

# Council of Governors: held in public - Wednesday 10 December 2025

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

Hybrid Meeting to be held on Microsoft Teams and Room 4.03 at  
New Mill

## Agenda

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- 17:00 - 17:02  
2 min

**1. Welcome and apologies for absence (verbal)**  
*Linda Patterson*  
 Item 01.0 - Council of Governors - Public Agenda - 10 December 2025 v.7.pdf (3 pages)
- 17:02 - 17:02  
0 min

**2. Declaration of any conflicts of interest (enclosure)**  
*Linda Patterson*  
 Item 02.0 - Declaration of conflict of interests at 02 December 2025.pdf (4 pages)
- 17:02 - 17:02  
0 min

**3. Minutes of the previous meeting held on 10 September 2025 & Annual Members' Meeting 25 September 2025 (enclosures)**  
*Linda Patterson*  
 Item 03.0.0 - Council of Governors Meeting - Public - Minutes - 10.09.2025 - Chair Approved.pdf (12 pages)  
 Item 03.0.1 - Annual Members' Meeting Minutes - 25 September 2025 - Chair Approved.pdf (12 pages)
- 17:02 - 17:02  
0 min

**4. Matters arising (verbal)**  
*Linda Patterson*
- 17:02 - 17:02  
0 min

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

## Governor Feedback

- 17:02 - 17:10  
8 min

**6. Issues and Questions from Communities (verbal)**  
*All*

## Strategy and partnerships

- 17:10 - 17:25  
15 min

**7. Chair's Report (enclosure)**  
*Linda Patterson*  
 Item 07.0 - CoG Public paper December 2025.pdf (4 pages)
- 17:25 - 17:40  
15 min

**8. Governance Report (enclosure)**  
*Rachel Trawally*

Close Holly  
09/12/2025 09:40:59

## Best Quality Services & Best Use of Resources

### 17:40 - 17:50 9. Lynfield Mount update (verbal)

10 min

*Mike Woodhead*

### 17:50 - 18:00 10. Operational and Financial Performance (enclosure)

10 min

*Kelly Barker & Claire Risdon*

- Item 10.0 - CoG Performance Report Cover Sheet - December 2025 KB.pdf (5 pages)
- Item 10.1 - CoG Performance Report - December 2025.pdf (15 pages)

## Good Governance

### 18:00 - 18:05 11. Council of Governors effectiveness review & Well Led

5 min

*Fran Stead*

- Item 11.0 - Council of Governors Effectiveness Review & Well Led - Public Council of Governors - 10 December 2025 - v.02.pdf (8 pages)

### 18:05 - 18:25 12. Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):

20 min

#### 12.1. 12.1 Finance and Performance Committee held 23 July 2025, 24 September 2025 & 26 November 2025

*Maz Ahmed*

- Item 12.1.0 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 23 July 2025 - Chair Approved.pdf (3 pages)
- Item 12.1.2 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee - 24 September 2025 - Ratified.pdf (3 pages)

#### 12.2. Quality and Safety Committee held 16 July 2025, 17 September 2025 & 19 November 2025

*Alyson McGregor*

- Item 12.2.0 - AAAD - Effective Oversight Escalation and Assurance - QSC July 2025 RATIFIED.pdf (3 pages)
- Item 12.2.1 - AAAD - Effective Oversight Escalation and Assurance - QSC Sept 2025 CHAIR APP.pdf (4 pages)
- Item 12.2.2 - AAAD - Effective Oversight Escalation and Assurance - QSC Nov 2025 Chair approved docx.pdf (6 pages)

#### 12.3. People and Culture Committee held 17 July 2025 & 18 September 2025

*Mark Rawcliffe*

- Item 12.3.0 - AAAD - Effective Oversight Escalation and Assurance - PCC July 2025 RATIFIED (1).pdf (4 pages)
- Item 12.3.1 - AAAD - Effective Oversight Escalation and Assurance - PCC Sept 2025 CHAIR APP.pdf (4 pages)

#### 12.4. Mental Health Legislation Committee held 17 July 2025, 10 October 2025 & 20 November 2025

*Simon Lewis*

- Item 12.4.0 - Effective Oversight Escalation and Assurance - 17 July 2025 - CHAIR APPROVED.pdf (3 pages)
- Item 12.4.1 - Effective Oversight Escalation and Assurance - 10 October 2025 - CHAIR APPROVED.pdf (3 pages)
- Item 12.4.2 - Effective Oversight Escalation and Assurance - 20 November 2025 CHAIR APP FS.pdf (3 pages)

Close, Holly  
09/12/2025 09:50:58


## 12.5. Charitable Funds Committee held 29 October 2025


*Mark Rawcliffe*


 Item 12.5.0 - AAAD - Effective Oversight Escalation and Assurance CFC 29 Oct 2025 CHAIR APP FS.pdf (3 pages)

## 12.6. Audit Committee held 19 June 2025, 23 July 2025, 25 September 2025 & 27 November 2025

*Christopher James Malish*

 Item 12.6.0 - Effective Oversight Escalation and Assurance - Audit Committee 19.06.25 - CHAIR APPROVED.pdf (2 pages)

 Item 12.6.1 - Effective Oversight Escalation and Assurance - Audit Committee 23.07.2025 - Chair Approved.pdf (2 pages)

 Item 12.6.2 -Effective Oversight Escalation and Assurance - Audit Committee 25.09.2025 - Chair approved.pdf (2 pages)

 Item 12.6.3 - Effective Oversight Escalation and Assurance - Audit Committee 27.11.2025 - Chhair Approved.pdf (2 pages)

18:25 - 18:25  
0 min

## 13. Council of Governors Annual Work Plan (enclosure)

*Information*

 Item 13.0 - Public Council of Governors - Work Plan 2025-26.pdf (2 pages)

18:25 - 18:30  
5 min

## 14. Any other business (verbal)

*Linda Patterson*

18:30 - 18:30  
0 min

## 15. Comments from public observers (verbal)

*Linda Patterson*

18:30 - 18:30  
0 min

## 16. Meeting evaluation (verbal)

*Linda Patterson*

**Date of the Next Meeting: 11 February 2025 at 17:00 – 18:30. Final details to be confirmed by Corporate Governance**

Close: Holly  
09/12/2025 09:40:59

## Council of Governors – held in public

**Date: Wednesday 10 December 2025**

**Time: 17:00-18:30**

**Venue: Hybrid Meeting to be held on Microsoft Teams and Room 4.03 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 10 September 2025 & Annual Members' Meeting 25 September 2025 (enclosures)	LP	-
	4	Matters arising (verbal)	LP	
	5	Action log (enclosure)	LP	

### Governor Feedback

All	6	Issues and Questions from Communities (verbal)	Governors	5.02pm
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### Strategy and partnerships

All	7	Chair's Report (enclosure)	LP	5.10pm
CG	8	Governance Report (enclosure)	Rachel Trawally	5.25pm

### Best Quality Services & Best Use of Resources

BUoR	9	Lynfield Mount update (verbal)	Mike Woodhead	5.40pm
	10	Operational and Financial Performance (enclosure)	Claire Risdon / Kelly Barker	5.50pm

Good Governance

GG	11	Council of Governors effectiveness review & Well Led	FS	6.00pm
	12	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures): 12.1 Finance and Performance Committee held 23 July 2025, 24 September 2025 12.2 Quality and Safety Committee held 16 July 2025, 17 September 2025 & 19 November 2025 12.3 People and Culture Committee held 17 July 2025 & 18 September 2025 12.4 Mental Health Legislation Committee held 17 July 2025, 10 October 2025 & 20 November 2025 12.5 Charitable Funds Committee held 29 October 2025 12.6 Audit Committee held 19 June 2025, 23 July 2025, 25 September 2025 & 27 November 2025	MA AM MR SL MR CM	6.05pm
	13	Council of Governors Annual Work Plan (enclosure)	For Information	-
	14	Any other business (verbal)	LP	6.25pm
	15	Comments from public observers (verbal)	LP	-
	16	Meeting evaluation (verbal)	LP	-

**Date of the Next Meeting: 11 February 2025 at 17:00 – 18:30. Final details to be confirmed by Corporate Governance**

Questions for the Council of Governors can be submitted to:

Name: Fran Stead (Trust Secretary)

Email: [fran.stead@bdct.nhs.uk](mailto:fran.stead@bdct.nhs.uk)

Name: Linda Patterson (Chair of the Trust)

Email: [linda.patterson@bdct.nhs.uk](mailto:linda.patterson@bdct.nhs.uk)

Expressions of interest to observe the meeting using Microsoft Teams:

Email: [corporate.governance@bdct.nhs.uk](mailto: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  
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## Declaration of Conflict of Interests Council of Governors as at 02 December 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
<b>Elected Governors</b>								
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
Umar Ghafoor	Umar Ghafoor Trading Ltd – Director	Nil	Nil	CEO – Manningham Project Ltd	Nil	Nil	Nil	Nil
Hitesh Govan	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Terry Henry	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Hesford	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Paul Hodgson	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

James Hobson	Nil	Nil	Nil	Nil	Nil	Nil	Holds position of Chair of Governors at Oakworth Primary School, Oakworth, Keighley	Nil
Aurangzeb Khan	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Imran Khan	Awaiting submission							
Aidan Jones	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Barrister, Park Square Barristers – Barrister on Mental Health Tribunals
Yasmin License	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mike Lodge	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tabaro Rwegema	Z N Zelle Noir Ltd	Nil	Nil	Nil	Nil	Nil	Nil	Z N Zelle Noir Ltd
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	Nil
<b>Appointed Governors</b>								
Deborah Buxton	Barnardo's Assistant Director Children's Services	Nil	Nil	Nil	Nil	Nil	Nil	Nil



Cllr Andy Brown	Councillor Aire Valley Ward North Yorkshire Council	Shareholder in Smith and Nephews, Filtronic PLC, Surgical innovations group, Greencoat PLC, Vistry Group, Abingdon Health Ltd	Nil	Nil	Nil	Nil	Green Party member and Councillor for the Aire Valley Ward North Yorkshire Council	Nil
Cllr Debbie Davies	Nil	Nil	Nil	Nil	Nil	Nil	District Councillor Bradford Council	Nil
Robert James	Nil	Nil	Nil	Nil	Nil	Nil	Dean of the Faculty of Life Sciences at University of Bradford	Nil
Masira Hans				Bradford District and Craven Mind - Head of Services	Bradford District and Craven Mind - Head of Services	Bradford District and Craven Mind - Head of Services		
Cllr Sabiya Khan	Councillor Wibsey Ward BMDC	Nil	Nil	Nil	Nil	Nil	Labour member and Cllr for the Wibsey Ward	Nil

Close Holly  
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Close Holly  
09/12/2025 09:40:59

**Council of Governors' Meeting held in Public.**  
**Wednesday 10 September 2025 at 5.00pm**  
**Virtual meeting held on Microsoft Teams and in New Mill**  
**Meeting Room 4.10**

Agenda  
item

**03.0**

**Members present in person:** Dr Linda Patterson OBE FFChair of the Trust, Chair of the Council

Hitesh Govan	Public Governor: Bradford South
Masira Hans	Appointed Governor: Hope and Light Project
Aidan Jones	Staff Governor: Non-Clinical
Terry Henry	Staff Governor: Non-Clinical
Mike Lodge	Public Governor: Rest of England
Emmerson Walgrove	Public Governor: Bradford West

<b>Members present via Teams:</b>	Arshad Ali	Staff Governor: Clinical
	Councillor Andy Brown	Appointed Governor: North Yorkshire Council
	Umar Ghafoor	Public Governor: Bradford South
	James Hobson	Public Governor: Keighley
	Councillor Sabiya Khan	Appointed Governor: Bradford Council

<b>In attendance in person:</b>	Kelly Barker	Chief Operating Officer
	Fran Stead	Trust Secretary
	Therese Patten	Chief Executive Officer

<b>In attendance via teams:</b>	Maz Ahmed	Non-Executive Director
	Bob Champion	Chief People Officer
	Shane Embleton	Deputy Director of Estates and Facilities ( <i>for agenda item 8</i> )
	Simon Lewis	Non-Executive Director and Deputy Chair of the Trust
	Christopher Malish	Non-Executive Director
	Sally Napper	Non-Executive Director ( <i>from agenda item 1 – 10</i> )
	Mark Rawcliffe	Non-Executive Director
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary
	Mike Woodhead	Chief Finance Officer

<b>Apologies:</b>	Deborah Buxton	Appointed Governor: Barnardo's
	Robert James	Appointed Governor: Bradford University
	Phil 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

Close: Holly  
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Alyson McGregor  
Claire Risdon

Non-Executive Director  
Operational Director of Finance

Tim Rycroft

Chief Information Officer

## MINUTES

Item	Discussion	Action
029	<p><b>Welcome and Apologies for Absence</b> (agenda item 1)</p> <p>The Chair, Dr. Linda Patterson, opened the hybrid meeting. Apologies were received from several members. The meeting was quorate.</p> <p>The Chair invited those present to introduce themselves for the benefit of those attending remotely and for minute-taking purposes.</p>	
030	<p><b>Declarations of Interest</b> (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
031	<p><b>Minutes of the Council of Governors' meeting held on 18 June 2025</b> (agenda item 3)</p> <p>The minutes of the Council of Governors meeting held on 18 June 2025 were accepted as an accurate reflection.</p>	
032	<p><b>Matters Arising</b> (agenda item 4)</p> <p>There were no matters arising that were not already included in the action log or scheduled for discussion on the agenda.</p>	
033	<p><b>Action Log</b> (agenda item 5)</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>noted the contents of the action log.</li> <li>agreed to close the actions that had been listed as completed; and noted that no actions were overdue, and no further actions were required associated with the contents of the log</li> </ul>	
034	<p><b>Issues and Questions from Communities</b> (agenda item 6)</p> <p>No questions or issues had been received from the community for this meeting.</p>	
035	<p><b>Chairs Report</b> (agenda item 7)</p> <p>The Chair introduced the report and highlighted partnership working across Bradford and Craven, West Yorkshire, as well as national meetings. The Chair shared that they had attended the Baton of Hope breakfast event, which aimed</p>	

Item	Discussion	Action
	<p>to raise awareness about suicide prevention. The Chair emphasised the Trust's commitment to reducing suicide rates and its aspiration towards zero suicide, working collaboratively with colleagues. The event was described as moving and impactful, and the Chair noted being interviewed for a video that the charity would publish.</p> <p>The Chair then discussed the results of the governor engagement duties and the summer election. The elected Governors included:</p> <ul style="list-style-type: none"> <li>• Yasmin License</li> <li>• David Hesford</li> <li>• Aiden Jones.</li> <li>• Hitesh Govan</li> <li>• James Hobson</li> </ul> <p>It was then noted that Conner Brett had stepped down due to work commitments, and the Chair acknowledged and thanked Conner for their contribution.</p> <p>Vacancies remained, and the Chair confirmed plans to address these.</p> <p>A coffee morning had been held on 4 September, which was well attended.</p> <p>The Chair reminded members about the Annual Members Meeting scheduled for 25 September 2025 at Victoria Hall, which would include a marketplace of services and a Governor stand requiring volunteers.</p> <p>It was then established that Governors were invited to observe Board meetings, which were meetings held in public. Observers were welcome, and comments or questions could be raised at the end. The Chair also noted that Governors could observe Board Sub-Committees.</p> <p>The Governors were also reminded that a deputy governor was still needed. No volunteers had come forward, but efforts would continue to fill the role.</p> <p>The Chair then provided an update on Regulation 28 actions, explaining that these arise when a coroner identifies lessons to be learned following a death. Under Section 28, notifications may be sent to relevant bodies, including the NHS, to review issues and report actions. The Chair stressed that this process was an opportunity to learn and improve care, which the Trust already undertakes after verdicts, but this was a specific statutory requirement.</p> <p>M Lodge, Public Governor: Rest of England asked about whether the Trust would hold the vacant Governor seats or whether there would be another election campaign. F Stead, The Trust Secretary confirmed that the Trust intended to bring a formal proposal to Governors to run a further election campaign to ensure all seats were filled to ensure that the Council was</p>	

Close/ Hold  
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Item	Discussion	Action
	<p>representative of the community it serves. Subject to Governor approval, the corporate governance team would mobilise resources to deliver the campaign.</p> <p>M Lodge then encouraged Governors to consider volunteering for the deputy Governor role, which was described as valuable but not overly time-consuming.</p> <p>M Lodge asked for clarification on whether the findings from the recently published independent analysis would be brought back to Governors and how the Trust planned to respond to those recommendations. F Stead confirmed that the Trust was developing a plan to incorporate recommendations from three sources: annual effectiveness reviews, internal audits aligned to CQC well-led expectations, and an externally delivered well-led review commissioned by the Board. These findings were being consolidated into a development plan, and further updates would be provided to Governors.</p> <p><b>The Council of Governors noted the continuing engagement that has taken place with external partners, internally at the Trust, and with the Board of Directors.</b></p>	
036	<p><b>10 Year Plan update</b> (agenda item 8)</p> <p>T Patten, Chief Executive Officer provided an update on the NHS Ten Year Plan and the National Oversight Framework. They explained that the government had undertaken extensive engagement with organisations, colleagues, and partners to shape the plan, which was published in the summer. However, the delivery chapter was missing, and work had continued over the summer to develop this. T Patten noted that while the plan was positive and future-focused, the key challenge would be delivery.</p> <p>The presentation outlined three major shifts:</p> <ul style="list-style-type: none"> <li>• moving care from hospitals into communities,</li> <li>• advancing digital transformation</li> <li>• prioritising prevention</li> </ul> <p>T Patten highlighted the importance of neighbourhood-based health services and the NHS app as a digital front door. They shared examples of innovative digital tools already in use, such as Limbic AI in talking therapy services, which had earned national recognition.</p> <p>The prevention agenda was emphasised as critical to reducing hospital admissions through earlier interventions and collaboration with local authorities and voluntary organisations.</p> <p>T Patten outlined strategic priorities, focusing on workforce transformation, flexibility, well-being, and digital literacy. They emphasised colleague adoption of AI and innovation, noting that service users and colleagues often provide the</p>	

Item	Discussion	Action
	<p>best ideas. The Trust was considered well positioned for integrated health and care, population health, and community-based services. T Patten shared that a new local health and well-being strategy will focus on addressing acute demand and deficits through five key population cohorts: complex children, palliative care, dementia, and learning disabilities. The discussion also highlighted the impact of the Airedale hospital rebuild, with projections showing significant demand increases by 2040 if no action is taken.</p> <p>The governance structure for delivering the strategy was outlined, with workstreams focusing on integrated acute care, neighbourhood health and care delivery, and corporate support plans to address the £70m overspend. The Trust's neighbourhood pioneer bid had been approved, positioning it as one of 43 national pioneers.</p> <p>Councillor A Brown, Appointed Governor: North Yorkshire Council congratulated the team on securing the neighbourhood pioneer bid and stressed the need to improve patient transitions from hospital to home. He cautioned against overemphasis on AI, highlighting that better data sharing between Trusts was a more urgent priority. T Patten agreed, confirming that work was underway to improve discharge processes and interoperability. She noted that a new Chief Digital Information Officer had been appointed to lead a review and ensure resources were committed to fixing these core issues.</p> <p>H Govan, Public Governor: Bradford South noted that developing digital capability alone was insufficient without a clear adoption strategy. They highlighted the need for a plan to encourage service users to utilise digital access points as their first option, rather than continuing to rely on traditional GP routes. It was agreed that digital development and adoption strategies must be aligned to ensure effective implementation.</p> <p>The Chief Operating Officer, K Barker, agreed that understanding what helps service users access the right services was essential. It was noted that significant work had been done on the Healthy Minds website and response services, but many callers still required clearer signposting.</p> <p>M Lodge highlighted that the NHS Ten-Year Plan removed the requirement for Foundation Trust status. They expressed the view that some governance arrangements within the NHS remained complex and would require further consideration by the Council of Governors in the future. He suggested that these issues, along with potential partnership opportunities, should be explored in future discussions.</p> <p>M Lodge inquired about the publication of 'Our plans for health, care, and wellbeing in Bradford District and Craven' and raised concerns about difficult decisions. T Patten confirmed that this work sat within the corporate savings and gap-closing programme, which aimed to address the £70m deficit. T Patten stressed that resolving this issue would require difficult decisions,</p>	

