

Council of Governors - held in Public - 13 May 2026

Wed 13 May 2026, 17:00 - 18:30

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

The Council of Governor meetings are held in public rather than being public meetings: this means that the public are very welcome to attend but cannot take part. Questions which have been submitted in writing in advance of the meeting (contact details are at the end of the agenda) will be recorded within the meeting.

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

Agenda

17:00 - 17:05 **1. Welcome and Apologies for absence & confirmation of quoracy (verbal)**
5 min

Discussion Sarah Jones

📎 Item 01.0 - Council of Governors - Public Agenda - 13 May 2026 v.6.pdf (4 pages)

17:05 - 17:05 **2. Declaration of any conflicts of interest (enclosure)**
0 min

Discussion Sarah Jones

📎 Item 02.0 - BDCFT Declaration of Interests for Council of Governors - 13 May 2026.pdf (1 pages)

17:05 - 17:05 **3. Minutes of the previous meeting held on 19 February 2026 (enclosure)**
0 min

Approval Sarah Jones

📎 Item 03.0 - Council of Governors Meeting - Public - Minutes - 19.02.2026 - Chair Approved.pdf (10 pages)

17:05 - 17:05 **4. Matters arising (verbal)**
0 min

Discussion

17:05 - 17:05 **5. Action log (enclosure)**
0 min

Discussion Sarah Jones

📎 Item 05.0 - Council of Governors - Public Action Log - for May 2026.pdf (4 pages)

Governor Feedback and Involvement

17:05 - 17:10 **6. Issues and Questions from Communities (verbal)**
5 min

Governors

Good Governance

17:10 - 17:30 **7. Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):**
20 min

Close: Holly
07/05/2026 09:32:14

7.1. Audit Committee held 26 March 2026

Christopher James Malish

- Item 07.1 - AAAD - Effective Oversight Escalation and Assurance - Audit Committee 26 March .2026 - Chair Approved.pdf (3 pages)

7.2. Charitable Funds Committee held 19 February 2026

Mark Rawcliffe

- Item 07.2 - AAAD - Effective Oversight Escalation and Assurance CFC 19 February 2026 - CHAIR APPROVED.pdf (2 pages)

7.3. Finance and Performance Committee held 25 March 2026

Mark Rawcliffe

- Item 07.3 - AAAD - Effective Oversight Escalation and Assurance - FPC March 2026 CHAIR AND EXEC APP.pdf (3 pages)

7.4. Mental Health Legislation Committee held 19 March 2026

Warren Brown

- Item 07.4 - Effective Oversight Escalation and Assurance - 19 March 2026 - Chair Approved.pdf (4 pages)

7.5. People and Culture Committee held 19 March 2026

Mark Rawcliffe

- Item 07.5 - AAAD - Effective Oversight Escalation and Assurance - PCC March 2026 EXEC APP AND CHAIR APP.pdf (3 pages)

7.6. Quality and Safety Committee held 18 March 2026 & 15 April 2026

Alyson McGregor

- Item 07.6.0 - AAAD - Effective Oversight Escalation and Assurance - QSC March 2026 RATIFIED.pdf (3 pages)
- Item 07.6.1 - AAAD - Effective Oversight Escalation and Assurance - QSC April 2026. Chair Approved.pdf (2 pages)

Strategy and partnerships

17:30 - 17:40 **8. Chair's Report (enclosure)**

10 min

Discussion Sarah Jones

- Item 08.0 - Chair's report for CoG May 2026.pdf (3 pages)

17:40 - 17:45 **9. Place Strategic Ambition (enclosure)**

5 min

Information Farhan Rafiq

- Item 09.0.0 - CoG Report - Joint Strategic Ambition Summary.pdf (4 pages)
- Item 9.0.1 - CoG Report - Joint Strategic Ambition Statement.pdf (5 pages)

17:45 - 17:50 **Break (5:45 – 5.50pm)**

5 min

Good Governance

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

10 min

Case Study
17/05/2026 09:52:11

Discussion Rachel Trawally

- 📄 Item 10.0.0 - Governance Report - Public Council of Governors - 13 May 2025 v.1.3.pdf (16 pages)
- 📄 Item 10.0.1 - Appendix 1 -Chair in Common Governance Framework May 2026 final draft.pdf (9 pages)
- 📄 Item 10.0.2 - Appendix 2 - COG effect review results v.1.1.pdf (7 pages)
- 📄 Item 10.0.3 - Appendix 3 - Governor Role Description - review 2025 v1.2.pdf (9 pages)
- 📄 Item 10.0.4 - Appendix 4 - Council of Governors - Nominations and Remuneration Committee - Terms of Reference - v.1.1.pdf (7 pages)
- 📄 Item 10.0.5 - Appendix 5 - navigating-uncertainty-around-councils-of-governors.pdf (24 pages)

Best Quality Services & Best Use of Resources

18:00 - 18:05 11. Quality Account (enclosure)

5 min

Information Christopher Dixon

- 📄 Item 11.0.0 - Quality Account - May 26 - Cover Sheet.pdf (3 pages)
- 📄 Item 11.0.1 - DRAFT_2025-26 BDCFT Quality account - may 2026.pdf (101 pages)

18:05 - 18:15 12. Operational and Financial Performance (enclosure)

10 min

Discussion Claire Risdon / Michelle Holgate

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

Best Place to Work

18:15 - 18:25 13. Staff Survey Update (enclosure)

10 min

Information Bob Champion

- 📄 Item 13.0 - Council of Governors held in Public - 230426HF - NSS25 Staff Survey results.pdf (11 pages)

Good Governance

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

0 min

Information For Information

- 📄 Item 14.0 - Work Plan 2026-27.pdf (1 pages)

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

5 min

Discussion Sarah Jones

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

0 min

Discussion Sarah Jones

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

0 min

Discussion Sarah Jones

Date of the Next Meeting: 29 July 2026. Final details to be confirmed by Corporate Governance

Close: Holly
07/05/2026 09:12:11



Council of Governors – held in public

Date: Thursday 13 May 2026

Time: 17:00-18:30

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

AGENDA

The Council of Governor meetings are held in public rather than being public meetings: this means that the public are very welcome to attend but cannot take part. Questions which have been submitted in writing in advance of the meeting (contact details are at the end of the agenda) will be recorded within the meeting.

