Executive to attend all its general meetings, and that other Executive Directors and Non-Executive Directors will be invited to attend as appropriate. The Council may invite other non-members to attend its meetings on an ad-hoc basis, as it considers necessary and appropriate.

The Trust Board Secretary, shall attend each meeting and provide appropriate advice and support to the Chair of the Trust and Council members. The Corporate Governance Manager as the Deputy Trust Board Secretary will be in attendance at each meeting.

Members of the Council of Governors must ensure that wherever possible they attend every Council meeting. Attendance at meetings will be monitored and shall be reported in the Annual Report. Attendance will be monitored by the Corporate Governance Manager and Deputy Trust Board Secretary, who will act accordingly by means of escalating appropriate information to the Chair of the Trust as it arises.

3 Quoracy

No business shall be transacted at a meeting of the Council of Governors unless at least one third of the whole number of Governors elected or appointed are present. If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest they shall no longer count towards the quorum.

Deputies: There is no constitutional provision for a deputy to attend on behalf of a Governor

Non-quorate meeting: Non-quorate meetings may go ahead unless there has been an instruction from the Chair not to proceed with the meeting. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

Alternate Chair: The Chair of the Council of Governors shall be the Chair of the Trust. In the absence of the Chair of the Trust, (or in the event of the Chair declaring an interest in an agenda item) the Deputy Chair shall Chair the meeting. Should the

Deputy Chair not be available (or where they too have declared an interest in an agenda item), the meeting shall be chaired by the Lead Governor, or the Deputy Lead Governor. Should the Lead Governor or the Deputy Lead Governor be unable to Chair the meeting, due to a conflict of interest, the meeting can be Chaired by any other Governor as agreed by those Governors present.

4 Meetings of the Committee

Frequency: Meetings of the Council of Governors shall be held at such times as the Council may determine, however the Council of Governors will normally meet four times a year (plus the Annual Members' Meeting) with all meetings being held in public, although this shall not preclude any items of business being conducted in private. The items taken in private will be determined in accordance with pre-arranged criteria.

A full set of papers comprising the agenda, minutes of the previous meeting and associated reports and papers will be sent to all Governors in a timely manner. The agenda, minutes and Council papers of each formal meeting (excluding any confidential private papers) shall be displayed on the Trust website.

Urgent meeting: Any Governor may, in writing to the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner. As agreed by the Chair, a meeting can take place via conference call or using digital technology to support a virtual meeting.

Minutes: Corporate Governance shall ensure the minutes of the meeting are taken and will also ensure these are presented to the next Council of Governors' meeting.

5 Authority

Establishment: The Trust shall establish a Council of Governors in accordance with the requirements of the NHS Act 2006, and paragraph 11 of its Constitution.

Powers: Its powers are detailed in the NHS Act 2006; Trusts' Code of Governance; and the Trust's Constitution.

Cessation: The Council of Governors is a statutory body and as such must remain for as long as it is empowered in statute.

6 Role of the Group

6.1 Purpose of the Group

The general statutory duties of the Council of Governors are to:

- hold the Non-Executive Directors to account (both collectively and individually) for the performance of the Board of Directors
- represent the interests of the members of the Trust as a whole and the interests of the public
- be consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Council of Governors

In carrying out their duties, members of the Council of Governors and any attendees must ensure that they act in accordance with the values of the Trust which are:

- we care
- we listen
- we deliver.

Governors must also abide by the "Council of Governors' Code of Conduct which all Governors will sign as part of their induction.

6.3 Duties of the Council of Governors

The Council of Governors will be required to carry out a number of statutory duties under the NHS Act 2006 (as amended by the Health and Social Care Act 2012). These are as follows:

- appoint and, if appropriate, remove the Chair and the Deputy Chair of the Trust (as Non-Executive Directors)
- appoint and, if appropriate, remove the other Non-Executive Directors
- decide the remuneration and allowances, and the other terms and conditions of office, of the Chair of the Trust and the other Non-Executive Directors
- approve the appointment of the Chief Executive
- support the appointment of the Deputy Chair of the Trust
- appoint and, if appropriate, remove the Trust's auditor (i.e. the organisation that will, amongst other things, check the Trust's finances each year)

Close: Holly
10/09/2025 08:16:28

- receive the Trust's annual accounts, any report of the auditor on them and the annual report
- require one or more of the Directors or a representative of the Trust's auditors to attend a meeting to obtain information about the Trust's performance, or information about how the Directors have performed their duties in order to determine if there is a need to vote on issues concerning that performance
- approve (or not) by vote:
 - the implementation of any proposals to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England
 - entering into a significant transaction (a significant transaction is defined in the Constitution)
 - an application to NHS Improvement (one of our regulators) for a merger with or the acquisition of another foundation trust or NHS trust
 - an application to NHS Improvement for the separation or dissolution of the foundation trust
 - amendments to the Constitution.
- determine whether it is satisfied that any proposals to carry out activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes will not, to any significant extent, interfere with the Trust's provision of NHS services and notify the Board of its view.

