

Council of Governors - held in public - 19 February 2026

Thu 19 February 2026, 17:00 - 18:30

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

Agenda

- 17:00 - 17:02 **1. Apologies for absence & confirmation of quoracy (verbal)**
2 min
Simon Lewis
 Item 01.0 - Council of Governors - Public Agenda - 19 February 2026 - Final.pdf (3 pages)
- 17:02 - 17:02 **2. Declaration of any conflicts of interest (enclosure)**
0 min
Simon Lewis
 Item 02.0 - BDCFT Declaration of Interests for Council of Governors - 17 February 2026.pdf (1 pages)
- 17:02 - 17:02 **3. Minutes of the previous meeting held on 10 December 2025 (enclosure)**
0 min
Simon Lewis
 Item 03.0 - Council of Governors Meeting - Public - Minutes - 10.12.2025 - Chair Approved.pdf (14 pages)
- 17:02 - 17:02 **4. Matters arising (verbal)**
0 min
- 17:02 - 17:02 **5. Action log (enclosure)**
0 min
 Item 05.0 - Council of Governors - Public Action Log - for February 2026.pdf (3 pages)

Governor Feedback and Involvement

- 17:02 - 17:07 **6. Issues and Questions from Communities (verbal)**
5 min
Governors
- 17:07 - 17:20 **7. Charity Introduction (enclosure)**
13 min
Catherine Jowitt & Laura Whitham
 Item 07.0 - Charity Introduction.pdf (12 pages)

Good Governance

- 17:20 - 17:40 **8. Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):**
20 min
Close: Holly 17/02/2026 09:19:03
- 8.1. Audit Committee held 29 January 2026**
Christopher James Malish
 Item 08.1.0 - Effective Oversight Escalation and Assurance - Audit Committee 29.01.2026 - Chair Approved.pdf (3 pages)

8.2. Finance and Performance Committee held 26 November 2025 and 28 January 2026

Maz Ahmed

- Item 08.2.0 - Effective Oversight Escalation and Assurance Report - Finance Performance Committee 26 Nov 2025 ratified.pdf (2 pages)
- Item 08.2.1 - AAAD - Effective Oversight Escalation and Assurance - FPC 28 Jan 2026 EXEC APPROVED.pdf (3 pages)

8.3. Quality and Safety Committee held 21 January 2026

Alyson McGregor

- Item 08.3.0 - Effective Oversight Escalation and Assurance - QSC Jan 2026 CHAIR APPROVED.pdf (3 pages)

8.4. Mental Health Legislation Committee held 22 January 2026

Alyson McGregor

- Item 08.4.0 - Effective Oversight Escalation and Assurance - 22 January 2026 - Chair Approved.pdf (4 pages)

8.5. People and Culture Committee held 18 December 2025 and 22 January 2026

Mark Rawcliffe

- Item 08.5.0 - Effective Oversight Escalation and Assurance - PCC Dec 2025 RATIFIED.pdf (3 pages)
- Item 08.5.1 - Effective Oversight Escalation and Assurance - PCC Jan 2026 EXEC AND CHAIR APP.pdf (2 pages)

Strategy and partnerships

17:40 - 17:50 9. Chair's Report (enclosure)

10 min

Simon Lewis

- Item 09.0 - CoG Chairs Report.pdf (4 pages)

17:50 - 18:00 10. Governance Report (enclosure)

10 min

Fran Stead

- Item 10.0 - Governance Report - Public Council of Governors - 19 February 2026 - final v.2.pdf (12 pages)
- Item 10.0.1 - Appendix 1- Senior Independent Director Briefing Note for Governors - final.pdf (3 pages)
- Item 10.0.2 - Appendix 2- Non-Executive Director Briefing Note for Governors - final.pdf (18 pages)
- Item 10.0.3 - Appendix 3 - Governor Role Description - Briefing Note for Governors -final.pdf (6 pages)

18:00 - 18:05

5 min

18:05 - 18:10 11. National Oversight Framework and Changes in National Regulations (enclosure)

5 min

Phillipa Hubbard

- Item 11.0.0 - CoG Report - NOF.pdf (6 pages)
- Item 11.0.1 - CoG - Jan 2026 - FR - NOF.pdf (14 pages)

Best Quality Services & Best Use of Resources

18:10 - 18:20 12. Operational and Financial Performance (enclosure)

10 min

Claire Risdon & Kelly Barker

- Item 12.0.1 - CoG Performance Report - February 2026.pdf (14 pages)
- Item 12.0.0 - CoG Performance Report Cover Sheet - February 2026.pdf (5 pages)

Closed for public
11:40 - 12:00
11/02/26 09:00

18:20 - 18:25 13. LMH Redevelopment: Highlight report (enclosure)

5 min

Claire Risdon

 Item 13.0 - CoG Public paper - LMH Redevelopment.pdf (10 pages)

Good Governance

18:25 - 18:25 14. Council of Governors Annual Work Plan (enclosure)

0 min

Information

 Item 14.0 - Work Plan 2025-26.pdf (1 pages)

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

5 min

Simon Lewis

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

0 min

18:30 - 18:30 17. Meeting evaluation - Was the meeting conducted in line with the Trust values? (Verbal)

0 min

Simon Lewis

Date of the Next Meeting: 13 May 2026. Final details to be confirmed by Corporate Governance

*Close: Holly
17/02/2026 09:19:03*

Council of Governors – held in public

Date: Thursday 19 February 2026

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	Apologies for absence & confirmation of quoracy (verbal)	S Lewis	5.00pm
	2	Declaration of any conflicts of interest (enclosure)	S Lewis	-
	3	Minutes of the previous meeting held on 10 December 2025 (enclosure)	S Lewis	-
	4	Matters arising (verbal)	S Lewis	
	5	Action log (enclosure)	S Lewis	

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	5.02pm
All	7	Charity Introduction (enclosure)	Catherine Jowitt / Laura Whitham	5.07pm

Close: Holly
17/02/2026 09:19:03

Good Governance

CG	8	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):		5.20pm
		8.1 Audit Committee held 29 January 2026	C Malish	
		8.2 Finance and Performance Committee held 26 November 2025 and 28 January 2026	M Ahmed	
		8.3 Quality and Safety Committee held 21 January 2026	A McGregor	
		8.4 Mental Health Legislation Committee held 22 January 2026	A McGregor	
	8.5 People and Culture Committee held 18 December 2025 and 22 January 2026	M Rawcliffe		

Strategy and partnerships

All	9	Chair's Report (enclosure)	S Lewis	5.40pm
CG	10	Governance Report (enclosure)	F Stead	5.50pm

Break (6:00pm-6:05pm)

CG	11	National Oversight Framework and Changes in National Regulations (enclosure)	P Hubbard	6.05pm
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Best Quality Services & Best Use of Resources

BUoR	12	Operational and Financial Performance (enclosure)	Claire Risdon / Kelly Barker	6.10pm
BUoR	13	LMH Redevelopment: Highlight report (enclosure)	C Risdon	6.20pm

Good Governance

	14	Council of Governors Annual Work Plan (enclosure)	For Information	-
	15	Any other business (verbal)	S Lewis	6:25pm

	16	Comments from public observers (verbal)	S Lewis	-
	17	Meeting evaluation (verbal) Was the meeting conducted in line with the Trust values?	S Lewis	-

Date of the Next Meeting: 13 May 2026. 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

Name: Simon Lewis (Acting Chair of the Trust)

Email: simon.lewis@bdct.nhs.uk

Expressions of interest to observe the meeting using Microsoft Teams:

Email: corporate.governance@bdct.nhs.uk

Strategic Priorities (Key)

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

Close: Holly
17/02/2026 09:19:03

Date	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	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	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information already in the public domain – this does not include	Declarations made in respect of spouse, co-habiting partner, or close associate
13/02/2026 09:21	Aidan Jones	No	No	No	No	No	No	No	No
30/01/2026 08:09	Andy Brown	None	I own a range of shares which currently are: Abingdon Health, Doc Martens, Naked Wines, Fevertree Drinks, Gear4Music, Genuit Group, Schneider Electric, Vistry Group, Pensana, Whitbread, Pearson, Synectic, Smith and Nephew, Wickes Group, Smurfit Westrock, Filtronic	None	None	None	None	North Yorkshire Councillor where I am a member of the Care Scrutiny Committee Green Party member	None
31/01/2026 08:24	Aurangzeb Khan	None	None	None	None	None	None	None	None
29/01/2026 09:17	David Hesford	None	None	None	None	None	None	None	None
29/01/2026 11:27	Debbie Davies	none	none	none	none	none	none	member of the Conservative Party councillor on Bradford Metropolitan District Council	none
29/01/2026 12:00	Deborah Buxton	No	No	No	Yes, Assistance Director of Barnardo's	yes, i have oversight of some services commissioned by the NHS ICB	No	No	No
11/02/2026 22:12	Emmerson Walgrove	Director and Trustee, Bradford Cyrenians Ltd	None	None	Director and Trustee, Bradford Cyrenians Ltd Director and Trustee, Sight Airedale	None	None	None	None
03/02/2026 13:32	Emmerson Wayne Walgrove	Vice Chair and Trustee of the City of Leeds Sea Cadets (Leeds Unit 424 of the Sea Cadets Corp) Vice Chair and Trustee of Prism Independent School and Youth Project Director and Trustee at Bradford Cyrenians Ltd Trustee of the Parish of S.Chad, Toller Lane, Bradford	None	None	None	None	None	None	None
30/01/2026 13:07	Hitesh Govan	none	none	none	none	none	none	none	My wife Manisha Govan works for the NHS as a Head of HR
15/02/2026 06:50	Imran Khan	None	None	None	None	None	None	None	None
13/02/2026 10:07	Masira Hans	NA	NA	NA	BDC Mind	NA	BDC Mind	NA	NA
13/02/2026 09:16	Michael Frazer	nil	nil	nil	nil	no	no	no	none
30/01/2026 11:19	Mike Lodge	None	None	None	None, other than as Lead Governor at this Trust	None	None	None	None
11/02/2026 16:56	Mufeed Ansari	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
02/02/2026 13:39	Robert S James	None	None	None	None	None	None, other than the obvious one that I am an Executive Board member at University of Bradford.	None	None
05/02/2026 08:53	Sabiya Khan	NA	NA	NA	Behbud UK	NA	NA	NA	Council 4Mosque Director
11/02/2026 13:22	Terry J Henry	None	None	None	None	None	None	None	None
12/02/2026 10:53	Trevor Ramsay	None	None	None	Trustee of Vital User Led Advocacy Group	Volunteer with Healthy Minds Calderdale	None	None	None
03/02/2026 22:40	Umar Ghafoor	Umar Ghafoor Trading Ltd	n/a	n/a	n/a	n/a	n/a	Trustee - Exceed academies	n/a

**Council of Governors' Meeting held in Public.
Wednesday 10 December 2025 at 5.00pm
Hybrid meeting held on Microsoft Teams and in New Mill
Meeting Room 4.03**

<p>Agenda item</p> <p>03.0</p>
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Members present in person:	<p>Dr Linda Patterson OBE FRCP</p> <p>Tosh Govan</p> <p>Robert James</p> <p>Masira Hans</p> <p>Mike Lodge</p> <p>Emmerson Walgrove</p>	<p>Chair of the Trust, Chair of the Council</p> <p>Public Governor: Bradford South</p> <p>Appointed Governor: Bradford University</p> <p>Appointed Governor: Hope and Light</p> <p>Public Governor: Rest of England</p> <p>Public Governor: Bradford West</p>
Members present via Teams:	<p>Mufeed Ansari</p> <p>Councillor Andy Brown</p> <p>Deborah Buxton</p> <p>Umar Ghafoor</p> <p>Terry Henry</p> <p>Councillor Sabiya Khan</p>	<p>Public Governor: Bradford East (<i>from item 10</i>)</p> <p>Appointed Governor: North Yorkshire Council</p> <p>Appointed Governor: Barnardo's</p> <p>Public Governor: Bradford South</p> <p>Staff Governor: Non-Clinical</p> <p>Appointed Governor: Bradford Council (<i>from items 1 -10</i>)</p>
In attendance in person:	<p>Therese Patten</p> <p>Holly Close</p> <p>Phillipa Hubbard</p> <p>Maggie Hughes</p> <p>Fran Stead</p> <p>Dr Sal Uka</p>	<p>Chief Executive Officer (<i>from item 9</i>)</p> <p>Corporate Governance Officer (Secretariat)</p> <p>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</p> <p>Executive Assistant (Observer)</p> <p>Trust Secretary</p> <p>Chief Medical Officer</p>
In attendance via teams:	<p>Bob Champion</p> <p>Simon Lewis</p> <p>Michelle Holgate</p> <p>Christopher Malish</p> <p>Sally Napper</p> <p>Mark Rawcliffe</p> <p>Claire Risdon</p> <p>Tim Rycroft</p>	<p>Chief People Officer</p> <p>Non-Executive Director & Deputy Chair (<i>from items 1 – 12.4</i>)</p> <p>Deputy Director of Operations (<i>deputising</i>)</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Director of Operational Finance</p> <p>Chief Information Officer</p>
Apologies:	<p>Maz Ahmed</p> <p>Kelly Barker</p> <p>Councillor Debbie Davies</p> <p>James Hobson</p>	<p>Non-Executive Director</p> <p>Chief Operating Officer</p> <p>Appointed Governor: Bradford Council</p> <p>Public Governor: Keighley</p>

Aidan Jones
Aurangzeb Khan
Alyson McGregor
Farhan Rafiq
Rachel Trawally

Staff Governor: Non-Clinical
Public Governor: Bradford East
Non-Executive Director
Director of Transformation, Improvement and Productivity
Corporate Governance Manager and Deputy Trust
Secretary

Close, Holly
17/02/2025 09:19:03

MINUTES

Item	Discussion	Action
048	<p>Welcome and Apologies for Absence (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>	
049	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
050	<p>Minutes of the Council of Governors’ meeting held on 10 September 2025 & Annual Members’ Meeting 25 September 2025 (agenda item 3)</p> <p>The minutes of the Council of Governors meetings held on 10 September 2025, and 25 September 2025 were approved as an accurate record, subject to one minor amendment concerning the 10 September 2025 minutes. Specifically, it was clarified that sentence relating to the the NHS Ten-Year Plan should have read as ‘the NHS Ten-Year’ Plan removed the requirement for NHS Foundation Trusts to have Governors’, rather than for Foundation Trust status.</p>	
051	<p>Matters Arising (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>	
052	<p>Action Log (agenda item 5)</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • noted the contents of the action log. • 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 	
053	<p>Issues and Questions from Communities (agenda item 6)</p> <p>No questions or issues had been received from the community for this meeting.</p>	
054	<p>Chairs Report (agenda item 7)</p> <p>The Chair presented an account of recent activities, noting attendance at numerous partnership meetings and the NHS annual conference, which had been a valuable experience. A private meeting had also taken place with Wes</p>	

Item	Discussion	Action
	<p>Streeting and Jim Mackey, involving Chairs and Chief Executives, which was described as constructive.</p> <p>The Chair then drew attention to the minutes of the West Yorkshire Partnership Board, highlighting several strong papers worth reviewing. The Chair confirmed that the Trust continued to monitor organisational changes within NHS England and their impact on place-based working, emphasising the need for flexibility and adaptability.</p> <p>The Chair announced that this would be their final meeting with Governors, as they would be standing down at the end of December after three and a half years in post. They reflected positively on the Trust's direction, acknowledging ongoing work but expressing confidence in the move towards closer partnership working. The Chair conveyed sadness at leaving, reiterated support for the Trust's future, and confirmed arrangements were being made for their successor.</p> <p>During discussion, M Lodge, Public Governor: Rest of England expressed appreciation for the Chair's commitment, particularly their consistent attendance at welcome sessions for new employees and stressed the importance of maintaining this priority under the new Chair. T Henry, Staff Governor: Non-Clinical endorsed these comments, adding that the Chair's engagement in sessions with senior managers had also been greatly valued.</p> <p>The Council of Governors noted the contents of the report.</p>	
<p>055</p>	<p>Governance Report (agenda item 8)</p> <p>F Stead, The Trust Secretary presented the Governance Report to the Council of Governors. They expressed thanks to the Corporate Governance Officer for leading its development and producing a similar report for the public Board meeting. The purpose of the report was noted as providing an overview of key compliance, governance, and legislative matters for each audience. Feedback was welcomed outside the meeting to support continuous improvement.</p> <p>Key points highlighted included Governor involvement activities such as Go See visits, which Governors were encouraged to attend. F Stead shared that the Go See framework was being revised to improve accessibility and ensure learning from visits was embedded within the organisation. Governors were also encouraged to attend Board and Committee meetings to gain insight into Board activities.</p> <p>It was then discussed that work was underway to strengthen the Governor support framework, identified through the Well-Led review. The Corporate Governance Team were leading this work, which included engagement with Governors, development of training activities, and a rolling programme linked to induction for new Governors.</p>	

Close/hold
17/02/2025 09:19:03

Item	Discussion	Action
	<p>C Risdon, The Operational Director of Finance provider an update on the Lynfield Mount business case. The business case had been finalised, with Board approval taken place on 20 November.</p> <p>The business case passed the NHS England Fundamental Review Criteria and is now with the Department of Health and Social Care for review, ahead of submission to the Joint Investment Committee (JIC) in January 2026. The outcome of the JIC meeting is expected at the end of January, when formal approval is received the Trust will be in a position to offer a contract for works to be started in February 2026.</p> <p>C Risdon explained that an external gateway review had taken place and had provided added assurance, with interviews of the project board and positive feedback on the case's quality. Final governance checks were underway.</p> <p>E Walgrove queried whether those that took part in the interviews would receive a copy of the external gateway review report. C Risdon confirmed that this would be the case and agreed to share once the report had been received.</p>	<p>CR</p>
<p>057</p>	<p>Operational and Financial Performance (agenda item 10)</p> <p>P 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 presented the operational report and key areas were highlighted namely that there had been strong staff engagement with the staff survey achieving a 50% participation rate, above the national average of 47%, though 3% lower than last year, which mirrored the national trend.</p> <p>It was then noted that work was ongoing to reduce sickness absence and review health and well-being offers, alongside initiatives on digital enablement and workforce retention.</p> <p>Challenges were then discussed, in particular around waiting times and avoiding health inequalities. It was shared that the Quality and Safety and Finance and Performance Committees were monitoring these closely, considering both financial and service user impacts.</p> <p>C Risdon then presented the finance position. Efficiency programmes were £4.2m off track but mitigated through non-recurrent measures, enabling delivery of the £2m surplus target.</p> <p>It was then discussed that the Trust continued to breach its agency cap by £1m due to an exceptional care package at the Assessment and Treatment unit, for which contributions were received from partners but could not offset the reported gross cost.</p>	

Close: 17/02/2023 09:19:03

Item	Discussion	Action
	<p>R James, Appointed Governor: Bradford University queried whether the reported figure reflected the net cost of care, given contributions from other providers. C Risdon clarified that, as the lead provider, the Trust was required to record the full gross cost against the agency cap and could not offset partner contributions in formal reporting. However, the Trust explained the breach by noting that £800k was received from partners toward the cost of the exceptional care package.</p> <p>M Lodge shared that they welcomed the increase in apprenticeships from 100 to 136 and under the learning for improvement raised the importance of broadening learning beyond internal practices. While colleagues often referenced internal learning opportunities, it was suggested that more could be done to learn from other Trusts within West Yorkshire, particularly through provider collaboratives and relationships with partners.</p> <p>M Lodge then sought clarity on the reduction in reported authority bed days to six in the month of October. P Hubbard explained that the Trust holds a contract with a neighbouring independent provider (Cygnet) for a specified number of beds, which helped manage demand when local capacity was exceeded while keeping service users within Bradford. True out-of-area placements occur only when service users were placed outside this locality. This accounts for the difference in reported figures, where some beds were local but classified as appropriate out-of-area.</p> <p>S Uka, The Medical Director provider examples of where the Trust learnt from other organisations such as system-wide safeguarding and benchmarking shared through patient safety planning groups. It was agreed that more could be done to explicitly identify and implement learning from external sources.</p> <p>E Walgrove questioned the number of out of area placements and whether the Trust had a strategy to reduce. C Risdon confirmed that plans were in place to reduce inappropriate out-of-area placements through the Purposeful and Productive Pathway programme and the Lynfield Mount redevelopment, which would add ten acute beds by 2028/29, enabling repatriation of service users.</p> <p>The Council of Governors considered the key points and exceptions highlighted and noted the actions taken.</p>	
<p>058</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 17 July 2025, 10 October 2025 & 20 November 2025 (agenda item 12.4 – agenda item taken out of order due colleague availability)</p> <p>S Lewis, Non-Executive Director reported that three committee meetings were covered in the pack. At the first meeting in mid-July, there had been no alerts to escalate and the overall assurance against the committee’s key domains had been judged significant. A few documents had been formally approved, including a small change to the terms of reference.</p>	

Item	Discussion	Action
	<p>S Lewis then presented the report from October's Committee, sharing that again there had been no matters requiring escalation to the Board. It was however noted that the Associate Hospital Managers report for September had recorded 13 hearings regarding discharge from detention under the Mental Health Act, with five discharges. This had been unusually high and had prompted concern about the quality of professional reports submitted to panels.</p> <p>S Lewis also highlighted that the committee had undertaken a learning from experience deep dive on the use of seclusion and, in particular, longer-term segregation; members had been assured about staff education and good practice in this area. A further deep dive had reviewed Community Treatment Orders (CTOs), noting a slight downward trend in their use.</p> <p>S Lewis shared the November report, noting continued concerns from the Associate Hospital Manager representative regarding timely and high-quality panel hearing reports. The committee reaffirmed the goal of 100% timeliness to support service users and hearings and identified an urgent need for more Associate Hospital Managers. A challenge to the emphasis on EDI data was received, with counterarguments highlighting its importance in overseeing restrictive practices.</p> <p>The Chair then asked about the timeliness of reports and how clinical colleagues would be supported to achieve this. S Uka stated that the current submission provided only a general overview, lacking the detail needed to pinpoint which specific reports were on time or required attention within the various professional groups. They advised not to presume this was only a medical reporting concern and highlighted that additional work was necessary before any assurance could be given.</p> <p>M Lodge then commented on communication issues between GPs and mental health teams, including apparent challenges with electronic record sharing, and asked whether this was significant. They also referenced concerns about social care reports and attendance at meetings, querying how effectively system partner input was being picked up.</p> <p>M Hans, Appointed Governor: Hope and Light raised concerns about communication between GPs and mental health services, noting that issues had been highlighted in recent reports and discussions. They explained that whilst this may not fall directly within the committee's remit, it was recognised as an important matter for community members and something to monitor. M Hans suggested that some of this work could be addressed through involvement with the Integrated Care Board (ICB) and voluntary sector partners to improve coordination and understanding of pathways.</p> <p>S Uka shared that the Chief Operating Officer had reviewed the process for ADHD pathways in particular where confusion had existed about next steps after assessment. They then assured the Council of Governors that GP</p>	