Item	Discussion	Action
	<p>including stopping duplication, eliminating activities that did not add value, and focusing resources on those most in need. They noted that a group was reviewing these areas and would make recommendations for change.</p> <p>M Lodge subsequently inquired about the organisational structure depicted in the diagram, specifically questioning whether the increased collaboration among the three separate NHS organisations might ultimately result in their consolidation into a single organisation. T Patten confirmed that the organisations were currently collaborating through a committee in common to reduce inefficiencies. While discussions had begun, no decision had been made on forming a single organisation, though further progress was anticipated in the future.</p> <p>T Patten then discussed the national oversight framework, which scores organisations on various criteria. The Trust's current score was 2.8, placing it in segment 4. Data quality issues affecting performance scores were being addressed, and detailed improvement plans were in place. The Trust was committed to improving its position and ensuring accurate data reporting.</p> <p>Councillor A Brown expressed concern that the framework risked penalising deprived areas rather than reflecting good management and urged the team to stay focused on strategic objectives while meeting national requirements. T Patten assured Governors that, despite the league table position, the Trust remained focused on its strategic objectives and delivering high-quality care. They also noted that colleagues had been updated to provide assurance and emphasised that improvement plans were already in place to address data and performance issues.</p> <p><b>The Council of Governors noted the update provided.</b></p>	
037	<p><b>Lynfield Mount Update</b> (agenda item 8)</p> <p>S Embleton, The Deputy Director of Estates and Facilities presented an update in relation to the Lynfield Mount Redevelopment. It was explained that the full business case had been drafted, and positive engagement had taken place with NHS England and DHSC colleagues, allowing the approval timeline to be brought forward. Submission to regional colleagues was expected by the end of November, followed by national review. Although the scheme had increased to £65m, Treasury approval was not required, which S Embleton stated would help speed up the process.</p> <p>S Embleton then shared that the design packages had been completed and signed off, and procurement routes were progressing. Negotiations with McAvoy Group for the new build continued, with a guaranteed maximum price expected next week.</p> <p>It was then highlighted that the refurbishment phase had faced challenges as most contractors declined to tender, so options were being explored to reissue</p>	



Item	Discussion	Action
	<p>the tender. S Embleton declared that the remodelling of Osprey House was complete, and demolition works were scheduled, though slightly delayed by the discovery of a bat roost. An application to Natural England was required before relocation, but this was not expected to cause major delays.</p> <p>Finances were then discussed:</p> <ul style="list-style-type: none"> <li>• The budget remained at £65m</li> <li>• £1.275m had already been drawn down</li> </ul> <p>It was then noted that a strong governance structure was in place, and recruitment for key roles such as Communications and Engagement Officer and Project Support Manager was underway.</p> <p>Finally, S Embleton presented a visual walkthrough of the proposed building, showing the new entrance, communal spaces, internal courtyards, single-sided bedroom corridors, and modern en-suite rooms.</p> <p><b>The Council of Governors noted the update provided.</b></p>	
<b>038</b>	<p><b>Operational and Financial Planning 2024/25</b> (agenda item 10)</p> <p>M Woodhead, The Chief Finance Officer, presented the financial report, noting that the position at month five was similar to month four. The Trust was slightly better than plan and forecasted to remain on plan for the year, but significant risks were highlighted:</p> <ul style="list-style-type: none"> <li>• high levels of out of area placements,</li> <li>• challenges in achieving savings targets—particularly those scheduled for the second half of the year</li> <li>• volatility in provider collaborative services,</li> <li>• pay award funding issues,</li> <li>• a shortfall in depreciation funding</li> </ul> <p>M Woodhead then discussed risk and mitigations, noting that there was:</p> <ul style="list-style-type: none"> <li>• £6.3m of risk against a £3m contingency</li> <li>• Net risk of £3.3 million</li> </ul> <p>It was shared that work was underway to reduce this figure, though some risk would remain.</p> <p>M Woodhead then confirmed that work had begun on a five year financial plan due in December, following confirmation of multi-year settlements for revenue and capital funding. Guidance was still awaited, but current estimates suggested:</p>	

Item	Discussion	Action
	<ul style="list-style-type: none"> <li>Underlying deficit of around £5m at year-end</li> <li>Likely savings target of £12 to £15m for the following year.</li> </ul> <p>M Woodhead noted some positive signs, including reductions in pay costs and out-of-area bed days, but reiterated that risks remained and were being actively managed.</p> <p>M Lodge sought clarification on agency and bank staff spending. K Barker explained that agency use was minimal for healthcare support and nursing, with most pressure coming from high-cost medical locums and specialist roles. They added that recruitment efforts were ongoing. A Jones, Staff Governor: Non-Clinical questioned whether there had been any changes now that the collaborative bank was in place. K Barker responded and shared that its impact had been limited and was a work in progress.</p> <p>The Chair concluded by emphasising that this remained work in progress and confirmed that close monitoring would continue.</p> <p><b>The Council of Governors noted the update.</b></p>	
039	<p><b>Performance Report</b> (agenda item 11)</p> <p>K Barker, introduced the performance report, explaining that its purpose was to provide the Council of Governors with an overview and assurance on how the committees and Board monitored and tracked the Trust's progress against a range of metrics aligned to strategic objectives and plans. They noted that later agenda items would include assurance reports from committee chairs, which helped triangulate discussions, reviewed data, and considered any Governor activity or experiences to determine assurance levels within each committee's scope.</p> <p>K Barker referenced earlier updates from M Woodhead on financial assurance and acknowledged ongoing challenges within quality services, particularly around demand, capacity, and access to inpatient services.</p> <p>They confirmed that progress continued to be reported against strategic programmes addressing these issues and highlighted early signs of improvement, including a downward trend in performance metrics. While this was positive, they stressed the need to remain cautious and realistic given the level of risk within current plans.</p> <p>K Barker further noted that significant assurance continued to be seen within the People and Culture Committee, which M Rawcliffe, Non-Executive Director would report on later. K Barker emphasised the importance of viewing performance holistically, recognising that workforce performance directly impacted service delivery and that high demand and capacity pressures could</p>	

Item	Discussion	Action
	<p>affect staff wellbeing. Triangulating insights from all committees was essential to provide a rounded view of organisational performance.</p> <p><b>The Council of Governors considered the key points and exceptions highlighted and note the actions being taken.</b></p>	
040	<p><b>Alert, Advise, Assure and Decision report/Assurance Reporting: (Finance and Performance Committee held July 2025 (agenda item 12.1)</b></p> <p>M Ahmed, Non-Executive Director presented the Finance and Performance Committee report from July and reiterated that assurance around the financial plan was limited, with significant risk and reliance on non-recurrent mitigations.</p> <p>They stressed the importance of ensuring current programmes deliver full-year benefits to help address next year's equally challenging financial position. M Ahmed then confirmed that the committee had taken assurance on the Lynfield Mount programme, which was progressing positively, and highlighted ongoing concerns about data quality, noting that further work was needed to improve accuracy and use across the organisation.</p> <p><b>The Council of Governors noted the contents of the Finance and Performance Committee.</b></p>	
041	<p><b>Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held July 2025 (agenda item 12.2)</b></p> <p>C Malish, Non-Executive Director reported from the Quality and Safety Committee. Key issues included CQC scrutiny of section 136 suite use, high out-of-area placements, workforce vacancies, and delays in dental treatment. Positive updates included improved patient flow, AI trials for minute-taking, progress on electronic prescribing, and strong audit compliance at 96%. Assurance was given on timely CQC responses, and overall, the meeting was considered positive.</p> <p><b>The Council of Governors noted the contents of the Quality and Safety Committee.</b></p>	
042	<p><b>Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held July 2025 (agenda item 12.3)</b></p> <p>M Rawcliffe, Non-Executive Director reported from the People and Culture Committee. It was shared that Three of four strategic risks had high assurance, while new ways of working were lower due to roster and agency issues. The committee reviewed recruitment, turnover, wellbeing, equality standards, and staff networks. Concerns included disproportionate disciplinary cases for ethnically diverse staff and a slight rise in absence rates. Recruitment for healthcare support workers focused on quality over quantity. Reporting errors in</p>	

Item	Discussion	Action
	<p>equality standards were noted, and recruitment speed had improved significantly. The leadership development programme was welcomed as a positive step. International recruitment was reducing agency costs by 31% and bank costs by 45%, supporting service quality and financial performance.</p> <p>M Hans, The Appointed Governor: Hope and Light offered support for collaboration including around inpatient voluntary initiatives.</p> <p>H Govan asked about the difference between bank, agency and substantive colleagues. K Barker responded and explained that bank colleagues were recruited directly by the Trust, work flexibly, and receive the same pay and conditions as substantive colleagues. Agency colleagues, by contrast, were sourced through external providers at a premium cost. It was noted that agency workers were often already trained and familiar with the trust but prefer flexible patterns.</p> <p>The Chair confirmed that a significant piece of work had been undertaken to encourage agency colleagues to join the internal bank, which had been successful. B Champion, The Chief People Officer confirmed that the previous split was 80% agency and 20% bank, but this had shifted to approximately 90% bank and 10% agency.</p> <p>M Lodge then queried about Visa Policy changes. B Champion explained that rising UKVI salary thresholds meant sponsorship was no longer possible for Band 2 and Band 3 roles, limiting recruitment to Band 4 and Band 5 and above. This created challenges, but work continued with universities and colleges to recruit healthcare students locally and develop internal talent.</p> <p><b>The Council of Governors noted the contents of the People and Culture Committee.</b></p>	
043	<p><b>Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 16 July 2025 (agenda item 12.4)</b></p> <p>S Lewis, Non-Executive Director reported from the Mental Health Legislation Committee, highlighting that the committee met on 17 July and noted three key points: a coding issue preventing psychological therapy data from being reported nationally, clarification on non-executive director roles in hospital manager hearings, and a need to review restrictive practice data after external reports suggested the Trust may be an outlier. Assurance was given on low use of prone restraint, CQC actions completed on Willow Ward, and strong progress on Mental Capacity Act training. New data confirmed most physical interventions related to self-harm among white female service users, with work underway to address this.</p> <p><b>The Council of Governors noted the contents of the Mental Health Legislations Committee.</b></p>	

Item	Discussion	Action
043	<p><b>Alert, Advise, Assure and Decision report/Assurance Reporting: Audit Committee held June and July 2025</b> (agenda item 12.5)</p> <p>C Malish presented the report and shared that there had been two audit committee meetings held since the last update. The first, on 19 June, focused on the annual accounts, external audit letter, value-for-money assessment, internal audit annual report, head of audit opinion, and the internal audit plan for 2025–26. The committee recommended the annual accounts for board approval, approved the internal audit work plan, and endorsed the local counter-fraud plan. Assurance remained significant, and the external audit confirmed strong value-for-money performance, while noting wider financial pressures.</p> <p>The second meeting, on 23 July, addressed a pay discrepancy for dentists resulting in overpayments and an agreement to alert the Board regarding recovery plans. The committee also reviewed the strategic assurance report, confirming significant assurance but emphasising the need for clear triangulation of financial and quality data given growing demand and financial challenges. The annual litigation report showed low claim numbers and positive benchmarking, and internal audit progress was strong with only one minor delay. The committee also reviewed and recommended updated terms of reference for board approval and noted receipt of a draft Well-Led report, with the final version due at the next meeting.</p> <p><b>The Council of Governors noted the contents of the Audit Committee.</b></p>	
044	<p><b>Council of Governors Annual Work Plan</b> (agenda item 13)</p> <p>The annual work plan and terms of reference were presented for information.</p> <p><b>The Council of Governors noted the contents of the annual work plan.</b></p>	
045	<p><b>Council of Governors Terms of Reference</b> (agenda item 14)</p> <p><b>The terms of reference will be reviewed and updated in line with the findings of the effectiveness review, with The Corporate Governance Manager and Deputy Trust Secretary leading this work over the coming months.</b></p>	RT
045	<p><b>Any Other Business</b> (agenda item 15)</p> <p>E Walgrove, Public Governor: Bradford West raised a question in relation to GDPR and data protection and whether governance receives a report on data protection breaches or related issues. F Stead confirmed that GDPR compliance and data protection reporting were managed through the Audit Committee as part of its remit. This arrangement was in place due to the committee's responsibility for compliance and legal obligations under relevant legislation.</p>	

Item	Discussion	Action
046	<p><b>Comments from public observers</b> (agenda item 16)</p> <p>There were no comments from public observers.</p>	
047	<p><b>Meeting Evaluation</b> (agenda item 17)</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>Attendees confirmed that the meeting had been conducted openly and that sufficient opportunity had been provided for participation.</p> <p>The meeting closed at 18:30.</p>	
<p><b>These minutes were prepared with the assistance of AI tools and reviewed by the Deputy Secretary and the Chair for accuracy and completeness.</b></p>		

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## Annual Members' Meeting

**Date: Thursday 25 September 2025**

**Meeting held in public: Victoria Hall, Victoria Road, Shipley, BD18 3JS**

<b>Present:</b>	Dr Linda Patterson	Chair of the Trust
	OBE FRCP	
	Masira Hans	Appointed Governor: Hope and Light
	Terry Henry	Staff Governor: Non-Clinical
	Paul Hodgson	Public Governor: Shipley
	Aurangzeb Khan	Public Governor: Bradford East
	Mike Lodge	Public Governor: Rest of England
	Emmerson Walgrove	Public Governor: Bradford West
<b>In Attendance:</b>	Therese Patten	Chief Executive Officer Place lead for Bradford District and Craven Health and Care Partnership. National Director of Place Development for NHS England
	Kelly Barker	Chief Operating Officer
	John Blewett	KPMG (External Audit)
	Bob Champion	Chief People Officer
	Holly Close	Corporate Governance Officer (Secretariat)
	Chris Dixon	Deputy Director of Nursing and Professions
	Jess Greenwood-Owens	Corporate Governance Officer
	Philippa Hubbard	Director of Nursing, Professions and Care Standards DIPC, Deputy Chief Executive, Director of Nursing Quality for Bradford District and Craven Health and Care Partnership
	Nazmeen Khan	Corporate Governance Officer
	Christopher Malish	Non-Executive Director
	Alyson McGregor	Non-Executive Director
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager
	Mike Woodhead	Chief Finance Officer and Place Director of Finance for Bradford District and Craven Health and Care Partnership
<b>Apologies:</b>	Simon Lewis	Non-Executive Director
	Iain McBeath	Director of Integration
	Sally Napper	Non-Executive Director
	Maz Ahmed	Non-Executive Director
	Cllr Debbie Davies	Appointed Governor: Bradford Council
	Aidan Jones	Staff Governor: Non-Clinical
	Robert James	Appointed Governor: Bradford University
	Umar Ghafoor	Public Governor: Bradford South

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Hitesh Govan  
David Hesford  
James Hobson

Public Governor: Bradford South  
Staff Governor: Clinical  
Public Governor: Keighley

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## MINUTES

Item	Discussion	Action
<b>139</b>	<p><b>Welcome &amp; apologies for absence</b> (agenda item 1)</p> <p>The Chair of the Trust opened the meeting at 14:45pm and welcomed the public, members', governors, Trust colleagues and Board members to the Annual Members Meeting.</p> <p>Dr Patterson shared that the previous year had not been an easy year for the Trust or the NHS as a whole due to the reorganisation within the NHS and financial issues. She explained that the Trust had been working in partnership alongside, local authorities, at both place level (Bradford District and Craven) and at a system level (West Yorkshire Integrated Care Board).</p> <p>The diversity of the Trust and also the communities that it served was also mentioned. Dr Patterson highlighted that there were 44 different nationalities working for the Trust and that there was no room for racism or hate.</p> <p>Dr Patterson then shared that this was the last Annual Members' Meeting that she would be attending as she was standing down as Chair of the Trust after three years. She explained that she had worked for 50 years within the NHS, and that she was proud of the Trust and the values. She affirmed that that Trust would go forward and meet the challenges ahead.</p> <p>Apologies for absence were then noted.</p> <p>The Annual Members' Meeting was quorate.</p>	
<b>140</b>	<p><b>Declarations of any Conflicts of Interest</b> (agenda item 2)</p> <p>There were no declared conflicts of interest in respect of any agenda items.</p>	
<b>141</b>	<p><b>Minutes of the previous meeting: 19 September 2024</b> (agenda item 3)</p> <p>The minutes from the Annual Members Meeting held on 19 September 2024 were agreed as a true and accurate record.</p>	
<b>142</b>	<p><b>Matters Arising</b> (agenda item 4)</p> <p>There were no matters arising.</p>	

Item	Discussion	Action
143	<p><b>Annual Report – “Looking back, with an eye on the future”</b> (agenda item 5)</p> <p>T Patten, Chief Executive Officer started her presentation by thanking Dr Patterson for her contribution to the Trust over the last three years. She also thanked colleagues and volunteers for their passion and commitment. T Patten then explained that the Trust received £230m of funding in the last financial year, which had been mostly spent on colleagues and services. She highlighted that the Trust had both diverse and varied services and that the Trust looked after service users from birth and until death.</p> <p>T Patten then reflected on the 24/25 financial year and it was highlighted that there had been an increase in demand, with cost pressures, NHS England reset and new leadership and also the merging of the Department of Health and Social Care and NHS England. Despite all of this, T Patten emphasised that the Trust had carried on delivering services. She highlighted a number of key initiatives delivered by the Trust:</p> <ul style="list-style-type: none"> <li>• The Green Therapy initiative which had a pioneering ‘water ways nature connection programme’ delivered alongside the Canal and River Trust.</li> <li>• The Set up of two new school based health hubs at Dixons Academies Trust and Oastlers School, which had improved access to health services for local families in places that were already used and trusted.</li> <li>• The Proactive Care Team which continued to serve the diverse community of Bradford and also had an impact on significantly reducing A&amp;E visits.</li> </ul> <p>Looking to the future, T Patten noted that innovation and improvement were key aspects for the Trust and the Trust’s approach was to ‘always do better’. The Individual Placement and Support (IPS) Employment Service was spotlighted in that they had achieved the highest possible rating of ‘exemplary’ in the latest fidelity review. It was explained that this meant that the service had maintained its IPS Quality kitemark for supporting people with enduring mental health needs to secure and sustain paid employment.</p> <p>On a similar theme, T Patten moved onto share award winning work of the Trust. Estates and Facilities Business Manager Liza Pyrah had won the People Development Award at the Health Estates and Facilities’ Management Association (HEFMA) award, for supporting service managers to recruit six apprentices. Additionally, the Learning Disabilities</p>	

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Item	Discussion	Action
	<p>Health Support team received the Learning Disabilities Initiative of the Year at the HSJ Patient Safety Award.</p> <p>It was then discussed that the Trust continued to work closely with partners in Acute Trusts. The Trust Strategy was then mentioned , in particularly in the coming months the strategy would be refreshed and the Trust would look towards partners, colleagues and service users to think about what this would look like.</p> <p>During 24/25, the Trust recognised 46 colleagues, who together gave 1,300 years of service to the NHS.</p> <p>T Patten then discussed the diverse community that the Trust served; she explained that the Trust continued to learn from these communities every single day. The Proactive Care Team had been awarded as a Neighbourhood Pioneer with their work expanding into Keighley tailored to South East Asian women.</p> <p>Looking to the future, T Patten shared that the redevelopment of Lynfield Mount Hospital was an exciting opportunity for the Trust. She finished her presentation by thanking everyone for attending.</p>	
144	<p><b>Annual Accounts and the financial Outlook (agenda item 6)</b></p> <p>M Woodhead, The Chief Finance Officer presented a report on the Trust's financial position that outlined the key performance metrics and a forward look at the key challenges and opportunities that the Trust would be facing in the next financial year.</p> <p>Financial highlights 2024/25:</p> <ul style="list-style-type: none"> <li>• The Trust broke even with a surplus of £179k</li> <li>• The Trust continued to invest in estates via capital funding</li> <li>• The Trust retained a healthy cash balance</li> </ul> <p>M Woodhead shared that the Trusts income of £233.3m came mostly from the Integrated Care Board with five / six percent coming from NHS England and Local Authority. Other income streams included, other patient care and operating income for example library and resources.</p> <p>The Trusts expenditure of £241.8m was then discussed and it was noted that 75% of the expenditure was spent on staffing pay, 12% on supplies and services and under five percent on running costs.</p> <p>Moving onto to the financial year 25/26, the Trust had a target of £2m of savings and that there was a level of risk in the plans with an increase in demand and acuity. There were also high levels of staff sickness and</p>	

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Item	Discussion	Action
	<p>absences which had been causing financial pressures. There would also be £18m efficiency target which would be challenging to achieve but would be achieved through a number of mitigations.</p> <p>In terms of capital funding, the Trust received £11.5m but had also achieved £50m in funding for the Lynfield Mount Redevelopment.</p> <p>In summary, M Woodhead shared that the Trust hit their targets in the last financial year and would continue to do so going into this financial year.</p>	
<b>145</b>	<p><b>Presentation from the Trust's External Auditor (agenda item 8)</b></p> <p>J Blewitt, KPMG LLP provided a presentation on the findings from the Trust's 2024/25 Annual Report and Accounts. He outlined the scope of the work and outlined responsibilities as an independent provider of the external audit services, including the audit of the financial statements.</p> <p>J Blewitt stated that the audit found that the Trusts Annual Accounts for 2024/25 gave a trusted and fair view of the Trust's performance during the year. It was demonstrated that no significant recommendations were raised for the financial statements</p> <p>In terms of value for money, the approach to the audit was shared. It was found that KMPG LLP did not identify any significant weakness with regards to the Trusts arrangements nor were significant control recommendations raised</p> <p>In relation to the whole of government accounts, J Blewit confirmed that the Trust received an unqualified consistency certificate and no inconsistencies between the financial statements and information included in the consolidation schedules were found. What was meant by 'unqualified opinion' was shared', the Trust had received the best possible outcome in an Audit.</p> <p>Finally, J Blewit confirmed that there had been no inconsistencies identified in relation to the Trust's Annual Report.</p>	
<b>146</b>	<p><b>Presentation from the Lead Governor on behalf of the Council of Governors (agenda item 8)</b></p> <p>M Lodge, Lead Governor introduced himself to the meeting. He drew attention to the membership of the Trust, detailing numbers, ethnicity and gender.</p> <p>M Lodge also explained to the meeting how the Governors represented the Trust members. It was noted that the Council of Governors meet four times</p>	