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

Strategic Priority			Lead	Purpose	Time
GG	1	Welcome and Apologies for absence & confirmation of quoracy (verbal)	S Jones	For Discussion	5.00pm
	2	Declaration of any conflicts of interest (enclosure)	S Jones	For Information	-
	3	Minutes of the previous meeting held on 19 February 2026 (enclosure)	S Jones	For Approval	-
	4	Matters arising (verbal)	S Jones	For Discussion	
	5	Action log (enclosure)	S Jones	For Discussion	

Governor Feedback and Involvement

All	6	Issues and Questions from Communities (verbal)	Governors	For Discussion	5.05pm
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Close Holly
07/05/2026 09:32:11

Good Governance

CG	7	Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):		For Discussion	5.10pm
		7.1 Audit Committee held 26 March 2026	C Malish		
		7.2 Charitable Funds Committee held 19 February 2026	M Rawcliffe		
		7.3 Finance and Performance Committee held 25 March 2026	M Rawcliffe		
		7.4 Mental Health Legislation Committee held 19 March 2026	W Brown		
		7.5 People and Culture Committee held 19 March 2026	M Rawcliffe		
		7.6 Quality and Safety Committee held 18 March 2026 & 15 April 2026	A McGregor		

Strategy and partnerships

All	8	Chair's Report (enclosure)	S Jones	For Discussion	5.30pm
BP	9	Place Strategic Ambition (enclosure)	F Rafiq	For Information	5.40pm

Break (5:45 – 5.50pm)

Good Governance

CG	10	Governance Report (enclosure)	R Trawally	For Discussion	5.50pm
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Best Quality Services & Best Use of Resources

BQS	11	Quality Account (enclosure)	Chris Dixon	For Information	6.00pm
BUoR	12	Operational and Financial Performance (enclosure)	Claire Risdon /	For Discussion	6.05pm

			Michelle Holgate		
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Best Place to Work

BP2W	13	Staff Survey Update (enclosure)	B Champion	For Information	6.15pm
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Good Governance

CG	14	Council of Governors Annual Work Plan (enclosure)	For Information	For Information	-
	15	Any other business (verbal)	S Jones	For Discussion	6:25pm
	16	Comments from public observers (verbal)	S Jones	For Discussion	-
	17	Meeting evaluation (verbal) Was the meeting conducted in line with the Trust values?	S Jones	For Discussion	-

Date of the Next Meeting: 29 July 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: Sarah Jones (Chair in Common)

Email: sarah.jones@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
Best Partner	Co-production, working together, presence, insight	BP
Good Governance	Governance, accountability and effective oversight	GG

Close: Holly
07/05/2026 09:32:11

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.
Thursday 19 February 2026 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>

Members present in person:	<p>Simon Lewis (Chair of the Council of Governors)</p> <p>Robert James</p> <p>Mike Lodge</p> <p>Trevor Ramsay</p>	<p>Acting Trust Chair</p> <p>Appointed Governor: Bradford University</p> <p>Public Governor: Rest of England & Lead Governor</p> <p>Public Governor: Bradford West</p>
Members present on MS Teams:	<p>Mufeed Ansari</p> <p>Councillor Andy Brown</p> <p>Umar Ghafoor</p> <p>James Hobson</p> <p>Aidan Jones</p>	<p>Public Governor: Bradford East (<i>item 1 – 8.1</i>)</p> <p>Appointed Governor: North Yorkshire Council</p> <p>Public Governor: Bradford South (<i>item 1 – 10.0</i>)</p> <p>Public Governor: Keighley</p> <p>Staff Governor: Non-Clinical</p>
In attendance in person:	<p>Holly Close</p> <p>Dr Sal Uka</p> <p>Laura Whitham</p>	<p>Corporate Governance Officer (Secretariat)</p> <p>Chief Medical Officer</p> <p>Fundraising Manager (<i>for item 7</i>)</p>
In attendance on MS Teams:	<p>Therese Patten</p> <p>Bob Champion</p> <p>Phillipa Hubbard</p> <p>Catherine Jowitt</p> <p>Chris Malish</p> <p>Alyson McGregor, MBE</p> <p>Mark Rawcliffe</p> <p>Claire Risdon</p> <p>Tim Rycroft</p> <p>Fran Stead</p>	<p>Chief Executive Officer (<i>from item 01.0 – 11.0</i>)</p> <p>Chief People Officer</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>Head of Charity and Volunteering (<i>for item 7</i>)</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director and Deputy Trust Chair</p> <p>Operational Director of Finance</p> <p>Chief Information Officer (<i>from item 01.0 – 11.0</i>)</p> <p>Trust Secretary</p>
Apologies:	<p>Maz Ahmed</p> <p>Kelly Barker</p> <p>Councillor Debbie Davies</p> <p>Tosh Govan</p> <p>Masira Hans</p>	<p>Non-Executive Director</p> <p>Chief Operating Officer</p> <p>Appointed Governor: Bradford University</p> <p>Public Governor: Bradford South</p> <p>Appointed Governor: Hope and Light</p>

Close: Holly
07/05/2026 09:32:11

Terry Henry
David Hesford
Sally Napper
Farhan Rafiq
Rachel Trawally

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

Emmerson Walgrove

Public Governor: Bradford West

MINUTES

Item	Discussion	Action
070	<p>Apologies for absence & confirmation of quoracy (agenda item 1)</p> <p>The Chair, Simon Lewis, opened the hybrid meeting. Apologies were received from several members. The meeting was quorate.</p>	
071	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of conflicts of interest were made.</p>	
072	<p>Minutes of the Council of Governors’ meeting held on 10 December 2025 (agenda item 3)</p> <p>The minutes of the Council of Governors meeting held on 10 December 2025 was approved as an accurate record.</p>	
073	<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>	
074	<p>Action Log (agenda item 5)</p> <p>The Council of Governors sought clarification on action five. B Champion, Chief People Officer, explained that diaries had not yet aligned to discuss concerns about potential disproportionality in disciplinary processes. They confirmed that the issue continued to receive scrutiny through the People and Culture Committee, and the action was therefore rolled over to the next meeting.</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 	

Close: Holly
07/05/2025 09:32:11

Item	Discussion	Action
	<p>noted that no actions were overdue, and no further actions were required associated with the contents of the log</p>	
075	<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>	
076	<p>Charity Introduction (agenda item 7)</p> <p>C Jowitt, Head of Charity and Volunteering provided background on the charity, its purpose, and its development since 2020, including the shift from a passive fund to an outward-facing, proactive charity.</p> <p>The Charity aims were described; alongside the requirement for all funding to remain outside core NHS provision, and recent trends in income and expenditure.</p> <p>L Whitham, Fundraising Manager then led a section showcasing projects funded by the charity, including the allotment initiative, red bags for service users with learning disabilities, an artist-in-residence programme, and the rising and reclining chair hire scheme. They also highlighted successful fundraising events and community engagement activities.</p> <p>C Jowitt outlined the new charity strategy, including its three priority areas:</p> <ul style="list-style-type: none"> • Creating a healthier environment for people in our care as part of the rebuilding of Lynfield Mount Hospital. • Testing solutions in digital technology to improve care for our most vulnerable patients. • 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. <p>To conclude the presentation, there was a call to action, encouraging Governors to consider how they could support the charity through fundraising, volunteering, networking, or promoting the forthcoming lottery.</p> <p>T Ramsay, Public Governor: Bradford West suggested potential collaboration with a community broadcasting group to promote fundraising events and also proposed working with organisations supporting carers who might benefit from charitable funds.</p> <p>M Lodge, Public Governor: Rest of England and Lead Governor noted that items such as rising and reclining chairs and garden furniture appeared close to what might normally be provided through core NHS funding. They therefore sought</p>	