Close: 17/02/2025 09:19:03

Item	Discussion	Action
	<p>communication challenges were reported as isolated rather than widespread and consultants were reminded to complete discharge summaries at the time of discharge. S Uka also shared that the Chief Operating Officer had also met with the new led for social care to strengthen relationships and improve attendance at the Mental Health Legislation Committee.</p> <p>The Council of Governors noted the contents of the Mental Health Legislations Committee.</p>	
<p>059</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Finance and Performance Committee held 23 July 2025, 24 September 2025 (agenda item 12.1)</p> <p>M Rawcliffe, Non-Executive Director presented the three reports and confirmed that the earlier finance related report had covered much of the financial context, including reliance on non-recurrent mitigations to offset efficiency gaps. While these measures ensured delivery of the current year's control total, they would not be available in the next financial year, creating a strong imperative for organisational sustainability work to deliver planned savings.</p> <p>M Rawcliffe also documented key areas of focus which included sickness absence, recruitment and retention, acuity and occupancy. It was noted that these area were triangulated with the People and Culture Committee</p> <p>It was also reported that improved data and insight on sustainability initiatives overseen by the Organisational Sustainability Board, with clear actions to address underperforming schemes had been seen. The committee had requested monthly updates on data accuracy for the National Oversight Framework reporting, moving to quarterly once assurance was achieved.</p> <p>M Rawcliffe also advised that the November meeting had included an extraordinary session on the Lynfield Mount redevelopment. The committee had noted that refurbishment would temporarily reduce bed capacity and as such increase out-of-area placements. It was confirmed that plans were in place to manage this risk.</p> <p>M Lodge raised concerns about changes to visa and immigration rules, noting workforce issues flagged during Go See visits and asking about the scale of impact. M Rawcliffe responded that the issue was being addressed in both Finance and Performance and People and Culture Committees, given its financial and workforce implications. They assured members that there was good triangulation between committees and suggested the Chief People Officer could provide further detail during the People and Culture update.</p> <p>The Council of Governors noted the contents of the Finance and Performance Committee.</p>	

Close: Hollis
17/02/2025 09:19:03

Item	Discussion	Action
060	<p>Quality and Safety Committee held 16 July 2025, 17 September 2025 & 19 November 2025 (agenda item 12.2)</p> <p>S Napper, Non-Executive Director presented the report, and it was noted that three meetings had taken place in July, September and November, covering a wide range of quality and safety issues. The committee had received a significant level of assurance overall during this period. It was highlighted that a large number of annual reports had been presented, which had contributed to the workload and sometimes limited time for discussion. S Napper shared that at the end of the last meeting, this concern had been raised, and P Hubbard and S Uka were reviewing the committee’s business to ensure sufficient focus on priority areas.</p> <p>It was demonstrated that two alerts had been raised during the period:</p> <ul style="list-style-type: none"> • The use of Section 136 suites as emergency inpatient beds when no beds were immediately available. • Continued elevated use of out-of-area placements, which had been referenced earlier in the meeting regarding management and reporting differences. <p>No alerts were raised in September or November.</p> <p>S Napper highlighted that there had been several Care Quality Commission visits and alerts had occurred during this period, all receiving generally positive responses with recommendations taken on board. Assurance was provided that these actions were being implemented and would remain under review.</p> <p>The Council of Governors noted the contents of the Quality and Safety Committee.</p>	
061	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 17 July 2025 & 18 September 2025 (agenda item 12.3)</p> <p>M Rawcliffe presented the People and Culture Committee update. They reported that the meetings had been held in July and September, with the next scheduled for the following week after a short delay due to illness.</p> <p>The Committee’s focus remained on:</p> <ul style="list-style-type: none"> • workforce issues, including absence, turnover, recruitment, retention, • agency and bank usage, • apprenticeship utilisation. <p>It was demonstrated that significant progress had been made in several areas, but an alert was raised regarding rising sickness absence. A deep dive had been undertaken into pockets of high absence to understand underlying causes,</p>	

Item	Discussion	Action
	<p>including stress, and actions had been agreed for targeted support. A review of progress was scheduled for the next meeting.</p> <p>An alert had been raised on visa rule changes affecting recruitment and future workforce capability. Salary thresholds for sponsorship had excluded Band 2 and 3 roles, creating short-term gaps and long-term risks. The Chief People Officer, B Champion had confirmed that 40 staff were on sponsorship licences, with two below the threshold. They also noted that previous practices were unsustainable and carried financial and skills implications.</p> <p>M Hans raised concerns about potential disproportionality in disciplinary processes affecting ethnically diverse colleagues and offered support through professional networks. B Champion confirmed that while live cases had been significantly reduced through better triage and avoidance of formal processes, a legacy of disproportionality remained. They assured that work was ongoing with the Aspiring Cultures Network to resolve cases, which included grievances and dignity and respect issues as well as disciplinary matters. It was agreed that a further discussion would be conducted offline.</p> <p>The Council of Governors noted the contents of the People and Culture Committee.</p>	<p>BC</p>
<p>062</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Charitable Funds Committee held 29 October 2025 (agenda item 12.5)</p> <p>M Rawcliffe presented the report and documented that the committee had met on 29 October and extended an invitation for Governors to attend future meetings, describing the committee as highly rewarding.</p> <p>It was noted that the charity had become financially sustainable over the past two to three years, supported by a strategy to diversify income streams through individual sponsorship, fundraising events, and grants. There were no alerts at the last meeting. The committee had begun reviewing its longer-term strategy to align with organisational priorities, focusing on opportunities linked to the Lynfield Mount redevelopment and digital support, while also maintaining grassroots initiatives such as funding equipment for palliative care.</p> <p>It was acknowledged that the committee had been reflecting on engagement within the organisation and the wider community and encouraged Governors to become more involved. H Close, The Corporate Governance Officer confirmed that the charity would attend the next Council of Governors meeting to discuss collaboration.</p> <p>Assurance was provided on recent fundraising activities, including the golf day, Great North Run, dragon boat race, and quizzes. They highlighted the first corporate volunteering event with B&Q, which included a £1k donation, and identified corporate partnerships as a future opportunity. Finally, Mark confirmed</p>	

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Item	Discussion	Action
	<p>that the charity's accounts had successfully passed audit, with further detail to be provided by the Audit Committee.</p> <p>The Council of Governors noted the contents of the Charitable Funds Committee.</p>	
<p>063</p>	<p>Audit Committee held 19 June 2025, 23 July 2025, 25 September 2025 & 27 November 2025 (agenda item 12.6)</p> <p>C Malish gave an overview of the Committee reports. It was recognised that at the June meeting, the committee approved the annual accounts, the internal audit plan, and recommended the annual report to the Board. It also approved the local counter-fraud work plan. There were no alerts, but an advised item was received following a limited assurance internal audit report. C Malish remarked that the committee required all executive leads for such reports to attend subsequent meetings to explain actions, and progress was monitored closely.</p> <p>It was then reported that in July, an alert was raised regarding a discrepancy in dentist pay, and the committee requested recovery of overpayments and compliance checks.</p> <p>At the September meeting, the committee noted an information governance breach where an email had been sent to multiple recipients in error. Assurance was provided that the ICO had been notified and was satisfied with the Trust's response. Positive progress was reported on internal audit actions, with 168 of 181 recommendations closed, and external benchmarking confirmed the Trust performed favourably compared to peers.</p> <p>C Malish reported that the committee also considered two audits requiring rescheduling, confirming that any such requests must come to the committee for approval with clear rationale. C Malish then emphasised that engagement with internal audit had improved significantly over the past three years, with strong executive ownership and timely responses to recommendations.</p> <p>The Council of Governors noted the contents of the Audit Committee.</p>	
<p>064</p>	<p>Council of Governors effectiveness review & Well Led (agenda item 11)</p> <p>F Stead provided an update on the Council of Governors effectiveness review and Well-Led governance work. They shared that the Trust had completed its annual internal audit against the CQC Well-Led framework and commissioned its first external review, as required under the NHS Code of Governance. Recommendations from these reviews were consolidated into a new Well-Led Development Plan with assigned leads and actions, and assurance reporting would begin in January.</p> <p>The Governors were made aware that a new NHS England assessment had been completed, with findings to be aligned to the plan. T Patten, The Chief</p>	

Item	Discussion	Action
	<p>Executive Officer noted the Board's self-critical approach and explained complexities in the national oversight framework, confirming future refinements. They also stressed increasing scrutiny nationally and the Trust's commitment to improvement. It was agreed that the next Council of Governors meeting would include an update on the National Oversight Framework and changes in national regulations.</p> <p>M Lodge suggested reviewing Council of Governor specific actions between meetings. It was agreed that the Corporate Governance Team would look into this.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the update provided • Noted the work that has taken place to create the new Well Led Development Plan • Noted the Well Led Actions linked to the Council of Governors • Were assured on the evolving role of the Audit Committee as the Committee acting as the assurance receiver for the Trust's Board Assurance Framework & good governance 	<p>CGT</p> <p>CGT</p>
065	<p>Council of Governors Annual Work Plan (agenda item 13)</p> <p>The Council of Governors noted the contents of the annual work plan.</p>	
066	<p>Any Other Business (agenda item 14)</p> <p>M Lodge congratulated T Patten on receiving an Outstanding Contribution Award and being named among the Top 50 Minority Ethnic Influencers in the NHS.</p> <p>They also thanked The Chair for their leadership as Chair, praising their commitment to amplifying service user voices and their support throughout their tenure.</p> <p>The Chair expressed gratitude for the kind words, confirmed their decision to step down was for personal reasons, and reflected on the privilege of chairing the Trust. They commended the leadership teams, reaffirmed confidence in the Trust's strategic direction, and wished continued success in improving care and reducing inequalities.</p>	
067	<p>Comments from public observers (agenda item 15)</p> <p>There were no comments from public observers.</p>	

Close Holly
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Item	Discussion	Action
068	<p>Meeting Evaluation (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>	

These minutes were prepared with the assistance of AI tools and reviewed by the Corporate Governance Officer and the Chair for accuracy and completeness.

Close, Holly
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Action Log for the Council of Governors Public Meeting for February 2026

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	<u>Personal Health Budgets – 1 year data to date</u> The Corporate Governance Team to plan a service user story in relation to personal health budgets	Corporate Governance Team	September 2025 February 2026	<u>The Council of Governors is asked to consider this action closed.</u> Item not returning. Handed over to the Board Story Organising Team to take forward.
2. 10/12/2025	<u>Governance Report</u> The Corporate Governance Team to make arrangements for the Lead and Deputy Lead Governor to meet with the Chair, Chief Executive and Governance Team to maintain regular communication.	Corporate Governance Team	February 2026	<u>The Council of Governors is asked to consider this action closed.</u> Regular meetings have been set up.
3. 10/12/2025	<u>Governance Report</u> The Corporate Governance Team to make suggested changes to the Terms of Reference	Corporate Governance Team	February 2026	<u>The Council of Governors is asked to consider this action closed.</u> Changes made to the Terms of Reference as required and uploaded to the Trust website.
4. 10/12/2025	<u>Lynfield Mount Update</u> The Operational Director of Finance to share a copy of the external gateway review report with participants once received.	Claire Risdon	February 2026	<u>The Council of Governors is asked to consider this action closed.</u> All colleagues who took part in the gateway review have now received copies of the report.

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
5. 10/12/2025	<p><u>Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 17 July 2025 & 18 September 2025</u> The Chief People Officer to make contact with the Appointed Governor: Hope and Light in relation to concerns about potential disproportionality in disciplinary processes affecting ethnically diverse colleagues.</p>	Bob Champion	February 2026	
6. 10/12/2025	<p><u>Council of Governors effectiveness review & Well Led</u> The Corporate Governance Team to include an update on the National Oversight Framework and changes in national regulations at the next Council of Governors meeting.</p>	Corporate Governance Team	February 2026	<p><u>The Council of Governors is asked to consider this action closed.</u> Item has been added to February's agenda.</p>
7. 10/12/2025	<p><u>Council of Governors effectiveness review & Well Led</u> The Corporate Governance Team to look into reviewing specific well led actions for the</p>	Corporate Governance Team	February 2026	<p><u>The Council of Governors is asked to consider this action closed.</u> Corporate Governance Officer and Lead Governor have met to discuss well led actions and improvement work in January 2026.</p>

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
	Council of Governors with the Lead Governor between Council of Governor meetings.			

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
10/09/2025	Council of Governors Terms of Reference 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	The Council of Governors is asked to consider this action closed. Updated Terms of Reference to be presented at December's Committee.

Close Holly
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Better Lives

**Bradford District Care
NHS Foundation Trust Charity**
Charity number 1130011

Close Holly
17/02/2026 09:19:03

Better Lives Charity Vision

Our purpose is to enhance the care provided by Bradford District Care NHS Foundation Trust through charitable activity.

Our vision is to create better lives by improving the physical and mental wellbeing of our patients, service users, carers and staff.

Our charitable aims are to create better lives by:

- improving service user experience and outcomes,
- improving our care environments,
- supporting the health and wellbeing of our staff and volunteers,
- enabling our staff to enhance their knowledge and skills,
- any other activity which supports the purpose and vision of the charity.

Our values link to the Trust's own values:

We Care: We act with respect and empathy, and always value difference

We Listen: We understand people's views and respond to their individual needs

We Deliver: We use donations wisely to make a positive difference



03:19:19:03
2026

Better Lives Charity Growth 2018-2024



Better Lives Charity Growth 2018-2025



Created by Holly
17/02/2026 09:19:03



Allotment



VIP Red Bags

The Learning Disabilities team approached Better Lives Charity about an application to fund these bags, after having seen this scheme work elsewhere and wanted to introduce it for BDCFT. The bags support people with learning difficulties who experience lots of hospital trips and admissions. The bag has their things in it that will make their stays more comfortable – for example, medical notes, cutlery, or headphones.



We funded 500 bags in May 2023, and we are looking into a second application.

Close Holly
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Artist in Residence



It offers something different to the normal activities



I enjoyed being in a calm environment

I always feel uplifted and happy after our art sessions



Rise and recline chair Palliative Care



Case Study
17/01/2026 02:19:03

Fundraising Highlights from 2025

Golf Tournament £13,000



Panto bucket collection £400



Football tournament
£290



Firewalk
raised £580



GNR raised £5,400

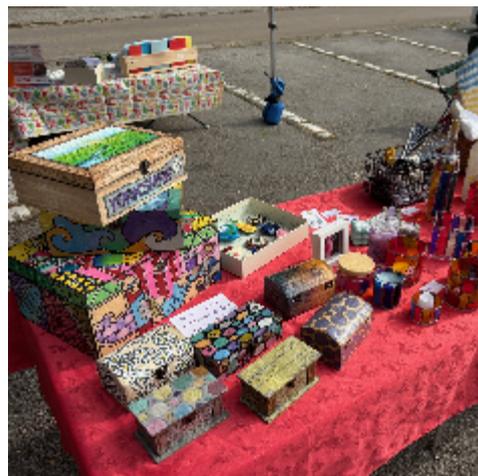




Five Quiz nights raising a total of £3162



Dragon Boat 2025 raising £5193



Makers May raised £187

Close Molly
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Where do we want to have impact?



We want to be able to say yes to every request for funding that we receive. We know that every day, our hardworking NHS staff identify projects that could benefit patients and their families, and we'd love to be able to fund them all. However, we also know there are some areas where we can have a greater impact and make a bigger difference to the people of Bradford, Airedale, Wharfedale and Craven.

Over the next three years we'll prioritise projects that align with our areas of impact focus. We're highlighting these areas of importance as they align with the Bradford District Care NHS Foundation Trust strategy and strategic priorities, and the wider Bradford and Craven District Health and Care Partnership.

These areas of impact focus are;

1. Creating a healthier environment for people in our care as part of the rebuilding of Lynfield Mount Hospital.

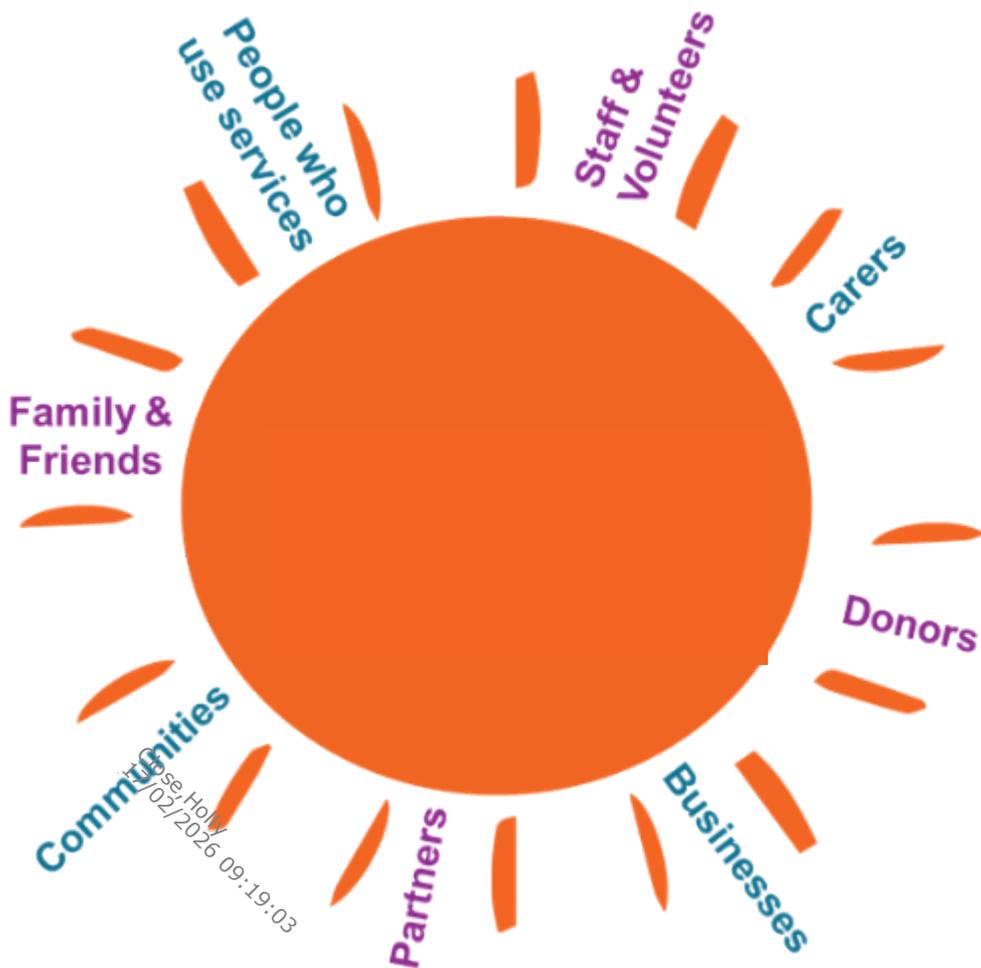


2. Testing solutions in digital technology to improve care for our most vulnerable patients.

3. Delivering creative and innovative interventions that enhance purposeful and productive care for our people who are impacted by health inequalities and experience the poorest health outcomes

Classified
15/02/2024 09:19:03

Our people, partners and stakeholders are essential to success



Great examples

- EIP Voyage to Recovery
- Estates supporting the Charity Golf day
- NHS Charities Together £200k bid secured with Community Children's Services

What will you do to support the Charity in 2026?