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Item	Discussion	Action
	<p>a year and one of their jobs was to challenge and hold Non-Executive Directors to account. He shared that it would be good to have more members present at the Public Council of Governors meeting.</p> <p>He highlighted that he had attended the Trusts Go See Visits to services and had done five over the last few months. He explained that it was a valuable resource to see Trust services and be informed.</p> <p>M Lodge also explained that in the coming months the Governors would be involved in the recruitment of the Chair and two Non-Executive Directors.</p> <p>Before closing he shared that the NHS 10 year plan cited changes to the use of Governors and he stated that he hoped that the Trust would continue to hopefully have a public voice in place.</p> <p>He also thanked The Chair of the Trust for her time and commitment to the Trust.</p>	
147	<p><b>Question and answer session</b> (agenda item 10)</p> <p>The Chair thanked the presenters and then opened the meeting to receive questions, noting that there were a number of questions that had been submitted in advance of the meeting.</p> <p>The following question had been received in advance for the Board of Directors:</p> <p><u>Question:</u> What is the trust doing to make it easier for carers to navigate the NHS and keep them informed what is happening to keep your triangle of care standard</p> <p><u>Answer:</u> Supporting carers is a vital part of our commitment to inclusive and compassionate care. Our Trust supports carers by providing clear service information and signposting through our Patient Advice and Complaints Service (PACS), helping them navigate the wider NHS. We connect carers with external services such as Well Together, a volunteer-led wellbeing initiative. Our focus is on helping services identify carers and ensuring they are supported appropriately. We are proud to be part of the national Triangle of Care programme, which promotes collaboration between carers, service users, and professionals. The Trust currently holds two stars, having completed self-assessments across inpatient, crisis, and community mental health services. Phase three is now being rolled out across physical health services. Our Patient, Carer and</p>	

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Item	Discussion	Action
	<p>Engagement Involvement (PCEI) team provides training, supports Carer Champions, and maintains a dedicated carers page on our website.</p> <p><u>Question:</u> When do you plan to rectify the inequalities and overrepresentation of BME in mental health services.</p> <p><u>Answer:</u> The Patient and Carer Race Equality Framework (PCREF) is the NHS's first national anti-racism framework. It was developed to tackle longstanding racial inequalities in mental health services—specifically in access, experience, and outcomes for ethnically diverse communities.</p> <p>Bradford District Care NHS Foundation Trust (BDCFT) is embedding the Patient and Carer Race Equality Framework (PCREF) to tackle inequalities:</p> <p>BDCFT is embedding PCREF as a strategic framework to dismantle systemic racial inequalities in mental health care by strengthening leadership, data transparency, staff capability, and community partnerships—ensuring inclusive, anti-racist services that improve access, experience, and outcomes for ethnically diverse communities</p> <ul style="list-style-type: none"> <li>• <b>Embed anti-racist leadership and governance</b>, including appointing executive leads and publishing progress.</li> <li>• <b>Engage racialised communities</b> to co-develop organisational competencies and measurable actions.</li> <li>• <b>Implement transparent feedback mechanisms</b> that flow into national datasets to drive benchmarking and service improvement</li> </ul> <p><b>Key measures and metrics are:</b></p> <ul style="list-style-type: none"> <li>• Use of the mental health act – reduce racial disparity</li> <li>• Community referrals – increase equitable access and outcomes</li> <li>• Use of restrictive practice – reduce disproportionate use of restrictive interventions</li> </ul> <p><u>Question:</u> How can you, as a Trust, challenge the increased stigma and discrimination that comes from media lies about benefit claimants, people seeking asylum.</p> <p><u>Answer:</u> We are very proud to have a diverse workforce that reflects the diverse communities that we serve. Our Trust's approach to diversity and inclusion is formally underpinned by our Belonging and Inclusion plan and a personal pledge to equality, diversity and inclusion by our Chief Executive, Therese Patten. We see our diversity as a strength and work hard to ensure that colleagues, patients, and communities feel safe and are respected and valued in our workspaces and services. And of course, we would always act on any instances that contravene this.</p>	

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Item	Discussion	Action
	<p>Whilst we fully understand that the wider context may be understandably unsettling and distressing for some, our primary focus is ensuring that the right behaviours and actions are upheld across all areas of our Trust.</p> <p><u>Question:</u> People who use BDCFT services are in danger of losing there rights to claim benefits. How will CMHTs and CAMHS support the service users, and carers who are affected?</p> <p><u>Answer:</u> We understand that there are significant concerns around access to benefits and financial support. We understand that finances, housing and social difficulties have a profound impact on a persons mental health, and overall wellbeing. At BDCFT, we are committed to supporting people holistically and compassionately. Our Community Mental Health Teams (CMHTs) and Child and Adolescent Mental Health Services (CAMHS) are here to help.</p> <p><b>How we support:</b> Care Coordination &amp; Advocacy Every service user will have a care coordinator or a lead professional involved in their care to help understand a persons needs holistically, to include how a persons mental health is impacted bytheir housing, finances and broader social circumstances. To meet a person holistic needs the cco or lead clinician will help navigate support systems and signpost the most appropriate agencies to help and support.</p> <p>Our services will also work with advocacy services to ensure your voice is heard and your rights are protected Where appropriate we will support a person to receive guidance on benefits, financial advice, and where to get support. Our discharge booklets include information on crisis services, food banks, and mental health support groups and links to tools such Healthy Minds and the Treacle app that offer personalized support options.</p> <p>We recognise the vital role carers play and will support a carer to access Carers Assessments and signposting to those support services who can help navigate what financial support a carer may be able to receive.</p> <p><u>Question:</u> What is the Trusts position on the expansion of the Patient Engagement Platform and future use of the NHS App going forwards?</p> <p><u>Answer:</u> The Trust is rolling out Digital Letters via Patient Knows Best, our chosen Patient Engagement Platform, over the next 18 months, with an integrated link to the NHS App. As this work progresses, we will review opportunities to further expand use of both platforms, ensuring alignment with the NHS 10-Year Plan to move from analogue to digital. Any future</p>	

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Item	Discussion	Action
	<p>developments will be carefully assessed to avoid digital exclusion and will include a full Equality Impact Assessment.</p> <p><u>Question:</u> There are concerns about Palantir, a American data company. Will BDCFT support the campaign to stop Palantir?</p> <p><u>Answer:</u> BDCFT recognise the strength of feeling around Palantir and wider concerns about outsourcing, data use, and ethics. Decisions on national data platforms are taken by government and NHS England, not by individual trusts.</p> <p>At Bradford District Care NHS Foundation Trust, our role is to ensure any system we use meets the highest standards of patient safety, data protection, and ethical practice. While we will not engage in political campaigns, we will continue to represent staff concerns in the right forums and remain committed to transparency, public trust, and putting patients and staff first.</p> <p><u>Question:</u> Since the SEN department in Bradford is severely broken what changes would you implement to get the services back on track?</p> <p><u>Answer:</u> The challenges facing Special Educational Needs and Disabilities (SEND) services in Bradford are significant, but not unique—many areas across the UK are struggling to meet growing needs. To get services back on track, Bradford District Care NHS Foundation Trust (BDCFT) would focus on being a strong system partner, embedding SEND awareness across all services, and ensuring a seamless pathway from childhood to adulthood. Early identification is key, and BDCFT is working innovatively with neonatal teams, health visitors, and specialist nurses to spot needs early. A successful example is the Talking Bradford Pathway for 0–5-year-olds, which brings together partners to deliver timely assessments and support, and is now being expanded under new leadership to ensure its continued development and impact.</p> <p><u>Question:</u> Due to the Government been in such a mess this is effecting all services in Bradford from Education to NHS services. Can you see a way out of this?</p> <p><u>Answer:</u> While it's true that national challenges are having a ripple effect across local services—from education to healthcare—what's most important is how we respond at a local level. Bradford has a strong foundation of community resilience, dedicated professionals, and innovative partnerships.</p> <p>We're already seeing examples of local organisations working together to mitigate pressures, share resources, and support residents more effectively. The way forward lies in continuing to strengthen these</p>	

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Item	Discussion	Action
	<p>collaborations, investing in preventative approaches, and ensuring that the voices of our communities are central to decision-making. Although the broader context presents difficulties, there is a clear opportunity for Bradford to lead with creativity, compassion, and commitment to improvement. By focusing on what we can control locally, we can continue to make meaningful progress despite external challenges.</p> <p><u>Question:</u> Can you explain how the allocating of funding from the total amount allocated to our region works.</p> <p><u>Answer:</u> Funding allocated to our region is determined through a structured process: national budgets are set and distributed to NHS England, which then calculates regional allocations for Integrated Care Boards (ICBs) based on factors like population, demographics, deprivation, health inequalities, and unmet need. Each ICB receives a baseline allocation, which is gradually adjusted over time through a “convergence” mechanism to ensure regions move towards their fair share without destabilising local services. ICBs then negotiate annual contracts with providers, factoring in inflation, efficiency requirements, service changes, and both national and local priorities, giving them autonomy to address local needs within the overall funding envelope.</p> <p><u>Question:</u> I've heard and seen some wonderful things coming from the Dialectical Behaviour Therapy (DBT) graduate group. What are the plans to ensure this community continues, thrives and what is the vision for the next 5 years?</p> <p><u>Answer:</u> Thank you so much for your kind words and interest in the DBT graduate group. We're incredibly proud of the progress and sense of community that has grown within it, and it's heartening to hear that its impact is being felt and recognised. We continue to deliver our DBT service, which means the graduate group benefits from a strong and consistent feeder pathway. This ensures that individuals who complete the core DBT programme have a space to continue their journey, connect with others, and build on the skills they've developed. Long may this continue. Looking ahead, our vision over the next five years is to ensure that this community not only continues but thrives. We're committed to maintaining a diverse range of evidence-based approaches across our services to support people with mental health needs—DBT being a key part of that offer. We'll be exploring ways to strengthen peer support, enhance group facilitation, and ensure that the graduate group remains a vibrant, inclusive, and empowering space for all who engage with it.</p> <p><u>Question:</u> How will culture care benefit the Trust in the next 12 months? Any set goals?</p>	

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Item	Discussion	Action
	<p><u>Answer:</u> Over the next 12 months, the Culture of Care programme will continue to deliver tangible benefits to the Trust by deepening a culture of co-production, empowering frontline staff, and strengthening partnerships with service users. Now in its second year, the programme has already embedded inclusive, ward-level project teams across Ashbrook, Bracken, and Oakburn, fostering collaboration across all roles and bandings. These teams use the PDSA (Plan-Do-Study-Act) methodology to drive meaningful change from the ground up. Recent examples of impact include:</p> <ul style="list-style-type: none"> <li>• Bracken Ward adapting morning meetings based on service user feedback.</li> <li>• Oakburn Ward co-producing healthier menu options.</li> <li>• Ashbrook Ward developing discharge packs to better signpost post-inpatient services.</li> </ul> <p>In the coming year, the programme aims to:</p> <ul style="list-style-type: none"> <li>• Expand co-production across more teams and services.</li> <li>• Embed improvement as a daily practice, making every day more purposeful.</li> <li>• Strengthen staff-service user relationships, enhancing trust and shared ownership of care.</li> </ul> <p>These efforts are supported by both local process metrics tied to each PDSA cycle and high-level outcome metrics such as reductions in restrictive practices, sexual harm incidents, AWOL events, and reliance on bank and agency staffing. Together, these measures ensure that improvements are not only visible but also measurable aligning with the Trust's strategic goals for safer, more compassionate, and inclusive care.</p> <p>The following question was then received from within the meeting:</p> <p>Mohammed Yaqoob, who was a member of the Trust thanked the Chief Executive for a detailed and wonderful job. He explained that he used a number of the Trust services, and he wanted to come and thank the Trust personally.</p>	
148	<p><b>Thank you and close of the Annual Members' Meeting</b> (agenda item 11)</p> <p>The Chair of the Trust thanked colleagues for participating in the Annual Members' Meeting and formally closed the meeting at 16:00pm.</p>	

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Action Log for the Council of Governors Public Meeting for December 2025

Action Key	Green: Completed	Amber: In progress, not due		Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
1. 18/06/2025	<b><u>Personal Health Budgets – 1 year data to date</u></b> The Corporate Governance Team to plan a service user story in relation to personal health budgets	Corporate Governance Team	September 2025 February 2026	Ongoing – to be arranged
2. 10/09/2025	<b><u>Council of Governors Terms of Reference</u></b> The Corporate Governance Manager and Deputy Trust Secretary to review the Terms of Reference inline with the findings from the effectiveness review.	R Trawally	November 2025	<b><u>The Council of Governors is asked to consider this action closed.</u></b> Updated Terms of Reference to be presented at December's Committee.

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**Actions closed at the last meeting**

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
18/06/2025	<b><u>Matters Arising</u></b> <b>The Corporate Governance Manager and Deputy Trust Secretary</b> 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.
18/06/2025	<b><u>Operational and Financial Planning 2024/25</u></b> <b>The Operational Director of Finance</b> 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
18/06/2025	<b><u>Council of Governors Effectiveness Review</u></b> The Corporate Governance Manager and Deputy Trust Secretary and Chair to meet 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.	R Trawally & L Patterson	September 2025	Complete - The effectiveness review undertaken was in line with the other sub committee effectiveness reviews and the actions would be picked up as part of the well-led action plan along with the sub-committees.

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18/06/2025	<p><b><u>Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 15 January, 12 March and 21 May</u></b></p> <p>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>	P Hubbard	September 2025	Complete – PH provided an update which is included in the chairs report.
18/06/2025	<p><b><u>Any Other Business</u></b></p> <p><b>The Corporate Governance Manager and Deputy Trust Secretary</b> 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.</p>	R Trawally	September 2025	Complete – contact details provided by email

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## Council of Governors – Public Meeting

### 4 December 2025

<b>Paper title:</b>	Chair of the Trust's Report	<b>Agenda Item 07.0</b>
<b>Presented by:</b>	Dr Linda Patterson, Chair of the Trust	
<b>Prepared by:</b>	Corporate Governance team	
<b>Committees where content has been discussed previously</b>	N/A	
<b>Purpose of the paper</b> Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

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

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

Executive Summary
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Chair's Report to inform Board members on relevant strategic developments, system and Well-Led governance developments, Integrated Care partnership Working, external stakeholder engagement, activities with the Trust's Council of Governors, and internal staff engagement and Board visibility, including service visits.

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

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

### Recommendation(s)

The Council of Governors is asked to:

- Note the content of the report
- 

### Links to the Strategic Organisational Risk register (SORR)

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

- 
- 

### Care Quality Commission domains

Please check **ALL** that apply

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

### Compliance & regulatory implications

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

- 

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## Council of Governors – Public Meeting

**4 December 2025**

### Chair of the Trust's Report

#### Partnerships and strategy

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

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

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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://www.bdcpartnership.co.uk)

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

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

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

### **NHS Changes**

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

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

### **Chair Retirement**

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

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

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

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

## Council of Governors – meeting held in public

### 10 December 2025

<b>Paper title:</b>	Chair's Report	<b>Agenda Item  08.0</b>
<b>Presented by:</b>	Rachel Trawally, Corporate Governance Manager and Deputy Trust Secretary	
<b>Prepared by:</b>	Holly Close, Corporate Governance Officer	
<b>Committees where content has been discussed previously</b>		
<b>Purpose of the paper</b> Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
<b>Link to Trust Strategic Vision</b> 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	
<b>Care Quality Commission domains</b> 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	

<b>Purpose of the report</b>
Governance Report to the Council of Governors on key governance matters that have taken place over the last quarter, & upcoming areas of interest for Governors to be aware of.

<b>Executive Summary</b>
<p>This Governance Report provides an overview of key activities and priorities for the Council of Governors. Over the past quarter, Governors have actively engaged in seven Go See visits, with seven more scheduled, and observed Board Sub-Committee meetings including Mental Health Legislation, Quality and Safety, Finance, Performance and Contracting, and a public Board meeting. Looking ahead, the Trust will refresh its overarching strategy in Summer 2026, including the governor-owned Membership Engagement Strategy, with potential support from a new Membership and Development Committee. The Deputy Lead Governor appointment process has concluded, and the successful nominee will begin a two-year tenure following ratification at this meeting. Development initiatives include introducing an annual effectiveness review for the Council</p>

of Governors and improving Governor Timeout sessions based on recent feedback. Work is underway to review and formalise the Council of Governors Code of Conduct. Training sessions are being developed to strengthen Governors' understanding of their role and governance responsibilities.

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:

- Note the contents of the report.
- Ratify the appointment of the Deputy Lead Governor.

**Links to the Strategic Organisational Risk register (SORR)**

N/A

**Care Quality Commission domains**

Please check **ALL** that apply

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

**Compliance & regulatory implications**

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

- Well-Led Compliance
- NHS Code of Governance
- NHS Act
- Health and Social Care Act
- Health and Care Act
- Nolan Principles
- Provider Licence

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## Council of Governors – meeting held in public

**10 December 2025**

### Governance Report

#### Background / Context:

The Corporate Governance Team have reintroduced the use of a Governance Report to feed into the Council of Governors meetings. This report will provide key updates on governance matters that have taken place over the last quarter and will be used to share upcoming areas of interest for Governors to be aware of.

#### Governor Changes:

None at this time.

#### Governor Involvement:

As Governors you are invited to observe our public Board meetings, Board Sub-Committee meetings, and to join Go See visits. These opportunities are designed to help you learn more about how the Trust works and to support your statutory duty to hold our Non-Executive Directors to account. Go See visits offer a chance to see services first-hand, meet teams, hear what is working well and where there are challenges, and discuss potential improvements. Below is a table that provides details of both Public Board and Sub-Committee dates. All meetings are held hybrid on MS Teams and also at New Mill. If you would like to observe a meeting or attend a Go See—either on a regular basis or as a one-off—**please email [corporate.governance@bdct.nhs.uk](mailto:corporate.governance@bdct.nhs.uk) and we will arrange this for you.**

#### Meeting Dates & Times:

Date	Time	Meeting
05.02.2026	09:00 - 12:00	Public Board
02.04.2026	09:00 - 12:00	Public Board
21.01.2026	09:30 – 12:00	Quality and Safety Committee
18.03.2026	09:30 – 12:00	Quality and Safety Committee
22.01.2026	09:30-11:00	Mental Health Legislation Committee
19.03.2026	09:30-11:00	Mental Health Legislation Committee
18.12.2026	12:30 – 2:30	People and Culture Committee
22.01.2026	12:30 – 2:30	People and Culture Committee
19.03.2026	12:30 – 2:30	People and Culture Committee
29.01.2026	09:30 – 11:30	Audit Committee
26.03.2026	09:30 – 11:30	Audit Committee

28.01.2026	09:00 – 11:00	Finance and Performance Committee
25.02.2026	09:00 – 11:00	Finance and Performance Committee
25.03.2026	09:00 – 11:00	Finance and Performance Committee

Governor Involvement at Go See Visits:

Date	Service Visited	Governor (s) Involved	Board Member
16.04.2025	Dental Services	Mufeed Ansari	Kelly Barker, Chief Operating Officer
22.04.2025	Practical Training Unit	Arshad Ali	Tim Rycroft, Chief Information Officer
09.06.2025	Tissue Viability Service	Mike Lodge	Therese Patten, Chief Executive Officer
11.11.2025	Core CAHMS Team	Mike Lodge	Fran Stead, Trust Secretary & Chris Malish Non-Executive Director
21.11.2025	Forensic Therapy & Education Team	Aurangzeb Khan	Farhan Rafiq, Director of Transformation, Improvement and Productivity
17.11.2025	Oakburn Ward	Masira Hans Mike Lodge	Therese Patten, Chief Executive Officer
26.11.2025	0-19 Children's Services West Team	David Hesford	Linda Patterson, Chair of the Trust

A further seven Go See visits are scheduled with Governor attendance for the rest of the financial year.

Governor Committee Representation:

Governors observed major meetings such as the Mental Health Legislation Committee, Quality and Safety Committee, public Board meetings, and regularly attended the Finance and Performance Committee. The list below indicates which Governors have observed each Committee:

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Committee	Governor
Finance and Performance Committee	Paul Hodgson
Mental Health Legislation Committee	Masira Hans
Quality & Safety Committee	Mike Lodge

The Corporate Governance Team is working on producing a guide for Governors who are observing Board Sub-Committees. This will be incorporated into the new formal policy and procedure for Governors which is discussed further in this report.