Close: Holly
 07/05/2026 09:11:11

Item	Discussion	Action
	<p>assurance on how the charity determined whether requests met the requirement of being “above and beyond” statutory provision and how decisions were made to avoid subsidising NHS responsibilities.</p> <p>R James, Appointed Governor: Bradford University offered to make business networking introductions, including links to local organisations such as Bradford Breakthrough.</p> <p>J Hobson, Public Governor: Keighley also highlighted opportunities to connect with Bradford Council’s digital inclusion team and offered to facilitate introductions to support the charity’s digital innovation ambitions.</p> <p>M Rawcliffe, Non-Executive Director reflected on the charity’s significant progress, noting that only a few years earlier it had faced the prospect of closure, but was now thriving with clear priorities and an opportunity to galvanise support around the Lynfield Mount redevelopment. They encouraged Governors to act as advocates within their communities.</p> <p>The Council of Governors noted the contents of the report.</p>	
077	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 18 December 2025 and 22 January 2026 (agenda item 8.5 – agenda item taken out of order due to colleague availability)</p> <p>M Rawcliffe summarised the January People and Culture Committee meeting, highlighting concerns about disciplinary and tribunal cases, ongoing workforce pressures, and progress against key workforce plans, alongside notable improvements in recruitment, vacancies, apprenticeships and medical staffing.</p> <p>M Lodge stated that they welcomed the update, noting in particular the successful recruitment of around 30 new Band five nurses with a further 14 expected the following year.</p> <p>The Council of Governors noted the contents of the People and Culture Committee.</p>	
078	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Audit Committee held 29 January 2026 (agenda item 8.1)</p> <p>C Malish, Non-Executive Director presented the report and shared that the Audit Committee reviewed progress on the annual report, governance statement, internal and external audit work, key risks and year-end reporting, noting good progress on the internal audit plan and the well-led improvement actions. The Committee also approved the Fit and Proper Persons Policy and confirmed that all accounts deadlines would be met as planned.</p>	

Close: Holly
07/05/2026 09:32:11

Item	Discussion	Action
	<p>The Council of Governors noted the contents of the Audit Committee AAAD.</p>	
<p>079</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Finance and Performance Committee held 26 November 2025 and 28 January 2026 (agenda item 8.2)</p> <p>M Rawcliffe highlighted pressures from rising out-of-area placements, system-wide financial deterioration, under-delivery of savings, and the need for strengthened digital, data quality and discharge processes. They confirmed steady assurance in areas such as financial governance, the NHS Oversight Framework, the Lynfield Mount redevelopment and the electronic patient record procurement.</p> <p>Cllr A Brown, Appointed Governor: North Yorkshire Council highlighted the impact of increased discharges on local authorities, including rising care home placements and associated costs, stressing the need for effective joint working.</p> <p>M Lodge expressed concern about the clinical and personal implications of out of area placements and confirmed that this would remain a key area of focus.</p> <p>In response, C Risdon, Operational Director of Finance provided assurance that the Trust aimed to eliminate out of area placements over time, supported by a quality assured contract with Cygnet in Bradford and further work underway to strengthen local capacity as part of the 2026/27 planning process.</p> <p>The Council of Governors noted the contents of the Finance and Performance Committee AAAD.</p>	
<p>080</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 21 January 2026 (agenda item 8.3)</p> <p>A McGregor, Non-Executive reported concerns about district nursing capacity, limited ability to progress improvement work and a never event dental incident under investigation, alongside advisory work on strategic risk ownership, governance alignment and learning relating to seclusion and long-term segregation. They also noted updates on the quality delivery system, with initial focus on the proactive care team, the city community mental health team and learning disability inpatient services.</p> <p>J Hobson asked whether district nursing capacity issues affected equitable access for rural patients. A McGregor confirmed that no disparities had been raised and invited further assurance from 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, who explained that teams continued to cover the full geography, with quality assurance processes in place and mitigation through cross-team support when capacity became tight.</p>	

Item	Discussion	Action
	<p>The Council of Governors noted the contents of the Quality and Safety Committee AAAD.</p>	
<p>081</p>	<p>Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 22 January 2026 (agenda item 8.4)</p> <p>A McGregor reported from the Mental Health Legislation Committee on the 22 January, confirming there were no alerts, noting that the Mental Capacity Act audit had been deferred, and highlighting work underway to improve the timeliness of hospital manager and tribunal reports supported by increased recruitment of hospital managers. She also advised that Mental Health Act reform had progressed to Royal Assent, with further detail expected over time.</p> <p>T Patten, Chief Executive Officer, suggested arranging a dedicated session for Governors to understand the significant legislative changes, which was agreed to be taken forward.</p> <p>The Council of Governors noted the contents of the Quality and Safety Committee AAAD.</p>	<p>CGT</p>
<p>082</p>	<p>Chairs Report (agenda item 9)</p> <p>The Chair introduced the report, noting that it outlined the usual programme of meetings and engagements, including L Patterson's final commitments and those he had undertaken since stepping in as Acting Chair from 1 January. He highlighted a recent session on artificial intelligence and its potential application within NHS mental health services and at Board level. He also reported on discussions with NHS Region regarding medium-term planning, which all trusts had been asked to participate in.</p> <p>M Lodge queried attendance at the West Yorkshire community health providers' meeting and whether it represented the best use of the Chair's time, particularly in light of future pressures. M Lodge also raised concerns about the impact of significant staffing reductions within the West Yorkshire Integrated Care Board (ICB), asking whether important work on equality, trauma-informed practice and commissioning support would be lost, and whether the gaps risked being filled by consultants at greater cost.</p> <p>T Patten responded that the ICB changes would have a substantial impact, with around 200 colleagues leaving through voluntary redundancy and the new structure reducing place-based teams to approximately 30 colleagues. T Patten outlined risks relating to loss of skills, capacity, relationships and local knowledge, as well as transition risks before the new model was in place. T Patten confirmed that providers, including the Trust, would likely need to take on additional responsibilities, and offered to bring a fuller update to a future Council meeting once consultation had closed.</p> <p>The Council of Governors:</p>	<p>TP</p>

Item	Discussion	Action
	<ul style="list-style-type: none"> • Noted the content below • Discussed to the extent considered useful 	
<p>083</p>	<p>Governance Report (agenda item 10)</p> <p>F Stead, Trust Secretary, presented the Governance Report, thanking H Close, Corporate Governance Officer for preparing it. They noted recent Governor changes, welcoming T Ramsay back to the Council of Governors and provided an update on Non-Executive Director recruitment, confirming W Brown's appointment and C Henry's arrival in April while thanking M Ahmed and S Lewis ahead of their departure.</p> <p>F Stead then outlined the annual declarations of interest process and reminded Governors to submit any outstanding returns. They then summarised Governor involvement opportunities, including observing Board and committee meetings and taking part in Go See visits, and encouraged Governors to contact the corporate governance team to arrange attendance.</p> <p>An update was then provided on the Governors effectiveness review, time-out work and the Well-Led development plan, confirming that actions from the previous year were progressing and that the new review would shortly commence.</p> <p>F Stead also briefed Governors on work to strengthen the Governor Code of Conduct and related policies, and highlighted the training resources appended to the report, including updated role descriptions and three new governor training modules currently being developed.</p> <p>T Ramsay noted that upcoming Governor meetings were scheduled at times that clashed with other commitments such as Bradford Council meetings and asked whether future dates could avoid Wednesdays to enable fuller participation.</p> <p>M Lodge expressed appreciation for the contributions of departing Non-Executive Directors M Ahmed and S Lewis. They then highlighted the need to strengthen Governor and NED involvement in subcommittees, increase governor participation in Go See service visits, and explore ways to make Council of Governor meetings more visible to the public, including sharing agendas with local media outlets.</p> <p>A McGregor noted the added value when NEDs join Go See visits and suggesting that earlier scheduling would help both Governors and NEDs manage diary pressures and improve attendance.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the contents of the report. 	<p>CGT</p> <p>CGT</p>