- Join a fundraising event, or run your own event
- Volunteer at a charity event
- Sign up to the staff lottery and Microhive
- Introduce the charity to a professional business contact
- Promote on social media
- Request a grant to fund a project
- Work in partnership with the team to submit an external funding bid

Close Holly
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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	
Report from:	Audit Committee	Meeting date:	29 January 2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Sally Napper, Warren Brown		
In attendance	Fran Stead, Claire Risdon, Helen Higgs, Leanne Sobratee, Salma Younis, Farhan Rafiq, Kelly Barker, Mike Woodhead, Paula Otley		
Observers			
Apologies	Apologies were noted from Stacey Pearson		
Good Governance	Governance, accountability, and effective oversight		GG
Agenda items	<ul style="list-style-type: none"> • Strategic Narrative Report & Well Led Development Plan • Compliance and Risk AAAD Report • Review of Losses & Special Payments • Waiver of Standing Orders & Standing Financial Instructions • Proposed Write Off of Outstanding Debt • Review of Standing Financial Instructions & Scheme of Delegation • 2025/26 Year-end Accounts Timetable • Annual Report & Annual Governance Statement- project plan • External Audit Risks – 2025/26 • Internal Audit: Progress report • Review of Taxi Travel • Out of Area Placements • Cost Improvement Plan • Internal Audit: Follow up reports • Fit and Proper Person Policy and Procedure • Alert, Advise, Assure and Decision Report to Board of Directors 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • No alerts raised during the meeting. C Malish confirmed there were no significant risks, issues, or urgent concerns requiring immediate escalation. 		
Advise items agreed by Committee	<p>Accounts and Annual Report Timetables</p> <p>Key deadlines were confirmed:</p> <ul style="list-style-type: none"> • Unaudited accounts: 27 April 2026 • Audited accounts: 26 June 2026 • Mid-May briefing for Audit Committee members to be arranged <p>Internal Audit Plan Development</p> <ul style="list-style-type: none"> • Draft plan for 2026/27 progressing through SMT • Additional audits to include: 		

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	<ul style="list-style-type: none"> ○ Fit & Proper Persons ○ Policy Management <p>Work Plan Updates</p> <p>The Chair advised that updates are required to:</p> <ul style="list-style-type: none"> ● Reflect the new external audit manager (Francesca Shaw) ● Embed recurring private meetings with internal and external auditors <p>Reinforcement of Evidence-Based Closure of Audit Actions</p> <p>The Committee requested that directorates be reminded that evidence must be provided when closing recommendations, following issues identified in the Right to Work audit.</p>
<p>Assure items agreed by Committee</p>	<p>Strategic Risk and Well-Led Framework Progress</p> <p>The Committee received assurance from Fran Stead that significant work has progressed on:</p> <ul style="list-style-type: none"> ● Updated strategic risk reporting templates ● Development of the Well-Led improvement plan ● Strengthened governance reporting across committees <p>Robust Financial Reporting Processes</p> <p>The Committee was satisfied that:</p> <ul style="list-style-type: none"> ● Month 9 accounts were submitted on time ● Year-end processes are established and well-resourced ● Losses and special payments are being appropriately scrutinised ● No material control failures were identified in the financial reporting cycle <p>External Audit</p> <p>Stable Risk Profile KPMG reported:</p> <ul style="list-style-type: none"> ● No significant changes to the Trust's risk profile ● Full asset valuation processes are appropriately supported by specialist advisors ● Materiality thresholds are appropriate ● No new significant audit concerns <p>Internal Audit Progress on the Annual Plan</p> <p>The Committee noted positive progress with 76% of the annual plan delivered, with clarity on:</p> <ul style="list-style-type: none"> ● Three reports completed ● Assurance ratings ● Follow-up positions ● Progress on planning for 2026/27

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	Fit and Proper Persons Policy Ratified		
	The Committee approved the updated Fit and Proper Persons Policy, noting alignment with new NHS England requirements and strengthened internal processes.		
Decisions made by Committee	<ul style="list-style-type: none"> • Approval minutes and AAAD • Approval of Fit and Proper Person Policy. 		
New risks identified by Committee	<ul style="list-style-type: none"> • No New risks identified 		
Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan – Corporate Governance Officer	Date	29.01.2026
On Behalf of Chair	Chris Malish, Non-Executive Director		

Close, Holly
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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	TBC
Report from:	Finance & Performance Committee	Meeting date:	26/11/2025
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Mark Rawcliffe (Chair), Kelly Barker, Mike Woodhead, Dr Sal Uka.		
In attendance	Jess Greenwood-Owens (Secretary), Fran Stead, Clare Risdon, Chris Dixon, Tim Rycroft, Farhan Rafiq.		
Observers	N/A		
Apologies	Maz Ahmed (NED), Philippa Hubbard, Therese Patten, Bob Champion		
Best Quality Services	Theme 3 – Improving the experience of people using our services	BQS:T3	
Agenda items	<ul style="list-style-type: none"> • Welcome and Apologies for Absence • Declarations of any Conflicts of Interest • Minutes of the previous meeting & AAAD report • Matters Arising • Action Log from the Finance and Performance Committee • Integrated Strategic Performance Report • Strategic Risk Report • AAAD: Senior Leadership Team Care Group Accountability Meeting • AAAD: System Finance & Performance Committee • Organisational Sustainability Board Update • Finance Report (including Capital Expenditure when required) • Quarterly Submission to NHS England • Annual Financial and Operational Plans:1 – Operational Plan and .2 – Financial Plan • Data Quality Update • Confirmation of Escalation Reporting • Annual Workplan 2024-25: Finance & Performance Committee • Any Other Business • Meeting Evaluation 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • Staff well-being: Noted in the AAAD: Senior Leadership Team Care Group Accountability Meeting, particularly among community nursing services in the city and south areas. Restorative and recovery work was initiated, and additional resources were invested to address staffing gaps. Quality assurance visits and data analysis were being used to identify further support needs for staff and improve patient experience. 		
Advise items agreed by Committee	<ul style="list-style-type: none"> • The Committee was advised of updates to the strategic risk management process, including a new reporting template and 		

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	discontinuation of the “top three strategic risks” approach. The Board will hold an annual discussion to agree on strategic risks. <ul style="list-style-type: none"> The Committee was advised on the operational planning process for the next two to three years, including key priorities and risks. The need for delegated authority to approve the draft plan was raised due to timing constraints. 		
Assure items agreed by Committee	<ul style="list-style-type: none"> The Committee received assurance that the organisation had received a significant assurance rating from internal audit for its risk management process, meeting NHS requirements. The Committee was assured that programme delivery and assurance processes were in place, with regular reviews and benchmarking to monitor progress and risks. The Committee was assured of improvements in data quality management and governance, with regular updates and oversight agreed for future meetings. 		
Decisions made by Committee	The meeting was not quorate, however, the items were circulated for approval following the meeting. The following items were approved: <ul style="list-style-type: none"> The minutes of the previous meetings (24 September 2025 and 13 November 2025) were approved as a true and accurate record. Action Log 		
New risks identified by Committee	<ul style="list-style-type: none"> N/A 		
Items to be considered by other Committees/Groups	Item/Topic	Committee/Group for Consideration	
	Workforce risks	People & Culture Committee	
	Workforce well-being/productivity topic	Joint Committee	
	Delegated approvals for draft plan submission	Board/FPC	
Feedback following discussion at ‘parent’ meeting	TBC		
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	5/12/2025
On Behalf of Chair	Mark Rawcliffe		

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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	04/02/2026
Report from:	Finance & Performance Committee	Meeting date:	28/01/2026
Quorate?	Yes <input type="checkbox"/> No partly quorate <input checked="" type="checkbox"/>		
Members present	Mark Rawcliffe (Chair), Maz Ahmed (NED/Chair – part of meeting), Kelly Barker, Mike Woodhead, Dr Sal Uka, Philippa Hubbard, Therese Patten, Bob Champion		
In attendance	Jess Greenwood-Owens (Secretary), Clare Risdon, Tim Rycroft, Farhan Rafiq, Rachel Trawally.		
Observers	N/A		
Apologies	Fran Stead, Maz Ahmed (for the first 30 mins of the meeting)		
Best Quality Services	Theme 3 – Improving the experience of people using our services	BQS:T3	
Agenda items	<ul style="list-style-type: none"> • Apologies for absence & confirmation of quoracy • Declaration of any conflicts of interest • Minutes of the previous meeting & AAAD report • Matters arising • Action log • NHS Oversight Framework • Integrated Strategic Performance Report • System Finance & Performance • Organisational Sustainability Board Update • BDCFT Financial Report • Finance Report (Month 9) • Quarterly submission to NHS England • Lynfield Mount Redevelopment • Operational Plan • Well Led Implementation Plan Update • Strategic Risk Report • Data Quality Update • TPP SystemOne Contract Extension • Confirmation of Escalation Reporting; Strategic priority assurance levels; Top 3 strategic risks, Alert / Advise / Assure + Decision report to Board • Annual Workplan 2025–26 • Any Other Business • Meeting Evaluation 		

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<p>Alert items agreed by Committee</p>	<ul style="list-style-type: none"> • Pressures on adult mental health beds had increased due to delays in discharging people who were clinically ready to leave. • Out-of-area placements had risen. • System-wide NHS finances deteriorated, with acute partners reporting significant deficits. • The Trust’s savings programme had under-delivered, creating a substantial gap for next year. • Data quality issues continued to affect key performance measures. • Digital delivery plan required acceleration.
<p>Advise items agreed by Committee</p>	<ul style="list-style-type: none"> • Strengthen system-level escalation on discharge delays and secure better Local Authority partnership on flow. • Accelerate the digital delivery plan, ensuring milestones and financial impacts were clear. • Continue targeted data quality improvements, focusing on crisis response and children’s pathways. • Expand benchmarking and learning from high-performing mental health trusts. • Undertake a formal review of the Model Roster to assess workforce sustainability and recruitment risks and test return on investment.
<p>Assure items agreed by Committee</p>	<ul style="list-style-type: none"> • Performance against the NHS Oversight Framework showed steady improvement in several areas. • Crisis response performance improved significantly, with further gains expected from new recording processes. • Strong governance remained in place through daily, weekly and monthly oversight. • The Trust still forecast delivery of its in-year financial plan despite system pressures. • The Lynfield Mount redevelopment received national approval, allowing progress to contract stage. • Collaborative procurement work began for a new Electronic Patient Record, supported by regional partners. • The Well-Led development plan and refreshed strategic risks were progressing across committees.
<p>Decisions made by Committee</p> <p><i>Close: Holly 17/02/2026 09:19:03</i></p>	<p>The meeting was not quorate for part of the meeting; however, the items were circulated for approval following the meeting. The following items were approved:</p> <ul style="list-style-type: none"> • The minutes of the previous meetings approved as a true and accurate record. • Action Log <p>When quorate the Committee approved:</p> <ul style="list-style-type: none"> • Well Led Implementation Plan Update • Strategic Risks

	<p>And recommended to Board:</p> <ul style="list-style-type: none"> Operational Plan Quarterly submission to NHS England 		
New risks identified by Committee	A report on the new risks for the Committee was approved by the Committee.		
Items to be considered by other Committees/Groups	N/A		
Feedback following discussion at 'parent' meeting	TBC		
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	28/01/2026
On Behalf of Chair	Mark Rawcliffe Maz Ahmed		

Close, Holly
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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:	21.01.2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Sally Napper (Chair), Philippa Hubbard, Dr Sal Uka		
In attendance	Simon Lewis (NED), Chris Dixon, Kelly Barker, Fran Stead, Thabani Songo, Tricia George, Bob Champion, Anita Brewin, Rebecca Le-Hair, Rebecca Jowett, Debbie Winder (ICB), Nazmeen Khan (secretary) Presenters for items; Lisa Wright, Kaite Eacret		
Observers	Daisy Mbwanda (Associate Director of Nursing Cumbria, Northumberland Tyne and Wear NHS Foundation Trust)		
Apologies	Carla Smith, Alyson McGregor, John Hartley		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"> • Learning from your experience: The use of Seclusion and Long Term Segregation • Strategic Assurance Report Supporting item .1 Integrated Performance Report and .2 Strategic Narrative • Quality Assurance Framework • NICE Compliance Annual Report • Safer Staffing shorter 6 Month report • EDS22 next 3 services for domain 1 • Strategic Risk Summary • Well Led Development Plan • QSC Quality Account • EQIA Continenence • 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: • Strategic Risk Summary • Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8) .2 Confirming top 3 strategic risk to include in AAA report (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting • Workplan 2025/26 • Any Other Business 		

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	<ul style="list-style-type: none"> Meeting Evaluation-Was the meeting conducted in line with the Trust values
<p>Alert items agreed by Committee</p>	<p>Issues that require urgent attention or escalation due to risk, concern, or significant change.</p> <p>Adult Community Services – District Nursing Pressures- Ongoing concerns about capacity, high demand, maternity leave, sickness levels and sustainability.</p> <p>Recognised as an area requiring deeper review and urgent attention.</p> <p>Capacity to Undertake Improvement Work</p> <p>Significant operational pressures and “firefighting” are limiting teams’ ability to implement service improvements.</p> <p>Risk that essential improvement work may stall without additional support or capacity.</p> <p>Never Dental Procedure</p> <p>The Committee agreed this should be raised as an alert due to its seriousness and cross-organisational implications. Importance of shared system learning and strengthening processes across provider boundaries. More detail of the incident will be shared with the Board when it is available.</p>
<p>Advise items agreed by Committee</p>	<p>The Committee needs clearer visibility of how performance, risk and pressures align across reports to avoid duplication and ensure consistency.</p> <p>There is a need to agree strategic risk ownership for cross-cutting issues such as integrated neighbourhood teams.</p> <p>Work plans may need reshaping in future to reflect emerging risks, capacity issues and strategic priorities.</p>
<p>Assure items agreed by Committee</p> <p>Close: Holly 17/02/2026 09:19:03</p>	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <p>Learning from your experience: The use of Seclusion and Long Term Segregation: The Committee received assurance on work undertaken across inpatient services to improve practice relating to seclusion and long-term segregation. Katie Eacret and Thabani Songo presented an overview of the Enhanced Therapeutic Observation and Engagement Programme (ETOC) and associated patient-safety initiatives embedding safety processes and observation training.</p> <p>Strategic Narrative Report: The Committee received the Strategic Assurance Report, which provides an integrated view of performance across quality, safety, access, flow, workforce, experience, and system intelligence.</p>

	<p>Equality delivery system 22 (EDS22) – next 3 services for domain 1 - The committee approved the proposed Equality Delivery System (EDS) next 3 services for domain 1:</p> <ul style="list-style-type: none"> • Proactive Care Team (PACT) • City Community Mental Health Team (CMHT) • Learning Disabilities Inpatient Services (The Najurally Centre). <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>The Committee recognised strong work happening across Community services progress on long waits.</p> <p>Commitment from senior leaders to refresh quality improvement frameworks and risk structures.</p>		
<p>Decisions made by Committee</p>	<p>The following items were approved by the Committee,</p> <ul style="list-style-type: none"> • Item 3 - Minutes of the previous meeting and AAAD November 2025 • Item 5 - Action Log • Item 11 - Equality delivery system 22 (EDS22) – next 3 services for domain 1 • Item 12 - Strategic Risk Summary • Item 13 – Well Led Development Plan • Item 14 – QSC Quality Account 		
<p>New risks identified by Committee</p>	<ul style="list-style-type: none"> • There were no new risks identified. 		
<p>Items to be considered by other Committees/Groups</p>			
<p>Feedback following discussion at ‘parent’ meeting</p>			
<p>Report completed by</p>	<p>Nazmeen Khan Corporate Governance Officer</p>	<p>Date</p>	<p>21.01.2026</p>
<p>On Behalf of Chair</p>	<p>Sally Napper (NED/Chair)</p>		

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Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	05/02/2026
Report from:	Mental Health Legislation Committee	Meeting date:	22/01/2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor, MBE, Non-Executive Director (Interim Chair), Dr Sal Uka Chief Medical Officer, Kelly Barker Chief Operating Officer, Warren Brown 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		
In attendance	Simon Binns Mental Health Legislation Lead, Richard Cliff Head of Legal Services, Keith Double Involvement Partner, Karan Essien Involvement Partner, Fran Stead Trust Secretary (for agenda items 8.2 and 14) 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, Marilyn Bryan Associate Hospital Manager, Holly Close Corporate Governance Officer (Committee Secretariat), Chris Dixon Deputy Director of Nursing and Professions, Teresa O’Keefe Mental Health Act Advisor, Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary		
Observers	Tricia George Head of Patient Safety (Observer)		
Apologies	Apologies from (members and attendees): Dr Anita Brewin Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer), 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	<ul style="list-style-type: none"> • Minutes/AAAD of the Committee held on 20 November 2025 • Action Log • Learning from your experience: Intensive Home Treatment Team (IHTT) • Feedback from Involvement Partners • Strategic Performance Report • Strategic Risk Report • Mental Health Act Reform update • Associate Hospital Managers Report 		

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	<ul style="list-style-type: none"> • Care Quality Commission Update: Mental Health Act Monitoring Review Visits • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) • Alert, Advise, Assure + Decision Report: Clinical Board • Well Led Development Plan • Confirmation of Escalation Reporting including Confirming strategic priority assurance levels • Mental Health Legislation Committee: Annual Work Plan • Any Other Business • Meeting Evaluation
<p>Alert items agreed by Committee</p>	<ul style="list-style-type: none"> • No alerts to report.
<p>Advise items agreed by Committee</p>	<ul style="list-style-type: none"> • Matters arising – The Committee received an update confirming that the Mental Capacity Act audit had been deferred to quarter one of 26/27 due to recent business continuity pressures, with work now under way to rebuild resilience through staffing and recruitment. • Strategic Performance Report - The Committee were made aware that the timeliness reporting for hospital managers' and tribunal reports would now be broken down by professional group, and that the enhanced reporting would only become fully functional once twelve months of data had been collected • Mental Health Act Reform update - The Committee was advised that Mental Health Act reform had progressed with Royal Assent, that implementation would be phased over several years beginning with a new Code of Practice expected within the next twelve months, and that minor legislative amendments for restricted patients will take effect from eighteen February. The Committee noted that planning support was emerging nationally, early resources were already being shared, and that the Committee's future work plan would be adjusted to reflect the reform timetable.
<p>Assure items agreed by Committee</p> <p style="font-size: small; transform: rotate(-45deg); position: absolute; bottom: 10px; left: 10px;">Close: Holly 17/02/2026 09:19:03</p>	<ul style="list-style-type: none"> • Action Log - It was noted that work to improve the timely submission of Hospital Managers' reports had progressed, with scoping completed and proposals shared. The required controls, baseline and compliance trajectory were being developed, and an update was expected in approximately three to four months in line with standard improvement cycles. • Learning from your experience: Intensive Home Treatment Team (IHTT) – The Committee received a presentation on the Bradford IHTT. The Committee was made aware that the service supports roughly 870 service users each month, preventing hospital admission for five out of every six referrals. It offers an ethnically diverse workforce that reflects the local population and provides culturally appropriate care. • Feedback from Involvement Partners - The Committee was assured that refugees and others experiencing significant trauma

	<p>receive equitable, holistic support, with interpreters, culturally informed care and early social-care assessment available where needed.</p> <ul style="list-style-type: none"> • Strategic Performance Report – Mental Health Act and Mental Capacity Act compliance remained strong and that two longstanding metrics: the timely review of sections ahead of expiry and the number of fundamentally flawed sections had both achieved 100% performance since the previous report. • Strategic Performance Report – Blanket restrictions in the Trust were minimum with only one being applied during the reporting period. • Strategic Performance Report - The Committee received assurance of a sustained reduction in restrictive interventions, noting a 55% fall in seclusion across 2025 despite an 8.3% rise in violence and aggression, alongside a 14.8% reduction in restraints, with improvements attributed to strengthened policy, enhanced staff training, clearer escalation pathways and greater use of alternative engagement and sensory approaches. • Strategic Risk Report - The Committee received assurance on the progress of the Strategic Risks for the Committee, noting that development work had advanced as planned, with historic risks either closed following significant assurance or reclassified as operational, and that proposed new strategic risks had been generated through the December Board development session. • Associate Hospital Managers Report - The Committee received assurance that recruitment to the Associate Hospital Manager cohort was progressing, with three appointments made from six interviews and plans in place to undertake a further recruitment round after a short pause, allowing for a refreshed applicant pool and broader community representation to strengthen overall capacity and resilience • Care Quality Commission Update: Mental Health Act Monitoring Review Visits - The Committee received assurance that recent service-level inspections had demonstrated continued improvement, with the Step Forward Centre progressing from 'requires improvement' to 'good' and previous requirement notices lifted. • Well Led Development Plan - The Committee received assurance on the progress of the Well-Led Development Plan, noting that a new monitoring process had been established to track delivery of actions from the recent governance reviews, with clear operational leads, executive sponsors and oversight arrangements in place.
<p>Decisions made by Committee</p>	<ul style="list-style-type: none"> • Item 03.0 – Minutes from the Mental Health Legislation Committee – 20 November 2025 • Item 08.2 – Strategic Risk Assurance Report • Item 10.0 – Associate Hospital Managers' Group Report • Item 14.0 – Well Led Development Plan – January 2026

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New risks identified by Committee	<ul style="list-style-type: none"> No significant new risks identified. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> N/A 		
Feedback following discussion at 'parent' meeting			
Report completed by	Corporate Governance Officer	Date	23/01/2026
On Behalf of Chair	Alyson McGregor		

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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	TBC
Report from:	People and Culture Committee	Meeting date:	18/12/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (Chair/NED), Sally Napper (NED), Bob Champion, Dr Sal Uka		
In attendance	Chris Dixon, Michelle Holgate, Rachel Trawally, Jess Greenwood-Owens (Secretary), Lisa Wright. Timed business: Catherine Jowitt, Jo Wilson, Claire Ingle, Emma Stott, Joanne Wilson, Danielle Stephenson, Chris Hunt, Chris Farquar, Stuart Scarfe, Dr Sefat Roshny		
Observers	N/A		
Apologies	Phil Hubbard, Tim Rycroft, Michelle Holland, Fay Davies, Jeanette Homer, Paula Hanson, Farhan Rafiq, Mike Woodhead, Kelly Barker, Fran Stead, Therese Patten, Dr. Anitha Mukundan		
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"> • Minutes and AAAD of the previous meeting • Matters Arising • Action Log • Learning from your experience – volunteering and volunteer to career /One million+ lives touched by healthcare volunteers, including strategy update. • Strategic Assurance Report - Strategic Narrative Report • Integrated Strategic Performance Report including; .1 Medical Staffing Update .2 Recruitment Activity Update (Right to Work Policy and our position with UKVI re sponsorship), .3 Employee Relations Activity including, Employee Relations Casework Review • OSPB Mentoring Work, .4 Rostering Activity and OSPB highlights report • BDCFT & Multiverse Partnership • Staff Survey, mid-point update • Public Sector Equality Duty Report (including update on Strategy and Equality Objectives) • Apprenticeship Levy mid-year update • Guardian of Safe working - annual report (Working time directives) • Alert, Advise, Assure + Decision AAA+D Report/s: .1 Senior Leadership Team, People, Planning & Innovation, .2 Strategic EDI Partnership Group , .3 AAA Staff Partnership Forum, .4 AAAD: Workforce Productivity (OSPB) - Health and wellbeing offer and 		