### **Membership Engagement Strategy:**

In line with the refresh of the overarching Trust Strategy, which will take place in Summer 2026, the Trust will also be refreshing the Membership Engagement Strategy. The Membership Engagement Strategy is a Governor owned strategy, and the Council of Governors will have direct oversight on refreshing the strategy. To help with this process, a Membership and Development Committee; a sub-committee to the Council of Governors can be stood up. Further updates will be provided as to how Governors can help with this piece of work. The first step would be to review the current strategy and its impact.

### **Deputy Lead Governor Nominations:**

Expressions of interest for the Deputy Lead Governor role was reopened on Tuesday 21 October 2025. To ensure equity, the same process as the Lead Governor nominations was followed; Governors were invited to nominate themselves by submitting a short statement setting out their suitability for the role, with reference to the job description.

The expressions of interest were closed on 11 November 2025. A total of two expressions of interest were received.

Nominations forms were then shared with the Council of Governors, and the Council of Governors were asked to vote on who they would like to see become the Deputy Lead Governor. Again, the same process as the Lead Governor nominations were followed. The Council of Governors were asked to submit their votes using an MS Forms. The voting was opened on 12 November 2025 and concluded on 26 November 2025.

After voting concluded the successful Governor was Terry Henry. After ratification at the Council of Governors meeting on 10 December, Terry will begin their two year tenure as Deputy Lead Governor as per the job description. They will conclude their appointment on 10 December 2027.

### **Council of Governors Development Work**

#### **Council of Governors Effectiveness Review:**

As part of our Well-Led improvement programme, we propose to introduce an annual Council of Governors effectiveness review. This will be co-produced alongside the Corporate



Governance Team, Governors and the Chair. The intention is to hold this as an in-person session focused on assessing current ways of working and agreeing a refreshed model for Governor effectiveness and assurance, aligned to our Well-Led findings.

### Governor Timeout Sessions:

To support continuous improvement Governors have been asked to complete an online form to capture feedback on the Governor Timeout sessions and gather suggestions to inform future changes. This feedback will play a vital role in shaping the format and content of upcoming sessions, ensuring they meet the needs of all Governors and contribute to closing one of the actions on the Well Led Action Log. The form will close on 5 December 2025.

The Corporate Governance Team will now analyse the feedback to identify common themes and actionable recommendations. A summary of findings will be presented at the next Council of Governance meetings in February 2026, and agreed changes will be incorporated into the planning of future Governor Timeout sessions.

### Council of Governors Code of Conduct:

Work is currently being undertaken to review the Council of Governors' Code of Conduct. This review will include incorporating the Code into a formal policy and procedure, as well as introducing updates to key requirements that Governors must adhere to, such as attendance expectations for meetings. The Lead Governor and Deputy Lead Governor will be consulted during the review process to ensure Governor views and feedback are captured. The work is ongoing, and it is proposed that the revised Code of Conduct will be ready for Governors to review at the February meeting.

### Annual Review of Council of Governors Terms of Reference

Good governance stipulates that there will be an annual review of the Terms of Reference that support groups and committees. In-line with this, the Terms of Reference for the Council of Governors have been reviewed by the Corporate Governance team on your behalf.

The proposed amendments to the Committee terms of reference are:

- Updates to 'Relationships with other groups and committees' chart to reflect the combining of the 'Nominations' and 'Remuneration' Committee.
- Committee secretariat updated from Corporate Governance Manager and Deputy Trust Board Secretary' to 'Corporate Governance Officer'.
- Amended 'duties' section to remove duplication of 'deputy Chair' appointment.

These proposed amendments are highlighted in track changes in Appendix 1.

### Training

Work is currently underway to develop new training sessions for Governors. Two priority topics have been identified for these sessions: Introduction to the role of the Governor and

Governance, accountability and holding to account.

These sessions are being designed to provide practical guidance and ensure Governors have the tools and knowledge needed to fulfil your responsibilities confidently.

### **Thank you**

We would like to take this opportunity to thank all Governors for your support and commitment throughout the year. Your contributions have been invaluable in strengthening our governance and ensuring the Trust continues to deliver high standards of care. As we approach the New Year, we wish you a happy and healthy year ahead. We will shortly be sharing the new committee dates for the next financial year, and we look forward to working with you as we continue to build on our progress together.

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Council of Governors

Terms of Reference

Version:	<u>32</u>
Reviewed by:	Corporate Governance
Ratified by:	Council of Governors
Date reviewed:	<del>5 May 2022</del> <u>21 November 2025</u>
Date ratified:	<del>5 May 2022</del> <u>TBC</u>
Job title of author:	<del>Corporate Governance Manager and Deputy Trust Board Secretary</del> <u>Corporate Governance Officer</u>
Job title of responsible Director:	Chair of the Council of Governors / Chair of the Trust
Date issued:	<del>6 May 2022</del> <u>TBC</u>
Review date:	<del>May 2023</del> <u>November 2026</u>
Frequency of review:	Annual
<b>Amendment Summary:</b> <ul style="list-style-type: none"> <li><u>Updates to 'Relationships with other groups and committees' chart to reflect the combining of the 'Nominations' and 'Remuneration' Committee.</u></li> <li><u>Committee secretariat updated from Corporate Governance Manager and Deputy Trust Board Secretary' to 'Corporate Governance Officer'.</u></li> <li><u>Amended 'duties' section to remove duplication of 'deputy Chair' appointment</u></li> </ul>	

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

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	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
<b>Appointed Governors (7)</b>		
<b>Local Authority Governors</b>		
	Bradford Council	2
	North Yorkshire Council	1
<b>Partner Organisation Governors</b>		
	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, Council of Governors Committee 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.

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## 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

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- 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)
- 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:

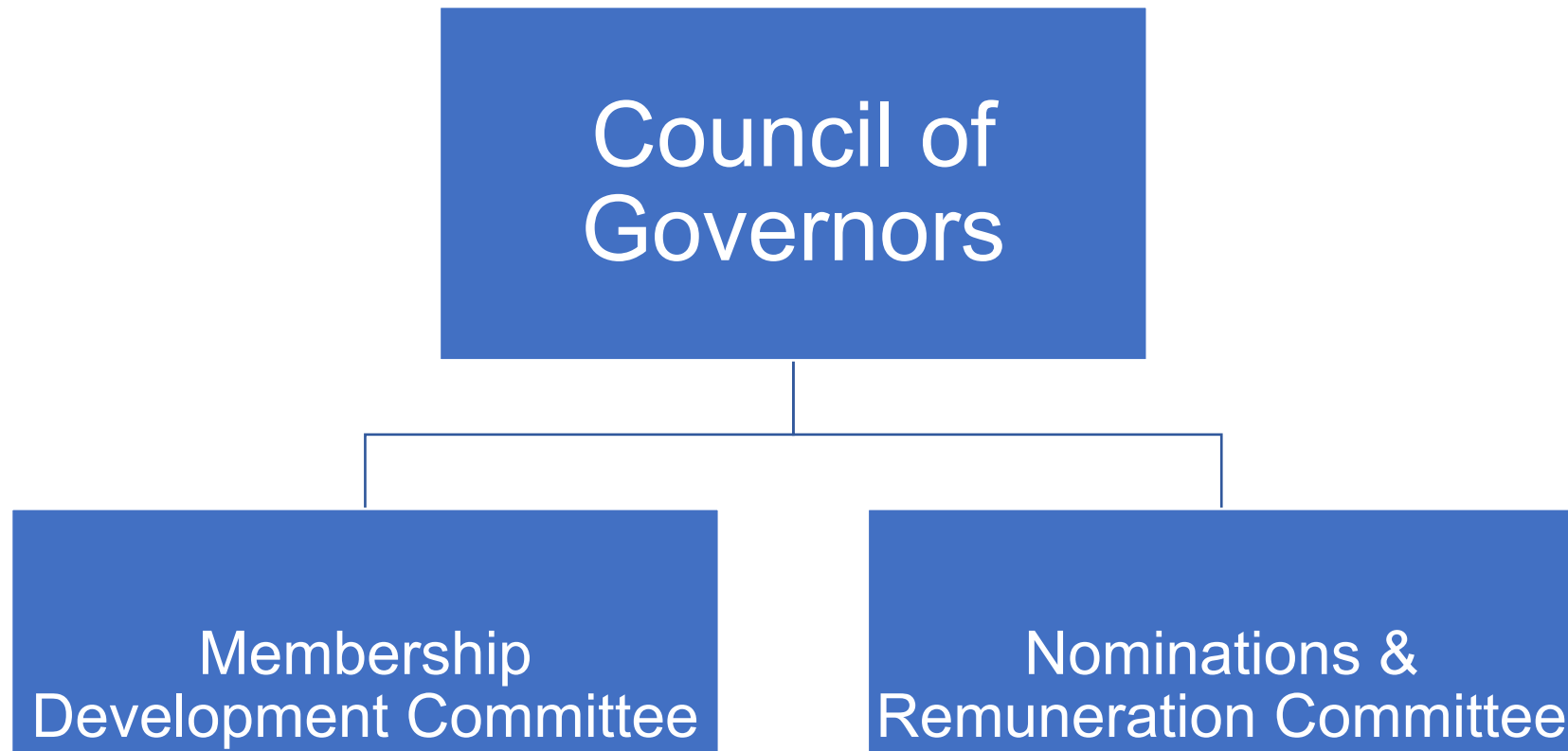
- considering complaints about any member of the Trust in accordance with Annex 8 of the Constitution and take action which may include expulsion from the membership of the Trust

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- agreeing a clear process for the appointment of the Chair of the Trust and the other Non-Executive Directors
- 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.

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**7 Relationships with other groups and committees**



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## 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 and Corporate Governance Manager and Deputy Trust 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-Officer 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 Team 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.

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## Council of Governors – Public Meeting

**10<sup>th</sup> December 2025**

<b>Paper title:</b>	Performance Report	<b>Agenda Item 10</b>
<b>Presented by:</b>	Kelly Barker, Chief Operating Officer	
<b>Prepared by:</b>	Cliff Springthorpe, Head of Business Support & Kelly Barker Chief Operating Officer	
<b>Committees where content has been discussed previously</b>	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
<b>Purpose of the paper</b> Please check <b>ONE</b> 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 covers performance up to October 2025, using Statistical Process Control (SPC) charts and standardised assurance icons to indicate areas of concern, improvement, or stability. The Trust's strategic priorities are grouped under four domains: Best Place to Work, Best Quality Services, Best Use of Resources, and Good Governance. Each domain is assessed for assurance level (Low, Limited, Significant, High).

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.

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

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

### 1. Best Place to Work

#### Themes & Assurance Levels

- **Looking After Our People:** Focus on staff engagement, wellbeing, and retention.
  - *Assurance Level:* Significant (3)
  - *Key Data:* Staff survey engagement stable at 7.08 (target 7.4); 64.28% would recommend the Trust (above sector average); Labour turnover improved to

10.8% (target 10%); Sickness absence due to stress/anxiety at 2.68% of 7.22% total absence.

- **Belonging in Our Organisation:** Emphasis on diversity, inclusion, and staff networks.
  - *Assurance Level:* High (4)
  - *Key Data:* WRES (5/8 areas improved), WDES (6/12 improved), Gender pay gap mixed, Appraisal rates up to 77.5% (target 80%).
- **New Ways of Working & Delivering Care:** Digital enablement and integrated working.
  - *Assurance Level:* Significant (3)
- **Growing for the Future:** Recruitment, retention, and workforce development.
  - *Assurance Level:* High (4)
  - *Key Data:* 135 apprenticeships (up from 116), vacancy rate reduced to 5.2% (target 10%), bank/agency fill rates at 87.04% (target 100%).

## 2. Best Quality Services

### Themes & Assurance Levels

- **Access & Flow:** Service delivery models, waiting times, and health inequalities.
  - *Assurance Level:* Limited (2, Quality); Low (1, Finance & Performance)
  - *Key Data:* Out of area placements reduced (monthly bed days: 6 in Oct 25); Consultant-led waiting times at 53.4% (target 92%); Length of stay >60 days for 13 patients (target 0).
- **Learning for Improvement:** Continuous improvement, research, and staff development.
  - *Assurance Level:* Significant (3)
  - *Key Data:* 93 staff spoke up via Freedom to Speak Up; CTW training rates high (Sensei 74.3%, Leader 23.6%, Practitioner 33.6%).
- **Improving Experience for Service Users:** Trauma-informed care, patient involvement, and reducing temporary staffing.
  - *Assurance Level:* Limited (2, Quality); Significant (3, MHLC)
  - *Key Data:* 39 patient safety incidents while waiting (target 0); 12 complaints related to waiting; Patient experience score 96.52% (target 90%).

## 3. Best Use of Resources

### Themes & Assurance Levels

- **Financial Sustainability:** Value for money, balanced budgets.
  - *Assurance Level:* Low (1)
- **Environment & Workspaces:** Sustainability, digital maturity, and co-designed spaces.
  - *Assurance Level:* Low (1)
- **Giving Back to Communities:** Social value, climate change adaptation.
  - *Assurance Level:* Limited (2)

## 4. Good Governance

- **Governance, Accountability, Oversight**

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

### Key Performance Insights

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- **Staff Engagement & Retention:** Positive trends in engagement, turnover, and appraisal rates, with targeted improvements for protected groups.
- **Service Access & Flow:** Some challenges remain in waiting times and length of stay, with limited assurance on access and flow.
- **Quality & Safety:** High patient experiences scores, however incidents and complaints related to waiting.
- **Resource Management:** Financial sustainability and environmental targets require further improvement.
- **Governance:** Strong processes in place, supporting effective oversight.

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)

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

- 2609: Organisational risks associated with out of area bed use (finance, performance and quality)
- 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 **ALL** that apply

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

### Compliance & regulatory implications

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

- The NHS oversight framework describes how NHS England's oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing

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	inequalities; people; finance and use of resources; and leadership and capability.
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# Council of Governors Performance Report

## December 2025 Meeting

Performance Data up to  
October 2025



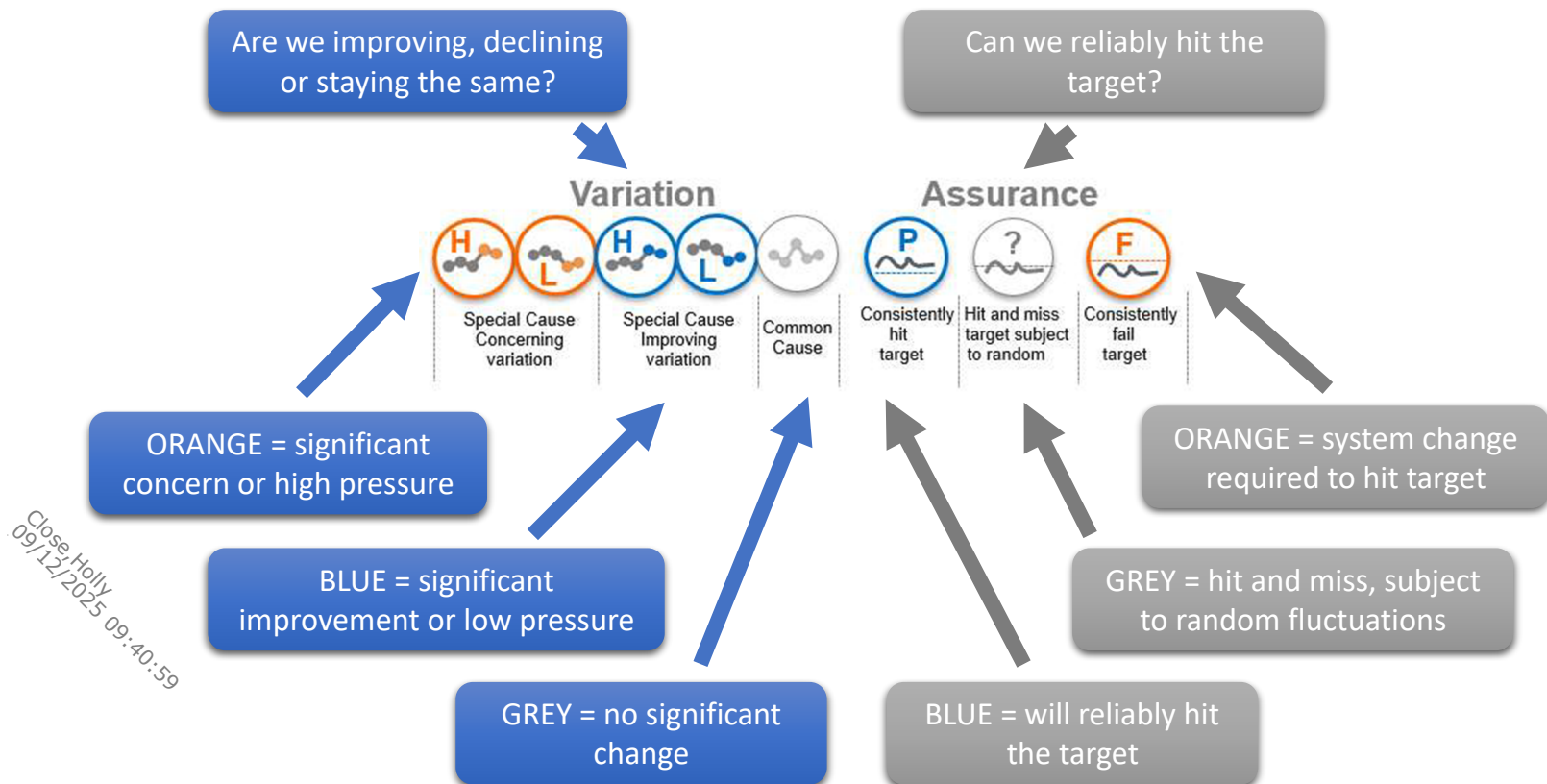
Good Governance; Accountability; Effective Oversight

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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><b>Theme 1: Looking after our people – we will</b></p> <ul style="list-style-type: none"> <li>• Ensure our people have a voice that counts.</li> <li>• Strengthen the recognition and reward offers for our people.</li> <li>• Support our people to be active in improvement and innovation efforts inside and outside the organisation.</li> <li>• Embrace the principles of trauma informed practice across all of our services.</li> <li>• 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</li> </ul>	<p><b>We will know we have been successful when:</b></p> <ul style="list-style-type: none"> <li>• 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%.</li> <li>• All survey themes show a slightly higher score than the previous person-centred indicating improved engagement, morale and satisfaction.</li> <li>• Our labour turnover continues to improve month on month and in particular, the retention of new starters is improving..</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p><b>Confirmed Current Assurance Level:</b></p> <p><b>3. Significant</b></p>
<p><b>Theme 2: Belonging in our organisation – we will</b></p> <ul style="list-style-type: none"> <li>• Continue to nurture compassionate, supportive and inclusive teams in our Trust.</li> <li>• Build on our collective learning to shape an increasingly diverse, culturally competent, flexible and inclusive workforce that represents our communities.</li> <li>• Continue to empower our staff networks, ensuring people can engage and act as a voice for the unheard voices.</li> <li>• Continue to measure and improve the experiences and progression of our staff from protected equality groups.</li> <li>• 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.</li> <li>• Organise all our leaders to lead by example and demonstrate values, behaviours and accountability in action</li> </ul>	<ul style="list-style-type: none"> <li>• We can demonstrate that our workforce, including our senior leadership, is representative of the community it serves.</li> <li>• Our WDES and WRES compliance continues to show improvements across all standards.</li> <li>• 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.</li> <li>• 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.</li> <li>• Roll out of NHS People Promise activities is supporting retention, including stay letters and career conversations.</li> </ul>	<p><b>Confirmed Current Assurance Level:</b></p> <p><b>4. High</b></p>



## Delegated Strategic Priorities – Assurance Level

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

### Theme 3: New Ways of Working and Delivering Care - we will

- Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations.
- Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation.

### We will know we have been successful when:

- Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders.
- We are exploring opportunities for “dual qualification” for nurses and AHPs across acute and MHLDA career pathways to introduce higher levels of competence and cross-sector integrated working.
- We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce.

**Confirmed  
Current  
assurance  
level:**

**3. Significant**

### Theme 4: Growing for the future – we will

- Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities.

### We will know we have been successful when:

- We have on-boarded a total of 30 newly qualified RMNs to ward based roles.
- We have contributed to the MHLDA Provider Collaborative Staff Bank and now have access to over 500 Bank Nurses from two other organisations to fulfil our temporary staffing needs.
- Our temporary staffing fulfilment is sustainably at a ratio of 90% Bank and 10% Agency.
- Continue ‘earn while you learn’ with student nurses from local Higher Education Institutes, by joining the Trust Bank alongside their academic training, with the first cohort by May 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards.
- We are actively engaged in a BD&C Place scheme to collaborate around recruitment to entry level roles in all health and social care specialties, not only in respect of job opportunities that reach out into our communities, but also a cohesive approach to developing career pathways through vocational and academic programmes open to all.