Close, Holly
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Item	Discussion	Action
	<ul style="list-style-type: none"> • Completed any outstanding annual declarations of interest, in line with the Trust's Constitution and governance requirements. • Noted progress on the annual Effectiveness Review and the intention to present findings at the May Council of Governors meeting. • Noted the outcome of the Governor Timeout session feedback, with the current format to continue. • Noted ongoing work to update the Council of Governors' Code of Conduct, with a draft to be brought to an upcoming Committee. • Noted that meeting dates for the next financial year have been circulated. • Noted the development of new bitesize training sessions. 	
084	<p>National Oversight Framework and Changes in National Regulations (agenda item 11)</p> <p>P Hubbard introduced the update on the National Oversight Framework, explaining that although well-established in acute services, it was a relatively new requirement for mental health and community providers. They outlined that the Trust had been placed in segment four due to a very limited set of national metrics, many of which were still under technical review, and emphasised that the position reflected issues with evidencing activity rather than failures in service delivery.</p> <p>They confirmed that the Trust was working closely with NHS England to resolve technical discrepancies and improve data flows, supported by the development of an increasingly sophisticated performance dashboard.</p> <p>Governors were then informed that the Trust aimed to move into segment three, although progress depended both on internal improvement and national comparative performance. P Hubbard explained that key areas of focus included sickness absence and the evidencing of community mental health crisis activity and noted that voluntary sector delivered activity could not currently be counted within national metrics.</p> <p>J Hobson asked when the data-quality work would be completed and whether system suppliers should have supported national reporting transfers. P Hubbard confirmed that the Trust had an action plan in place, with fortnightly oversight meetings, improvements expected from quarter three and ongoing work to strengthen clinical recording and underlying systems. They also described continued dialogue with NHS England regarding data transfers and the national reporting platform, noting that these issues were not unique to this Trust.</p> <p>M Lodge commented that segment movements also depended on other organisations' performance and suggested that tracking the Trust's own progress over time might provide assurance even if the segment rating did not immediately change. P Hubbard agreed, highlighting that the dashboard already demonstrated positive improvement trajectories.</p>	

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Item	Discussion	Action
	<p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted what the NOF is, how it works • Noted the Trust’s current confirmed position: Segment 4 in Quarter 2 • Noted progress made up to end of Quarter 2 • Noted the risks, implications and mitigations 	
085	<p>Operational and Financial Performance (agenda item 12)</p> <p>C Risdon provided an update on the Trust’s financial position, noting additional in year pressures caused by increased out of area placements. Despite this, they confirmed that the Trust continued to forecast delivery of its planned surplus through the use of non-recurrent mitigations, although this would heighten risk going into 26/27. They reported that out of area placements had already reduced from around 40 to the low 30s due to focused work across operational services and partner organisations.</p> <p>P Hubbard then presented the performance position, highlighting the Trust’s focus on key strategic priorities, including colleague engagement, service user experience, trauma-informed practice, access and flow, and workforce sustainability. They noted progress in waiting times, including the removal of waits over 52 weeks in speech and language therapy, and confirmed that waiting time improvements continued to be monitored through both the Quality and Safety Committee and the Finance and Performance Committee.</p> <p>The Council of Governors considered the key points and exceptions highlighted and note the actions being taken.</p>	
086	<p>LMH Redevelopment: Highlight report (agenda item 13)</p> <p>C Risdon presented an update on the Lynfield Mount full business case, confirming that the Trust had submitted the case to the Joint Investment Committee on the 20 January. It was reported that they attended the meeting, along with colleagues to provide assurance and respond to detailed questions, particularly around contract negotiations with McAvoy, risk management and programme governance arrangements.</p> <p>C Risdon confirmed that national approval had been granted shortly after the meeting, subject to several conditions, all of which were manageable and were being monitored through the Lynfield Mount Project Board. They advised that agreeing the contract with McAvoy was the next major step and that the Department of Health required sight of the contract before it was formally signed. Turner and Townsend were leading this process on behalf of the Trust alongside legal advisors Hansons.</p> <p>It was then reported that all project milestones were on track and that the Trust anticipated signing the contract in late February or early March, enabling construction to begin in April.</p>	

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Item	Discussion	Action
	<p>The Council of Governors noted the contents of the report.</p>	
<p>087</p>	<p>Council of Governors Annual Work Plan (agenda item 14)</p> <p>The Council of Governors noted the contents of the annual work plan.</p>	
<p>088</p>	<p>Any Other Business (agenda item 15)</p> <p>No any other business was raised.</p>	
<p>089</p>	<p>Comments from public observers (agenda item 16)</p> <p>There were no comments from public observers.</p>	
<p>090</p>	<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 considered the meeting to have been 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 18:37.</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.

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Action Log for the Council of Governors Public Meeting for May 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. 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>	B Champion	February-May 2026	<p>The Council of Governors is asked to consider this action closed. Chief People Officer alongside People Services colleagues met with the Appointed Governor on 16 April 2026.</p>
2. 19/02/2026	<p><u>Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 22 January 2026</u> The Corporate Governance Team to plan a dedicated session for Governors on the changes to the Mental Health Legislation Act</p>	Corporate Governance Team	July 2026	<p>The Council of Governors is asked to consider this action closed. Dedicated session to be arranged once deep dive at MHLC and Board has been completed.</p>
3. 19/02/2026	<p><u>Chairs Report</u> The Chief Executive Officer to bring an update to the Council of Governors on the</p>	T Patten	July 2026	<p>The Council of Governors is asked to consider this action closed. Item has been scheduled for July's CoG Meeting.</p>

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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
	consultation outcome of the Integrated Care Board			
4. 19/02/2026	<u>Governance Report</u> The Corporate Governance Team to look into clashes with Bradford Council meetings and Council of Governor meetings	Corporate Governance Team	May 2026	The Council of Governors is asked to consider this action closed. The Corporate Governance Team has reviewed potential clashes with Bradford Council meetings. As Council of Governors meetings have already been scheduled and are in colleagues' diaries, there are currently no plans to make any changes. However, when planning meetings for the next financial year, the Corporate Governance Team will consider any potential clashes to minimise conflicts where possible.
5. 19/02/2026	<u>Governance Report</u> The Corporate Governance Team to explore ways to make Council of Governor meetings more visible to the Public, including sharing agendas with local media outlets	Corporate Governance Team	May 2026	The Council of Governors is asked to consider this action closed. The Corporate Governance Team are currently reviewing ways of engaging wider with members of the Public particularly as part of the work being undertaken to review the membership strategy

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Actions closed at the last meeting

Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
18/06/2025	<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.
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.
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.
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.