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	<p>Review of health and wellbeing (range/reach and impact), .5 AAA+D Report/s: Place Regional and National Updates, .6 AAA+D Leading better Lives Together update</p> <ul style="list-style-type: none"> • Strategic Risks • Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting), .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 • Committee Workplan 2025-26 • Any Other Business • Meeting Evaluation.1 Was the meeting conducted in line with the Trust values.
<p>Alert items agreed by Committee</p>	<ul style="list-style-type: none"> • Sickness Absence: Sickness absence remained high at 7.3%, with ongoing concern and a need for further analysis. There were various factors contributing to this, and a more comprehensive update expected in January. • Employment Tribunals and Grievances: slight increase in employment tribunals and grievances, reflecting both stricter policy enforcement and broader NHS trends.
<p>Advise items agreed by Committee</p>	<ul style="list-style-type: none"> • Downgrade of Assurance: The assurance level for “looking after our people” was downgraded from significant to high, mainly due to sickness absence and related hotspots. • Volunteering Impact: Volunteering continued to grow, with 248 volunteers contributing over 8,600 hours last year. The “volunteer to career” pathway was strong, with 29 recorded outcomes leading to further education or employment. There was a need to better connect volunteering with workforce development and service reviews. • Recruitment Success: Recruitment performance was strong, with 30 new Band 5 nurses appointed and a further 14 secured for 2026. • Digital Skills and Multiverse Partnership: The committee was advised to support the rollout of digital apprenticeships through the Multiverse partnership, which aimed to upskill staff in data, AI, and digital transformation. The first cohort was focused on corporate services, with plans to expand to clinical areas. • Apprenticeship Levy Funding Changes: Upcoming changes to Level 7 apprenticeship funding (ending January 2026) were identified as a potential risk for future workforce development and upskilling, as this may reduce access to advanced training.
<p>Assure items agreed by Committee</p>	<ul style="list-style-type: none"> • Guardian of Safe Working Hours: Exception reporting for resident doctors was functioning well, with appropriate use and support for staff well-being. New NHS guidance would be implemented in February 2026 to further strengthen reporting and support. • Medical Staffing: Recruitment and retention of doctors was positive, with successful appointments and ongoing efforts to reduce agency locum reliance. The 10-point NHS England plan for

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	resident doctors was being met, with only minor limitations due to trust type. <ul style="list-style-type: none"> • Rostering: The trust was a national leader in roster approval lead time (48 days vs. 35 national average) and had improved fill rates. Sickness in rostered units matches trust-wide trends and was being closely monitored. 		
Decisions made by Committee	The following items were approved: <ul style="list-style-type: none"> • Minutes of previous meeting • AAAD • Action log • Public Sector Equality Duty Report (Item 11) 		
New risks identified by Committee	<ul style="list-style-type: none"> • The Committee was advised of the new risks agreed by Board for PCC. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> • N/A 		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	05/01/2026
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	TBC
Report from:	People and Culture Committee	Meeting date:	22/01/2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (Chair/NED), Sally Napper (NED), Bob Champion, Dr Sal Uka, Kelly Barker, Therese Patten		
In attendance	Rachel Trawally, Jess Greenwood-Owens (Secretary), Lisa Wright, Farhan Rafiq, Dr. Anitha Mukundan. Timed business: Thabani Songo, Jo Wilson Claire Ingle, Emma Stott, Joanne Wilson, Danielle Stephenson, Andrew Cooper, Fran Stead.		
Observers	N/A		
Apologies	Phil Hubbard, Tim Rycroft, Michelle Holland, Fay Davies, Jeanette Homer, Paula Hanson, Mike Woodhead.		
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"> • Learning from your experience – preceptorship programme for newly qualified staff • Strategic Narrative Report • Integrated Strategic Performance Report. .1 Medical Staffing Update, .2 Recruitment Activity Update, .3 Employee Relations Activity (including Avoidable Harm), 4 Rostering Activity and OSPB highlights • NHS Equality Delivery System Domain 2 & 3 Assessment Results • Alert, Advise, Assure + Decision (AAA+D) Reports: .1 Senior Leadership Team, People, Planning & Innovation, .2 Strategic EDI Partnership Group, .3 Staff Partnership Forum, .4 Workforce Productivity (OSPB) – Health & Wellbeing, .5 Place, System and National Updates, .6 Leading Better Lives Together update • Well-Led Implementation Plan Update • Strategic Risks • Confirmation of Escalation Reporting1. Strategic priority assurance levels, .2 Top 3 strategic risks for AAA report, .3 Alert / Advise / Assure + Decision reporting • Committee Workplan 2025–26 • Any Other Business • Meeting Evaluation: 1 Conduct against Trust values 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • High number of disciplinary cases ending in ‘no case to answer’ • Number of tribunal cases. 		

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	<ul style="list-style-type: none"> • Workforce sustainability pressures, sickness, recruitment challenges and turnover of staff. • Sickness absence remained high, a multi-point improvement plan was underway. 		
Advise items agreed by Committee	<ul style="list-style-type: none"> • First-year turnover stable but high (~20%); further work required within onboarding, retention and understanding reasons for early exits. • Rostering and workforce data needs standardisation to improve accuracy and reduce inflated additional reporting. • Growing employee relations and tribunal demand. • NHSE Resident Doctor 10-point plan – initial and follow up survey results received noting current trust performance of 69%. Action plan in place to address gaps with bi-monthly meetings hosted by CEO and CMO with Resident Doctor reps. PCC will continue to receive regular updates on behalf of the Board. 		
Assure items agreed by Committee	<ul style="list-style-type: none"> • Strong preceptorship support in place for newly qualified nurses and AHPs, with structured supervision, pastoral support, and positive staff feedback. • Medical Staffing: there was good progress converting and recruiting consultants; programme direction strong. • Recruitment: vacancy rate was reduced to 4.6%, apprentice numbers were high (162) and there were strong recruitment processes and outcomes. 		
Decisions made by Committee	The following items was approved: <ul style="list-style-type: none"> • NHS Equality Delivery System Domain 2 & 3 Assessment Results. 		
New risks identified by Committee	<ul style="list-style-type: none"> • A new process for monitoring risks was presented. 		
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> • N/A 		
Feedback following discussion at 'parent' meeting			
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	23/01/2026
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

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Council of Governors – Public Meeting

19 February 2026

Paper title:	Chair’s Report	Agenda Item 09.0
Presented by:	Simon Lewis, Interim Chair	
Prepared by:	Corporate Governance team	
Committees where content has been discussed previously	People & Culture Committee	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work referred to in this report contributes, most directly, to the delivery of the following themes in 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
To inform governors on relevant activities/matters relating to the last two months or so.

Council of Governors – Public Meeting

19 February 2026

Chair's Report

Partnerships and strategy

Over the last two months or so, Dr Patterson and I have continued to meet various internal and external stakeholders in relation to relevant matters. Such meetings/discussions have included the following:

<u>DATE</u>	<u>Meeting</u>
9 December	Dr Patterson attended Advisor Appointments Committee (AAC) Panel interviews
10 December	Dr Patterson met with John Lawlor (Chair of Airedale NHS Foundation Trust)
16 December	Dr Patterson attended NHS England Planning Submission
16 December	Dr Patterson attended Health Devolution Commission
17 December	Dr Patterson attended the Board Learning Session
17 December	Dr Patterson attended Chairs and Lead Governors meeting across the District
17 December	Dr Patterson attended BDC Collaboration Board Committee in Common (CIC)
1 January	Simon Lewis became Acting/Interim Trust Chair
6 January	Attended WY Community Health Services Provider Collaborative (quarterly meeting)
7 January	Attended Mental Health Chairs Conference Call (a session focused on relevant development relating to AI)
9 January	Discussion with Mike Lodge (Lead Governor)
Various (January)	Held various one-to-one calls with NEDs
13 January	Attended the Trust's Strategic Staff EDI Partnership session
16 January	Chaired the interview panel for new Associate Hospital Managers
21 January	Attended the Trust's Quality and Safety Committee
22 January	Attended the Planning Assurance Meeting (with the NHS England Regional Director et al)
23 January	Attended BD&C Partnership Integrated Collaboration Committee meeting
29 January	Discussion with Rebecca Gray (Director of NHS Confederation's Mental Health Network)
30 January	Attended BD&C Partnership Board development session
4 February	Internal governance meeting(s). Attended part of the Mental Health Chairs Conference Call.
5 February	Public Board. Meeting – with the Board – with Sarah Jones. Private Board.
9 February	Attended the Governors' Nominations and Remuneration Committee (in relation to the proposed appointment of Sarah Jones as Chair in Common)
10 February	Additional meeting of a sub-group of the board (given delegated authority) to further consider/approve medium-term budgets/plans

Further Commentary

1. Dr Patterson met with each of the Non-Executive Directors (NEDs) in December.
2. Dr Patterson's final day with the Trust was 31 December, bringing 50 years of service to a close. I would like to formally record my thanks, in addition to those expressed by many others, to Linda for her extensive contribution to the Trust – and the wider NHS.
3. I started as Acting/Interim Chair on 1 January. If the appointment of Sarah Jones is confirmed, as I hope it will, at this meeting, this shall be the first and final time that I shall chair the Council of Governors meeting as the (Interim) Chair of the Trust. That, however, is to be viewed in the wider context of a 6-7 year stint as a NED here. While inevitably imperfect, this is, at its best, an amazing and inspiring organisation, packed full of wonderful people and things. I would like to take this chance to thank all of the Governors for the outstanding service you provide. You are a great credit to the populations/communities you serve. During my short time in post, I have been particularly impressed by the incredibly thoughtful and effective role played by Mike Lodge as Lead Governor, with strong support from the exceptionally capable Terry Henry. They follow in the footsteps of some other very impressive leaders over the years. But I know you all make significant positive contributions. I have noted, to take another example, the effective and constructive challenge and support provided by Councillor Khan over the last few weeks. These are just some recent examples of the vital role you all play in the effective running of this particular part – our part – of the National Health Service. Thank you.
4. My principal focus over the last month or so, in addition to the usual business and requirements that come with the role, has related to (1) the discussion and submission of some important financial/operational plans and (2) providing some support to the development of the Chair in Common proposal/arrangements that you will be considering formally at this meeting.
5. I can, of course, provide further context or details on my work at the Trust over the last month or so, orally at the meeting, if you would like.

SIMON LEWIS
10.02.26

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Council of Governors – meeting held in public

19 February 2026

Paper title:	Governance Report	Agenda Item 10.0
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Holly Close, Corporate Governance Officer	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input type="checkbox"/> Providing excellent quality services & seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth & innovation <input checked="" type="checkbox"/> Governance & well-led	
Care Quality Commission domains Please check 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	

Purpose of the report

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.

Executive Summary

This report provides a brief update on key governance activity over the last quarter, including recent Governor changes and Non-Executive Director appointments. It also highlights current compliance requirements, opportunities for Governors to observe Board and Committee meetings, and recent and upcoming Go See visits.

Progress continues on several areas of development work, including the annual Effectiveness Review, feedback from Governor Timeout sessions and the comprehensive review of the Council of Governors' Code of Conduct. Updated drafts will be presented to the May Committee.

Governors have also received the schedule of meetings for the next financial year. The Corporate Governance Team is developing a series of bitesize training sessions, informed by recent feedback, alongside new briefing notes to support wider Well-Led improvement work.

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.
- Complete any outstanding annual declarations of interest, in line with the Trust’s Constitution and governance requirements.
- Note progress on the annual Effectiveness Review and the intention to present findings at the May Council of Governors meeting.
- Note the outcome of the Governor Timeout session feedback, with the current format to continue.
- Note ongoing work to update the Council of Governors’ Code of Conduct, with a draft to be brought to an upcoming Committee.
- Note that meeting dates for the next financial year have been circulated.
- Note the development of new bitesize training sessions.

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

19 February 2026

Governance Report

Background / Context:

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:

Appointment & Resignations:

Paul Hodgson: Public Governor: Shipley and Yasmin License: Public Governor: Bradford West have both resigned from the Council of Governors. On behalf of the Trust, the Council thanked both for their commitment and hard work whilst in office.

In line with our Constitution and Foundation Trust election rules, the Bradford West seat was eligible to be filled by the next highest-polling candidate until the next scheduled election. On that basis, the eligible candidate was Trevor Ramsay. The induction process for Trevor has started and his term of office began on 17 December 2025.

People:

Non-Executive Directors

The Corporate Governance team and Recruitment team have worked together to support the delivery of a robust recruitment campaign commissioned by the Council of Governors. This was for two new Non-Executive Directors following two long standing NEDs retiring when they reach the end of their term of office. A warm welcome to Warren Brown, who began his first term of office as a Non-Executive Director for the Trust on Monday 19 January 2026. Warren will Chair the Mental Health Legislation Committee and be a member of other Committees. An internal and external induction programme has commenced to support the onboarding.

At this meeting we also mark the forthcoming end of term for two long-standing Non-Executive Directors. Maz Ahmed's term of office concludes in April, and although his formal end date is later in the year, this will be his final Council of Governors meeting. Maz has played an important role over the six years with the Trust. Simon Lewis will also complete his term of office this year, having contributed eight years of valued contribution. On behalf of the Board, we extend our sincere thanks to both Maz and Simon for their time, insight and commitment throughout their periods of office.

Compliance

Annual Declarations of Interest

As part of our annual governance requirements, all Governors are asked to complete the Trust’s annual declaration of interests. The Trust Constitution requires Governors to declare any personal or business interests that may influence, or be perceived to influence, their judgement. In line with expected public-sector practice, this also includes declaring interests relating to spouses (where living together), co-habiting partners, close family members and close friends. The Register of Interests is published on the Trust’s website each year and is also included in the Trust’s Annual Report. Governors have been asked to complete the declaration form by 12 February 2026. If you haven’t already, please ensure that you complete the form.

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 and we will arrange this for you.**

Meeting Dates & Times:

Date	Time	Meeting
02.04.2026	09:00 - 12:00	Public Board
18.03.2026	09:30 – 12:00	Quality and Safety Committee
19.03.2026	09:30-11:00	Mental Health Legislation Committee
19.03.2026	12:30 – 2:30	People and Culture Committee
26.03.2026	09:30 – 11:30	Audit 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/EMT Member
08.12.2025	Najurally Centre	Hitesh Govan	Therese Patten
06.01.2026	ALPS Airedale Team	Cllr Andy Brown	Tim Rycroft
13.01.2026	Payroll & Pensions Team	Mike Lodge	Fran Stead

19.01.2026	Bradford North Network DN Team	Mike Lodge	Therese Patten
21.01.2026	Dementia Assessment Unit	Terry Henry	Tim Rycroft
04.02.2026	Four Seasons Café Team	Mike Lodge	Tim Rycroft
16.02.2026	Information Governance Team	Mike Lodge	Therese Patten

Future Go See Visits:

Please find below a list of future Go See Visits which do not currently have a Governor in attendance. If you would like to put your name forward for any of the visits, please email the following address: Go.see@bdct.nhs.uk

Date & Time	Service	Board/EMT Member
06.03.2026 at 09:00 – 10:30	Strategic Breast Feeding Team	Sal Uka
09.03.2026 at 13:30 – 15:00	South and West CMHT (OPMH)	Kelly Barker
11.03.2026 at 09:00 – 10:30	Central IAPT Team	Phillipa Hubbard
19.03.2026 at 10:00 – 11:30	Mental Health Admin Hub	Tim Rycroft
23.03.2026 at 13:00 – 14:30	Proactive Care Team	Therese Patten
26.03.2026 at 12:00 – 13:30	Early Support for Every Child	Farhan Rafiq

From April 2026, Go See Visits will be arranged to take place on the Thursday following each Public Board meeting. As part of our commitment to being a learning organisation, we have gathered feedback on how the visits are delivered. In response to all feedback received, the Trust is introducing this revised approach. Alongside these scheduled sessions, additional Go See Visits will also take place in the month between Public Board meetings to provide more opportunities for the Board and Executive Management Team to visit services. Governors will be continued to be invited to these visits.

Council of Governors Development Work

Council of Governors Effectiveness Review:

Governors have been invited to complete the annual Council of Governors Effectiveness Review, issued in the form of a survey which was circulated to all Governors on Thursday 5 February 2026. The survey was open for two weeks; closing on Monday 23 February 2026. The Corporate Governance Team will review the findings and present feedback at May's Council of Governors meeting to support continuous improvement.

Governor Timeout Sessions:

To support continuous improvement, Governors were asked to complete an online form to share feedback on the Governor Time-out sessions and offer suggestions for future development. This feedback was intended to help ensure that the sessions continue to meet the needs of all Governors and contribute to closing one of the actions on the Well-Led Action Log. The form closed on 5 December 2025.

The Corporate Governance Team has now reviewed the responses and discussed the findings with the Lead Governor. This conversation confirmed that the current set-up of the Governor Time-out sessions will continue as it remains appropriate and aligned with the intended purpose of the meetings, which is to provide Governors with protected time for reflection, shared learning and informal discussion away from formal business.

If anyone has any further feedback or would like to suggest improvements for future sessions, please do get in touch with the Corporate Governance Team.

Council of Governors Code of Conduct:

Work continues on the comprehensive review of the Council of Governors' Code of Conduct. This is a significant and wide-ranging piece of work that includes developing a full policy and procedure, refreshing and strengthening the existing standards, and setting out clearer expectations for Governors – including those relating to attendance at meetings.

The Lead Governor and Deputy Lead Governor are being engaged throughout to ensure that Governor perspectives are fully reflected. Given the scale of the review and the need to align it with wider governance improvements, the updated Code of Conduct will not be ready for the February meeting. Instead, it is proposed that a full draft will be brought to the May Committee for Governors to consider.

The Corporate Governance Team is also working on creating a procedure for 'How Governors Engage with the Board and Manage any disputes or conflict'. It is again proposed that a full draft will be brought back to the May Committee for Governors to consider.

Well Led Development Plan:

Below are actions within the Well Led Development Plan that are assigned to the Council of Governors. Alongside the actions are details of progress made so far. The process is an iterative process and will continue to evolve as feedback is gathered. A red; amber; green rating system has been applied to the actions based on the agreed due date. Red is anything overdue; amber is anything due within the next 3-months; green is anything due after the next 3-months.

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.

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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
QS5.5	<p>The Trust should consider strengthening support for governors & the effectiveness of the Council of Governors meetings to enable effective discharge of their role.</p> <p>CoG: training on the role of Senior Independent Director (& other roles).</p> <p>CoG: consider framework for Governor Time Out sessions.</p> <p>IA: 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	Simon Lewis & Fran Stead	Council of Governors	<p>The work is being reset as part of the ongoing developments of the Corporate Governance service. A training plan and informal sessions are being progressed to support the governors. The induction process. Welcome session and governor handbook has been reviewed. Feedback has been gathered on the governor timeout sessions and we are working with the Lead Governor on engagement from some of the less involved</p>

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	role, as per their job descriptions.					governors, and how these sessions can be more beneficial. More regular communication, training and guidance is being developed for governors to support them in the clarity of their roles.
QS5.9	CoG: consideration on inclusivity & accessibility of reports.	30/09/2026	Rachel Trawally	Fran Stead	Audit Committee Council of Governors	This work is part of the Integrated Governance Guide framework, which will be developed by Rachel in the coming months. The work includes training, standardisation, and acts as an information sharing guide to support colleagues, including templates.
QS5.13	Committee & CoG: ensure timely circulation of paperwork, including presentations.	30/09/2026	Rachel Trawally	Fran Stead	Committee's (all) Council of Governors	A Board agreed paperwork circulation process is in place which includes the dates of paperwork submission and circulation. There are some challenges still with paperwork being

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						received in time, it has been agreed that Corporate Governance will circulate papers on the agreed circulation date. This will be considered as part of the annual effectiveness review.
QS5.14	Committee & CoG: undertake annual review of membership & attendance, & work with the Chair to ensure all members & attendees contribute.	31/03/2026	Rachel Trawally	Committee Chair's Simon Lewis	Committee's (all) Council of Governors	Inductions for new NEDs will include contributions and the new chair will be working with NEDs on engagement and attendance. A new attendance table will be introduced by Corporate Governance to track attendance throughout the year as opposed to at the end of the year only where it features within the Annual Governance Report.
QS5.16	Committee & CoG: consideration on how health equity becomes embedded across all meetings.	Date TBC	Lisa Wright	Kelly Barker & Committee Chair's	Committee's (FPC; MHLC; PCC; QSC) Council of Governors	Working in partnership with Farhan to revise the ISPR, Health Equity Dashboard linked to PCREF in test mode. Mental Health will happen much quicker due to PCREF. Health Equity Review planned - to

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						include, papers, guidance and training for committee members. Development of draft Health Equity Approach to be embedded into the review of the Organisational Strategy. Inclusion of Health Equity domain to the 2025 - 2028 Belonging and Inclusion Plan which is reviewed every 6 months with deep dive topics in between.
QS5.17	Committee & CoG: make the work of the Board & Committees, Governors more visible.	30/09/2026	Rachel Trawally	Simon Lewis & Fran Stead	Board of Directors Council of Governors	Work to be undertaken on intranet and external website. Introduced Governance report to Board and CoG, and a Go See report to Board.

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Notification of Future Meeting Dates

Governors will now have received the schedule of Council of Governors meetings for the next financial year. The format and timings remain unchanged, with the time-out session at 4pm, the private meeting from 4:40pm – 5:00pm, and the public meeting from 5:00pm until 6:30pm. National guidance recommends four Council of Governors meetings per year, which the Trust meets. Benchmarking activity has shown that other foundation trusts typically hold between two and four meetings annually. Our Council of Governors will continue to meet five times each year, and the Annual Members’ Meeting will take place on 24 September. Governors are reminded that the Annual Members’ Meeting forms part of the formal meeting cycle and attendance is expected.

Governors are asked to note that this benchmarking work was undertaken in support of ensuring that the meeting is effective but also in support of the Well Led action referenced above. The benchmarking is supplemented by reference to this in the NHS Code of Governance, which states that: ‘The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year.’ (*Code of Governance for NHS Provider Trusts, Appendix B: Council of Governors and the Role of the Nominated Lead Governor, Provision 2.1, [NHS England » Code of governance for NHS provider trusts](#)*)

Governors are also reminded to send apologies to the Corporate Governance team in advance if they are unable to attend any meeting. Meetings will continue to be held in a hybrid format, with the option to join in person at New Mill or via MS Teams for those unable to attend on site.