**Confirmed  
Current  
Assurance  
Level:**

**4. High**

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# Key Performance Indicators


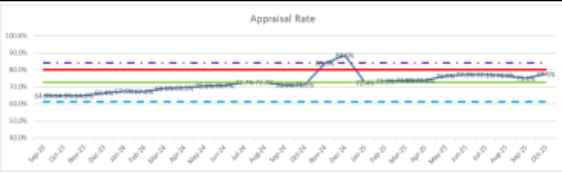
## Best Place to Work: Theme 1: Looking After our People

Metric	Type	Year End Position 2023/24	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><tr><th></th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr><tr><td>Your org</td><td>66.33%</td><td>63.10%</td><td>63.99%</td><td>62.26%</td><td>64.28%</td></tr><tr><td>Best result</td><td>77.76%</td><td>73.57%</td><td>73.02%</td><td>75.47%</td><td>78.15%</td></tr><tr><td>Average result</td><td>67.83%</td><td>63.10%</td><td>62.73%</td><td>65.57%</td><td>65.21%</td></tr><tr><td>Worst result</td><td>49.05%</td><td>43.47%</td><td>39.54%</td><td>39.56%</td><td>42.78%</td></tr><tr><td>Responses</td><td>1269</td><td>1412</td><td>1329</td><td>1671</td><td>1755</td></tr></table>		2020	2021	2022	2023	2024	Your org	66.33%	63.10%	63.99%	62.26%	64.28%	Best result	77.76%	73.57%	73.02%	75.47%	78.15%	Average result	67.83%	63.10%	62.73%	65.57%	65.21%	Worst result	49.05%	43.47%	39.54%	39.56%	42.78%	Responses	1269	1412	1329	1671	1755
	2020	2021	2022	2023	2024																																					
Your org	66.33%	63.10%	63.99%	62.26%	64.28%																																					
Best result	77.76%	73.57%	73.02%	75.47%	78.15%																																					
Average result	67.83%	63.10%	62.73%	65.57%	65.21%																																					
Worst result	49.05%	43.47%	39.54%	39.56%	42.78%																																					
Responses	1269	1412	1329	1671	1755																																					
Labour turnover	Strategic	13.68%	Oct 25	10.8%	10%																																					
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Oct 25	2.68 of the 7.22% (37.07% of all absence)	N/a																																					

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# Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
WRES data (number areas improved out of 8)	Strategic	5/8 improved	2024/25	5/8 improved	8/8	The WRES/WDES figures are reported Nationally on an annual basis. The figures are closely monitored alongside the Trust's EDI programme.
WDES data (number areas improved out of 12)	Strategic	8/12 improved	2024/25	6/12 improved	12/12	
Gender pay gap (number areas improved out of 2)	Strategic	1/2 improved	2024/25	1/2 improved	2/2	The average (Mean) GPG in favour of males increased from 2024. The median GPG reduced however is still in favour of females.
Number of grievances involving discrimination & Proportion disciplinarys involving BAME staff	Strategic	1 Grievance 12 Disciplinarys (15.38% of all ER Casework)	Oct 25	4 Grievances 13 Disciplinarys (36.96% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Oct 25	77.5%	80%	

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# Key Performance Indicators

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Bank and Agency Fill rates	Strategic	91.4% 6.63% Agency 84.81% Bank 8.56% Unfilled	Oct 25	87.04% 5.17% Agency 81.87% Bank 12.96% Unfilled	100%	A increase in agency and a increase in bank and also an increase unfilled duties. Top 3 reasons for bookings are Increased Observations, Vacancy and High Patient Acuity
Bank and Agency Shifts	Strategic	5956 requested 395 Agency 5051 Bank 510 Unfilled	Oct 25	5147 requested 266 Agency 4214 Bank 667 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Oct 25	49.77 Agency 259.61 Bank Ratio: 16.09% Agency 83.91% Bank	N/a	
Vacancy rates	Strategic	7.4%	Oct 25	5.2%	10%	Reduction

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Number of apprenticeships	Strategic	116	Oct 25	135	63	Increase
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Oct 25	-1	N/a	Reduction

## Strategic Priorities – Assurance Level

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

### Theme 1: Access & Flow – we will

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

### We will know we have been successful when:

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

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

**2. Limited**

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

**1. Low**

### Theme 2: Learning for improvement – we will

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

### We will know we have been successful when:

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

**Confirmed  
Current  
Assurance  
Level:**

**3. Significant**

## Strategic Priorities – Assurance Level

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

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

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

**We will know we have been successful when:**

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

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

**2. Limited**


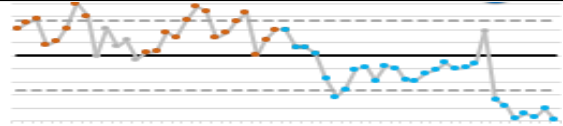

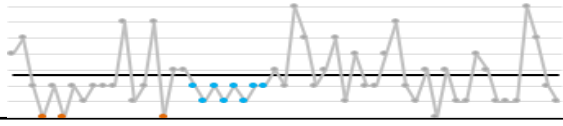


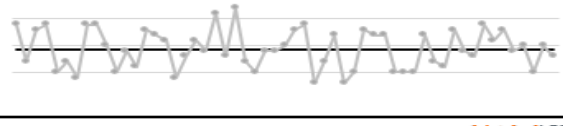


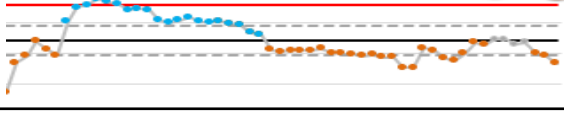
**Confirmed  
Current  
Assurance  
Level (MHLC –  
restrictive  
practices):**

**3. Significant**

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# Key Performance Indicators

## Best Quality Services: Theme 1: Access & Flow

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

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# Key Performance Indicators

## Best Quality Services: Theme 2: Learning for Improvement

Metric	Type	Reporting month	Performance	Target	Summary																										
Number of staff speaking up through Freedom to Speak Up Guardian Route	Supporting	(YTD) Sep 25	93	N/A																											
% of staff trained as a CTW Champion	Strategic	Oct 25	44.1%	50%																											
% of staff trained as a CTW Leader	Strategic	Oct 25	23.6%	20%																											
% of staff trained as a CTW Practitioner	Strategic	Oct 25	33.6%	3%																											
% of staff trained as a CTW Sensei	Strategic	Oct 25	74.3%	0.5%																											
No of participants in research studies (YTD)	Strategic	Sep 25	22	400	<table><caption>Monthly Performance for Research Studies (YTD)</caption><thead><tr><th>Month</th><th>Participants</th></tr></thead><tbody><tr><td>Jan 2025</td><td>10</td></tr><tr><td>Feb 2025</td><td>22</td></tr><tr><td>Mar 2025</td><td>15</td></tr><tr><td>Apr 2025</td><td>10</td></tr><tr><td>May 2025</td><td>12</td></tr><tr><td>Jun 2025</td><td>15</td></tr><tr><td>Jul 2025</td><td>10</td></tr><tr><td>Aug 2025</td><td>12</td></tr><tr><td>Sep 2025</td><td>10</td></tr><tr><td>Oct 2025</td><td>12</td></tr><tr><td>Nov 2025</td><td>10</td></tr><tr><td>Dec 2025</td><td>12</td></tr></tbody></table>	Month	Participants	Jan 2025	10	Feb 2025	22	Mar 2025	15	Apr 2025	10	May 2025	12	Jun 2025	15	Jul 2025	10	Aug 2025	12	Sep 2025	10	Oct 2025	12	Nov 2025	10	Dec 2025	12
Month	Participants																														
Jan 2025	10																														
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Oct 2025	12																														
Nov 2025	10																														
Dec 2025	12																														

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# Key Performance Indicators

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

Metric	Type	Reporting month	84Performance	Target	Variation	Assurance	Mean	SPC / trend chart
No of patient safety incidents relating to people whilst waiting for services*	Strategic	Sep 25	39	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Sep 25	12	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Sep 25	96.52%	90%	N/A	N/A	N/A	
No of patient safety incidents resulting in moderate or major harm	Strategic	Sep 25	38	0	N/A	N/A	N/A	

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

## 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**

# Key Performance Indicators

## Best Use of Resources: Theme 1: Financial Sustainability

Metric	Type	Reporting month	Year to date Performance	Forecast/ trajectory	Summary
Variance from efficiency plan	Strategic	October 2025	Within plan but £1.2m under delivery risk	Within plan but £4.2m under delivery risk	The Month 7 reported CIP position is within plan but includes risk of underperformance of £1.2m YTD and £4.2m forecast. Non recurrent mitigations have been identified to manage the risk of delivery and offset the shortfall in recurrent efficiencies.
Variance from agency cap	Strategic	October 2025	£0.7m higher than planned	£1.0m higher than planned	The planned agency expenditure at Month 7 is £2.0m with actual YTD costs being £2.7m giving an adverse variance of £0.7m. Planned outturn agency costs are £3.4m with the current forecast being £4.4m thereby forecasting an overspend against plan of £1.0m. NHS England measure the agency cap at West Yorkshire level, at Month 6 the ICB was forecast to breach its ceiling by £0.4m, awaiting Month 5 figures.
Variance against planned MHIS investment	Strategic	October 2025	Fully committed	Fully committed	MHIS funding agreed in line with national guidance.
Variance from break even	Strategic	October 2025	£0.1m favourable variance	£2.0m surplus	The YTD position is £0.3m deficit giving a favourable variance against plan of £0.1m. The full year forecast is now a £2.0m surplus in support of the wider ICS to deliver financial balance. The plan has been updated to reflect the stretch target.
Capital Performance against plan	Supporting	October 2025	£5.7m lower than planned	£20.8m lower than planned	The capital position in October is underspent by £5.7m with a YTD spend of £7.7m. The changes on the phasing of spend for the Lynfield Mount re-development, were reflected in the capital forecast at M06. This has changed the initial PDC funded allocation of £25.04m 2025/26 to approximately £6.5m, resulting in a movement in the capital forecast against plan of £18.5m at M07. The remaining movement relates to £1.2m of in year PDC received on other capital schemes and £3m WYICS support on Lynfield Mount, now prioritised into a future financial year.
Cashflow position	Supporting	October 2025	£16.0m cash balance	£13.2m cash balance	No exceptions to highlight.

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Strategic Priorities – Assurance Summary

**Good governance:** Good governance, accountability and effective oversight

<b>We will</b> Have in place good governance arrangements that ensure we make the best decisions	<b>We will know we have been successful when:</b> We have well embedded governance processes that are clear and effective	<b>CONFIRMED</b> <b>Current assurance level:</b>  3. Significant
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## Council of Governors – meeting held in public

### 10 December 2025

<b>Paper title:</b>	Council of Governors Effectiveness Review & Well Led	<b>Agenda Item 12.0</b>
<b>Presented by:</b>	Fran Stead, Trust Secretary	
<b>Prepared by:</b>	Holly Close, Corporate Governance Officer	
<b>Committees where content has been discussed previously</b>		
<b>Purpose of the paper</b> Please check <u>ONE</u> box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
<b>Link to Trust Strategic Vision</b> 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	
<b>Care Quality Commission domains</b> 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	

<b>Purpose of the report</b>
The purpose of the report is to update the Council of Governors on the Well Led work, providing assurance that the Trust has plans to deliver on the agreed actions.

<b>Executive Summary</b>	
The report updates the Council of Governors on the Trust's Well Led work, confirming plans to deliver agreed actions. It introduces a new Well Led Development Plan, combining findings from three effectiveness reviews to strengthen governance, oversight, and accountability. The Audit Committee will monitor progress, and specific actions for the Council of Governors focus on training, inclusivity, timely paperwork, health equity, and visibility. The Provider Capability Assessment is being integrated to align improvement efforts. Further updates will follow as work progresses.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> <b>Yes</b> (please set out in your paper what action has been taken to address this)  <input checked="" type="checkbox"/> <b>No</b>

Recommendation(s)
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>• Note the update provided</li> <li>• Note the work that has taken place to create the new Well Led Development Plan</li> <li>• Note the Well Led Actions linked to the Council of Governors</li> <li>• Be assured on the evolving role of the Audit Committee as the Committee acting as the assurance receiver for the Trust's Board Assurance Framework &amp; good governance</li> </ul>

<b>Links to the Strategic Organisational Risk register (SORR)</b>	N/A
<b>Care Quality Commission domains</b> Please check <b><u>ALL</u></b> 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>
<b>Compliance &amp; regulatory implications</b>	<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"> <li>• Well-Led Compliance</li> <li>• NHS Code of Governance</li> <li>• NHS Act</li> <li>• Health and Social Care Act</li> <li>• Health and Care Act</li> <li>• Nolan Principles</li> <li>• Provider Licence</li> </ul>

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## **Council of Governors – meeting held in public**

**10 December 2025**

### **Council of Governors Effectiveness Review & Well Led**

#### Background and Context:

We would like to extend our sincere thanks to all Governors who took part in the recent Well-Led interviews. The contributions you made will play a key role in shaping improvements and ensuring that the Trust continues to meet the highest standards of accountability and transparency.

As a learning organisation, we welcome opportunities to review our effectiveness and use national guidance to strengthen reflection and compliance. This underpins our commitment as an NHS provider to deliver safe, high-quality, compassionate care to service users and communities. We aim to be a sustainable, compliant organisation that supports colleagues by creating the best place to work and fostering collaboration.

The Trust uses several tools to enable continuous review, learning, compliance, and a dynamic, integrated governance model. Central to this is our Well Led framework, which supports strategy deployment and includes external validation.

To track progress against the Well Led framework and Board ambitions, we have developed a Well Led Development Plan. Our Trust strategy will be refreshed in 2026 as the current version concludes. This review will incorporate the Well Led framework and involve the Improvement & Innovation team to ensure alignment with national improvement expectations and ongoing strategy deployment.

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

1. External governance review aligned to the Care Quality Commission Well Led framework. This identified 32 actions across the 8 CQC quality statements. The review supported triangulation across a desktop review, interviews (including with Governors), observation of meetings such as the Council of Governors & surveys.
2. Annual effectiveness reviews for the Board Committees and for the Council of Governors, where feedback is gathered on how each Committee had performed during the previous year. Eight actions were agreed with some mirroring those

identified by the Committees. Within the plan, these are marked as 'CoG'. The others will feature within the action identified within the external review on the support function for the Governor work.

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

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

Assurance monitoring and independent review:

The Audit Committee will be accountable for monitoring:

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

Specific actions relating to the Council of Governors:

The Well Led Development Plan will use the CQC well led framework as the model to assess existing governance performance. The framework comprises of 8 quality statements across the areas of:

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

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### Quality Statement 5: Governance, management & sustainability

We have clear responsibilities, roles, systems of accountability & good governance. We use these to manage & deliver good quality, sustainable care, treatment & support. We act on the best information about risk, performance & outcomes, & we share this securely with others when appropriate.							
Covering	Roles, responsibilities & accountability – governance, quality assurance & management – cyber security, data security & protection toolkit (DSPT) – emergency preparedness, including climate events – sustainability, including financial & workforce – data security/data protection – statutory & regulatory requirements – workforce planning – external actions (e.g. safety alerts) – records / digital records						
Ref	Action	Due	Delivery lead	Board/EMT lead	Oversight Group	Progress	Rating
QS5.5	<p>The Trust should consider strengthening support for governors &amp; the effectiveness of the Council of Governors meetings to enable effective discharge of their role.</p> <p><b>CoG:</b> training on the role of Senior Independent Director (&amp; other roles).</p> <p><b>CoG:</b> consider framework for Governor Time Out sessions.</p> <p><b>IA:</b> The Trust should ensure that discussions during Governor's meetings are aligned with the activities, roles and responsibilities required of the governor</p>	31/12/2025	Rachel Trawally	Linda Patterson & Fran Stead	Council of Governors		

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	role, as per their job descriptions.						
QS5.9	<b>CoG:</b> consideration on inclusivity & accessibility of reports.	30/09/2026	Rachel Trawally	Fran Stead	Audit Committee Council of Governors		
QS5.13	<b>Committee &amp; CoG:</b> ensure timely circulation of paperwork, including presentations.	30/09/2026	Rachel Trawally	Fran Stead	Committee's (all) Council of Governors		
QS5.14	<b>Committee &amp; CoG:</b> undertake annual review of membership & attendance, & work with the Chair to ensure all members & attendees contribute.	31/03/2026	Rachel Trawally	Committee Chair's Linda Patterson	Committee's (all) Council of Governors		
QS5.16	<b>Committee &amp; CoG:</b> consideration on how health equity becomes embedded across all meetings.		Lisa Wright	Kelly Barker & Committee Chair's	Committee's (FPC; MHLC; PCC; QSC) Council of Governors	Working in partnership with Farhan to revise the IPR, Health Equity Dashboard linked to PCREF in test mode. Mental Health will happen much quicker due to PCREF.	
QS5.17	<b>Committee &amp; CoG:</b> make the work of the Board &	30/09/2026	Rachel Trawally	Linda Patterson & Fran Stead	Board of Directors Council of Governors		

	Committees, Governors more visible.						
QS5.22	<b>CoG:</b> review frequency of meetings.	31/03/2026	Rachel Trawally	Linda Patterson	Council of Governors		
QS5.28	<b>IA:</b> The Trust should ensure that the Council of Governors Declaration of Interest document is updated at least annually, the date that each Governor makes a declaration should also be documented.	31/03/2026	Rachel Trawally	Fran Stead	Audit Committee		

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### Provider Capability Assessment:

Following the creation of the new Well Led Development Plan, a new national requirement has come into being. The Provider Capability Assessment (PCA), which was rolled out by NHS as part of the NHS Oversight Framework (NOF), NHS England will assess NHS trusts' capability, using this alongside providers' NOF segments to judge what actions or support are appropriate at each trust for improvement activity. As a key element of this, NHS boards will be asked to assess their organisation's capability against a range of expectations (16 self-assessment criteria) across 6 domains derived from the Insightful Provider Board, they are:

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

At the Trust work has taken place in two parts to support delivery. The first was a desktop review of the key lines of enquiry within the PCA, lead by the Corporate Governance team. With a deposit of evidence collated in response to this part of the exercise. The second was a board agreed reflection session, lead by a coach, for all Board members to consider each domain, and agree a Board rating for each, The response was submitted to NHS England within the agreed timeframe.

In light of Well Led and Provider Capability focusing on the same areas, a piece of work will take place, lead by the Trust Secretary, to integrate this work together.

### Next Steps:

The purpose of this report is to provide an update on work undertaken and further update reports will be scheduled and added to the workplan.