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<p>6 10/12/2025</p>	<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>	<p>Corporate Governance Team</p>	<p>February 2026</p>	<p><u>The Council of Governors is asked to consider this action closed. Item has been added to February's agenda.</u></p>
<p>10/12/2025</p>	<p><u>Council of Governors effectiveness review & Well Led</u> The Corporate Governance Team to look into reviewing specific well led actions for the Council of Governors with the Lead Governor between Council of Governor meetings.</p>	<p>Corporate Governance Team</p>	<p>February 2026</p>	<p><u>The Council of Governors is asked to consider this action closed. Corporate Governance Officer and Lead Governor have met to discuss well led actions and improvement work in January 2026.</u></p>

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Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	
Report from:	Audit Committee	Meeting date:	26 March 2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Chris Malish, Warren Brown		
In attendance	Fran Stead, Francessca Shaw, Leanne Sobratee, Salma Younis, Mike Woodhead, Chris Smith, Lee Swift		
Observers			
Apologies	Apologies were noted from Sally Napper,		
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 Group Terms of Reference • Compliance and Risk Group AAAD Report • Review of Losses & Special Payments • Waiver of Standing Orders & Standing Financial Instructions • Proposed Write Off of Outstanding Debt • External Audit: Interim Audit • External Audit: Audit Plan • Internal Audit: Progress report • Internal Audit: Draft 2026/27 Internal Audit Plan • Internal Audit: Follow Up Report • Local Counter Fraud: Progress Report • Annual Governance Report • Terms of Reference • Notification of Future Meeting dates • Alert, Advise, Assure and Decision Report to Board of Directors 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • The Committee noted that internal audit actions required clearer, time-bound completion dates, particularly where actions had been closed but evidence was still required for verification. • It was highlighted that the Board Assurance Framework had received a limited assurance opinion, which came as an unexpected issue; however, this was now understood and being actively addressed. 		
Advise items agreed by Committee	<ul style="list-style-type: none"> • The Committee advised that further work was required to complete actions arising from the limited assurance opinion on the Board Assurance Framework, to ensure these were fully addressed before year-end. 		

	<ul style="list-style-type: none"> • It was noted that this work was underway and should not have an adverse impact on the Head of Internal Audit Opinion, provided actions were completed as planned. • The Committee emphasised the importance of maintaining momentum on audit actions and evidencing completion, particularly where assurance opinions could affect overall governance conclusions.
Assure items agreed by Committee	<ul style="list-style-type: none"> • The Committee received the Strategic Assurance Report, including updates on actions taken in respect of the strategic risks and the risk register. • The Well Led Development Plan and process was noted, including agreed improvement work and the Committee was assured • The Organisational Compliance and High Risk Report was received, with assurance noted subject to the requirement for clearer timescales on follow-up actions. • The Review of Losses and Special Payments confirmed that there were no new losses, special payments, waivers of Standing Orders, or proposed write-offs of outstanding debt. • The External Audit interim update confirmed that audit work was progressing in line with plan and that the Value for Money risk assessment identified no significant risks. • The Internal Audit Progress Report confirmed that audit actions were being closed at a reasonable rate and that overall performance remained satisfactory. • The Committee received assurance from Counter Fraud updates, noting appropriate handling of cases and recovery of funds where applicable. • The Committee approved the Annual Governance Report and Terms of Reference, confirming that the Committee had operated in line with its remit.
Decisions made by Committee	<ul style="list-style-type: none"> • Approved minutes and AAAD • Strategic Narrative Report • Compliance and Risk Group Terms of Reference • Approved the Internal Audit Plan for 2026/27, noting that Executive Directors had been involved in its development and were aware of audit timing and expectations. • Approved the Annual Governance Report and updated Terms of Reference for onward recommendation to the Board. • The Committee noted the Audit Committee Work Plan for 2026/27 for information.
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	26.03.2026
On Behalf of Chair	Chris Malish, Non-Executive Director		

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AAAD: Effective Oversight: Escalation and Assurance

Report to:	Board of Directors (Public)	Meeting date:	TBC
Report from:	Charitable Funds Committee	Meeting date:	19.02.2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (Chair), Alyson McGregor, Mike Woodhead		
In attendance	Catherine Jowitt, Holly Close, Laura Whitam Chris Smith, Timed business – Rachel Jones		
Observers	N/A		
Apologies	Maz Ahmed (NED), Fran Stead, Rachel Trawally, Kelly Barker, Stacey Pearson		

Best Use of Resources	Theme 1: Financial sustainability	BUoR:T1
	Theme 2: Our environment and workspaces	BUoR:T2
	Theme 3: Giving back to our communities	BUoR:T3

Agenda items (not including standard items)	<ul style="list-style-type: none"> • Learning from your experience: Lynfield Mount Recreation Hall • Charity Risk Register • Charity Strategic update • Approval of fund objectives & managers • Transactions & balances • Standard Operating Procedure: fundraising - annual review (• Standard Operating Procedure: trusts & foundation grants annual review • Standard Operating Procedure: grant giving annual review • Standard Operating Procedure: information management annual review • Lottery • Confirmation of Escalation Reporting • Workplan 2025/26 • Any Other Business
Alert items agreed by Committee	<ul style="list-style-type: none"> • The Committee is currently in a strong position, with productivity described as the best it has been to date. There is clear momentum and enthusiasm to build broader engagement. However, governor participation and ongoing support were highlighted as a key area requiring further focus. • There is a need to actively encourage and strengthen governor involvement to ensure continued effective oversight and strategic alignment.
Advise items agreed by Committee	<ul style="list-style-type: none"> • The discussion regarding the Sovereign Fund was considered particularly valuable and should be formally documented, alongside agreed next steps.

	<ul style="list-style-type: none"> The proposed changes to the lottery arrangements represent a significant strategic decision and should be captured clearly within the advice section, ensuring the rationale, risks and benefits are well articulated to support informed decision making and future review. It was agreed that, while the existing meeting cycle remains appropriate, there should be flexibility to convene earlier or informal meetings if required. An open approach was endorsed, allowing additional discussions where emerging issues or strategic matters would benefit from Committee input. 		
<p>Assure items agreed by Committee</p>	<ul style="list-style-type: none"> The Committee received assurance from reflective discussion on learning and experience, which reinforced understanding of how charitable activity delivers benefit to service users. Assurance was provided through planned development of standard operating procedures, which will support consistency, clarity and robustness in governance and operational arrangements. Standing Ops – documental procedures 		
<p>Decisions made by Committee</p>	<p>The Committee was quorate, the following items were approved by members within the meeting.</p> <ul style="list-style-type: none"> 29 October 2025 Minutes 29 October 2025 AAAD Standard Operating Procedure: fundraising - annual review Standard Operating Procedure: trusts & foundation grants annual review Agreed to approve the proposal to join the NHS Charities Together Lottery, subject to the paper being updated to include a comparative overview of the current and proposed lottery arrangements, including prize structure and probability of winning. 		
<p>New risks identified by Committee</p>	<p>No items were raised.</p>		
<p>Items to be considered by other Committees/Groups</p>	<p>No items were raised.</p>		
<p>Feedback following discussion at 'parent' meeting</p>	<p>No items were raised</p>		
<p>Report completed by</p>	<p>Nazmeen Khan Corporate Governance Officer</p>	<p>Date</p>	<p>24.02.2025</p>
<p>On Behalf of Chair</p>	<p>M Rawcliffe, Non-Executive Director</p>		