Meeting	Day	Date	Time
Council of Governors Private	Wednesday	13/05/2026	16.30-17.00
Council of Governors Public	Wednesday	13/05/2026	17.00-18.30
Council of Governors Private	Wednesday	29/07/2026	16.30-17.00
Council of Governors Public	Wednesday	29/07/2026	17.00-18.30
Council of Governors Private	Wednesday	11/11/2026	16.30-17.00
Council of Governors Public	Wednesday	11/11/2026	17.00-18.30
Annual Members Meeting	Thursday	24/09/2026	13.00-17.00
Council of Governors Private	Wednesday	10/02/2027	16.30-17.00
Council of Governors Public	Wednesday	10/02/2027	17.00-18.30

Training and role delivery

In support in ensuring that Governors have the skills to undertake the role, it was agreed that a review of the existing development programme would take place. As an improvement organisation, the findings were considered alongside discussion on what a future model for support could look like, and alongside the feedback from the Well Led review, as referenced above. The Corporate Governance team are planning a series of bitesize training sessions for Governors, covering key topics:

- Role overview
- Governance, Accountability and holding to account
- Quality in the NHS.

To help us schedule these sessions at times that work best for Governors, a short form was circulated to capture views on preferred timings and formats. The form closed on 17 February 2026, and the Corporate Governance Team will now review the findings and use them to create a training schedule. If any Governors were unable to share their views but would still like to do so, or if there are additional subjects they would find helpful for future training, please contact the Corporate Governance Team at corporate.governance@bdct.nhs.uk.

The Corporate Governance Team has also been developing a series of clear, accessible briefing notes on key Board roles. This work supports the completion of our Well-Led action to strengthen understanding of governance structures across the Trust, while also helping to build Governors' knowledge and confidence in holding the Board to account. Appendix one provides an overview of the role of the Senior Independent Director, whilst Appendix two provides an overview of the role of the Non-Executive Director.

The Corporate Governance Team will be undertaking an annual review of all job descriptions referenced in the appendices to ensure they remain up to date and continue to support effective governance.

In support of all Governors delivering the role, the training is one vehicle to achieve that. Also attached as an appendix is the Governor role description, outlining the remit, purpose and responsibilities of the Governor role within a NHS Foundation Trust.

The findings from the effectiveness review 2026, will be considered alongside the current Well Led actions, to consider any further planned developments. The Governors will be kept updated.

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Senior Independent Director (SID)– Briefing Note for Governors

The role of the Senior Independent Director (SID) is set out nationally through both the UK Corporate Governance Code and the NHS Code of Governance and is a key element of an effective Board. The role was introduced to strengthen independence, support good board dynamics, and provide an additional route for Governors and others to raise concerns where needed. By embedding the requirement within these codes, all NHS Foundation Trusts are expected to appoint a SID.

What the SID Is

- ◆ An independent Non Executive Director appointed by the Board in consultation with the Council of Governors.
- ◆ Provides additional support to the Chair and strengthens Board leadership.

How the SID Is Appointed

- □ In consultation with the Council of Governors, NHS foundation trust boards appoint one of the independent Non-executive Directors to be the SID
- □ The SID should not be the Audit Committee Chair
- □ Normally appointed for a two-year term, reviewed periodically by the Board.

What the SID Does

- ✨ Acts as a point of contact for Directors, Governors and members where concerns cannot be resolved through usual routes.
- ✨ Attends meetings with Governors to hear views and understand issues.
- ✨ Provides a sounding board for the Chair and supports effective Board functioning.
- ✨ Ensures that the Chair is giving sufficient attention to succession planning
- ✨ At times of stress for the board, the role of the SID should be to take the initiative to resolve the problem, working with other Directors and stakeholders and/or the chair, as appropriate.

Role in Chair Appraisal

- ☆ Leads the annual appraisal of the Chair via the Nominations and Remuneration Committee.
- ☆ Coordinates confidential feedback from Non-Executive Directors.
- ☆ Ensures the findings from the appraisal are fed into the personal development plan of the Chair

When the SID Gets Involved

- ◆ If concerns arise about Board effectiveness or the Chair–Chief Executive relationship.

- ◆ In exceptional circumstances, may share Committee appraisal recommendations with the Board in private session.

Current SID

✉ The current SID is Sally Napper who was appointed on 1 May 2024. She can be contacted at: sally.napper@bdct.nhs.uk

Overall, the Senior Independent Director is another Board role that provides independent support for the other members of the Board and Governors should support be required.

Job Description – Non-Executive Director – Senior Independent Director

Role Purpose:

The Senior Independent Director (SID) is one of the independent Non-Executive Directors (NEDs) of the Foundation Trust and is appointed by the Board of Directors, in consultation with the Council of Governors. The role of the SID may be undertaken by any of the independent NEDs apart from the Trust Chair.

Period of Appointment:

The Board will review the appointment every two years and may re-appoint the incumbent or choose another person from amongst the NEDs, as advised by the Trust Chair. For clarity, the appointment period for the SID will normally be two years unless there are operational reasons as to why the Board may wish to vary the term of office.

Working Relationships:

The SID will have the normal working relationships of a NED, however with specific reference to the role of the SID the main working relationships will be with:

Council of Governors
Members
Chair of the Trust
Executive Directors
Trust Secretary
Corporate Governance Manager (as Deputy Trust Board Secretary).

Duties and Areas of Responsibilities:

In addition to the general duties of a NED, the SID will have the following duties:

1. To be available to Directors, Governors and members if they have concerns which have not or cannot be resolved through normal contact with the Chair of the Trust, the Chief Executive, or the Trust Board Secretary or where such contact is considered to be inappropriate.
2. To attend sufficient meetings with Governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of Governors.

3. To participate in any formal governance process where the involvement of the SID is specified e.g. procedure for the termination of the tenure of office of a Governor.
4. To lead the NEDs in evaluating the Chair's performance as part of a process, which is agreed with the Council of Governors, for appraising the Chair, at least annually, and on such other occasions as are deemed appropriate.
5. To agree the outcome of the evaluation of the Chair's performance with the Council of Governors. It is anticipated that the SID will seek formal feedback from Governors and be available to Governors prior to Council meetings.
6. To undertake a role in managing key stakeholders (alongside the Chair, Deputy Chair and Executive Directors).

Any subsequent changes to the role description will be approved by the Board of Directors.

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Non-Executive Directors (NEDs) – Briefing Note for Governors

A Non-Executive Director is a member of the Board who does not hold an operational role within the Trust. It is a legislative and national requirement, set out in *The NHS Act 2006* which defined the composition of the Board for NHS Foundation Trusts and the criteria for appointing and determining the tenure of the Chair and Non-Executive Directors. Their purpose is to bring independent judgement, fresh perspective and wider experience to the Board's discussions and decision-making. They work alongside Executive Directors but are not involved in the day-to-day running of the organisation. The Chair is also a Non-Executive Director.

Key Responsibilities for the Board of Directors

-  **Unitary Board**
 - The NHS Code of Governance sets out that the Board of Directors is a unitary Board, meaning Executive and Non-Executive directors make decisions together as a single group and share the same responsibility and liability.
 - All directors, both Executives and NEDs are expected to constructively challenge and support the development of priorities, risk mitigation, values, standards and strategy during Board discussions.
-  **Set the Trust's direction** – agreeing the vision, values and strategy.
-  **Make sure the Trust is well-run** – with good governance, clear oversight and strong risk management.
-  **Support a positive culture** – listening to stakeholders, tackling inequalities and ensuring staff can deliver great care.

What Non-Executive Directors Are

-  Independent members of the Board of Directors who bring external insight, constructive challenges and strategic support.
-  Within Foundation Trusts, they are appointed by the Council of Governors to provide oversight, assurance and leadership, helping the Trust to deliver safe, high-quality and sustainable care for local communities.

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-  Not involved in the day-to-day running of the organisation. Instead, they offer an objective viewpoint and draw on their professional expertise to support good governance and effective decision-making.

How Non-Executive Directors Are Appointed in a Foundation Trust

- Appointed by the Council of Governors following an open, robust and competitive recruitment process, aligned to NHS governance expectations and standards
- NEDs must meet the standards expected of NHS directors, including upholding the Nolan Principles, meeting the NHS Leadership Competency Framework, complying with the Fit and Proper Person requirements, and continuing to meet the expectations set out in the Trust's Constitution to demonstrate they are suitable and able to carry out the role.
- Appointed for an initial three-year term, with the potential for additional terms if reappointed. Up to a total of 9-years, aligned with national governance standards.
- Reappointment of Non-Executive Directors is a majority decision of the Council of Governors, as set out in the Trust's Constitution. Decisions are based on performance and on whether the individual continues to meet NHS standards for directors such as meeting the 'fit and proper' persons test described in the Trusts Provider License and required by the CQC.
- From the existing NED makeup, one NED can be appointed as the Deputy Chair of the Trust. This is done through a robust process involving appraisal and objective-settings discussions with the Chair. The Council of Governors have a responsibility to consider and approve any substantive appointments for the Deputy Chair role. The role of the Deputy Chair may be undertaken by any of the independent NEDs.

What Non-Executive Directors Do

-  **Provide Board-level oversight and scrutiny**
NEDs ensure that the Trust delivers safe, effective, high-quality services and remains financially sustainable. They review performance, risk, quality, finance and strategic direction, offering constructive challenge to Executive Directors.
-  **Lead and participate in Board Committees**
NEDs chair and are members of Board Sub-Committees. They help ensure strong governance and effective assurance. As required within the NHS Act, Trust Constitution, Code of Governance requirements.
-  **Support the Chair and hold Executives to account**

Key Responsibilities for NEDs

-  **Board Accountability and Governance**

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- Ensure the Trust meets its statutory duties and operates within its Provider License conditions.
- Monitor performance and seek assurance that risks and issues are well managed.
- Uphold the highest standards of conduct and champion equality, diversity and inclusion.
-  **Risk, Assurance and Improvement**
 - Scrutinize information and seek further analysis or external assurance where needed.
 - Support continuous improvement, innovation and transformation.
 - Help create a culture of openness, learning and accountability.
 -  One of the values (NEDs) can bring to board and committee performance is by providing independent perspectives on how the data and other information are scrutinised.

Overall, Non-Executive Directors provide independent insight that helps the Board make well-informed, balanced decisions. Their contribution strengthens governance, supports a positive culture and helps ensure the Trust delivers safe, high-quality care for service users and communities.

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Job Description – Non-Executive Director

Job Description and Person Specification

Job Title	Non-Executive Director
Post ref no.	
Remuneration	£13,000 per annum
Terms of Office	Initial 3 years, followed by up to two additional terms if re-appointed
Hours of work expected:	3 – 4 days per month (part time) on average
Location / Base:	New Mill, Trust Headquarters
Accountable to	The Chair of the Trust

1. Job Purpose:

Bradford District Care NHS Foundation Trust is led by a Board, comprising both Executive and Non-Executive Directors. The Board is collectively responsible for the exercise of powers and for the performance of the organisation to ensure we provide effective, safe high quality and sustainable healthcare services for the people we serve via our 'Better Lives, Together' strategy.

The Non-Executive Directors provide oversight, governance and leadership to the Foundation Trust. Non-Executive Directors play a crucial role in bringing an independent perspective to the boardroom in addition to any specific knowledge and skills they may have. They are not involved in the day-to-day running of the Trust but instead provide objective, constructive and independent advice to Board.

The role of the Non-Executive Director consists of several key functions, which together ensure that the Trust is a successful organisation as contracted by commissioning bodies, as required by statute and in accordance with the standards set by England and the Care Quality Commission.

Non-Executive Directors are expected to participate fully as members of Committees of the Board of Directors to which they are appointed and to take the role of Committee Chairs when appointed. Non-Executive Directors will meet periodically with the Chair in the absence of Executive Directors to discuss issues of interest or concern in addition to meetings to consider appraisal and objective setting for the Executive Directors and the Chief Executive.

2. Main duties:

Board Accountability

The Board of Directors is collectively responsible for the success of the Foundation Trust, by directing and supervising its affairs. This includes the responsibility to deliver safe quality services and maintain financial viability, using resources effectively and appropriately to deliver good care and value for money.

NHS Foundation Trusts have a Council of Governors representing members and the public, holding Non-Executive Directors accountable. The Board and Council uphold

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the Trust's values, ensuring effective, efficient, and economical operations. They respond to stakeholders' needs and offer strategic advice.

Non-Executive Directors are accountable to the Trust Chair, who also chairs the Council of Governors. They bring an independent perspective and specific knowledge to the Trust. The Council of Governors appoints Non-Executive Directors and the Chair, participating in their annual evaluation.

The Health and Social Care Act 2012 provides that the 'Council of Governors are to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust as a whole and the interests of the public'.

All Directors, Executive and Non-Executive have responsibility to constructively challenge in reaching decisions of the Board and to help develop proposals on priorities, risk mitigation, values, standards and strategy.

3. Key Responsibilities

Board of Directors – Membership

- Membership of the Board of Directors: The Trust currently holds Board meetings on the first Thursday of every month except August, with six Board meetings held in public. The Board also has a programme of development sessions that typically take place on Board days.
- Contribute to strategy development and constructively challenge Board decisions and support the Board in setting the Foundation Trust's strategic direction and ensure the effectiveness of the Board and Council of Governors.
- Ensure the Board identifies key risks, determines its approach to oversight, and implements prudent controls to manage risk.
- Provide leadership within a framework of prudent and effective controls.
- The Board sets strategic direction, ensure management capacity and capability, and monitor performance.
- Scrutinise executive management performance and ensure necessary actions are taken.
- Take all reasonable steps to ensure that the Trust operates within its licence conditions as a Foundation Trust and attains the highest level of performance;
- Support the Trust Chair, Chief Executive, and Executive Directors in promoting the Trust's values and foster a positive culture and adopt behaviours that exemplify the corporate culture.
- Help ensure that the Trust promotes equality and diversity for all staff, service users, carers and other stakeholders.

People matters

- Commission and use external advice as necessary.
- Ensure adequate information is received and monitor performance reporting.
- Determine Executive Directors' remuneration.
- Participate in appraisals of Executive Directors, fellow Non-Executive Directors, and the Chair.
- Appoint the Chief Executive (subject to Council of Governors' approval) and other Executive Directors.
- Remove Executive Directors if necessary.
- Plan for key executive posts' succession.

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Council of Governors

- Attend the Council of Governors meetings (which currently meets quarterly on a Wednesday evening) and facilitating the Council of Governors in fulfilling their duties related to appointments, remuneration, audit, quality accounts, annual reporting, planning, and statutory decisions.
- Take into account and respond to the views and suggestions of Governors and other members to ensure that they understand the views of Governors on the key strategic and performance issues facing the Foundation Trust.
- Report progress on strategic objectives and performance to the Council of Governors.
- Receive feedback from the Council of Governors regarding performance and ensure that the Board of Directors is aware of this feedback.

4. Compliance and Partnership working

- Develop and foster networks and represent the Foundation Trust at national, regional and local levels, acting as a spokesperson as appropriate and ensuring that the views of a wide range of stakeholders are considered.
- Influence and set new standards for service change, working in partnership to drive the delivery of integrated care that overcomes barriers and addresses health inequalities across the Bradford and Craven Place.
- Ensure the Trust effectively influences work across the Bradford and Craven Place and the West Yorkshire ICS to improve the outcomes for people.

5. Other responsibilities (these duties are allocated across the Non-Executive Director roles):

- Undergo annual appraisals with the Chair;
- Be designated to oversee serious incident investigations
- Act in a number of the Trusts Champion roles
- Act as Chair to one or more of the sub-committees of the Board
- Ensuring as a Board Committee chair (if applicable) that you provide strong leadership in creating the conditions for overall committee and individual Director effectiveness.
- Act as a member of one or more of the sub-committees of the Board
- Non-Executive Directors can be the Deputy Chair, or Senior Independent Director, as approved.
- To act as a Hospital Manager and to be involved with this workstream, including in Mental Health Act hearings.

6. Other responsibilities

- Promote the organisation's success and promote a culture where staff, service users, carers and the public are actively involved and feel engaged, through co-production, in the decision-making processes of the Trust.
- Discussion and liaison (outside of meetings) with the Executive Directors and other members of staff and Governors through visits to localities and services.
- Attend Inductions, Annual Members Meeting, Council of Governor inductions, and GoSee visits to services.
- Attend the Board Nominations and Remuneration Committee which is a sub-group of the Board as appropriate, to support the strategic delivery of services.
- Attend relevant seminars and training courses to better enable the performance of their Board role.

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- Continuously develop and refresh knowledge and skills relevant to the Trust's activities and personal development.
- Give mutual support to all other members of the Board of Directors and Council of Governors and in particular the Chair.
- Represent the Board of Directors as an ambassador of the Trust;

7. Risk and Assurance

It is essential that all new Non-Executive Directors become conversant with the Trust's business activities, its strategy and the main areas of risk.

The Board of Directors, and in particular the Non-Executive Directors, may reasonably wish to challenge assurances received from the Executive Management Team. They should wherever possible ensure that they have sufficient information and understanding to take decisions on an informed basis. When complex or high-risk issues arise the first course of action should normally be to encourage further and deeper analysis to be carried out, in a timely manner. On occasion, Non-Executive Directors may reasonably decide that external assurance is appropriate

8. Working as part of a Team

As a member of the Board you will:

- Be part of a unitary Board
- Play a full and active role in the debates and discussions of the Board of Directors
- Along with other Directors, ensure that all Trust policies and procedures are adhered to and, where necessary, direct changes to support the operation of the Trust
- Adhere to the standards laid down in the NHS Code of Conduct for Managers and at all times act in a manner that reflects and promotes the values of the Trust

9. Key relationships

The post holder will need to develop and maintain effective and strong partnership working relationships within the Trust and with a wide range of external organisations and individuals. These may include:

- Board Executive and Non-Executive Directors, the Chair of the Trust, the Executive Management Team, Senior Leadership Team, Senior Clinicians, and all Staff.
- The Bradford District & Craven Health and Care Partnership, including the Bradford Mental Health and Wellbeing Partnership.
- The West Yorkshire Integrated Care Board and Health and Care Partnership.
- Mental Health, Learning Disability and Autism Partnership and Provider Collaborative.
- Local Authorities.
- Service Users and Carers.
- Council of Governors.
- Regulators including the Care Quality Commission.
- NHS England.
- NHS Providers.
- External and Internal Auditors.

10. Managing Self

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- Participate in regular supervision.
- Comply with all mandatory training.
- Participate annually identifying, developing and agreeing your own development plan with your line manager using the Trust Appraisal process.
- Comply with all Trust policies, procedures and protocols.
- Pay regard to materials and equipment.
- Carry out duties with due regard to the Trust's Equal Opportunity Policy.
- Seek advice and support from your line manager whenever necessary.

11. Staff Supervision and Support

There is no supervision requirement within this role.

12. Financial Responsibility

Be financially aware.

13. Safeguarding

All staff members have a duty to report any concerns they have about the safety or well being of adult service users, members of their families, including children. Employees should be aware of their roles & responsibilities to both prevent and respond appropriately to abuse. They should undertake the safeguarding training required for their particular role.

14. CQC Fit and Proper Persons Test (FPPT)

All NHS Directors and Non-Executive Directors are expected to comply with the Fit and Proper Persons Test, and this post will be subject to all the relevant checks contained within the regulations relating to FPPT.

15. NHS Leadership Competency Framework

The successful applicant will also be subject to complying with The NHS Leadership Competency Framework. The Competency Framework for Board Members by NHS England describes the core competencies required in a Board Member role in the context of the NHS principles and values in the NHS Constitution.

16. The Seven Principles of Public Life - The Nolan Principles

As a Non-Executive Director of the Board, the Non-Executive Director will also be expected to comply with the Nolan Principles. The **Seven Principles of Public Life**, also known as the Nolan Principles, are ethical standards expected of public office holders. They were first established by Lord Nolan in 1995. The postholder would be expected to follow these principles.

17. The Insightful Provider Board

Adhere to the principles as set out in The Insightful Provider Board guidelines.

18. Code of Conduct

Non-Executive Directors are expected to comply with the national Code of Conduct for NHS Managers.

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19. Strategic Aims and Core Values

The postholder's duties must be carried out in compliance with the Trust's Policies and Procedures. In particular, the postholder must act in accordance with the Equal Opportunities Policy and the Health and Safety Policy.

Below are the Trust's strategy aims and core values. These aims are what the Board has identified as specific priorities in line with the Trust vision of Better Lives, Together.

Everything we do will contribute to one or more of these four aims to achieve our vision of connecting people to the best quality care, when and where they need it, and be the best place to work.

Be the best place to work

We will continue to strive to be a smarter working organisation, working together so that everyone is proud to work here, feels they belong and are valued. We will focus on:

- Looking after our people
- Belonging in our organisation
- New ways of working and delivering care
- Growing for the future

Making best use of resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do. We will focus on:

- Financial sustainability
- Our environment and workspaces
- Giving back to our communities

Deliver best quality services

We will consistently deliver good quality, safe and effective services, making every contact count, meeting the needs of our communities and focusing on reducing health inequalities. We will focus on:

- Improving access and flow
- Learning and improvement
- Improving the experience of people using our services

Be the best partner

We will be at the forefront of integration, improvement and innovation, working with partners to deliver services that enable people to live happier, healthier lives. We will focus on:

- Partnership working

20. Our Values

We Care - We act with respect and empathy, and always value difference

We Listen - We understand people's views and respond to their individual needs

We Deliver - We develop and provide excellent services and support our partners

The Trust places great importance on sustainability, reducing our carbon footprint and maximising the positive social, economic and environmental outcomes of Trust actions and activities. Employees are expected to become familiar with the aims and objectives of our Green Plan. With the support of the Energy, Waste and Sustainability team, it is your responsibility to minimise your environmental impact whilst working for the Trust. This may involve using energy and water efficiently, reducing consumption and waste, reusing and recycling where available and minimising travel or using sustainable travel modes where possible. If your role

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involves purchasing / ordering supplies / working with contractors or third parties, you must consider the environmental and social impacts of these products / services.

