

Annual Members' Meeting

Date: Thursday 25 September 2025

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

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



Bradford District Care

NHS Foundation Trust

Hitesh Govan
David Hesford
James Hobson

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

MINUTES

Item	Discussion	Action
139	<p>Welcome & apologies for absence (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>	
140	<p>Declarations of any Conflicts of Interest (agenda item 2)</p> <p>There were no declared conflicts of interest in respect of any agenda items.</p>	
141	<p>Minutes of the previous meeting: 19 September 2024 (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>	
142	<p>Matters Arising (agenda item 4)</p> <p>There were no matters arising.</p>	

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143	<p>Annual Report – “Looking back, with an eye on the future” (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"> • The Green Therapy initiative which had a pioneering ‘water ways nature connection programme’ delivered alongside the Canal and River Trust. • 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. • The Proactive Care Team which continued to serve the diverse community of Bradford and also had an impact on significantly reducing A&E visits. <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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	<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>	
<p>144</p>	<p>Annual Accounts and the financial Outlook (agenda item 6)</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"> • The Trust broke even with a surplus of £179k • The Trust continued to invest in estates via capital funding • The Trust retained a healthy cash balance <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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	<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>	
145	<p>Presentation from the Trust’s External Auditor (agenda item 8)</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>	
146	<p>Presentation from the Lead Governor on behalf of the Council of Governors (agenda item 8)</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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	<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>Question and answer session (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 Engagement Involvement (PCEI) team provides training, supports Carer Champions, and maintains a dedicated carers page on our website.</p>	

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	<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"> • Embed anti-racist leadership and governance, including appointing executive leads and publishing progress. • Engage racialised communities to co-develop organisational competencies and measurable actions. • Implement transparent feedback mechanisms that flow into national datasets to drive benchmarking and service improvement <p>Key measures and metrics are:</p> <ul style="list-style-type: none"> • Use of the mental health act – reduce racial disparity • Community referrals – increase equitable access and outcomes • Use of restrictive practice – reduce disproportionate use of restrictive interventions <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. Whilst we fully understand that the wider context may be understandably</p>	

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	<p>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 their 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 person's 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>How we support: Care Coordination & Advocacy Every service user will have a care coordinator or a lead professional involved in their care to help understand a person's needs holistically, to include how a person's mental health is impacted by their housing, finances and broader social circumstances. To meet a person's 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 as 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 Trust's 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 developments will be carefully assessed to avoid digital exclusion and will include a full Equality Impact Assessment.</p>	

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	<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 collaborations, investing in preventative approaches, and ensuring that the voices of our communities are central to decision-making. Although</p>	

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	<p>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> <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</p>	

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	<p>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"> • Bracken Ward adapting morning meetings based on service user feedback. • Oakburn Ward co-producing healthier menu options. • Ashbrook Ward developing discharge packs to better signpost post-inpatient services. <p>In the coming year, the programme aims to:</p> <ul style="list-style-type: none"> • Expand co-production across more teams and services. • Embed improvement as a daily practice, making every day more purposeful. • Strengthen staff-service user relationships, enhancing trust and shared ownership of care. <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>Thank you and close of the Annual Members' Meeting (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>	