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# Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	XXX
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"><li>• Integrated Strategic Performance Report</li><li>• Strategic Risk Report</li><li>• AAAD: Senior Leadership Team – Care Group Assurance Meeting</li><li>• AAAD: System Finance &amp; Performance Committee</li><li>• Finance Report – Month 3</li><li>• Organisational Sustainability Board (OSPB) Update</li><li>• Finance Report Month 3</li><li>• Quarterly submission to NHS England</li><li>• Costing transformation programme</li><li>• NHS Oversight Framework</li><li>• Lynfield Mount Hospital Redevelopment</li><li>• Health, Safety &amp; Security Annual Report and Policy Annual Assurance Report</li><li>• Fire Safety Annual Report and Annual Assurance Report</li><li>• Microsoft Licensing Update</li><li>• Committee annual Terms of Reference review</li><li>• Committee Annual Governance Report</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• 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.</li></ul>		
Advise items agreed by Committee	<ul style="list-style-type: none"><li>• Integrated Strategic Performance Report – Concerns were raised about the potential impact of the upcoming resident doctor industrial action on length of stay</li><li>• 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.</li></ul>		

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	<ul style="list-style-type: none"> <li>Organisational Sustainability Board (OSPB) Update – Programme remained off plan with strategic programme one £390k behind target</li> <li>Organisational Sustainability Board (OSPB) Update - A digital services review was underway, with findings expected by November to look at digital transformation capacity.</li> <li>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</li> <li>Health, Safety &amp; 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.</li> </ul>
<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>Integrated Strategic Performance Report – Out of area placements fell by 128 bed days (Apr–Jun), due to Organisational Sustainability Programme Board efforts.</li> <li>Integrated Strategic Performance Report - Improved Length of Stay Metrics: Patients with stays over 100 days reduced from 32 to 15.</li> <li>Lynfield Mount Hospital Redevelopment: £65m funding confirmed; project remained on track with Cabinet Office assurance status retained.</li> <li>Fire Safety Annual Report and Annual Assurance Report - Enforcement notice resolved; training compliance now above target</li> <li>Microsoft Licensing Update - £55k savings reinvested in Power BI and Copilot licences, maintaining cost neutrality.</li> <li>Organisational Sustainability Board (OSPB) Update - Equality Impact Assessments (EQIAs) had been completed for most teams as part of the corporate cost reduction programme.</li> </ul>
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>Approved - Finance and Performance Committee Minutes – 28 May 2025</li> <li>Approved – NHS England Quarterly Return Declaration</li> <li>Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Pre-Submission Report</li> <li>Approved - National Cost Collection (was Reference Costs) Patient Level Information for Costing (PLICs) Post Submission Report</li> <li>Approved - Health, Safety and Security Annual Report</li> <li>Approved - Fire Safety Annual Report</li> <li>Approved - Finance and Performance Committee Terms of Reference</li> <li>Approved – Finance and Performance Committee Annual Governance Report</li> </ul>
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>No New risks identified.</li> </ul>

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Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> <li>Joint Committee to be planned with the Quality &amp; Safety Committee to align financial, performance and quality data.</li> </ul>		
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)		

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# Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	02/10/2025
Report from:	Finance & Performance Committee	Meeting date:	24/09/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (Chair/NED), Alyson McGregor (NED), Mike Woodhead, Therese Patten, Kelly Barker, Farhan Rafiq, Tim Rycroft, Bob Champion		
In attendance	Holly Close, Shane Embleton, Chris Dixon, Fran Stead and Rachel Trawally		
Observers	Paul Hodgson		
Apologies	Maz Ahmed, Phil Hubbard, Claire Risdon, Theresa Fawcett		
Best Quality Services	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"><li>Minutes of the previous meeting &amp; AAAD report held on 23 July 2025</li><li>Action log</li><li>Strategic Risk Report</li><li>Integrated Strategic Performance Report</li><li>Alert Advise, Assure + Decision (AAAD): Senior Leadership Team Care Group Accountability Meeting</li><li>AAAD: System Finance &amp; Performance Committee</li><li>Organisational Sustainability Board Update</li><li>Finance Report (including Capital Expenditure when required)</li><li>Digital Strategy Update</li><li>Data quality update</li><li>Lynfield Mount Redevelopment</li><li>LMH Project Board Revised Terms of Reference</li><li>Estates Strategy</li><li>Deconstructing the NHS Blocks</li><li>Annual Effectiveness Review</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>Integrated Performance Report – There was a significant challenge in recruiting and retaining healthcare support workers, exacerbated by changes to visa and immigration rules.</li><li>Integrated Performance Report - Rising sickness and absence rates were being closely monitored, with targeted interventions in high-risk teams. The financial impact was substantial.</li><li>Data Quality Update - Data quality issues were a major concern, particularly around recording how the system was originally configured to support efficient recording of clinical activity.</li><li>Organisational Sustainability Board Update - There were delivery risks in key programmes: workforce productivity and digital optimisation, with associated financial risk. Committee noted</li></ul>		



	<p>concerns about the ability to deliver back-loaded savings plans within year.</p> <ul style="list-style-type: none"> <li>• Lynfield Mount Redevelopment - The Lynfield Mount redevelopment project faces potential procurement risks in relation to the part two refurbishment stage, legal advice is being sought.</li> </ul>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report – There was a increase in demand for inpatient beds over the last two weeks. This had been exacerbated by a few delayed discharges. To mitigate this a discharge event had been held and a further ‘stop the line’ event had been planned.</li> <li>• AAAD: Senior Leadership Team Care Group Accountability Meeting – There had been an increase in the number of routine formal reviews by the CQC to the Trusts services.</li> <li>• AAAD: System Finance &amp; Performance Committee – The Chair of the Trust, Chief Executive Officer and Chief Finance Officer had met with the Integrated Care Board (ICB) to discuss financial risk. The reported financial risk &amp; performance at other partner NHS organisations was noted.</li> <li>• Deconstructing the NHS Blocks - The Committee was advised that there was a national review of block contracts to test whether current block payments align with delivery.</li> </ul>
<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report - Despite challenges, the Trust was outperforming regional and national targets in some areas, with robust operational structures in place for patient safety and workforce management.</li> <li>• Integrated Performance Report - There were well developed recovery plans for Dental Services that had been impacted by industrial action, with expectations that performance would return to previous levels.</li> <li>• Strategic Risk Report – Review of the current format of the strategic risk report &amp; agreement of the 2025/26 strategic risks would be undertaken at Board on 2 October 2025.</li> <li>• Organisational Sustainability Board Update – It was shared that going forward the Finance and Performance Committee would receive case studies and learning from experience items to supplement levels of assurance.</li> <li>• Finance Report: The Trust was currently on plan financially, with mitigations in place to address risks.</li> <li>• Data Strategy Update - Progress was being made in digital transformation, including successful pilots of Microsoft Co-pilot and the establishment of an AI steering group, with positive early results in productivity.</li> <li>• Data Quality Update – The Trust was building on improvements on existing data quality interventions which had predated the National Oversight Framework.</li> <li>• Lynfield Mount Redevelopment – The enabling works (Phase one) programme continues to progress to time.</li> <li>• Lynfield Mount Redevelopment – Full Business Case development continues to make good progress to meet target date.</li> </ul>

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	<ul style="list-style-type: none"> <li>Annual Effectiveness Review – The actions that arose out of the Committee Annual Effectiveness Review would now sit within the Trust wide Well Led Development Review.</li> </ul>		
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>Approved - Finance and Performance Committee Minutes – 23 July 2025</li> <li>Lynfield Mount Redevelopment</li> <li>LMH Project Board Terms of Reference</li> <li>Estates Strategy</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>System-wide financial pressures and the potential implications for the Trust.</li> <li>Data Quality - There was a risk that poor data quality could have significant financial and reputational consequences.</li> </ul>		
<b>Items to be considered by other Committees/Groups</b>	<ul style="list-style-type: none"> <li>Further discussion to be undertaken at Private Board on 2 October 2025 in relation to system wide financial pressures and the potential implications for the Trust.</li> <li>Depending on the outcome of the legal advice in relation to the Lynfield Mount Hospital redevelopment, a discussion might need to be held within Private Board on 2 October 2025 on next steps in terms of procurement on the phase two of the redevelopment.</li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>			
<b>Report completed by</b>	Holly Close Corporate Governance Officer	<b>Date</b>	24.09.2025
<b>On Behalf of Chair</b>	Mike Rawcliffe (Chair)		

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# AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	24/07/2025
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"> <li>• Matters Arising; Update on Quality Account and Annual Governance Report</li> <li>• Learning from your experience: Visit to Nepal</li> <li>• Volunteering and Patient Carer Experience and Involvement – Q4 Update</li> <li>• Strategic Assurance Report; Integrated Performance Report and Strategic Narrative</li> <li>• Quarterly CQC Update</li> <li>• Quarter 1 Report: Equality and Quality Impact Assessment</li> <li>• Risk Management Annual Report</li> <li>• Annual Clinical Audit Report 2024/25</li> <li>• Medicines Management Annual Report</li> <li>• Safer Staffing Annual Report</li> <li>• Guardian of Safe Working Hours Report</li> <li>• Annual Report: Patient Advice &amp; Complaints</li> <li>• Alert, Advise, Assure + Decision Reports; System Quality Committee; Clinical Board (May &amp; June 2025); Patient Safety and Learning Group; Senior Leadership Team – Quality, Safety &amp; Governance</li> <li>• Annual Effectiveness Review – Action Update</li> <li>• Committee Annual Terms of Reference Review</li> <li>• Strategic Risk Summary</li> <li>• Confirmation of Escalation Reporting</li> <li>• Workplan 2025/26</li> <li>• Any Other Business</li> <li>• Meeting Evaluation</li> </ul>		

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<b>Alert items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• A reset of the involvement and volunteering strategy was underway, with new SOPs and reimbursement policies being developed. Developments aligned with national guidance.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Persistent delays in dental treatment requiring general anaesthetic due to anaesthetist availability had continued. This was exacerbated by industrial action and may have worsened.</li> <li>• 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.</li> <li>• Medicine Shortages: Ongoing shortages created pressure on teams.</li> <li>• Workforce Gaps: High vacancy rates for healthcare support workers were driven by recruitment challenges and visa policy changes.</li> <li>• Recruitment Strategy: Stronger links with universities and colleges were recommended to improve Band 2 and newly qualified nurse pipelines.</li> <li>• Guardian Role: Proactive support for junior doctors was encouraged to improve exception reporting and rota management.</li> </ul>

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<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• The Trust had significantly improved inpatient flow and reduced average length of stay. Further reductions in the 60-day metric were being considered.</li> <li>• Supervision rates had remained above 80%. Spot training compliance was improving, with targeted plans for newly qualified staff.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Digital Progress: Electronic prescribing and automated dispensing were in development, aligning with NHS digital strategy.</li> <li>• Clozapine Access: Finger-prick testing had improved access and reduced inpatient admissions.</li> <li>• Governance: Audit processes had strong clinical and executive oversight; risk management training reached 96% compliance.</li> <li>• Staffing Oversight: Despite challenges, governance and mitigation strategies were in place, with improvements in supervision and restraint reduction.</li> </ul>		
<b>Decisions made by Committee</b>	<p>The following items were approved by the Committee:</p> <ul style="list-style-type: none"> <li>• Approval of minutes and AAAD from previous meeting</li> <li>• Action Log</li> <li>• Risk Management Annual Report</li> <li>• Annual Clinical Audit Report 2024/25</li> <li>• Committee Annual Terms of Reference Review</li> <li>• Strategic Risk Summary</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>• There were no new risks, however, the reporting and tracking of risks would be considered for a future meeting.</li> </ul>		
<b>Items to be considered by other Committees/Groups</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>			
<b>Report completed by</b>	Jess Greenwood-Owens Corporate Governance Officer	<b>Date</b>	<b>17/07/2025</b>
<b>On Behalf of Chair</b>	Alyson McGregor (NED/Chair)		

# AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	02/10/2025
Report from:	Quality and Safety Committee (QSC)	Meeting date:	17/09/2025
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Alyson McGregor (Chair), Kelly Barker		
In attendance	Chris Dixon (attending on behalf of Phil Hubbard), Jess Greenwood-Owens (Secretary), Rachel Trawally, Fran Stead, Bob Champion, Anita Brewin, Rebecca Le-Hair, Dr Phalaksh Walishetty, Rachel Howitt, Prabhdeep Sidhu, Catherine Schofield, Thabani Songo, Rebecca Jowett  Presenter for item; Lisa Wright, Abigail Larvin, Natalie Watts, Mark Dawson, Anna Scott (external – Baton of Hope)		
Observers	Mike Lodge (Governor)		
Apologies	Sally Napper (NED), Phil Hubbard, Carla Smith, Alix Jeavons, Grainne Eloi		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"> <li>Learning from your experience: Baton of Hope</li> <li>Suicide Prevention Annual Report</li> <li>Strategic Assurance Report Supporting item .1 Integrated Performance Report and .2 Strategic Narrative</li> <li>Patient Safety annual review of plan</li> <li>PCREF (Patient Care Race Equality Framework)</li> <li>Infection Prevention &amp; Control Annual Report</li> <li>NHSE the Knowledge &amp; Library Service Quality Improvement Outcomes Framework Report.</li> <li>NHS Continued Professional Development submission plan 2025/26</li> <li>Sexual Safety bi-annual report</li> <li>Alert, Advise, Assure + Decision Reports .1 AAAD report: System Quality Committee. 2 AAAD report: Clinical Board .3 AAAD Report - Patient Safety and Learning Group .4 AAAD report: Senior Leadership Team Quality, Safety, Governance .5 AAAD Report: Senior Leadership Team – Care Group Assurance Meeting (CGAM)</li> <li>Quarterly update report: Patient Safety, Incidents and Complaints Quarter 1: 1 April – 30 June 2025</li> <li>Winter Plan</li> <li>Effectiveness Review</li> <li>Strategic Risk Summary</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting</li> <li>• Workplan 2025/26</li> <li>• Any Other Business</li> <li>• Meeting Evaluation .1 Was the meeting conducted in line with the Trust values</li> </ul>
<b>Alert items agreed by Committee</b>	There were no items raised.
<b>Advise items agreed by Committee</b>	<p>Items for Board awareness, discussion, or future consideration.</p> <ul style="list-style-type: none"> <li>• <b>Medical Leadership Transition &amp; Interim Period:</b> The departure of the Library Manager and Medical Director creates a challenging interim period for strategic direction in the Library &amp; Knowledge Service. Recruitment is underway, but the transition may impact service continuity and strategic progress.</li> <li>• <b>Leadership Absence in Acute &amp; Community Mental Health Teams:</b> July 2025 had seen issues of leadership absences in acute and community mental health teams, which had created operational pressures. Mitigations had reduced risk, but this remained a key area to monitor.</li> <li>• <b>Place IT Outage:</b> An IT outage was found to be a network failure (not cyber-attack). This highlighted ongoing risks to service continuity and the need for robust IT infrastructure and contingency planning.</li> <li>• <b>CPD Budget for Psychological Therapies:</b> It was reported that there was no dedicated CPD budget for psychological therapies, funding had to be sought from multiple places. This presented a challenge as CPD was required for maintaining accreditation status and professional development. The Committee agreed the need to address this.</li> <li>• <b>Changes to Level 7 Apprenticeship Funding:</b> A reduction in national funding for Level 7 apprenticeships, especially for leadership training, would require careful targeting of applications to ensure alignment with strategic priorities.</li> <li>• <b>Strategic Risk Review:</b> The committee was reviewing the format and content of the strategic risk report to ensure it remained responsive to current organisational risks and supported assurance and improvement activity.</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>Winter Plan &amp; Board Assurance:</b> NHS England has requested greater visibility and assurance from Boards regarding winter operational planning. The Trust had stress-tested its plans and was proactively targeting individuals who present frequently in crisis during winter. Board should note the continuous nature of these plans and the focus on patient safety and health inequalities.</li> <li>• <b>Well-Led Improvement Plan:</b> Three separate effectiveness reviews had culminated in a comprehensive Well-Led Improvement Plan, which would be presented to Audit Committee and Board for approval.</li> </ul>
Assure items agreed by Committee	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <ul style="list-style-type: none"> <li>• <b>Library Service Quality Improvement:</b> NHS England highlighted the Library &amp; Knowledge Service as innovative and impactful at regional and national levels and had noted strong collaborative learning and high usage of resources. The service underpinned evidence-based practice and supported transformational change.</li> <li>• <b>Sexual Safety Charter Implementation:</b> The Trust had established clear policies and robust reporting mechanisms for sexual safety, with significant assurance from internal audit. Increased incident reporting reflected improved confidence and transparency. Minor policy changes had been implemented, and ongoing benchmarking underway.</li> <li>• <b>Clinical Board Oversight of Independent Sector Beds:</b> Monthly reviews ensured contracted inpatient beds with private providers met quality and safety standards. No adverse patient incidents were identified during recent doctor strikes. The Trust's involvement in the DIAMONDS research programme was successful and celebrated.</li> <li>• <b>Patient Safety &amp; Learning Group:</b> Alerts and improvement actions are being tracked, with no new risks identified. Audits and feedback mechanisms (e.g., safety culture cards) were progressing well. The Patient Safety Health Inequalities Framework had been presented and is being integrated into practice.</li> <li>• <b>Staffing &amp; Workforce Planning:</b> Transition groups and work plans were in place to support leadership transitions and ensure appropriate structures and support. Bank fill rates and training compliance was improving, with positive feedback from fire safety officers and quality improvement initiatives</li> <li>• <b>Infection Prevention &amp; Control (IPC):</b> No Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections, one Clostridium difficile case, and robust outbreak management for</li> </ul>

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	<p>COVID-19 and influenza. IPC training compliance was high, and collaborative audits with facilities ensure cleanliness standards. Fit testing and bespoke training are ongoing recognising the importance of equality and inclusion.</p> <ul style="list-style-type: none"> <li>• <b>PCREF (Patient Care Race Equality Framework) Progress:</b> Implementation of requirements was progressing, with reductions in physical restraint for Black communities and ongoing work to address data quality and engagement. Accountability and delivery groups had been established to ensure oversight and continued improvement.</li> </ul>		
<b>Decisions made by Committee</b>	<p>The following items were approved by the Committee, however, as the Committee was not quorate the items were circulated to the Non-Executive Director and approved after the meeting:</p> <ul style="list-style-type: none"> <li>• Item 3 - Minutes of the previous meeting and AAAD 6 July 2025</li> <li>• Item 5 - Action Log</li> <li>• Item 10 - Infection Prevention &amp; Control Annual Report (enclosure)</li> <li>• Item 12 - NHS CPD submission plan 2025/26 (attached for Board)</li> <li>• Item 15 - Strategic Risk Summary (enclosure)</li> <li>• Item 16 - Quarterly update report: Patient Safety, Incidents and Complaints Quarter 1: 1 April – 30 June 2025</li> <li>• Item 17 - Winter Plan (attached for Board)</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>• There were no new risks identified.</li> </ul>		
<b>Items to be considered by other Committees/Groups</b>	<ul style="list-style-type: none"> <li>• The Well-Led Improvement Plan, combining recommendations from multiple reviews, is to be presented to the Audit Committee and Board for review, discussion, and approval.</li> <li>• The format and content of the Strategic Risk report are under review, with changes to be discussed at the next Board meeting.</li> <li>• Progress and risks associated with the Patient Care Race Equality Framework (PCREF) may require input from other Committees.</li> <li>• Winter Plan will be presented for ratification to Board.</li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>	<p>There were no items to directly feed back to the Committee from Board, however a discussion took place on the items raised. See Board minutes for further information.</p>		
<b>Report completed by</b>	Jess Greenwood-Owens Corporate Governance Officer	<b>Date</b>	<b>18/09/2025</b>
<b>On Behalf of Chair</b>	Alyson McGregor (NED/Chair) (approved 23/09/2025)		

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# AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	XXX
Report from:	Quality and Safety Committee (QSC)	Meeting date:	19.11.2025
Quorate?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor (Chair), Philippa Hubbard, Dr Sal Uka		
In attendance	<p>Sally Napper (NED), Fran Stead, Bob Champion, Anita Brewin, Chatherine Scholfield, Rebecca Le-Hair, Catherine Schofield, Rebecca Jowett Jess Greenwood-Owens, John Hartley (ICB), Nazmeen Khan (secretary)</p> <p>Presenters for items; Dr Emma Van Der Gucht, Sophie (service user), Mike Whitehouse (MIND), Jaspreet Sohal. Dawn Lee, Sarah Firth.</p>		
Observers			
Apologies	Carla Smith, Alix Jeavons, Grainne Eloi, Kelly Barker, Thabani Songo, Rachel Howitt, Christopher Dixon.		
Best Quality Services	Theme 1 – Access and Flow		BQS: T1
	Theme 2 – Learning for improvement		BQS: T2
	Theme 3 – Improving the experience of people using our services		BQS: T3
Agenda items	<ul style="list-style-type: none"> <li>Learning from your experience: Stepping Stones Project</li> <li>Strategic Assurance Report Supporting item .1 Integrated Performance Report and .2 Strategic Narrative</li> <li>The Care Quality Commission (CQC) quarterly report: engagement and activity</li> <li>Quarterly Patient Safety, Incidents, and Experience and feedback: Q2 report (July 2025 - September 2025) PCREF (Patient Care Race Equality Framework)</li> <li>Volunteering and Patient Carer Experience and Involvement Quarter update NHSE the Knowledge &amp; Library Service Quality Improvement Outcomes Framework Report.</li> <li>NHS Continued Professional Development submission plan 2025/26</li> <li>Equality and Quality Impact Assessment: Quarter Report</li> <li>Organisational Learning from Improvement</li> <li>Equality delivery system 22 (EDS22) - update and methodology proposal</li> <li>Smoke Free Implementation Update</li> <li>Specialist Education Needs and Disabilities Framework Update</li> <li>Pressure Ulcer Strategy Report - 6-month update</li> <li>Specialist Mother and Baby Mental Health Service (SMABS) Report</li> <li>Alert, Advise, Assure + Decision Reports .1 AAAD report: System Quality Committee. 2 AAAD report: Clinical Board .3 AAAD Report</li> </ul>		