21. Core Statements:

Infection Control - All clinical and non-clinical staff groups

Responsible for, in respect to your area of work, for ensuring so far as is reasonably practicable and in accordance with Trust policies that you are aware of your individual responsibilities in regard to infection prevention and control this requires you to:

- Maintain safe infection prevention and control environment for yourself and others.
- Be familiar with and comply with current infection prevention and control, guidelines, policies and procedures.
- Raise matters of non-compliance with your manager.
 - Attend infection prevention and control mandatory training as dictated by your manager.
 - Be appraised in relation to infection prevention and control.

Risk Management

All colleagues need a basic working knowledge of risk management. They all have a responsibility to identify and report risks, hazards, incidents, accidents and near misses promptly, in accordance with Trust Policy. All colleagues must be familiar with emergency procedures, risk management systems and incident management in their workplace.

Health and Safety

All colleagues have a responsibility under the Health and Safety at Work Etc Act 1974 for their own health, safety and welfare and to ensure that the agreed safety procedures are carried out to provide a safe environment for other employees and anyone else that may be affected by the carrying out of their duties.

The post holder must co-operate with the Trust in meeting its statutory obligations with regard to health and safety legislation and must report any accidents, incidents and problems as soon as practicable to their immediate supervisor.

The Trust has a written health and safety policy which colleagues have a general duty to read in order that they are fully conversant with its requirements.

Patient care

Bradford District Care NHS Foundation Trust is committed to ensuring the highest standards of care and treatment and expects that **all** colleagues within the organisation will treat service users, their carers, relatives and friends with dignity and respect at all times during their contact with services we provide.

Information Management

All colleagues are bound by the requirements of the Data Protection Act 1998 and any breaches of the Act or of the confidential nature of the work of this post could lead to dismissal.

The post holder is responsible to learn about information governance, to help ensure that best practice guidelines are followed and personal information is managed to benefit patients, clients and members of staff.

The post holder is required to sign the declaration form to confirm they have read and understood the booklet and leaflet regarding information governance, which will be kept by the HR team in the post holder's personnel file.

Bradford District Care Foundation Trust is dedicated to environmental and social sustainability by delivering on the commitments within our Green Plan. All staff are actively encouraged and supported to participate in training and to identify and implement sustainable quality improvement across all service areas and activities

22. SPECIAL WORKING CONDITIONS

PHYSICAL EFFORT:

- Combination of sitting, standing, walking; frequent light effort for short periods, occasional/frequent moderate for several short periods.
- Effort required for carrying out duties.

MENTAL EFFORT:

- Daily requirement to plan and prioritise workloads dependant on service needs.
- Frequent interruptions.

EMOTIONAL EFFORT

- Required to display emotional intelligence and resilience.
- Able to work in complex environments and adapt to change.

WORKING CONDITIONS:

- The service is delivered Monday - Friday during normal working hours. Occasionally may be required to work flexibly outside these hours.
- Required to travel between to sites for business need.

Version Control:

Change details	By whom	Date requested	Approved by	Agreed date
Transferred to latest template and streamlined content. Core duties and responsibilities remain the same	Rachel Trawally, Corporate Governance Manager and Deputy Secretary	September 2025		

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Job title: Non-Executive Director
JD ref:
Remuneration: £13,000 per annum
Job purpose: The post holder will work alongside the Board as voting member and will support Board succession strategy and achieve a balance of Board level skills.

Attributes	Essential criteria	Desirable criteria	How Identified
QUALIFICATION S & TRAINING	<ul style="list-style-type: none"> Degree level qualification or equivalent experience 	<ul style="list-style-type: none"> or master's qualification or equivalent in relation to your field(s) of expertise. 	Application Form Interview Certificates
EXPERIENCE & KNOWLEDGE	<p>Experience and knowledge in one or more of the following fields:</p> <ul style="list-style-type: none"> Legal or Mental Health Finance Experience at Board level in an equivalent scale and complex customer or public facing organisation. Experience or ability to Chair a Board Sub-Committee. Accustomed to a high level of accountability. 	<ul style="list-style-type: none"> Experience & knowledge with a proven track record in at least one or more of the following fields: Health and care professional experience and knowledge in services, research, or combined settings/fields. Commitment to health equity & understanding of population health management 	Application Form Interview

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Attributes	Essential criteria	Desirable criteria	How Identified
	<ul style="list-style-type: none"> • Senior level governance expertise relating to finance, risk management and performance management. • Expertise in risk management and the design, analysis, and scrutiny of risk assurance processes. 	<ul style="list-style-type: none"> • Digital knowledge and experience at a strategic level. • Estates, infrastructure and/or capital projects at a senior level. • HR and workforce development in complex organisations at a strategic level. • Stakeholder management, communications, and marketing at a senior level. • Equality, diversity, and inclusion at a strategic level. • Public sector/local government system working. • Strategic organisational change management • Understanding of operating within a regulated environment • Continuous improvement 	

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Attributes	Essential criteria	Desirable criteria	How Identified
HEALTH & CARE	<ul style="list-style-type: none"> An understanding of the work of the National Health Service nationally, regionally, or locally. 	<ul style="list-style-type: none"> An understanding of the role of foundation trusts and how services inter-relate and impact on service users, carers, public and staff. Knowledge of health and care sector regulatory compliance frameworks. Awareness of developments and trends in local, regional, and national health and care accountability structures and policy. 	Application form Interview
SKILLS & ABILITIES	<ul style="list-style-type: none"> Excellent analytical skills – able to interpret complex information and to identify underlying issues. Competent in critically evaluating business plans, investment proposals, contractual arrangements, and appraisal of options. Able to work effectively with the Chief Executive, Board members, Public Representatives. Strong interpersonal and leadership skills. Able to shape and lead agendas within a remit, relate to and communicate clearly with people. 	<ul style="list-style-type: none"> Able to support the Trust in developing productive relationships for mutual benefit locally, regionally, and nationally. Ability to work professionally at Board level in an industry or nationally regulated or governed environment under public scrutiny. 	Application form Interview

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Attributes	Essential criteria	Desirable criteria	How Identified
	<ul style="list-style-type: none"> The ability to hold yourself and others to account using a style which is probing and provides constructive challenge Teamwork skills and commitment to senior leadership. 		
PERSONAL QUALITIES	<ul style="list-style-type: none"> Commitment to NHS values and principles and those of the Trust. The motivation to improve NHS and the Trust's performance. Strategic direction: has the ability to think and plan ahead, balancing needs and constraints. Intellectual flexibility, with the ability to think clearly and creatively with independence of judgement. A good listener, able to grasp relevant concepts, demonstrate foresight and insight and summarise effectively. The ability to hold self and others to account using a style which is probing and provides constructive challenge. 	<ul style="list-style-type: none"> An enterprising approach, someone who is commercially minded, imaginative, and alive to opportunities. A strong commitment to working in partnership with service users, carers, and the community. 	Application form Interview

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Attributes	Essential criteria	Desirable criteria	How Identified
	<ul style="list-style-type: none"> • Commitment to promoting diversity, inclusion, and equality of opportunity, within the Trust. • Committed and able to uphold the standards of conduct set out in “The Seven Principles of Public Life” 		
POLICY COMPLIANCE	Comply with: <ul style="list-style-type: none"> • Fit and Proper Person Regulation • NHS Leadership Competency Framework • Code of Conduct for NHS Manager • Insightful Provider Board 		Application form Interview
OTHER REQUIREMENTS	<ul style="list-style-type: none"> • Eligible to be a registered member of the Foundation Trust. • Ability to make a commitment to engage for a sufficient amount of time, which will vary according to demands. (at least 3 days per month) • To Act as a Hospital Manager and be involved with this workstream, including Mental Health Act Hearings 		Occupational Health Screening

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Job Description – Deputy Chair

Role Purpose:

The Deputy Chair is one of the independent Non-Executive Directors (NEDs) of the Foundation Trust and is appointed by the Board of Directors, in consultation with the Council of Governors. The role of the Deputy Chair may be undertaken by any of the independent NEDs.

The Deputy Chair will deputise for the Trust Chair, in a variety of circumstances, as outlined in the duties set out below.

Period of Appointment

The Board will review the appointment every two years and may re-appoint the incumbent or choose another person from amongst the NEDs as advised by the Trust Chair. For clarity, the appointment period for the Deputy Chair will normally be two years unless there are operational reasons as to why the Board may wish to vary the terms of office.

Working Relationships

The Deputy Chair will have the normal working relationships of a NED, however with specific reference to the role of the Deputy Chair the main working relationships will be with:

Chair of the Trust

Executive and Non-Executive Directors

External stakeholders, including local commissioners and providers

Trust Secretary

Corporate Governance Manager (as Deputy Trust Board Secretary).

Duties and Areas of Responsibilities:

In addition to the general duties of a NED, the Deputy Chair will have the following duties:

1. To chair Trust Board meetings, in the absence of the Trust Chair.
2. To deputise for the Trust Chair and attend meetings of the West Yorkshire & Harrogate Health and Care Partnership.
3. To attend meetings of the West Yorkshire & Harrogate Mental Health Service Collaborative.
4. To support the Trust's role in championing Bradford as a city of health research (taking a strategic lead with other partners).
5. To develop wider stakeholder relationships at Place level with other Foundation Trusts, commissioners and stakeholders, such as academia, and including where the Trust will be part of a coming together of the three Foundation Trust Provider Boards locally.

Any subsequent changes to the role description will be approved by the Board of Directors.

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Role Description

Job Title	Governor
Service area	Council of Governors
Reports to	Chair of the Trust
Accountable to	Members of the Trust

1. Role Summary

Foundation trusts are part of the NHS but are also membership organisations. This means that anyone can become a member of our Trust. Members can stand for election to become a Governor and vote in Governor elections. Membership enables our Trust to be more accountable to the people we serve and to connect with our local organisations.

The role of a Governor is to provide a link between the local community and the Board of Directors. They represent the interests of members of the Trust as a whole, the interests of the public and those of our partner organisations. They contribute to the future direction of our Trust and hold the Non Executive Directors (collectively and individually) to account for the way our Board of Directors performs.

Governors are a “critical friend” giving their support to the Trust whilst keeping an eye over its performance against targets and standards.

Governors have certain statutory powers which are set out in the NHS Act 2006 as amended by the Health and Social Care Act 2012. The 2012 Act places a greater emphasis on local responsibilities and accountabilities. There are also a number of other duties set out in the NHS Foundation Trust Code of Governance and some duties that the Trust can decide locally.

2. Knowledge, skills and experience required

Governors are not required to have any prior knowledge, skills or experience to stand for and be elected or appointed to the Council of Governors.

However, they will need to be able to devote sufficient time to fulfilling their role. In particular they will need to:

- be able to make themselves available to undertake any training which the Trust decides is necessary to ensure they are properly supported in carrying out their role (some of this will be mandatory for all Governors and other training will be for certain groups of Governors)

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- be able to attend four general meetings per year which will typically last for three hours
- be available to attend an Annual Members' Meeting, which is usually held in September each year in or around Bradford
- spend time preparing for meetings to ensure they can participate appropriately and carry out their role effectively
- spend time engaging with members
- be willing to volunteer to join sub-committees of the Council or attend other meetings which may be necessary to ensure the work of the Council is progressed in a timely and satisfactory manner.

Staff governors must ensure they agreed with their line manager as to how they will ensure they have sufficient time to carry out their duties.

3. Working relationships

The main working relationships for Governors will be with:

- members of the Trust
- members of the public
- the Chair of the Trust
- other Governors
- the partner organisations that Appointed Governors represent
- the Chief Executive
- the Board of Directors
- the Non Executive Directors as a collective and as individuals
- the Director for Corporate Affairs and Trust Board Secretary
- the Corporate Governance Manager and Deputy Trust Board Secretary
- the Membership Office
- the Executive Support Team and in particular, the Personal Assistant to the Chair

4. Principle duties and areas of responsibility

Duties of the Council of Governors as a collective

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 contained in the Constitution and are as follows:

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- to appoint and, if appropriate, remove the Chair
- to appoint and, if appropriate, remove the other Non Executive Directors
- to 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
- to approve the appointment of the Chief Executive
- support the appointment of the Deputy Chair of the Trust
- to 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)
- to receive the Trust's annual accounts, any report of the auditor on them and the annual report
- to hold the Non Executive Directors, individually and collectively, to account for the performance of the Board of Directors
- to represent the interests of the members of the Trust as a whole and the interests of the public
- 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 Monitor (NHS Improvement), one of our regulators, for a merger with or the acquisition of another foundation trust or NHS trust

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- an application to Monitor (NHS Improvement) for the separation or dissolution of the foundation trust
- amendments to the Trust Constitution
- to decide to refer a Governor's question to Monitor (NHS Improvement's) panel so that Governors can determine if the Trust has failed or is failing to act in accordance with its Constitution or any provision made by or under Chapter 5 of the NHS Act 2006.
- 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
- where an amendment is made to the Constitution in respect of Governors' powers or duties at least one member of the Council shall attend the next Annual Members' Meeting to present the changes to the membership.

The Council of Governors will also be required to carry out a number of **non-statutory duties**. These are set out in the "NHS Foundation Trust Code of Governance" (marked below with a CoG reference number) and are carried out on a 'comply or explain basis'; that is if the Council does not carry out these duties or the Trust chooses to carry these out in a different way there is a need to explain the reason for this in the Annual Report (note: CoG stands for Code of Governance)

- be consulted on the appointment of the Senior Independent Director (CoG A.3.3)
- agree a clear process for the appointment of the Chair of the Trust and the other Non Executive Directors (CoG C.1.4)
- agree a process for the evaluation or appraisal of the Chair of the Trust and the other Non Executives, including the outcomes of the evaluation of the Chair of the Trust and the Non Executive Directors (CoG D.2) (CoG A.1.3)
- receive a report on the outcome of the evaluation or appraisal of the Chair of the Trust or the other Non Executive Directors, particularly where this is linked to a reappointment process

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- assess its own collective performance and its impact on the Trust and communicate to members how Governors have discharged their duties (CoG D.2.2)
- take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors (CoG F.3.4).
- establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors or other matters related to the general wellbeing of the Trust (CoG B.1.7)
- agree with the Executive Directors what information it needs to receive at its meetings (CoG D.1.3)
- agree who from amongst the Governors should be appointed as the Lead Governor, and Deputy Lead Governor.

Membership and engagement duties

Governors will, or will support the Trust carrying out the following:

- recruit new members within their constituency (with support and advice from the Membership Office)
- engage with and involve their constituents so they understand what people want from our services, and represent their views and ideas at the Council of Governors' meetings
- canvass the opinion of their members, and for Appointed Governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, with their views being communicated to the Board of Directors (CoG D.1.5)
- regularly feedback to members and partner organisations information about the Trust its vision and its performance (CoG B.1)

General duties of individual Governors

Individually, Governors will be required to:

- sign and abide by the "Code of Conduct"

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- attend meetings of the Council of Governors including any sub-committees of which they are a member, and abide by any agreed meeting etiquette
- agree (on a voluntary basis) to be members of, or be considered for membership of the various sub-committees and working groups of the Council of Governors.
- abide by the policies and procedures of the Trust, including the Constitution and those annexes applicable to Governors and members
- undertake whatever training is identified as necessary for Governors
- attend any review meeting or appraisal as requested by the Chair of the Trust
- agree (on a voluntary basis) to participate in any other duties as may be required by the Board of Directors or its officers
- be committed to the success of the Trust and uphold its values (appendix 1).

5. Limitations

Governors and the Council of Governors will not be involved in the day-to-day running of the Trust for example, setting budgets, staff pay, undertaking contractual arrangements or other operational matters. These responsibilities lie with the Board of Directors and individual Executive Directors who will manage the Trust day-to-day and exercise the powers granted to it.

The Council of Governors has no role in considering matters such as the appointment or dismissal, appraisal, pay levels, performance or conditions of service of Executive Directors or any other member of staff or officer of the Trust.

Governors are not there to raise complaints on behalf of themselves or individuals, nor to act as advocates.

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Council of Governors – Public Meeting

19th February 2026

Paper title:	National Oversight Framework and Changes in National Regulations	Agenda Item 11
Presented by:	Phil Hubbard, Director of Nursing	
Prepared by:	Farhan Rafiq, Director of Transformation, Improvement & Productivity	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	

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

Being the Best Partner	Partnership	x
Good governance	Governance, accountability & oversight	x

Purpose of the report

This paper provides a simple update on the National Oversight Framework (NOF) and related national regulatory requirements, explaining:

- what the NOF is and why it matters,
- how it works (including rankings and segments),
- where the Trust currently sits, and
- what work is underway to improve our position, particularly around data quality and key performance measures

Executive Summary

The NHS Oversight Framework is the national approach NHS England uses to review and compare provider performance in a consistent and transparent way, and to identify where additional support or intervention may be needed.

The Trust was placed in Segment 4 in the first published NOF tables in September 2025. The most recent Quarter 2 (published December 2025) shows the Trust remains Segment 4, but overall performance improved compared with Quarter 1: the average score reduced from 2.84 to 2.74, with improvements across a majority of metrics and the most notable improvement in Finance and Productivity while Access to Services deteriorated slightly in Quarter 2.

Since the initial publication, national metrics and definitions have changed, including addition/removal of measures in national tools (e.g., Model Health System), which affects how the Trust is scored and compared. A focused improvement programme is in place, including strengthened executive oversight via the Data Quality Improvement Working Group, changes to governance and assurance, and targeted actions on key NOF-related measures—particularly the crisis face-to-face within 24 hours metric and improved interpretation of rolling national metrics versus internal management data.

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)

- Note what the NOF is, how it works
- Note the Trust’s current confirmed position: Segment 4 in Quarter 2
- Note progress made up to end of Quarter 2
- Note the risks, implications and mitigations

<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • Pressure on workforce impacting on quality of care to patients, patient experience & outcomes – QSC • Threat to culture change in light of additional performance/financial pressures - PCC • Maintained risk of the Trust being unable to maintain financial sustainability in medium to long term – FPC • Data Quality - FPC 						
<p>Care Quality Commission domains Please check <u>ALL</u> that apply</p>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Safe</td> <td><input checked="" type="checkbox"/> Caring</td> </tr> <tr> <td><input checked="" type="checkbox"/> Effective</td> <td><input checked="" type="checkbox"/> Well-Led</td> </tr> <tr> <td><input checked="" type="checkbox"/> Responsive</td> <td></td> </tr> </table>	<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	
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Caring						
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<p>Compliance & regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • The NHS oversight framework describes how NHS England’s oversight of NHS trusts, foundation trusts and integrated care boards operates. Oversight metrics are used to indicate potential issues and prompt further investigation of support needs and align with the five national themes of the NHS oversight framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. 						

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What the National Oversight Framework is

The NOF is national framework used by NHS England to assess NHS trusts and foundation trusts (and soon ICBs) in a consistent way, supporting public accountability and identifying where improvement support is needed. It is designed to strengthen accountability and support improvement, and it emphasises areas such as financial sustainability, productivity, and reducing inequalities, aligning with broader national planning direction.

National NOF information is refreshed and published periodically (including public-facing league tables), and national tools such as the Model Health System are updated as new quarters of data are released.

The NOF affects how the Trust is viewed externally and can trigger increased scrutiny, structured assurance requirements, and expectations for credible improvement plans. More pertinently, if sustainable improvement is not made, there is potential for formal provider intervention from NHS England in the future.

How the NOF works (rankings, scores, and segments)

The NOF uses a set of national metrics. Each metric has scoring rules and providers receive a score. To calculate an organisation's overall delivery score, an average is calculated across applicable metric scores and domains.

In Trust NOF reporting, organisations are then ranked and assigned a segment based on their performance. Ranks can run from 1 (best within the top segment) to 61 (worst within the lowest segment) – with 5 segments in total. The set of scoring metrics and definitions shown in national tools can change over time (e.g., metrics added/removed and contextual measures shifted), which can change the way performance appears quarter to quarter.

It is worth noting that ranking and segments within the NOF will not remain static. As performance on metrics improves (or worsens) for our Trust, it will for other Trusts in the NOF too. Therefore it is not possible to forecast what segment we maybe in the future with any real certainty. The key focus is to demonstrate continuous improvement across all metrics.

Our current position (Quarter 2 published December 2025)

Quarter 2 results (published December 2025) show the Trust remains in Segment 4, but overall performance improved compared with Quarter 1. Our national ranking is 50/61 when looking at non-acute providers. It states the average score reduced from 2.84 to 2.74 and that improvements were seen across a majority of metrics, most notably in Finance and Productivity, where the domain score improved from 3 to 2. Access to Services deteriorated slightly in Quarter 2.

Further context and of these metrics in terms of performance are reported in the integrated strategic performance report that is reported to Board, Committees and Governors more routinely.

Summary Report

Attached to this report is a presentation that outlines our score and rankings by each domain that comprises the NOF. A summary of key points have been highlighted below:

Access to Services

- Long waits increased slightly in Q2, meaning more people waited too long for community services, though this is expected to improve by December.

Effectiveness and Experience

- People are generally moving through services more smoothly, with fewer adults experiencing very long delays before discharge.

Patient Safety

- Safety performance improved a little, helped by more urgent referrals receiving a timely face-to-face response within 24 hours.

People and Workforce

- Workforce wellbeing showed a small uptick, mainly because sickness absence reduced slightly compared with Q1

Finance & Productivity

- The Trust made a clear improvement this quarter, with its Finance & Productivity score strengthening from 3 to 2, showing a solid step forward in financial performance and use of resources

The next publishing of the NOF data (for Quarter 3 is expected during March 2026. Emerging data suggests further improvement is likely if current trajectories are maintained especially on data quality related metrics. However, due to notable seasonal spikes this winter, there may be an adverse impact on metrics relating to sickness absence and lengths of stay.

Risks, implications, and mitigations

Risk 1: Remaining in Segment 4

- Implication: Continued reputational impact and potential for increased scrutiny.
- Mitigation: Maintain focus on priority actions to move towards Segment 3

Risk 2: Data quality gaps distort how we look nationally

- Implication: The Trust may appear to perform worse than reality if activity isn't recorded/flowed in a way national datasets recognise, particularly for a small number of metrics.

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- Mitigation: Active delivery via the Data Quality Improvement Working Group, strengthened governance and targeted delivery plans on key metrics.