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	TBC
Report from:	Finance & Performance Committee	Meeting date:	25/03/2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Mark Rawcliffe (Chair/NED), Sally Napper (NED), Kelly Barker, Mike Woodhead, Philippa Hubbard, Therese Patten, Bob Champion		
In attendance	Jess Greenwood-Owens (Secretary), Tim Rycroft, Farhan Rafiq, Rachel Trawally, Jaspreet Sohal, AnneMarie Dewhirst, Timed business: Alex Trigg, Emma Clarke, David Gibson.		
Observers	Cleveland Henry (New NED/Chair of FPC)		
Apologies	Fran Stead, Maz Ahmed, Clare Risdon, Dr Sal Uka, Maz Ahmed (Chair)		
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 (28 January 2026) • Matters arising • Action log • Integrated Strategic Performance Report • AAAD: Senior Leadership Team Care Group Accountability Meeting • AAAD: System Finance & Performance Committee • Organisational Sustainability Board Update • Finance Report (including Capital Expenditure) • System Finance Update • Annual Financial & Operational Plan • Data Quality Update • Lynfield Mount Hospital Redevelopment • Digital Programme Delivery 2026 • Green plan updates • RIDDOR incidents and Martin’s Law • Well Led Implementation Plan – Update • Strategic Risk Report • Committee Annual Governance Report (including annual effectiveness review) • Terms of Reference 2026–27 • Notification of future meeting dates • Draft Annual Workplan 2026–27 • Confirmation of Escalation Reporting • Any Other Business • Meeting Evaluation 		

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Alert items agreed by Committee	<ul style="list-style-type: none"> Continued pressure was noted within adult acute mental health services, particularly relating to out-of-area placements driven largely by system-wide flow and discharge constraints. The wider system financial position was identified as a potential risk with indirect impacts on the Trust.
Advise items agreed by Committee	<ul style="list-style-type: none"> The Committee advised continued system-level engagement with partners to address the structural causes of out-of-area placements, including discharge pathways and community capacity. It advised that planning assumptions for 2026/27 should remain realistic and deliverable, with appropriate phasing, validation and challenge prior to final sign-off. The Committee supported the continued development of digital and data initiatives, advising that benefits should be clearly articulated, monitored and aligned to productivity, quality and workforce sustainability. The Committee highlighted the challenge of balancing transformation activity with business-as-usual delivery, noting staff capacity pressures and the need to maintain safe and sustainable services.
Assure items agreed by Committee	<ul style="list-style-type: none"> Assurance was provided that financial control remained robust, with no unexpected issues reported and risks clearly understood and transparently reported (but noting that the risk levels remain high). The Committee was assured that governance, data quality and digital maturity had improved, supported by clearer accountability, strengthened oversight and demonstrable progress (but noted that there is still much further to go on data quality) . Assurance was provided that capital schemes and strategic programmes were progressing as planned, with appropriate approvals in place and risks actively managed. The Committee confirmed that it had discharged its responsibilities in line with its Terms of Reference, providing effective scrutiny, challenge and assurance to the Board.
Decisions made by Committee	<p>The Committee approved the following reports:</p> <ul style="list-style-type: none"> Minutes of previous meeting and AAAD Action log Annual Financial & Operational Plan Well-Led Implementation Plan – Update Strategic Risk Report Committee Annual Governance Report (including annual effectiveness review) Terms of Reference 2026-27
New risks identified by Committee	<p>The risk report was presented to the Committee.</p>

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	25/03/2026
On Behalf of Chair	Mark Rawcliffe		

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Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	02/04/2026
Report from:	Mental Health Legislation Committee	Meeting date:	19/03/2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Warren Brown, Non-Executive Director (Chair of Committee), Kelly Barker, Chief Operating Officer, Phillipa 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 (from agenda items 01 – 07 & 11.0 – 22.0), Simon Lewis, Non-Executive Director, Alyson McGregor, MBE Non-Executive Director		
In attendance	Holly Close Corporate Governance Officer (Secretariat), Chris Dixon Deputy Director of Nursing and Professions, Simon Binns Mental Health Legislation Lead, Marilyn Bryan Associate Hospital Manager, Richard Cliff Head of Legal Services, Keith Double Involvement Partner, Karan Essien Involvement Partner, Tricia George Head of Patient Safety, Teresa O’Keefe Mental Health Act Advisor, Fran Stead Trust Sectary (for agenda items 8.2 & 15), Jo Tiler Mental Capacity Act Clinical Lead, Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary and Dr Phalaksh Walishetty Deputy Chief Medical Officer for Quality and Patient Safety, Mental Health Legislation, Inpatients/Intensive Home Treatment Team/Liaison Psychiatry/Forensic Psychiatry and Intellectual Disability, Performance		
Observers	None.		
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, Masira Hans, Appointed Governor: Hope and Light and Dr Sal Uka, Chief Medical Officer		
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 22 January 2026 • Action Log • Patient Carer Race Equality Framework (PCREF) Discussion and Update • Feedback from Involvement Partners • Strategic Performance Report • Strategic Risk Report 		

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	<ul style="list-style-type: none"> • Alert, Advise, Assure + Decision Report: Positive & Proactive Group • Mental Health Act Reform update • Associate Hospital Managers Report • 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 • Mental Health Legislation Committee Annual Governance Report • Mental Health Legislation Committee Terms of Reference • Notification of future meeting dates • Confirmation of Escalation Reporting including Confirming strategic priority assurance levels • Mental Health Legislation Committee: Annual Work Plan • Any Other Business • Meeting Evaluation
Alert items agreed by Committee	<ul style="list-style-type: none"> • No alerts to report.
Advise items agreed by Committee	<ul style="list-style-type: none"> • Associate Hospital Managers Report - The Committee was advised that further recruitment would be needed for associate hospital managers as overall numbers remained insufficient due to existing managers' wider work commitments and in preparation for an expected future increase in hearings due to the new legislation changes.
Assure items agreed by Committee	<ul style="list-style-type: none"> • Patient Carer Race Equality Framework (PCREF) Discussion and Update - The Committee received assurance that PCREF implementation was progressing beyond compliance, with a developing structure that includes governance, leadership, data insight, training and strengthened lived-experience involvement. Assurance was also received that over-representation was being examined more deeply, including through provider collaborative pathways. • Alert, Advise, Assure + Decision Report: Positive & Proactive Group - The Committee was assured that overall use of holds were continuing to fall, with long-term segregation and seclusion changes positively received by CQC. Trauma-informed approaches were being embedded, aligned with NICE guidance, and policy changes (blanket restrictions, long-term segregation) were now in place with monitoring underway to check impact. • Mental Health Act Reform update - The Committee was assured that early readiness work was underway, including multi professional training forums, improvements to Section 117 processes, and strengthened quality of tribunal and managers' reports.