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	<p>- Patient Safety and Learning Group .4 AAAD report: Senior Leadership Team Quality, Safety, Governance .5 AAAD Report:</p> <ul style="list-style-type: none"> <li>• Strategic Risk Summary</li> <li>• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting</li> <li>• Workplan 2025/26</li> <li>• Any Other Business</li> <li>• Meeting Evaluation-Was the meeting conducted in line with the Trust values</li> </ul>
<b>Alert items agreed by Committee</b>	Issues that require urgent attention or escalation due to risk, concern, or significant change.
<b>Advise items agreed by Committee</b>	<p>Items for Board awareness, discussion, or future consideration.</p> <p><b>The Care Quality Commission (CQC) quarterly report: engagement and activity:</b> CQC activity had increased, and they have committed to 7,000 assessments within the calendar year. CQC management changes have introduced a new inspection manager and relationship manager for BDCFT, with engagement meetings resuming and monthly operational catchups in place to address enquiries.</p> <p><b>Volunteering and Patient Carer Experience and Involvement Quarter update:</b> The committee was advised that ongoing review work was being undertaken to strengthen involvement approaches and future engagement models. Updates include enhancements to experience-sharing initiatives progress on the Triangle of Care Stage 3 process, and involvement in PE Craft pilot projects and collaborative work such as the West Yorkshire Community Dental initiative.</p> <p>Friends and Family Test data had been incorporated into the Q2 report, with plans to triangulate this alongside complaints and other feedback for improved insight.. The committee also noted the positive impact of volunteering and community engagement activities on health and well-being outcomes, supported by recent celebration events and work together groups. Challenges were highlighted within the Well Together volunteering programme due to staffing issues (sickness and maternity leave) and financial constraints following budget reductions. Creative approaches are being explored to optimise resources, the service was currently in a maintenance phase, and some group activities may need to be paused. This will require a review of priorities in the context of neighbourhood models, the requirement to coproduce with patients and people in communities as partners and prevention-focused strategies.</p> <p><b>Specialist Education Needs and Disabilities Framework Update:</b> The committee was advised on progress with the Specialist Education</p>

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	<p>Needs and Disabilities (SEND) Framework. Key developments include delivery of the SEND Service Standards Charter presentation across multiple services, creation of a self-assessment tool, and completion of RAG ratings within Community Children's Services. Work was underway to consolidate findings into a combined action plan to ensure readiness for inspection. Collaboration opportunities with CAMHS were highlighted as a priority, alongside plans to establish a monthly monitoring cycle to provide assurance of compliance with the Charter. The committee also noted the ongoing parent/carer survey and the introduction of a continuous feedback mechanism to capture service user experience.</p> <p><b>Strategic Risk Summary:</b> The committee received an update on the ongoing review of the Board Assurance Framework and strategic risk management processes. Changes introduced two years ago are being monitored to assess effectiveness, supported by external review and independent assurance. A discussion at the October Board meeting confirmed updates to the reporting template and highlighted the need to review the current list of strategic risks, noting that some risks are now operational or have been mitigated. A further Board discussion was scheduled for December to agree the revised strategic risk profile, after which monitoring will commence using the new reporting format from next year.</p>
<p><b>Assure items agreed by Committee</b></p> <p>Close, Holly 09/12/2025 09:40:59</p>	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <p><b>Learning from your experience: Stepping Stones project:</b> The pilot initiative promotes NHS values of listening, caring, and person-centred practice, creating safe spaces for engagement with patients.</p> <p>Success and Impact:</p> <ul style="list-style-type: none"> <li>• Positive feedback from staff and service users.</li> <li>• Participants prioritised completing sessions, showing strong engagement.</li> <li>• The pilot delivered demonstrable health benefits comparable to clinical therapeutic offers, improving outcomes and patient experience.</li> <li>• Improved access for individuals with chronic conditions and neurodiversity, supporting equality.</li> </ul> <p>Key Enablers:</p> <ul style="list-style-type: none"> <li>• Sustainability requires long-term investment and system-level ownership.</li> <li>• Risk mitigation includes pre-group one-to-one meetings and ongoing support.</li> <li>• Senior leaders and external partners were actively involved in delivery and evaluation.</li> </ul> <p>The Committee supported this as a way forward, recognising its potential to transform care. Ways to sustain the approach to be considered.</p>

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

**Integrated Performance Report:**

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

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

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

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

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

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

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

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

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# AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	24/07/2025
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"><li>• Matters Arising – WRES and WDES correction to a previous report due to data.</li><li>• Strategic Assurance Report; Strategic Narrative Report</li><li>• Integrated Strategic Performance Report including: Medical Staffing Update; Recruitment Activity Update and Rostering Activity</li><li>• Belonging &amp; Inclusion Update</li><li>• Staff Networks Annual Report 2025 including; Rainbow Alliance Annual Report; Aspiring Cultures Annual Report and Beacon Network Annual Report</li><li>• Annual Report on Leadership &amp; Management Development</li><li>• WRES Update</li><li>• Strategic Risks</li><li>• Committee Terms of Reference</li><li>• Annual Effectiveness Review – Update on Actions</li><li>• Committee Workplan 2025–26</li><li>• Confirmation of Escalation Reporting; Strategic priority assurance levels; Top 3 strategic risks for AAA report; Alert, Advise, Assure + Decision Reporting</li><li>• Any Other Business</li><li>• Meeting Evaluation</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• Disproportionate Disciplinary Rates: There had been a significant increase in the proportion of staff from ethnically diverse backgrounds entering disciplinary processes, particularly in inpatient mental health services. This had been flagged as a serious concern to address</li></ul>		



	<ul style="list-style-type: none"> <li>• <b>Sickness Absence:</b> 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.</li> <li>• <b>Vacancies in Healthcare Support Workers:</b> Due to more rigorous recruitment standards, there had been more vacancies in this area.</li> <li>• <b>Organisational Change Impact:</b> Concerns had been raised about the cumulative impact of multiple organisational changes, which might have led to increased ER cases, grievances, and sickness absence.</li> <li>• <b>A discrepancy in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data were identified.</b> 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.</li> </ul>
<p><b>Advise items agreed by Committee</b></p> <p>Close, Holly 09/12/2025 09:40:59</p>	<ul style="list-style-type: none"> <li>• <b>Model Roster Oversight:</b> It had been advised that oversight of the model roster should sit with OSPB, with highlights reported back to the People &amp; Culture Committee for visibility and assurance.</li> <li>• <b>EDI Disciplinary Review:</b> 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.</li> <li>• <b>Inclusive Recruitment:</b> Adjustments to recruitment processes for candidates with autism and learning disabilities had been advised and implemented, including tailored onboarding and assessment centre support.</li> <li>• <b>Apprenticeship Strategy:</b> There had been a recommendation to explore apprenticeships more broadly as a strategic workforce solution.</li> <li>• <b>ER Case Volume:</b> Although it had improved, ER case volumes remained high and were sensitive to organisational change and workforce pressures.</li> <li>• <b>Staffing Pressures in Inpatient Units:</b> High usage of bank and agency staff, particularly in areas like Ashbrook and Bracken, had been linked to increased observations, patient acuity, and vacancies.</li> <li>• <b>Recruitment Freeze:</b> While onboarding efficiency had improved, the recruitment freeze had reduced the number of live adverts, potentially affecting future workforce capacity.</li> </ul>

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



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# AAAD: Effective Oversight: Escalation and Assurance

<b>Report to:</b>	<b>Board of Directors (Public)</b>	<b>Meeting date:</b>	<b>02/10/2025</b>
<b>Report from:</b>	<b>People and Culture Committee</b>	<b>Meeting date:</b>	<b>18/09/2025</b>
<b>Quorate?</b>	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>		
<b>Members present</b>	Mark Rawcliffe (NED/Chair) Sally Napper (NED), Mike Woodhead, Kelly Barker, Bob Champion, Therese Patten.		
<b>In attendance</b>	Fran Stead, Chris Dixon (on behalf of Phil Hubbard), Jess Greenwood-Owens (secretary), Fay Davies (part of meeting), Lisa Wright, Jo Wilson, Anitha Mukundan, Timed business: Jonathan Guy, Claire Ingle, Emma Stott, Jo Wilson, Ruth Ozolins, Helen Farrer.		
<b>Observers</b>	Danielle Stephenson (and presenter for 1 item)		
<b>Apologies</b>	Jeanette Homer, Phil Hubbard (Chris Dixon representing), Farhan Rafiq, Michelle Holland		
<b>Best Place to Work</b>	<b>Theme 1</b> – Looking after our people	<b>BP2W:T1</b>	
	<b>Theme 2</b> – Belonging in our organisation	<b>BP2W:T2</b>	
	<b>Theme 3</b> – New ways of working and delivering care	<b>BP2W:T3</b>	
	<b>Theme 4</b> – Growing for the future	<b>BP2W:T4</b>	
<b>Agenda items</b>	<ul style="list-style-type: none"> <li>• Minutes and AAAD of the previous meeting</li> <li>• Matters Arising</li> <li>• Action Log</li> <li>• Learning from your experience – culture of care and the impact that this has had on inpatient services</li> <li>• Strategic Assurance Report .1 Strategic Narrative Report</li> <li>• Integrated Strategic Performance Report (dashboard – enclosure)</li> <li>• .1 Medical Staffing Update, .2 Recruitment Activity Update, .3 Employee Relations Activity, .4 Rostering Activity and OSPB highlights report</li> <li>• Staff Survey Update – progress report</li> <li>• NHS Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Metric 3 updated reports.</li> <li>• NHS Workforce Equality Standards inclusive recruitment</li> <li>• Alert, Advise, Assure + Decision AAA+D Report/s:</li> <li>• .1 Senior Leadership Team, People, Planning &amp; Innovation .2 Strategic EDI Partnership Group, .3 AAA Staff Partnership Forum,</li> <li>• .4 AAAD: Workforce Productivity, .5 AAA+D Report/s: Place Regional and National Updates, .6 AAA+D Leading better Lives Together update</li> <li>• Strategic Risks</li> <li>• Annual Effectiveness Review</li> <li>• Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels .2 Confirming top 3 strategic risk</li> </ul>		

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	<p>to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting</p> <ul style="list-style-type: none"> <li>• Committee Workplan 2025-26</li> </ul>
<b>Alert items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• The Committee raised alerts regarding rising sickness absence, noting it was approaching 7%. This trend was flagged as a concern due to its impact on continuity of care, increased use of temporary staffing, and financial &amp; compliance consequences. The Committee highlighted that sickness absence was a key metric in the NHS Oversight Framework rating.</li> <li>• The Committee also flagged the need to monitor pockets of high sickness absence within teams, especially in areas undergoing change or facing high demand and complexity. The importance of triangulation and using data as insight was noted.</li> <li>• Visa and immigration changes were identified as a risk, particularly affecting recruitment and retention of healthcare support workers. Including long-term impacts on workforce planning and service delivery. (immediate impact to band 2 and 3 and long-term higher bands).</li> <li>• A conversation took place on data quality within the Trust, with Committee noting that reports on this would be presented to the Finance and Performance Committee.</li> </ul>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Targeted interventions in three services to address sickness absence, including mentoring for managers and training on systems, processes, and policies was continuing. These interventions were intended to support management and improve access to health and well-being facilities.</li> <li>• It was recommended to disaggregate sickness absence data to identify and address issues and pathways, rather than relying solely on overall figures.</li> <li>• Ongoing review of health and well-being service provision to ensure it was reaching all staff noting that the Place included areas of high deprivation.</li> <li>• The Committee noted continued advocacy for staff and communities affected by inequalities and recommended that the organisation remain proactive in addressing these challenges.</li> <li>• Well-Led Improvement Plan: Three separate effectiveness reviews had culminated in a comprehensive Well-Led Improvement Plan, which would be presented to Audit Committee and Board for approval.</li> </ul>

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<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Actions were being taken to address sickness absence, including targeted mentoring, training, and health and well-being initiatives.</li> <li>• Improvements in onboarding and induction processes were reported, with attrition of new starters continuing to reduce. The effectiveness of these processes was being monitored and further actions were planned to enhance local induction experiences.</li> <li>• Employee relations cases were being managed effectively, with average open times reduced and a significant number of cases closed during the reporting period. A new disciplinary policy focusing on avoidable harm was being implemented, supported by a grant to reduce employee harm.</li> <li>• Strategic risks and assurance ratings were being reviewed and updated, with changes to reporting formats and processes planned to improve oversight and drive improvement activity.</li> </ul>
<b>Decisions made by Committee</b>	<p>The following items were approved:</p> <ul style="list-style-type: none"> <li>• Minutes and AAAD of the previous meeting</li> <li>• Action Log</li> <li>• Strategic Risks</li> </ul>
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>• None were identified, however, the risk report would be revised for the next Committee to better align with changing risks//a new report format.</li> </ul>
<b>Items to be considered by other Committees/Groups</b>	<ul style="list-style-type: none"> <li>• <b>Strategic Risks &amp; Assurance Ratings</b> strategic risks and assurance ratings would be taken as an agenda item to <b>Board</b>.</li> <li>• <b>Data Integrity &amp; Reporting:</b> recommendation to bring this as a broader discussion point to the <b>Board</b> to ensure organisational-level data quality and consistency.</li> <li>• <b>Annual Effectiveness Review &amp; Well-Led Development Plan:</b> Actions from the annual effectiveness review and the new well-led development plan were to be monitored by the <b>Board</b> and <b>Audit Committee</b>.</li> <li>• <b>Sickness Absence &amp; Workforce Planning</b> The committee discussed the need for ongoing board-level oversight of sickness absence trends, especially as they relate to financial impact, service delivery, and the NOF.</li> </ul>
<b>Feedback following discussion at 'parent' meeting</b>	<p>There were no items to directly feed back to the Committee from Board, however a discussion took place on the items raised. See Board minutes for further information.</p>

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

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# Effective Oversight: Escalation and Assurance

<b>Report to:</b>	<b>Board</b>	<b>Meeting date:</b>	<b>TBC</b>
<b>Report from:</b>	<b>Mental Health Legislation Committee</b>	<b>Meeting date:</b>	<b>17/07/2025</b>
<b>Quorate?</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>		
<b>Members present</b>	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		
<b>In attendance</b>	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		
<b>Observers</b>	Dr Phalaksh Walishetty - Consultant Psychiatrist		
<b>Apologies</b>	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		
<b>Best Quality Services</b>	<b>Theme 1 – Access and Flow</b>	<b>BQS:T1</b>	
	<b>Theme 2 – Learning for improvement</b>	<b>BQS:T2</b>	
	<b>Theme 3 – Improving the experience of people using our services</b>	<b>BQS:T3</b>	
<b>Agenda items</b>	<ul style="list-style-type: none"> <li>• Feedback from Involvement Partners</li> <li>• Strategic Narrative Report</li> <li>• Mental Health Act Reform</li> <li>• Alert, Advise, Assure + Decision Report: Positive &amp; Proactive Group, incl Use of Force Bill updates</li> <li>• Associate Hospital Manager's Report</li> <li>• Care Quality Commission Update: Mental Health Act Monitoring Review Visits</li> <li>• Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) and Mental Capacity Act Annual Report</li> <li>• Timeliness of reports to tribunals and hospital managers</li> <li>• Alert, Advise, Assure + Decision Report: Clinical Board</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Mental Health Legislation Committee Effectiveness Review Actions</li> <li>• Committee Terms of Reference</li> <li>• Mental Health Legislation Committee: Annual Work Plan</li> </ul>
<b>Alert</b> items agreed by Committee	<ul style="list-style-type: none"> <li>• No “alert” but see the first point in the Advise section below, which the Committee wishes to flag to the Board.</li> </ul>
<b>Advise</b> items agreed by Committee	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The Involvement Partner said that the team morale had declined among Involvement Partners.</li> <li>• Positive &amp; 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.</li> <li>• Mental Health Act Reform – the Trust has briefed local MPs to assist them to ask appropriate questions in parliamentary committees.</li> </ul>
<b>Assure</b> items agreed by Committee	<p><b>The overall level of assurance, in relation to the key matters that the Committee is focused on, was considered to be “significant”.</b></p> <p>Positive signs of improvement and progress:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Positive &amp; 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.</li> <li>• 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</li> </ul>

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	<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"> <li>• 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 .</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Committee Terms of Reference – One minor change was proposed (to rename the section titled “Assurance Escalation Reporting” to “Effective Oversight and Escalation Assurance.”)</li> </ul>		
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>• Approval of the following items: <ul style="list-style-type: none"> <li>- Minutes from 22 May 2025</li> <li>- Associate Hospital Managers’ Group Report</li> <li>- Mental Health Legislation Committee Terms of Reference</li> </ul> </li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>• No new risks identified</li> </ul>		
<b>Items to be considered by other Committees/Groups</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
<b>Feedback following discussion at ‘parent’ meeting</b>			
<b>Report completed by</b>	Corporate Governance Officer	<b>Date</b>	18/07/2025
<b>On Behalf of Chair</b>	Simon Lewis		

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# Effective Oversight: Escalation and Assurance

<b>Report to:</b>	<b>Board</b>	<b>Meeting date:</b>	<b>TBC</b>
<b>Report from:</b>	<b>Mental Health Legislation Committee</b>	<b>Meeting date:</b>	<b>10/10/25</b>
<b>Quorate?</b>	<b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>		
<b>Members present</b>	Chair/NEDs/Exec Directors: Simon Lewis (Chair), Non-Executive Director; Kelly Barker, Chief Operating Officer; Philippa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership; and Dr Sal Uka, Chief Medical Officer ("CMO").		
<b>In attendance</b>	Simon Binns, Mental Health Legislation Lead; Marilyn Bryan, Associate Hospital Manager; Richard Cliff, Head of Legal Services; Mathew Cook, Management of Violence and Aggression Trust Lead; Keith Double, Involvement Partner; Katie Eacret Ward Manager, Clover Ward (PICU – Psychiatric Intensive Care Unit); Karan Essien Involvement Partner; Thabani Songo Head of Nursing – Mental Health; Fran Stead Trust Secretary; and Dr Phalaksh Walishetty, Deputy Chief Medical Officer for Quality and Patient Safety, Mental Health Legislation, Inpatients/Intensive Home Treatment Team/Liaison Psychiatry/Forensic Psychiatry and Intellectual Disability, Performance.		
<b>Observers</b>	Masira Hans, Governor Observer.		
<b>Apologies</b>	Apologies from (members and attendees):  Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer); Holly Close, Corporate Governance Officer (Secretariat); Chris Dixon, Deputy Director of Nursing and Professions; Baljit Kaur Nota, LA Team Manager; Alyson McGregor, Non-Executive Director; Teresa O'Keefe, Mental Health Act Advisor; and Jo Tiler, Mental Capacity Act Clinical Lead.		
<b>Best Quality Services</b>	<b>Theme 1 – Access and Flow</b>	<b>BQS:T1</b>	
	<b>Theme 2 – Learning for improvement</b>	<b>BQS:T2</b>	
	<b>Theme 3 – Improving the experience of people using our services</b>	<b>BQS:T3</b>	
<b>Agenda items</b>	<div> <div>Close, Holly 09/12/2025 09:40:59</div> <ul style="list-style-type: none"> <li>Learning from your experience: The use of seclusion and long term segregation</li> <li>Feedback from Involvement Partners</li> <li>Strategic Performance Report</li> <li>Alert, Advise, Assure + Decision Report: Positive &amp; Proactive Group, including Use of Force Bill updates</li> <li>Mental Health Act Reform Update</li> </ul> </div>		

	<ul style="list-style-type: none"> <li>• Associate Hospital Managers' Report</li> <li>• Strategic Risk Report</li> <li>• CQC Update: Mental Health Act Monitoring Review Visits</li> <li>• Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) and Mental Capacity Act Annual Report</li> <li>• Community Treatment Orders update</li> <li>• Searching of patients &amp; their property</li> <li>• Alert, Advise, Assure + Decision Report: Clinical Board</li> <li>• Committee Effectiveness Review Actions</li> <li>• Committee Annual Work Plan</li> </ul>
<b>Alert items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• No alerts to report.</li> </ul>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Feedback from Involvement Partners: concerns raised re communications between GPs and mental health teams (including apparent challenges linked to electronic record sharing).</li> <li>• AAAD report Positive &amp; Proactive Group: (1) The Committee was made aware of reporting issues in relation to incidents – reported that figures often increase after publication as managers complete required actions after report publication. (2) Low attendance for Oliver McGowen training recorded – the CMO offered support.</li> <li>• Associate Hospital Managers' Report: Highlighted that in Sept there were 5 discharges from just 13 (unusually high). Concerns raised about the quality of reports, in particular the need for medical information and clinical advice to be clear.</li> <li>• CQC update: Mental Health Act Monitoring Review Visits – CQC carried out 1-day inspection across 5 wards in late Aug: Learning Disabilities Najuarally Centre, Thornton Ward (low secure), Ashbrook (female acute), Mapleback and Willow Wards (male acute). Focused on restrictive practices, recording of blanket restrictions and service user engagement, including community meetings on wards between colleagues and service users. Feedback received on 29 Sep – submission deadline of 14 Oct, to be co-ordinated by Nursing and Governance teams.</li> <li>• Mental Capacity Act update and annual report: an internal audit of Mental Capacity Act processes scheduled – scope still to be confirmed but update to be provided at next Committee (in Nov).</li> </ul>
<b>Assure items agreed by Committee</b>  <div>Close, Holly 09/12/2025 09:40:59</div>	<ul style="list-style-type: none"> <li>• Learning from your experience – focused on use of seclusion and long term segregation. (1) The Committee was assured that the Trust is improving staff education re the use of both practices and that wards were increasingly using de-escalation / open door options. (2) Clover ward had begun to incorporate seclusion and de-escalation planning into patient care discussions, exploring triggers, helpful strategies, and preferences.</li> <li>• Feedback from Involvement Partners: some assurance provided re waiting list for ADHD diagnosis, in that individuals presenting with mental health difficulties would be supported by mental health services while awaiting ADHD assessment/diagnosis.</li> </ul>