Risk 3: Misinterpretation of rolling national metrics vs internal snapshots

- Implication: Board/Governor assurance could be undermined if performance discussions mix up methodology differences rather than true operational performance.
- Mitigation: Embed a standard explanatory narrative in reporting to distinguish operational delivery, data quality/flow completeness, and rolling-average methodology.

Risk 4: National financial and operating requirements increase pressure

- Implication: National cost-reduction and efficiency expectations can intensify pressure on services and corporate functions.
- Mitigation: Clear governance, prioritisation, and transparent reporting so decisions are made with proper oversight and assurance

Risk 5: Potential for formal intervention if improvement is not sustained

- Implication: Potential for formal provider intervention from NHS England in the future if sustainable improvement is not made and Trust performance deteriorates to a segment 5 position
- Mitigation: Sustain improvement trajectories, continue targeted actions, and maintain strengthened executive oversight and assurance routes

Recommendations

The Council of Governors is asked to:

- Note what the NOF is, how it works
- Note the Trust's current confirmed position: Segment 4 in Quarter 2
- Note progress made up to January 2026
- Note the risks, implications and mitigations described above

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National Oversight Framework Report

Quarter 2 2025/2g

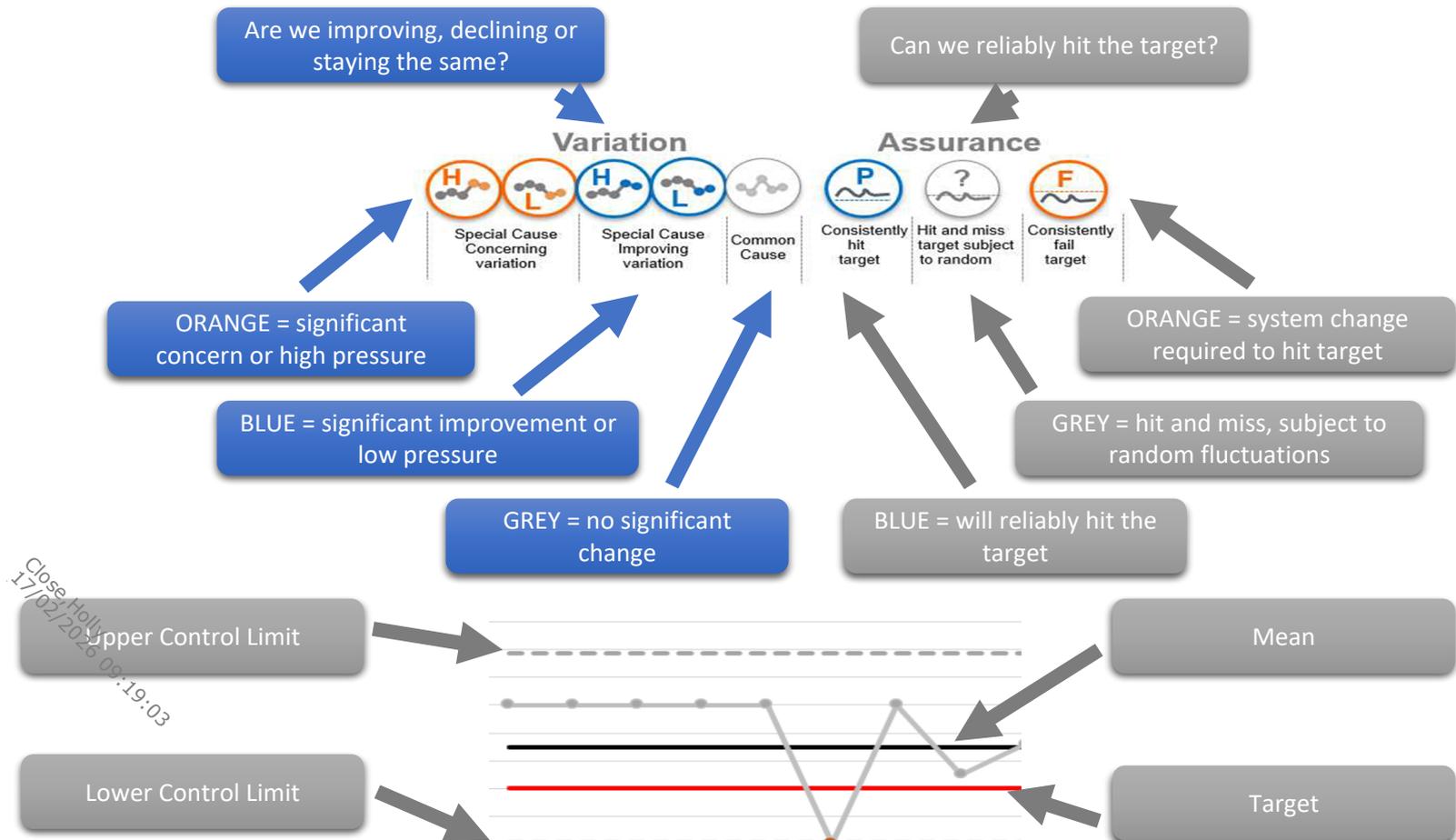


Good Governance; Accountability; Effective Oversight

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A note on SPC charts

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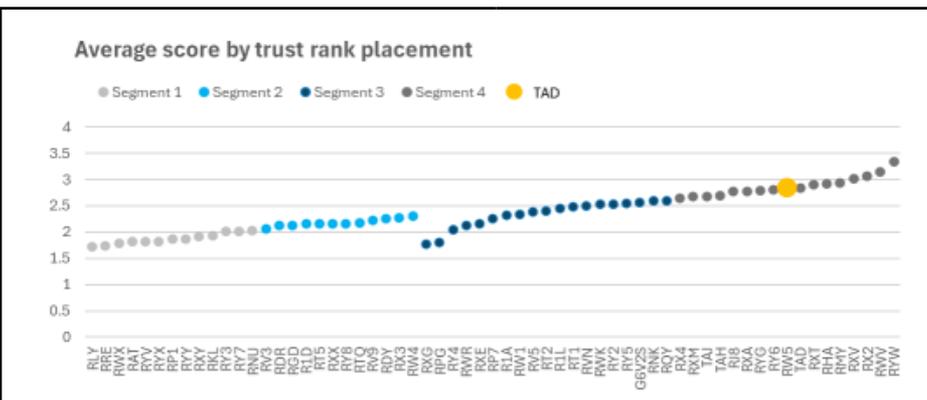
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Overview NOF Q1 2025/26 – Published

<p>Average Score</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;">2.84</div> <p>Scores range from 1.00 (high performing) to 4.00 (low performing)</p>	<p>Trust in Financial Deficit?</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;">No</div> <p>If an organisation is reporting a financial deficit or in receipt of deficit support, that organisation's segment can be no greater than 3.</p>	<p>Segment</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px; background-color: #f8d7da;">4 – Low performing</div> <p>Each trust is assigned to a segment ranging from 1 to 4 based on average metric score and taking into consideration the financial deficit override.</p>	<p>Trust Rank</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px; background-color: #f8d7da;">53 out of 61</div> <p>Each trust receives a rank based first on their segment and then their average score within that segment. Ranks range from 1 (The segment one trust with the lowest average score) to 61 (the segment 4 trust with the highest average score)</p>
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Focused performance areas

Access to services	3 – Below average
Finance and productivity	3 – Below average
Effectiveness and experience of care	4 – Low performing
Patient safety	4 – Low performing
People and workforce	4 – Low performing



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National Oversight Framework - Summary

Metric Description	2025/26							
	Q1		Q2		Q3		Q4	
	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived
ACCESS TO SERVICES								
Percentage of patients waiting over 52 weeks for community services (end of quarter snapshot)	0.25%	2.15	1.12% ↑	2.66 ↑				
% change in no. of under 18s supported through NHS funded MH with at least 1 contact in a rolling 12m period	-0.43%	3.55	-2.96% ↓	3.43 ↓				
DOMAIN SCORE		2.85 (3)		3.05 (4) ↑				
EFFECTIVENESS AND EXPERIENCE								
National CQC community mental health survey overall experience rating	As expected	2.00	As expected	2.00 ↔				
Urgent Community Response % achieving 2hr standard	79.04%	2.62	77.12% ↓	2.71 ↑				
Percentage of adult discharges with a length of stay above 60 days (3m rolling)	33.33%	3.87	26.32% ↓	3.04 ↓				
DOMAIN SCORE		2.83 (4)		2.58 (4) ↓				
PATIENT SAFETY								
NHS Staff Survey raising concerns sub-score (MHPRV)	6.83	2.35	6.83 ↔	2.35 ↔				
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m rolling)	28.08%	3.93	35.27% ↑	3.88 ↓				
DOMAIN SCORE		3.14 (4)		3.11 (4) ↓				

National Oversight Framework - Summary

Metric Description	2025/26							
	Q1		Q2		Q3		Q4	
	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived
PEOPLE AND WORKFORCE								
Sickness absence rate (3m rolling)	6.95%	3.85	6.30 ↓	3.78 ↓				
NHS Staff Survey engagement sub-score (MHPRV)	7.08	2.50	7.08 ↔	2.50 ↔				
DOMAIN SCORE		3.18 (4)		3.14 (4) ↓				
FINANCE AND PRODUCTIVITY								
Planned surplus / deficit	0.0% (not published)	1.00	0.86% ↑	1.00 ↔				
Variance YTD to financial plan	0.0% (not published)	1.00	0.12% ↑	1.00 ↔				
Combined finance score		1.00		1.00 ↔				
Relative difference in costs	113.4	3.43	106.45 ↓	2.8 ↓				
DOMAIN SCORE		2.22 (3)		1.90 (2) ↓				
Overall Average Score/Final Segmentation								
	2.84	4	2.74 ↓	4 ↔				

National Oversight Framework - Estimates

Metric Description	NOF Q2 Published			Q3 Estimates – Published data		
	Data Period	Raw measure	Score Derived	Raw measure	Benchmark	
ACCESS TO SERVICES						
Percentage of patients waiting over 52 weeks for community services (end of quarter snapshot)	Sep 2025	1.12%	2.66	0.75% Oct 25	England - 7.46% (Oct25) NE&Y – 8.27% (Oct25)	
% change in no. of under 18s supported through NHS funded MH with at least 1 contact in a rolling 12m period	10/24-09/25 v 10/23-09/24	-2.96%	3.43	-2.18% 11/24-10/25 v 11/23-10/24	England - +4.46% (Oct 25) NE&Y - +2.02% (Oct 25)	
DOMAIN SCORE			3.05 (4)			
EFFECTIVENESS AND EXPERIENCE						
National CQC community mental health survey overall experience rating	2024 Annual	As expected	2.00	Annual Refresh		
Urgent Community Response % achieving 2hr standard	Q2 2025	77.12	2.71	79.1% Aug-Oct25 78.8% Oct 25	England – 84.1% (Oct 25) NE&Y – 82.8% (Oct 25)	
Percentage of adult discharges with a length of stay above 60 days (3m rolling)	Q2 2025	26.32%	3.04	29% Aug-Oct 25	England – 24.94 (Aug-Oct 25)	
DOMAIN SCORE			2.58 (4)			
PATIENT SAFETY						
NHS Staff Survey raising concerns sub-score (MHPRV)	2024	6.83	2.35	Annual Refresh		
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m rolling)	Q2 2025	35.27%	3.88	39.0% Aug-Oct25 52% Oct25	England 67.63% (Oct 25)	
DOMAIN SCORE			3.11 (4)			

National Oversight Framework - Estimates

Metric Description	NOF Q2 Published			Q3 Estimates – Published data		
	Data Period	Raw measure	Score Derived	Raw measure	Benchmark	
PEOPLE AND WORKFORCE						
Sickness absence rate (3m rolling)	Q1 2025/26	6.30%	3.78	6.68% May-Jul 25 7.03% Jul 25	England – 5.08% (Jul 25) NE&Y – 5.53% (Jul 25)	 
NHS Staff Survey engagement sub-score (MHPRV)	2024	7.08	2.50	Annual Refresh		
DOMAIN SCORE			3.14 (4)			
FINANCE AND PRODUCTIVITY						
Planned surplus / deficit	Apr 25	0.86%	1.00			
Variance YTD to financial plan	Month 6 2025	0.12	1.00			
Combined finance score	Q1 2025/26		1.00			
Relative difference in costs	Mar 25	106.45	2.80	Annual Refresh		
DOMAIN SCORE			1.90 (2)			
Overall Average Score/Final Segmentation		2.74	4			

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Metric

Percentage of patients waiting over 52 weeks for community services – month-end snapshot

Period / reporting period

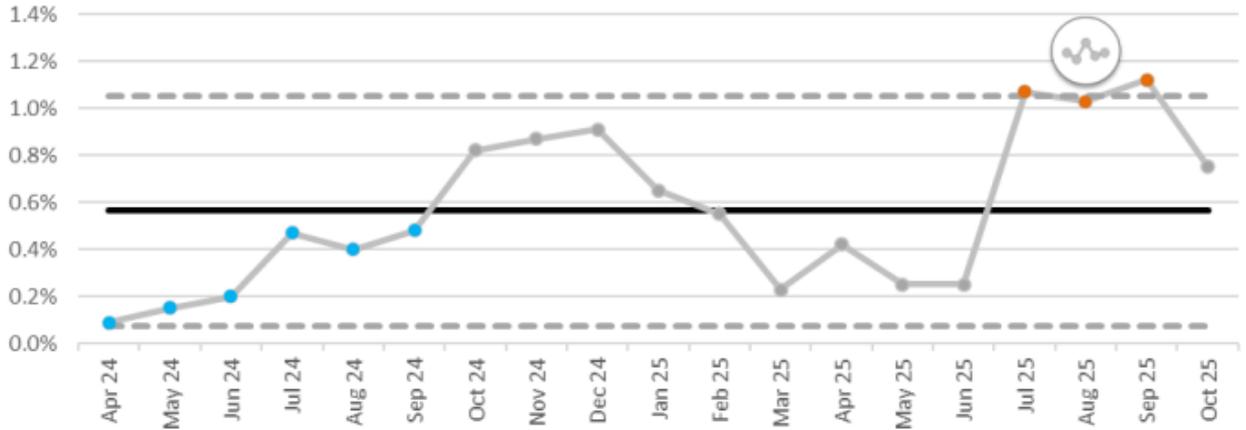
October 2025 (Published)

Commentary

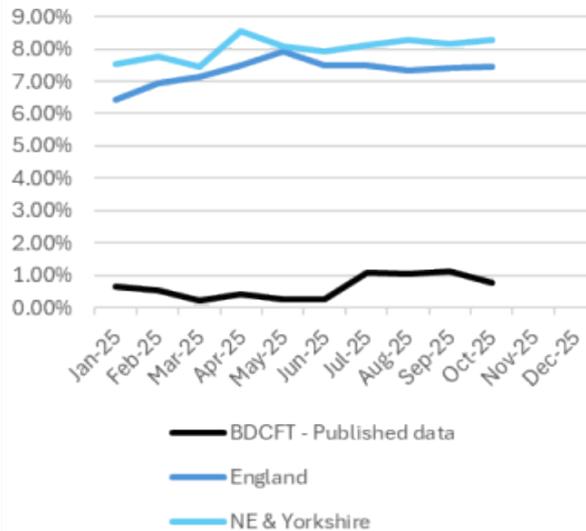
NOF Publication showed a decrease from Q1 to Q2. Oct. forecast indicates an improvement for Q3.

Dec. snapshot will be used for NOF Q3 scoring – the only applicable community service with over 52 weeks waiters is SLT & these are forecasted to have reduced to 0 by the end of Dec., which is expected to see lowering of the metric score to 1

BDCFT (Published performance)

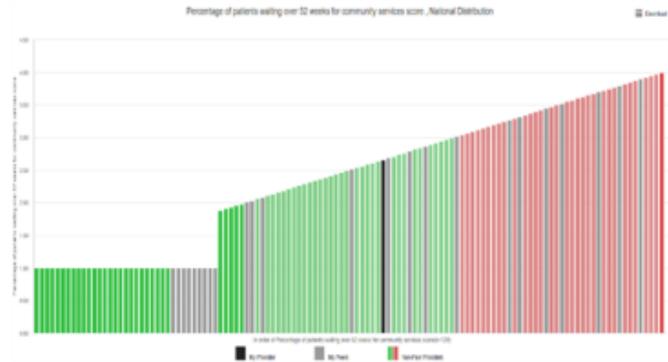


Benchmarking



NOF Q2 Ranking – 25/41

Q2 2025/26 **2.66** NOF Score **Provider value** 0



<p>Metric</p>	<p>BDCFT Performance (derived from published data)</p>	
<p>% change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12-month period</p>	<div data-bbox="568 732 1188 1389"> <p>Benchmarking</p> </div> <div data-bbox="1188 732 1860 1389"> <p>NOF Q2 Ranking – 41/49</p> <p>Q2 2025/26 3.43 NOF Score Provider value </p> <p>Annual change in the number of children and young people accessing NHS-funded IPH services score, National Distribution</p> </div>	
<p>Period / reporting period</p>	<p>October 2025 (Published)</p>	
<p>Commentary</p>	<p>NOF Publication showed a decrease from Q1 to Q2. Oct. forecast indicates an improvement for Q3.</p> <p>There are some indications that CYP access metric may be removed from future NOF publications following feedback from providers regarding the metric methodology and issues relating to service delivery models impacting Trust performance</p>	

<p>Metric</p>	<p>BDCFT (Derived from published 3 month average)</p>	
<p>Urgent Community Response (UCR) Percent achieving 2hr standard</p>	<p>Benchmarking (quarterly average)</p> <p>NOF Q2 Ranking – 34/38</p> <p>Q2 2025/26 2.71 NOF Score Provider value 0</p> <p>Urgent Community Response 2-hour performance score, National Distribution</p>	
<p>Period / reporting period</p>	<p>October 2025 (Provisional, Published)</p>	
<p>Commentary</p>	<p>NOF Publication showed a decrease from Q1 to Q2. Oct. forecast indicates no significant change for Q3.</p> <p>Note. Published data is insufficient to calculate a 3-month rolling percentage, an average of the previous 3 months has been used which is similar to the NOF published performance.</p>	

<p>Metric</p>	<p>BDCFT Published (3m rolling)</p>	
<p>Percentage of adult discharges with a length of stay above 60 days (3m Rolling)</p>	<p>Benchmarking (3m rolling)</p> <p>NOF Q2 Ranking – 33/47</p> <p>Q2 2025/26 3.04 NOF Score</p> <p>Provider value </p> <p>Percentage of inpatients with >60 day length of stay score, National Distribution</p>	
<p>Period / reporting period</p>	<p>October 2025 (Published)</p>	
<p>Commentary</p> <p>NOF Publication showed an improvement from Q1 to Q2.</p> <p>Oct. forecast indicates a slight deterioration for Q3.</p> <p>Note. Performance of this metric may fluctuate as efforts are made to discharge clients with long lengths of stay.</p>		

<p>Metric</p>	<p>BDCFT Published (derived 3m rolling)</p>	
<p>Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m Rolling)</p>	<p>Benchmarking (Derived 3m rolling)</p>	
<p>Period / reporting period</p>	<p>NOF Q2 Ranking – 46/48</p> <p>Q2 2025/26 3.88 NOF Score</p> <p>Provider value </p> <p>Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours score (1/24)</p>	
<p>October 2025 (Published)</p>	<p>Commentary</p> <p>NOF Publication showed an improvement from Q1 to Q2. Oct. forecast indicates a further improvement for Q3.</p> <p>Improvement actions underway include:</p> <ul style="list-style-type: none"> • Transfer FRS F2F activity to a MHSDS compliant S1 MH unit. • Address data recording issues relating to Clinical Response Priority Type within IHTT services (Adult & CAMHS). 	