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	<ul style="list-style-type: none"> • Associate Hospital Managers Report - The Committee received assurance that recruitment has progressed and mandatory training requirements have been streamlined. • Care Quality Commission Update: Mental Health Act Monitoring Review Visits - The Committee received assurance that recent inspections demonstrated improvement, with seclusion practice appropriately justified and documented, previous concerns resolved, and several services progressing from “requires improvement” to “good”. • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) - The Committee received assurance that the Mental Capacity function was stabilising following reduced capacity earlier in the year, with strengthened oversight, improved engagement with clinical areas, commencement of external audit planning, and recruitment of a band six role to support sustainability. • Well-Led Implementation Plan – Assurance was received that the new governance monitoring system was operating effectively, with clear operational leads, executive sponsors, monthly updates and evidence-tracking processes in place to support delivery. • Committee Annual Terms of Reference Review – The Committee received assurance that the annual review of the terms of reference had been completed, with updates reflecting current governance arrangements, including clarified executive and deputy roles. • Committee Annual Effectiveness Report & Annual Governance Report – The Committee was assured that the annual effectiveness review confirmed the Committee was operating in line with its terms of reference and supporting the Trust’s strategic objectives, with identified improvement actions incorporated into the Well-Led Development Plan to ensure continual strengthening of governance.
Decisions made by Committee	<ul style="list-style-type: none"> • Item 03.0 – Minutes from the Mental Health Legislation Committee & AAAD held 22 January 2026 • Item 11.0 – Associate Hospital Managers’ Group Report • Item 15.0 – Well Led Development Plan • Item 17.0 – Committee Annual Effectiveness Report & Annual Governance Report • Item 18.0 – Committee Annual Terms of Reference
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	19/03/2026
On Behalf of Chair	Warren Brown		

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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:	19/03/2026
Quorate?	Yes <input checked="" type="checkbox"/> Part of meeting quorate No <input checked="" type="checkbox"/>		
Members present	Mark Rawcliffe (Chair/NED), Sally Napper (NED) (part meeting), Bob Champion.		
In attendance	Rachel Trawally, Jess Greenwood-Owens (Secretary), Dr. Anitha Mukundan, Michelle Holland. Timed business: Claire Wiseman, Claire Ingle, Danielle Stephenson, Lisa Wright, Fran Stead.		
Observers	Robert James (Governor).		
Apologies	Sally Napper (NED) (part meeting), Dr Sal Uka, Kelly Barker, Phil Hubbard, Tim Rycroft, Farhan Rafiq, Mike Woodhead, Fay Davies, Jeanette Homer, Paula Hanson.		
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 • Strategic Narrative Report • Integrated Strategic Performance Report • Medical Staffing Update (10-point plan / exceptions) • Recruitment Activity Update • Employee Relations Activity (incl. Disciplinary Audit) • Rostering Activity (incl. 3-year Workforce Plans) • Gender Pay Gap Annual Report • Subject Focus – Sexual Harassment in the Workplace • Alert, Advise, Assure + Decision (AAA+D) Reports • Well-Led Implementation Plan Update • Strategic Risks • Annual Governance Report (incl. effectiveness review) • Committee Annual Terms of Reference Review • Notification of future meeting dates • Confirmation of Escalation Reporting • Draft Committee Workplan 2026–27 • Any Other Business • Meeting Evaluation 		
Alert items agreed by Committee	<ul style="list-style-type: none"> • National Pay Award: Although the 3.3% national uplift has been implemented, national unions have indicated dissatisfaction and are considering industrial action. This presents potential operational and financial risk. 		

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	<ul style="list-style-type: none"> • Sickness Absence Pressures: Sickness absence remains above 7%, particularly affecting 24/7 services. The Working Well / sickness programme is being escalated to strengthen organisational response.
Advise items agreed by Committee	<ul style="list-style-type: none"> • Employment Tribunal cases are being actively managed, with controls in place to mitigate financial and reputational risk. • Model Roster Review: A formal review is under way to assess value for money, staffing pressures and operational effectiveness. Findings may influence future workforce and financial planning. • 10-Point Medical Workforce Plan: Delivery continues at pace. Board visibility remains important given national pressures and upcoming guidance on rotations and leave. • Rostering & Workforce Data Quality: Unfilled shifts have increased, and data accuracy issues have been identified. Corrective work on data feeds and dashboards is in progress to improve confidence in future reporting. • Sexual Safety / Harassment: Implementation of the Worker Protection Act increases organisational responsibilities. Inpatient services continue to report incidents, and ongoing work to strengthen policies, reporting and staff support remains essential. • Pay Gap Reporting: Gender pay gap remains low and stable. Ethnicity and disability gaps have widened, partly due to improved data completeness. Work continues on recruitment, progression and differential attainment.
Assure items agreed by Committee	<ul style="list-style-type: none"> • Recruitment & Vacancies: Vacancy levels are below 4%, the lowest in several years. Processes are stable and performing well. • Employee Relations Caseload: Caseloads are at a four-year low, with faster resolution times and strong progress against audit recommendations. • Medical Workforce Governance: High levels of compliance continue in appraisal, revalidation and job planning.
Decisions made by Committee	<p>The following items was approved whilst the meeting was quorate:</p> <ul style="list-style-type: none"> • Minutes and AAAD • Action Log <p>The following items were circulated via email for approval following the meeting due to lack of quoracy:</p> <ul style="list-style-type: none"> • Gender Pay Gap Annual Report • Well Led Implementation Plan Update • Strategic Risks • Annual Governance Report (incl. Committee annual effectiveness review) • Committee Annual Terms of Reference Review

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New risks identified by Committee	<ul style="list-style-type: none"> • A new process for monitoring risks was currently in development. 		
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	20/03/2026
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

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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:	18.03.2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor, Sally Napper, Philippa Hubbard		
In attendance	Anthony Davison, Fran Stead, Rachel Trawally, Tricia George, Bob Champion, Phalaksh Walishetty, Kelly Barker Presenters for items; Dawn McCann, Jaqui Hooley, Lisa Wright		
Observers	Trevor Ramsay		
Apologies	Sal Uka, Carla Smith, Thabani Songo, Nazmeen Khan, Anita Brewin, Rebecca Jowett, Alix Jeavons		
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"> • LFYE: SystemOne Redesign of Units & Templates - Productivity Release in Children’s Services • Personal Health Budgets • Integrated Performance Report • Strategic Narrative • Strategic Risk Summary • Well Led Development Plan • Pressure Ulcer Strategy 6 month report • PCREF Annual report • Governance Annual Report • Terms of Reference • Notification of future meeting dates • 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
Alert items agreed by Committee	<p>Alert:</p> <ul style="list-style-type: none"> Ongoing workforce capacity and sustainability pressures across community nursing, mental health inpatient services and Speech & Language Therapy (SALT), including the impact of sickness absence, deferred visits and service demand. Continued access, flow and demand pressures affecting timely delivery of care, with dependencies on wider system and commissioning factors. Persistent health inequalities remain evident within Trust data, despite improvement activity, meaning equity continues to represent a live strategic risk. An identified assurance gap at Committee/Board level in clearly demonstrating the real-time impact of deferred visits on patient outcomes, particularly for the most vulnerable service users.
Advise items agreed by Committee	<p>Advise:</p> <ul style="list-style-type: none"> Workforce sustainability and safe staffing Access, flow and demand management Inequality and inequitable outcomes <p>Future reporting should increasingly demonstrate assurance rather than reassurance, including:</p> <ul style="list-style-type: none"> Clear evidence of impact on outcomes Reduction in risk Use of more current or real-time data where possible Where risks sit outside the Trust's direct control, continued system-level escalation is required. Reports should be accessible to non-clinical readers and able to stand alone, including: <ul style="list-style-type: none"> Clear explanations of acronyms Strong executive summaries Clear linkage between data, risk and assurance.
Assure items agreed by Committee	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <ul style="list-style-type: none"> Learning and improvement – Satisfactory assurance Access, flow and experience – Limited assurance Safe, effective services – Limited assurance <p>Assurance was taken from:</p>