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

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# Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	04/12/25
Report from:	Mental Health Legislation Committee	Meeting date:	20/11/25
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Simon Lewis, Non-Executive Director (Chair of the Committee), Alyson McGregor, MBE, Non-Executive Director ( <i>from agenda item 01 – 9 &amp; 11 – 19</i> ), Dr Sal Uka, Chief Medical Officer, Kelly Barker, Chief Operating Officer, Philippa Hubbard, Director of Nursing, Professions and Care Standards, DIPC, Deputy Chief Executive Director of Nursing and Quality for Bradford District and Craven Health and Care Partnership		
In attendance	Simon Binns, Mental Health Legislation Lead, Dr Anita Brewin, Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer), Richard Cliff, Head of Legal Services, Keith Double, Involvement Partner ( <i>from agenda item 01 – 8.1 &amp; 11 – 19</i> ), Raj Gohri, BI Integration Manager ( <i>for agenda item 06</i> ), Mary Litchfield, Associate Hospital Manager, Teresa O’Keefe, Mental Health Act Advisor, Fran Stead, Trust Secretary, Dr Phalaksh Walishetty, Deputy Chief Medical Officer for Quality and Patient Safety, Mental Health Legislation, Inpatients/Intensive Home Treatment Team/Liaison Psychiatry/Forensic Psychiatry and Intellectual Disability, Performance, Holly Close, Corporate Governance Officer (Committee Secretariat)		
Observers	None.		
Apologies	Apologies from (members and attendees):  Chris Dixon, Deputy Director of Nursing and Professions, Karan Essien, Involvement Partner, Baljit Kaur Nota, LA Team Manager, Thabani Songo, Head of Nursing – Mental Health, Jo Tiler, Mental Capacity Act Clinical Lead		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<div>Close Holly 09/12/2025 09:40:59</div> <ul style="list-style-type: none"><li>Learning from your experience: Business Intelligence Team – Pilot Dashboard</li><li>Feedback from Involvement Partners</li><li>Alert, Advise, Assure + Decision Report: Positive &amp; Proactive Group, including Use of Force Bill updates</li><li>Strategic Performance Report</li><li>Strategic Risk Report</li></ul>		

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	<ul style="list-style-type: none"> <li>• Mental Health Act Reform Update</li> <li>• Associate Hospital Managers' Report</li> <li>• Annual Report on the use of the Mental Health Act</li> <li>• CQC Update: Mental Health Act Monitoring Review Visits</li> <li>• Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates)</li> <li>• Alert, Advise, Assure + Decision Report: Clinical Board</li> <li>• Committee Annual Work Plan</li> </ul>
<b>Alert items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• No alerts to report.</li> </ul>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Associate Hospital Managers' Report - Concerns were raised about the quality and timeliness of reports submitted to tribunals and hospital managers. The Committee agreed that the ambition should remain at 100% timely submission, as delay could cause distress and disrupt hearings. Further review of the issue would take place to understand the problem.</li> <li>• Associate Hospital Managers' Report - The Committee agreed urgent recruitment of additional Associate Hospital Managers, with a recommendation for legal training to support new and existing managers.</li> <li>• Associate Hospital Managers' Report - The Committee observed that Local Authority representatives and Approved Mental Health Professionals (AMHP) had not attended meetings regularly, it was agreed that a discussion would take place on this.</li> <li>• Alert, Advise, Assure + Decision Report: Positive &amp; Proactive Group, including Use of Force Bill updates – The Committee was advised that the Trust is reviewing its zero-tolerance approach to self-harm in inpatient settings and considering harm minimisation strategies, following data which showed that although women made up just over one third of the inpatient population, they accounted for more than half of restrictive interventions, with full restraint disproportionately applied to female service users—a trend linked primarily to incidents of self-harm rather than aggression towards others.</li> <li>• Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) – The Committee was advised that the scheduled internal audit to review compliance with the Act had been deferred to 2026–27.</li> </ul>
<b>Assure items agreed by Committee</b>  <div>Close, Holly 09/12/2025 09:40:59</div>	<ul style="list-style-type: none"> <li>• Learning from your experience: Business Intelligence Team – Pilot Dashboard - The Committee was assured by the demonstration of new Power Business Intelligence dashboards, which now allowed for more sophisticated analysis of equality, restraint, and intervention data. The dashboards can filter data by ethnicity, deprivation, gender, and ward, and include forecasting and analysis. Assurance was given that the dashboards are being embedded into operational reporting, not just equality monitoring, making them a routine part of service oversight.</li> </ul>

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

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# AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	TBC
Report from:	Charitable Funds Committee	Meeting date:	29/10/2025
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Mark Rawcliffe (Chair), Mike Woodhead		
In attendance	Catherine Jowitt, Claire Blamires, Chris Smith, Jess Greenwood-Owens <b>Timed business</b> - Mary Pegington		
Observers	N/A		
Apologies	Maz Ahmed (NED), Rachel Trawally, Kelly Barker, Stacey Pearson		
Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1	
	Theme 2: Our environment and workspaces	BUoR:T2	
	Theme 3: Giving back to our communities	BUoR:T3	
Agenda items (not including standard items)	<ul style="list-style-type: none"><li>• Learning from your experience: charity funded bike scheme</li><li>• Charity Risk Register</li><li>• Charity Strategic update</li><li>• Charity Annual Accounts 2024/25 (final)</li><li>• Charity Annual Report 2024/25 (final)</li><li>• External Audit Reporting on the 2024/25 Annual Accounts Narrative: .1 ISA 260, .2 Auditors Report, .3 Management Letter</li><li>• Approval of fund objectives &amp; managers</li><li>• 2025/26 Charitable Funds Transactions April – September 2025</li><li>• Effectiveness Review Actions</li><li>• Workplan 2025/26</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• There were no items identified</li></ul>		
Advise items agreed by Committee	<ul style="list-style-type: none"><li>• <b>Repeat Funding:</b> The Committee discussed whether to agree to repeat funding for Trust initiatives.</li><li>• <b>Lynfield Mount Appeal Planning:</b> There was an upcoming need for input on the Lynfield Mount fundraising appeal, including ambition level and resource investment. The Committee agreed to provide the Board with headline updates via the AAAD and would seek a firmer view on campaign priorities and focus areas.</li><li>• <b>Governor Engagement:</b> Discussion on how engagement can be developed which will be progressed between the Chairty team and Corporate Governance team.</li><li>• <b>Resourcing</b> needed to match aspirations, as there was currently a gap. C Blamires’s significant workload was acknowledged and appreciated.</li></ul>		
Assure items agreed by Committee	<ul style="list-style-type: none"><li>• <b>Positive Outcomes and Impact:</b> The Committee reported successful fundraising events (Golf Day, Great North Run, Dragon Boat, quiz nights), increased traction, and positive feedback from</li></ul>		

	<p>beneficiaries (e.g., bike scheme for service users). These demonstrate effective use of charitable funds and impact on service users.</p> <ul style="list-style-type: none"> <li>• <b>Audit and Annual Accounts:</b> The annual accounts audit was completed with an unqualified opinion and no significant issues. The Trust had received the Letter of Representation, ISA 260 and Auditors Report.</li> <li>• <b>Staffing Progress within the Charity team:</b> Recruitment for key charity roles was underway, with new appointments expected before Christmas, this should strengthen capacity and delivery.</li> <li>• Strong and consolidated position, with improvements evident compared to discussions held four years ago.</li> <li>• <b>Growth plans</b> were progressing well, and the Committee agreed that ambitions should remain high.</li> <li>• <b>Confidence</b> in the charity's direction and highlighted the importance of organisational support to scale successful initiatives.</li> <li>• <b>Members were committed</b> to continuing efforts to secure wider engagement and move the charity forward.</li> <li>• <b>Corporate Volunteering:</b> First partnership with B&amp;Q delivered a successful volunteering day at the allotment, including £1,000 donation and site improvements. The Committee agreed that funding decisions should not be rigid; repeat funding could be allowed in exceptional circumstances where there was a legitimate cause.</li> <li>• <b>2024/25 Charitable Funds Annual Report</b> provided assurance of the operational functioning of the charity in 2024/25, including an overview of responsible officers of the charity, operational management, and income and expenditure delivery.</li> <li>• <b>Effectiveness Review</b> two standing annual processes in place 1. An internal audit aligned to the CQC Well-Led expectations and policy statements. 2. An effectiveness review for strategic meetings, including the Board, Council of Governors, and supporting committees. In addition to these, an externally commissioned independent Well-Led review was undertaken this year, as required by the NHS Code of Governance every three to five years. All three processes were conducted around the end of the financial year and spring, resulting in a consolidated action plan within the Well-Led framework.</li> </ul>
<p><b>Decisions made by Committee</b></p> <p>Close, Holly 09/12/2025 09:40:55</p>	<p>The Committee was not quorate, therefore the following items were approved by members within the meeting and then approved by the NED via email:</p> <ul style="list-style-type: none"> <li>• Charity Annual Accounts 2024/25 (final)</li> <li>• Charity Annual Report 2024/25 (final)</li> <li>• External Audit Reporting on the 2024/25 Annual Accounts Narrative</li> </ul>
<p><b>New risks identified by Committee</b></p>	<p>No items were raised.</p>

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

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## 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"><li>• Matters arising</li><li>• Strategic Assurance Report and Supporting items: .1 Strategic Narrative 2. Compliance and Risk Report.</li><li>• Review of Losses &amp; Special Payments.</li><li>• Waiver of Standing Orders &amp; Standing Financial Instructions.</li><li>• Proposed Write off of Outstanding Debt.</li><li>• BDCFT Annual Accounts 2024/25</li><li>• External Audit: ISA 260 Annual Report and Head of Internal Audit Opinion</li><li>• External Audit: Annual Report, including Value for Money Assessment.</li><li>• External Audit: Letter of Representation</li><li>• Internal Audit: Annual Report and Head of internal audit opinion.</li><li>• Annual Report and Annual Governance Statement 2024/25</li><li>• Internal Audit: Annual Internal Audit Plan 2025/26</li><li>• Internal Audit: Progress Report and any Follow Up Reports.</li><li>• Local Counter Fraud Annual Work Plan 2025/26</li><li>• Local Counter Fraud Progress Report.</li><li>• Audit Committee Work Plan 2025/26</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• Nothing.</li></ul>		
Advise items agreed by Committee	<ul style="list-style-type: none"><li>• The Committee will follow up on the recent AWOL audit with a limited assurance rating at the next Audit Committee.</li></ul>		
Assure items agreed by Committee	<ul style="list-style-type: none"><li>• <b>Strategic Assurance Report:</b> The audit committee noted the position regarding low and limited assurance areas, recognizing that some issues are beyond the trust's control.</li></ul>		

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

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# 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"><li>• Matters arising</li><li>• Dentist Pay Discretionary</li><li>• Strategic Assurance Report, Strategic Narrative Report, Compliance &amp; Risk Report</li><li>• Annual Litigation Report</li><li>• Review of Loses &amp; Special Payments</li><li>• Waiver of Standing Orders &amp; Standing Financial Instructions</li><li>• Proposed Write Off of Outstanding Debt (</li><li>• Internal Audit: Progress report, Follow Up Reports</li><li>• Committee Annual Terms of Reference Review</li><li>• Committee Annual Report</li><li>• Draft report - Well Led (BDCFT/19/2025)</li><li>• Alert, Advise, Assure and Decision Report to Board of Directors</li><li>• Audit Committee Workplan 2024/25</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• 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.</li></ul>		
Advise items agreed by Committee	<ul style="list-style-type: none"><li>• 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</li></ul>		
Assure items agreed by Committee	<ul style="list-style-type: none"><li>• The Annual Litigation report was received, noting low claims numbers, effective benchmarking, and established learning processes.</li><li>• No new losses or special payments were reported.</li><li>• Internal audit progress was confirmed, with only one report slightly delayed.</li><li>• The annual terms of reference were reviewed and recommended for board approval, with minor updates pending.</li></ul>		

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

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## Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	25 September 2025
Report from:	Audit Committee	Meeting date:	25 September 2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Mark Rawcliffe		
In attendance	Helen Higgs, Leanne Sobratee, John Blewitt, Rachel Trawally, Stacey Person, Chris Boyne, Fran Stead, Tim Rycroft, Mike Woodhead, Rebecca Wixey		
Observers	Stephanie Alexander (KPMG)		
Apologies	Apologies were noted from Philippa Hubbard, Simon Lewis, Sally Napper , Claire Risdon		
Good Governance	Governance, accountability, and effective oversight		GG
Agenda items	<ul style="list-style-type: none"><li>• Strategic Narrative Report</li><li>• Organisational Compliance &amp; High Risk AAAD Report</li><li>• Compliance and Risk Group Terms of Reference</li><li>• Review of Losses &amp; Special Payments</li><li>• Waiver of Standing Orders &amp; Standing Financial Instructions</li><li>• Proposed Write Off of Outstanding Debt</li><li>• Write off of lost tablet devices</li><li>• Information Governance breach &amp; learning report</li><li>• Internal Audit: Progress report</li><li>• FTSU Benchmarking Report</li><li>• Follow Up Reports</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• No new alerts</li></ul>		
Advise items agreed by Committee	<ul style="list-style-type: none"><li>• Information Governance Breach: A welcome email was mistakenly sent to over 11,000 recipients, including personal email addresses. The ICO was notified and satisfied with the Trust's response. The committee was advised to oversee the implementation of strengthened change control and access protocols.</li><li>• Follow-Up Report: Out of 181 tracked recommendations, 168 were closed. The committee was assured by the strong compliance and tracking mechanisms.</li></ul>		
Assure items agreed by Committee	<ul style="list-style-type: none"><li>• No New Waivers or Standing Orders.</li><li>• Internal Audit Progress: The committee received assurance that 33% of the audit plan had been completed, with over 80 audit days delivered. Key audits included the Well-Led review and Consent Audit (Significant Assurance). The Rights to Work Audit</li></ul>		



	<p>and Taxi Travel Audit flagged areas for improvement, with actions underway.</p> <ul style="list-style-type: none"> <li>Follow-Up Compliance: Out of 181 tracked recommendations, 168 were closed. The committee was assured by the strong compliance and tracking mechanisms.</li> <li>Follow-Up Compliance: Out of 181 tracked recommendations, 168 were closed. The committee was assured by the strong compliance and tracking mechanisms.</li> </ul>		
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>The committee ratified the updated terms of reference for the Risk and Compliance Group, which now includes a dual focus on high risks and compliance across domains.</li> <li>Chair confirmed the Audit Committee role in monitoring implementation of Well-Led recommendations.</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>			
<b>Report completed by</b>	Nazmeen Khan – Corporate Governance Officer	<b>Date</b>	<b>25.09.2025</b>
<b>On Behalf of Chair</b>	<b>Chris Malish, Non-Executive Director</b>		

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## Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	27 November 2025
Report from:	Audit Committee	Meeting date:	27 November2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Sally Napper, Simon Lewis		
In attendance	Claire Risdon, Rachel Trawally, Stacey Pearson, Delphine Fitouri, Chris Boyne, Lee Swift, Bob Champion, Leanne Sobratee, Salma Younis.		
Observers			
Apologies	Apologies were noted from Fran Stead, Tim Rycroft		
Good Governance	Governance, accountability, and effective oversight		GG
Agenda items	<ul style="list-style-type: none"><li>• Provide a time frame – for the actions relating to the missing tablets.</li><li>• Siro Report Update</li><li>• Strategic Assurance Report</li><li>• Organisational Compliance &amp; High Risk AAAD Report</li><li>• Review of Losses &amp; Special Payments</li><li>• Waiver of Standing Orders &amp; Standing Financial Instructions</li><li>• Proposed Write Off of Outstanding Debt</li><li>• External Audit :Technical Update</li><li>• Internal Audit: Progress report</li><li>• Right to Work Audit</li><li>• Internal Audit: Follow Up Reports</li><li>• Local Counter Fraud: Progress report (enclosure)</li><li>• Appendix A Counter Fraud Newsletter October 2025</li><li>• Fraud Bribery and Corruption Policy</li><li>• Better Lives Charity Annual Accounts (enclosure)</li><li>• Better Lives Charity Annual Report (enclosure)</li><li>• 2024-25 Better Lives Charity - Auditor Letter - Report to Management (enclosure)</li><li>• 2024-25 Better Lives Charity -Auditors Report – Draft (enclosure)</li><li>• 2024-25 Better Lives Charity - Management Representation Letter - unsigned enclosure)</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• No alerts raised during the meeting. C Malish confirmed there were no significant risks, issues, or urgent concerns requiring immediate escalation.</li></ul>		

<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>Audit Scheduling: Two audits may need to be rescheduled; details to follow.</li> <li>Outstanding Audit Action: One action remains open but is being addressed through follow-up procedures; update expected at the next committee.</li> <li>Continue monitoring progress and prepare for the next committee meeting in January 2026.</li> </ul>		
<b>Assure items agreed by Committee</b>	<ul style="list-style-type: none"> <li>Special Payments &amp; Waivers: Assurance provided that reviews of special payments, waivers, and standing orders were completed with no proposed write-offs.</li> <li>Strategic Assurance Report: Progress was being made against various reviews, and processes are being updated. Risk Review: Work on risk updates was scheduled for Board discussion on 17th December 2025.</li> <li>Missing Tablets: Assurance received that updates have been provided and the matter was being addressed.</li> <li>SIRO Report: Already reviewed by the Board; assurance reaffirmed.</li> <li>Internal Audit Progress: Positive progress noted on internal audit actions.</li> </ul>		
<b>Decisions made by Committee</b>	<ul style="list-style-type: none"> <li>Approval minutes and AAAD</li> <li>Approval of Fraud and Bribery Policy.</li> <li>Approval of Charity Accounts.</li> </ul>		
<b>New risks identified by Committee</b>	<ul style="list-style-type: none"> <li>No New risks identified</li> </ul>		
<b>Feedback following discussion at 'parent' meeting</b>			
<b>Report completed by</b>	Nazmeen Khan – Corporate Governance Officer	<b>Date</b>	<b>27.11.2025</b>
<b>On Behalf of Chair</b>	<b>Chris Malish, Non-Executive Director</b>		

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Name of meeting:	Council of Governors	
NED Chair:	Linda Patterson	
Lead Director:	Fran Stead	
Secretariat:		
Year:	2025/26	

Category	Agenda item	Paper author	Item presented	Lead Director	Lead PA	Informal	Public hybrid	Public hybrid	Public hybrid	Public hybrid
						Date	Date	Date	Date	Date
						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	AMM Minutes	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer				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)	Corporate Governance Officer	X	X	X	X	X
Good Governance	Issues and Questions from Communities	Verbal	Governors	N/A	N/A	X	X	X	X	X
Good Governance	Chairs Report	Chair of the Trust	Chair of the Trust	Chair of the Trust	MH (Executive Assistant)	X	X	X	X	X
Good Governance	Governance Report	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer	X	X	X	X	X
Good Governance	BDCT Annual Report	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	MH (Executive Assistant)		X			
Good Governance	Quality Account	PR (Senior risk and Clinical Audit Manager)	TBC	PH (Director Director of Nursing, Professions and Care Standards)	JR (Executive Assistant)					
Good Governance	Freedom to Speak Up Guardian Report	RW (Freedom to Speak Up Guardian)	TBC	PH (Director Director of Nursing, Professions and Care Standards)	JR (Executive Assistant)					
Good Governance	Well Led	HC (Corporate Governance Officer)	FS (Trust Secretary)	FS (Trust Secretary)	MH (Executive Assistant)				X	X
Good Governance	Proposal for the Annual Members' Meeting	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer					
Good Governance	Alert, Advise, Assure and Decision reporting / Assurance Report Board Sub-Committees	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)	Corporate Governance Officer	X	X	X	X	X
Good Governance	Committee Annual Effectiveness review	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer		X	X		
Good Governance	Committee annual Terms of Reference review	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer			X		
Good Governance	Council of Governors Annual Work Plan	Corporate Governance Officer	RT ( Deputy Trust Secretary)	FS (Trust Secretary)	Corporate Governance Officer	X	X	X	X	X
Good Governance	Comments from Public Observers	Verbal	Public Observers	N/A	N/A	X	X	X	X	X

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Best Place to Work	Staff Survey Update	HF (Engagement Manager)	HF (Engagement Manager)	BC (Chief People Officer)	RO (Executive Assitant)	X				
Best Use of our Resources	Finance and Performance Report	CS (Cliff Springthorpe) & CR (Operational Director of Finance)	KB (Chief Operating Officer) & CR (Operational Director of Finance)	KB (Chief Operating Officer) & CR (Operational Director of Finance)	DJ (Executive Assistant)	X	X	X	X	X
Best Use of our Resources	Lynfield Mount Update	SE (Deputy Director of Estates and Facilities)	SE (Deputy Director of Estates and Facilities)	MW (Chief Finance Officer)	ZN (Executive Assistant)			X		