<p>Metric</p>	<p>BDCFT Published (Derived 3m Rolling)</p>	
<p>Sickness absence rate (3m rolling)</p>	<div data-bbox="564 763 1213 1392"> <p>Benchmarking</p> </div> <div data-bbox="1213 763 1864 1392"> <p>NOF Q2 Ranking – 52/61</p> <p>Q2 2025/26 3.78 NOF Score</p> <p>Provider value </p> <p>Sickness absence score, National Distribution</p> </div>	
<p>Period / reporting period</p>	<p>July 2025 (Published)</p>	
<p>Commentary</p>	<p>NOF Publication showed an improvement from Q1 to Q2. Oct. forecast indicates a deterioration for Q3.</p> <p>Data periods used for NOF Publications:</p> <ul style="list-style-type: none"> • Q1 = (Jan-Mar 25) • Q2 = (Apr-Jun 25) <p>Further clarification required as to if quarterly or 3 month rolling figures are being used.</p>	

Council of Governors Performance Report

February 2026 Meeting

Performance Data up to
December 2025



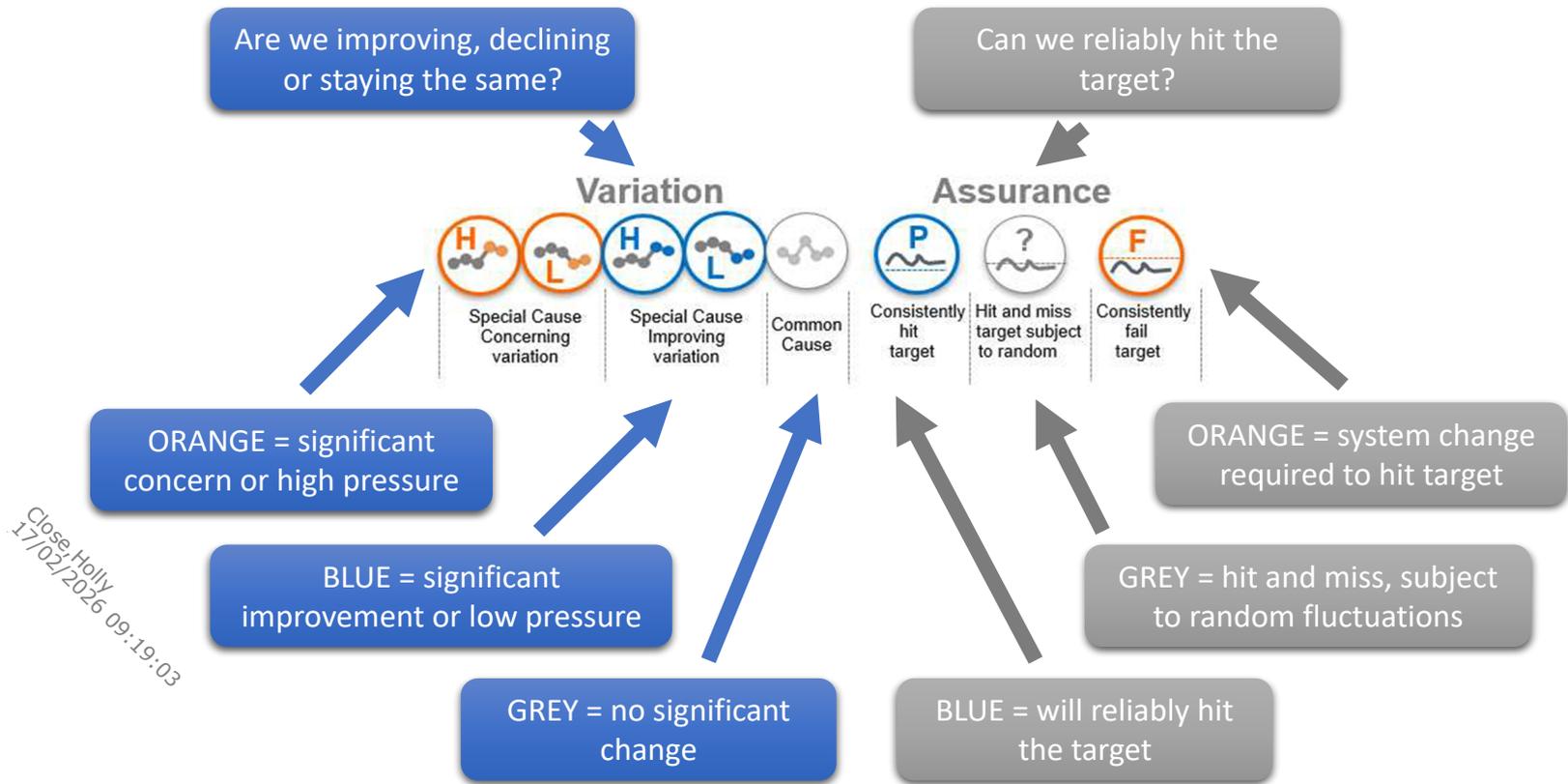
Good Governance; Accountability; Effective Oversight

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Delegated Strategic Priorities – Assurance Level

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

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

Delegated Strategic Priorities – Assurance Level

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

<p>Theme 3: New Ways of Working and Delivering Care - we will</p> <ul style="list-style-type: none"> • Make sure that our physical places of work are accessible, well-resourced, high quality and maximise opportunities for new and integrated ways of working with our partner organisations. • Create a digitally enabled workforce through training, education and support, and embedding digital clinical leadership across the organisation. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • Our people are digitally confident, have consistently positive experiences using devices, applications and workspaces, that enable them to do their job effectively, supported by clinical digital leaders. • We are exploring opportunities for “dual qualification” for nurses and AHPs across acute and MHLDA career pathways to introduce higher levels of competence and cross-sector integrated working. • We have developed and implemented transformation programmes that change the way we deliver services and take a more creative approach to skill mix and developing the workforce. 	<p>Confirmed Current assurance level:</p> <p>3. Significant</p>
<p>Theme 4: Growing for the future – we will</p> <ul style="list-style-type: none"> • Deliver sustainable recruitment and development initiatives to improve retention, support progression opportunities and build organisational resilience and capabilities. <p><i>Close Holly 17/02/2026 09:19:03</i></p>	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • We have on-boarded a total of 30 newly qualified RMNs to ward based roles. • We have contributed to the MHLDA Provider Collaborative Staff Bank and now have access to over 500 Bank Nurses from two other organisations to fulfil our temporary staffing needs. • Our temporary staffing fulfilment is sustainably at a ratio of 90% Bank and 10% Agency. • Continue ‘earn while you learn’ with student nurses from local Higher Education Institutes, by joining the Trust Bank alongside their academic training, with the first cohort by May 2024 as a feasibility pilot, with the potential to widen to a Bradford District and Craven offer from 2024 onwards. • We are actively engaged in a BD&C Place scheme to collaborate around recruitment to entry level roles in all health and social care specialties, not only in respect of job opportunities that reach out into our communities, but also a cohesive approach to developing career pathways through vocational and academic programmes open to all. 	<p>Confirmed Current Assurance Level:</p> <p>4. High</p>

Key Performance Indicators

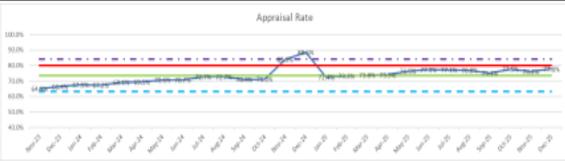
Best Place to Work: Theme 1: Looking After our People

Metric	Type	Year End Position 2023/24	Reporting 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 border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <tr> <td>Your org</td> <td>66.33%</td> <td>63.10%</td> <td>63.93%</td> <td>62.26%</td> <td>64.28%</td> </tr> <tr> <td>Best result</td> <td>77.76%</td> <td>73.57%</td> <td>73.02%</td> <td>75.47%</td> <td>78.15%</td> </tr> <tr> <td>Average result</td> <td>67.83%</td> <td>63.10%</td> <td>62.73%</td> <td>65.57%</td> <td>65.21%</td> </tr> <tr> <td>Worst result</td> <td>49.05%</td> <td>43.47%</td> <td>39.54%</td> <td>39.56%</td> <td>42.78%</td> </tr> <tr> <td>Responses</td> <td>1269</td> <td>1412</td> <td>1329</td> <td>1671</td> <td>1755</td> </tr> </tbody> </table>		2020	2021	2022	2023	2024	Your org	66.33%	63.10%	63.93%	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																																					
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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%	Dec 25	10.6%	10%																																					
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Dec 25	2.93% of the 7.57% (38.72% 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 disciplinaries involving BAME staff	Strategic	1 Grievance 12 Disciplinaries (15.38% of all ER Casework)	Dec 25	2 Grievances 9 Disciplinaries (25.71% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Dec 25	77.8%	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	Dec 25	81.49% 3.68% Agency 77.81% Bank 18.51% 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	Dec 25	4998 requested 184 Agency 3889 Bank 925 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Dec 25	44.18 Agency 242.02 Bank Ratio: 15.44% Agency 84.56% Bank	N/a	
Vacancy rates	Strategic	7.4%	Dec 25	4.6%	10%	Increase

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	Dec 25	162	63	No change
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Dec 25	-5	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.

<p>Theme 1: Access & Flow – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>Confirmed Current Assurance Level (QSC – quality perspective):</p> <p>2. Limited</p> <hr/> <p>Confirmed Current Assurance Level (Finance and Performance perspective):</p> <p>1. Low</p>
<p>Theme 2: Learning for improvement – we will</p> <ul style="list-style-type: none"> • 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. 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>Confirmed Current Assurance Level:</p> <p>3. Significant</p>

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	Dec 25 Oct-Dec (3m)	103 111				484	
Average Length of Stay (Acute wards)	Supporting	Dec 25	45.1	NA			59.4	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	Dec 25	10	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Dec 25	67.4%	92%			68.7%	

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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	Nov 25	43.7%	50%	
% of staff trained as a CTW Leader	Strategic	Nov 25	23.4%	20%	
% of staff trained as a CTW Practitioner	Strategic	Nov 25	33.2%	3%	
% of staff trained as a CTW Sensei	Strategic	Nov 25	73.5%	0.5%	
No of participants in research studies (YTD)	Strategic	Nov 25	20	400	

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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	Performance	Target	Variation	Assurance	Mean	SPC / trend chart
Number of patient safety incidents relating to treatment or procedure delay/failure, delays in referral, cancellation of clinic/appointments, cancelled therapeutic activity, admission bed shortages and admission failure/delay to access services (Primary sub-cat)	Strategic	Nov 25	54	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Nov 25	9	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Nov 25	96.9%	90%	N/A	N/A	N/A	

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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

<p>Theme 1: Financial Sustainability – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>CONFIRMED Current Assurance Level:</p> <p>1. Low</p>
<p>Theme 2: Our environment and workspaces – we will</p> <ul style="list-style-type: none"> • 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 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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 	<p>CONFIRMED Current Assurance Level:</p> <p>1. Low</p>
<p>Theme 3: Giving back to our communities – we will</p> <ul style="list-style-type: none"> • Contribute to the social, economic and cultural development of our place through social value led approaches, programmes and procurement 	<p>We will know we have been successful when:</p> <ul style="list-style-type: none"> • 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. 	<p>CONFIRMED Current Assurance Level:</p> <p>2. Limited</p>

Strategic Priorities – Assurance Summary

Good governance: Good governance, accountability and effective oversight

We will Have in place good governance arrangements that ensure we make the best decisions	We will know we have been successful when: We have well embedded governance processes that are clear and effective	CONFIRMED Current assurance level: 3. Significant
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Council of Governors – Public Meeting

19th February 2026

Paper title:	Performance Report	Agenda Item 12
Presented by:	Kelly Barker, Chief Operating Officer	
Prepared by:	Cliff Springthorpe, Head of Business Support & Kelly Barker Chief Operating Officer	
Committees where content has been discussed previously	Board of Directors Quality and Safety Committee Mental Health Legislation Committee People and Culture Committee Finance and Performance Committee	
Purpose of the paper Please check ONE 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 December 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 safety and with good governance.

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

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

The detail and decision regarding each committees 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: High (4)
 - Key Data: Staff survey engagement stable at 7.08 (target 7.4); 64.28% would recommend the Trust (above sector average); Labour turnover increased to

13.68% (target 10%); Sickness absence due to stress/anxiety at 2.93% of 7.57% 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 77.8% (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:* 162 apprenticeships (up from 135), vacancy rate reduced to 4.6% (target 10%), bank/agency fill rates at 81.49% (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:* Inappropriate Out of Area Placements increased (monthly bed days: 111 in Dec 25); Consultant-led waiting times increased to 67.4% (target 92%); Length of stay >60 days reduced to 10 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 73.5%, Leader 23.4%, Practitioner 33.2%).
- **Improving Experience for Service Users:** Trauma-informed care, patient involvement, and reducing temporary staffing.
 - *Assurance Level:* Limited (2, Quality); Significant (3, MHLC)
 - *Key Data:* 54 patient safety incidents while waiting (target 0); 9 complaints related to waiting; Patient experience score 96.9% (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

- Safe Caring
 Effective Well-Led
 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 – Public Meeting

19 February 2026

Paper title:	LMH Redevelopment Highlight Report	Agenda Item 13
Presented by:	Claire Risdon, Operational Director of Finance	
Prepared by:	Claire Risdon, Operational Director of Finance	
Committees where content has been discussed previously		
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	

Relationship to the Strategic priorities and Board Assurance Framework (BAF)		
The work contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	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	x
	Our environment and workplace	x
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	

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Purpose of the report

This highlight report updates the Project Sponsor and Project Board (LMPB) about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board and alert them to any changes that may affect the project.

Executive Summary

To design and build a new two storey ward block, entrance & landscaping with targeted refurbishment programme to the main LMH block and form 100% en-suite accommodation on 2 existing acute wards

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

<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none">
<p>Care Quality Commission domains Please check <u>ALL</u> that apply</p>	<p><input type="checkbox"/> Safe <input type="checkbox"/> Caring <input type="checkbox"/> Effective <input type="checkbox"/> Well-Led <input type="checkbox"/> Responsive</p>
<p>Compliance & regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none">

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Council of Governors – Public Meeting
19 February 2026

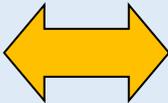
LMH Redevelopment Highlight Report

LMH Redevelopment – Project Board Project Highlight Report		 Bradford District Care NHS Foundation Trust	
<i>This highlight report updates the Project Sponsor and Project Board (LMPB) about the project’s progress to date. It also provides an opportunity to raise concerns and issues with the Board and alert them to any changes that may affect the project.</i>			
Project Objective/s:	To design and build a new two storey ward block, entrance & landscaping with targeted refurbishment programme to the main LMH block and form 100% en-suite accommodation on 2 existing acute wards.		
Project SRO:	Mike Woodhead	Report Number:	10
Project Director:	Louise Rigg	Report Date:	5 th February 2026
Current Project Stage(s):	Phase 1 - Construction Phases 2a/2b 3 and 4 - Post-FBC approval		
Project Board date:	10 th February 2026		

1. Status (RAG)
<p>Red – behind delivery against plan and not expected to recover against the original plan.</p> <p>Amber – behind delivery against plan but expected to get back on track.</p> <p>Green – going according to plan and within tolerance.</p>

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1. Status (RAG)

<p>Current status: <i>Status reset as per August LMPB</i></p>		<p>Status trend:   </p> <p>BETTER/SAME/WORSE (since last report)</p>	
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Status Summary:

Phase 1:

- 1st Response relocated from the temporary location in the Bungalows back to the Main Building on 28th January 2026.
- Natural England approval granted on 29th January 2026 to rehouse the bat. Date to be agreed with arboricultural & ecological consultants to rehome.
- Temporary entrance works scheduled for completion on 27th February 2026.

All Phases:

- Successful Gateway 3 Review exercise with recommendations provided for action.
- Full Business Case approval by DHSE’s Joint Investment Committee (19th January 2026) subject to approval conditions.
- Contract discussions with McAvoy remain ongoing.

2. Progress since last report:

Achievements:

Phase1:

- Temporary entrance works started on site 13th October 2025 works and are scheduled to complete 27th February 2026.
- 1st Response relocated from the temporary location in the Bungalows back to the Main Building on 28th January 2026.
- Natural England approval granted 29th January 2026 to rehouse the bat. Date to be agreed with arboricultural & ecological consultants to rehome.
- Mains gas supply for the Bungalows - work started to disconnect the supply on 2nd February 2026.
- Electrical supply for the Bungalows - work planned to disconnect the supply on 24th February 2026.

All Phases:

- Successful Gateway 3 Review exercise with recommendations provided for action.

- Associated action plan submitted to DHSC for review (see separate agenda item).
- Full Business Case submitted at the end of November 2025 for review by NHSE/DHSC.
- Following resolution of most points of clarification, the Full Business Case was approved by DHSC’s Joint Investment Committee (19th January 2026) – subject to delivery of several approval conditions.
- Action plan developed to address approval conditions (see separate agenda item).
- Roles offered to remaining individuals in the Project Delivery Team.

Slippage & Delays:

Phase 1:

- Temporary digital link between Osprey House and Daisy Hill House requires installation prior to Bungalows digital link disconnection.
- Digital installation of Fibre cables from Virgin and BT Openreach into Osprey House. Date to be agreed for installation.

All Phases:

- Ability to spend funding in 2025/26 will be delayed.
- Commencement date confirmation for remaining individuals in the Project Delivery Team.
- Contract type and content discussions behind schedule with McAvoy.

3. High Level Project Plan - Milestones and Deliverables:

The project is currently on plan to the current programme (V14 as per FBC).

Milestone	Planned Completion Date	Revised Completion Date	Progress/Slippage
DHSC Funding awarded	August 2024	N/A	Completed
Appointment of design team	September – November 2024	N/A	Completed
RIBA Stage 2 refinement	September – October 2024	N/A	Completed
OBC Development	October 2024	N/A	Completed
Cabinet Office submission	October 2024	N/A	Completed

Cabinet Office approval granted	November 2024	N/A	Completed
OBC submission	November 2024	N/A	Completed
RIBA Stage 3 detailed design completion including any staff/ service user engagement workshops	February 2025	March 2025	Completed
Appoint PCSA modular supplier. (to develop design)	January 2025		Completed
OBC approval	January 2025	February 2025	Completed
Submit reserved matters Planning Application	February 2024		Completed
Appoint enabling works contractor	January 2025	February 2025	Completed
Construction – Phase 1 start onsite (Enabling works package)	February 2025	March 2025	Completed
RIBA Stage 4 detailed design completion including any staff/ service user engagement workshops	March 2025	July 2025	Completed
Value Engineering exercise	April 2025	May 2025	Completed
RIBA Stage 4 whole package Project Delivery Group sign-off	July 2025		Completed
RIBA Stage 4 Project Board sign-off	August 2025		Completed
Final Tender Pack to Project Delivery Group	August 2025	September 2025	Completed
Procurement Process – Phases 2A, 3B, 3 & 4	August 2025		Completed
Tender Evaluation Panel	October 2025	November 2025	Completed
Final Tender Report to Project Board	November 2025		Completed
Final Tender Report to Finance & Performance Committee	November 2025		Completed

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Final Tender Report to Trust Board	November 2025		Completed
Construction – Phase 1 completion	February 2025 October 2025	June 2026	In progress
FBC development and review & presentation at relevant Boards & ICB for sign off	June 2025	November 2025	Completed
FBC submission	July 2025	November 2025	Completed
FBC approval / funding released	September / October 2025 (expected)	February 2026	Completed
Appoint Principal Contractor(s)	October 2025	February 2026	In progress
Construction – Phase 2A onsite	November 2025 (14 months)	February 2026	Not started
Construction – Phase 2B onsite	-	February 2026	Not started
Construction – Phase 3 onsite	February 2027	August 2027	Not started
Construction – Phase 4 onsite	September 2027	March 2028	Not started
Completion <i>** based on Phases 3 & 4 following on from Phase 2)</i>	March 2028	November 2028	Not started

4. Project KPIs:

KPI	Headlines this month	RAG
Delivery	Issue meeting key constraint imposed by NHSE of funding window and completion of scheme by 31 st March 2028. Support from ICS gained for additional funding and timescale. Current completion date advised to NHSE as “by December 2028”.	

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Budget	Total budget now confirmed at £65m. Project expected to stay within budget. DHSC funding of £50m to be drawn down by March 2028, with remaining funds to complete scheme via ICS support over 3 years to March 2029. Expectation that circa £9m can be spent in 2025/26 is currently unachievable.	
5. Risks		
Key risks and mitigations to note:		
Risk *(All phases unless stated)	Impact / Mitigation	RAG
Programme Accuracy	Potential impact - Delay to start on site and potentially completion. Mitigation – Final programme v14 issued and shared with McAvoy Group and submitted as annex to the FBC. This indicated clear start dates providing FBC approval is given promptly from JIC and that orders can be placed with McAvoy Group.	
Funding/ Allocation	Potential impact - Expectation that circa £9m can be spent in 2025/26 is currently unachievable. Mitigation – Discussions to take place with DHSC/NHSE.	
Scope/Layout Change / Derogations	Potential impact - Revised designs and layouts extend the programme and require rework of previously completed elements. Mitigation – No changes permitted after sign-off of full package at Project Board 24 th August 2025. This may however be subject to amendment once contractors are appointed in terms of betterment / alternative solutions.	
Stakeholder Engagement	Potential impact – stakeholders not being involved in the process may lead to costly design delays. Mitigation – Encourage attendance at workshops and review of plans & specification by deadline dates. All engagement has been robust to build the final design pack	
Execution of Contract	Potential impact - Protracted negotiations with McAvoy with regards to form and value of contract.	

	<p>Mitigation - Matter escalated to SRO and Trust Board (via SRO). Urgent discussions taking place to resolve outstanding matters.</p>	
NHS Net Zero standard “compliance” – (for all schemes over £50m in value)	<p>Potential Impact – Full compliance with the standard will change the current design in terms of its insulation properties and key materials design. Potential to add c.£2m to the cost, plus delays with the re-design tasks.</p> <p>Mitigation – work towards “meeting the standard” providing clear rationale for derogations to why the standards cannot be met. Noting that the design exceeds the requirements of building regulations, and the new build phase will be BREEAM excellent and the refurbishment, Very Good.</p>	
*Phase 1 - Bungalows demolition not started on time	<p>Potential impact - Delay to start on site and potentially completion.</p> <p>Mitigation – Project Manager is working with contractor and external service providers to ensure demolition is completed on programme.</p>	
*Phase 1 – Digital installation	<p>Potential impact - Digital installation of Fibre cables from Virgin and BT Openreach into Osprey House. Date to be agreed for installation needs to be completed prior to Phase 2A starting on site.</p> <p>Mitigation – Head of Capital Developments is sighted on issue and progressing.</p>	

6. Actions and outputs for the next period:

Phase 1:

- Meeting to be held with Clinical Team to discuss parking the Dental Vehicle off site at Cemetery Road. Meeting scheduled for 4th February 2026.
- Temporary digital link design agreed between Osprey House and Daisy Hill House to allow for the Bungalows digital link to be removed. Installation works to start 9th February 2026.
- Design for external CCTV from Bungalows to be re-provided on Osprey House and Daisy Hill House agreed. Works to start 9th February 2026.
- Continue engagement with Reception Team, Security and Phlebotomy Team to plan the relocations of the teams.
- Digital installation of Fibre cables from Virgin and BT Openreach into Osprey House. Date to be agreed for installation.

All Phases:

- Finalise contract with McAvoys and share with DHSC in advance for review prior to execution.
- Progress Full Business Case approval conditions for agreement with DHSC.
- Progress Gateway 3 Review recommendations with Trust colleagues and update DHSC.
- Appoint remaining individuals to the Project Delivery Team (Design Engineer and Clerk of Works).

- Develop a clear strategy for the use and ownership of the proposed café.

7. Most significant current risks and issues:

- Agreement and execution of final contractual terms with McAvoy.
- Successful review of aforementioned contract by DHSC (approval condition) in a timely manner so as to not delay programme.

8. Financial Variations:

- None in this period.

10. Other changes to project:

- None in this period.

9. Recommendations for Project Board:

- Note and gain assurance on current activities.

11. Decisions required from Project Board:

- N/a

Claire Risdon
Operational Director of Finance
5th February 2026

Close: Holly
17/02/2026 09:19:03

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	Public	Public	Public
						Date	hybrid	hybrid	hybrid	hybrid
						10/04/2025	Date	Date	Date	Date
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
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		