The Council of Governors is also responsible for:

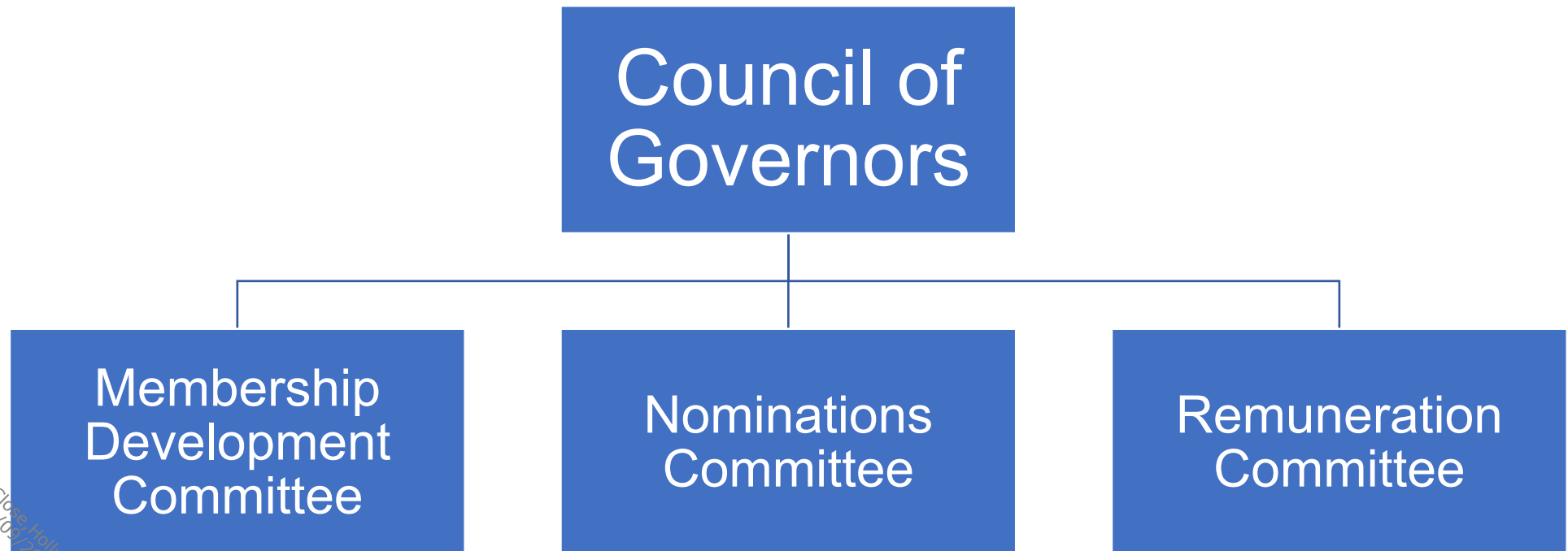
- considering complaints about any member of the Trust in accordance with Annex 8 of the Constitution and take action which may include expulsion from the membership of the Trust
- agreeing a clear process for the appointment of the Chair of the Trust and the other Non-Executive Directors

Close, Holly
10/09/2025 08:16:28

- supporting the process for the evaluation or appraisal of the Chair of the Trust and the other Non-Executive Directors, including the outcomes of the evaluation of the Chair of the Trust and the Non-Executive Directors
- assessing its own collective performance and its impact on the Trust and communicate to members how Governors have discharged their duties
- taking the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors
- agreeing with the Executive Directors what information it needs to receive at its meetings
- agreeing who from amongst the Governors should be appointed as the Lead Governor, and Deputy Lead Governor
- responding as appropriate to any matter when referred by the Board of Directors
- participating in the development of the Trust's strategy and values.

Close, Holly
10/09/2025 08:16:28

7 Relationships with other groups and committees



8 Duties of the Chair

The Chair of the Council of Governors shall be responsible for:

- agreeing the agenda with Corporate Governance with support from the Trust Board Secretary
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion
- giving direction to the Corporate Governance Manager and Deputy Trust Board Secretary acting as the meeting Secretariat, and reviewing the draft minutes
- ensuring the agenda is balanced and discussions are productive
- ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Council.

9 Reviews of the terms of reference and effectiveness

The Terms of Reference shall be reviewed by the Corporate Governance Manager and Deputy Trust Board Secretary annually with recommendations presented to the Council of Governors for ratification. The Council of Governors should also carry out an assessment of how effectively it is carrying out its duties and act upon any recommendations for improvement.

Close, Holly
10/09/2025 08:16:28