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	<ul style="list-style-type: none"> Established governance and escalation routes through the Patient Safety & Learning Group, Clinical Board, Senior Leadership Team Quality & Safety Governance Group and system forums. Ongoing improvement activity addressing patient safety, workforce, service redesign, quality improvement and health equity (including PCREF). 		
Decisions made by Committee	The following items were approved by the Committee, <ul style="list-style-type: none"> Item 3 - Minutes of the previous meeting and AAAD February 2026 Item 5 - Action Log Patient and Carer Race Equality Framework (PCREF) Annual report Quality & Safety Committee Annual Governance Report Quality & Safety Committee Terms of Reference Quality & Safety Committee Work Plan (2026/27) Quality & Safety Committee Future Meeting Dates 		
New risks identified by Committee	<ul style="list-style-type: none"> There were no new risks identified. 		
Items to be considered by other Committees/Groups			
Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan Corporate Governance Officer	Date	24.03.2026
On Behalf of Chair	Ayson McGergor (NED/Chair)		

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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:	15.04.2026
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor MBE, Sally Napper, Christopher Dixon		
In attendance	Alix Jeavons, Anthony Davison, Rachel Trawally, Bob Champion, Sal Uka, Kelly Barker, Anita Brewin, Michelle Holgate, Presenters for items: Clare White		
Observers			
Apologies	Philippa Hubbard, Rebecca Le Hair, Carla Smith, Rebecca Jowett,		
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"> • LFYE: Vulnerable Children Information Team and Vulnerable Children School Nurse Team • Deep Dive: Out of Area Placements • Severe Weather Plan • Industrial Action Plan • Notification of future meeting dates • Alert, Advise, Assure + Decision Reports .1 AAAD Clinical Board .2 AAAD Report - Patient Safety and Learning Group .3 AAAD report: Senior Leadership Team Quality, Safety • Confirmation of Alert; Advise; Assure + Decision Reporting Workplan 2025/26 • Any Other Business • Meeting Evaluation-Was the meeting conducted in line with the Trust values 		
Alert items agreed by Committee	<p>Alert:</p> <ul style="list-style-type: none"> • no new alerts were raised for escalation 		
Advise items agreed by Committee	<p>Advise:</p> <ul style="list-style-type: none"> • no new advise was raised 		
Assure items agreed by Committee	<p>Items providing evidence of good practice, compliance, or positive progress.</p> <ul style="list-style-type: none"> • LFYE: Vulnerable Children Information Team and Vulnerable Children School Nurse Team – The Committee received assurance that safeguarding demand within Vulnerable Children’s services is being managed effectively through dedicated teams, 		

	<p>clear governance arrangements, and supporting evidence including KPIs and audit activity.</p> <p>Deep Dive: Out-of-Area Placements – Assurance was provided that clear plans and mitigations are in place to manage the associated quality and safety risks, both in areas the Trust can directly influence and where it is dependent on the wider system, including alignment with national policy expectations and local risk management arrangements.</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 and AAAD report of the previous March 2026 • Item 5 - Action Log • Severe Weather Plan • Industrial Action Plan 		
<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>15.04.2026</p>
<p>On Behalf of Chair</p>	<p>Ayson McGergor MBE (NED/Chair)</p>		

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Council of Governors – Public Meeting

7 May 2026

Paper title:	Chair of the Trust’s Report	Agenda Item 08.0
Presented by:	Sarah Jones Chair in Common	
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 contained with this report contributes to the delivery of the following themes within the BAF		
Being the Best Place to Work	Looking after our people	
	Belonging to our organisation	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	
	Improving the experience of people who use our services	
Making Best Use of Resources	Financial sustainability	
	Our environment and workplace	
	Giving back to our communities	
Being the Best Partner	Partnership	
Good governance	Governance, accountability & oversight	X

Purpose of the report
Chair’s Report to inform Board members on activities over the last two months.

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Executive Summary	
Chair's Report to inform Governors on relevant strategic developments, system and Well-Led governance developments, Integrated Care partnership Working, external stakeholder engagement and internal staff engagement and Board visibility, including service visits.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this) <input checked="" type="checkbox"/> No

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

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

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Council of Governors Public Meeting

7 May 2026

Chair of the Trust Report

Partnerships and strategy

Over the last two months Simon Lewis as Acting Chair and Sarah Jones as Chair in Common in their respective roles, have met with various stakeholders to continue discussions on key issues. They include meetings of the Bradford District & Craven place meetings involving the 3 NHS Trusts within our area – ourselves, Airedale and Bradford Teaching Hospitals. There has also been a Regional NHSE meeting this quarter which was attended by the Chair and the CEO.

Acting Chair and Chair in Common

Simon Lewis - Acting Chair from 1 January to 28 February 2026 and Non-Executive Director 28 November 2018 has ended his term of office with the Trust. At the Private Board meeting of the Trust on Thursday 5 February 2026, the Board thanked Simon for his contributions to the Trust over his many years of service and wished him well.

With effect from the 2nd March, Sarah Jones was appointed as Chair in Common in conjunction with Airedale NHS FT. This will be for an initial pilot period of 12 months.

Council of Governors

Recent Council of Governors Meetings

Sarah's appointment was ratified as the Chair in Common at the Private Governors meeting on Thursday 17 February 2026.

Following the Trust Board meeting held in public in April, Sarah held a debriefing session for Governors which was well attended. It is proposed that this will continue to enable Governors to hear about the issues debated by the Board and to provide an opportunity for questions.

Further Updates

Following the end of the terms of office of Simon Lewis and Maz Ahmed, we are delighted to have welcomed our new Non Executive Directors, Warren Brown and Cleveland Henry. Please can the Council note the Trust's thanks to both Simon and Maz for their dedicated service to the Trust.

Appraisals of all Non Executive Directors is underway and feedback will be provided to the Council when the process is completed.

Sarah Jones April 2026

Council of Governors – Public Meeting

13 May 2026

Paper title:	Joint Strategic Ambition	Agenda Item 9.0
Presented by:	Farhan Rafiq, Director of Transformation, Improvement & Productivity	
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 an overview of the Joint Strategic Ambition developed jointly with partner NHS organisations across Bradford District and Craven, namely Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust. It sets out its purpose, context and intended use, and informs the Council of Governors of its role in shaping future strategy, partnership working and delivery at place.

Summary

Over the past decade, Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust have progressively strengthened partnership working across Bradford District and Craven. This has included joint clinical pathways, shared improvement programmes and increasing alignment of priorities.

In February 2026, the Chairs and Chief Executives of the three organisations jointly commissioned the development of a shared strategic ambition through the Bradford District and Craven Committee in Common arrangements, reflecting a collective commitment to stronger place-based leadership and integration.

This work has been shaped by both national policy (including the Fit for the Future 10-year plan) and local system developments, particularly the Bradford District and Craven Health, Care and Wellbeing Strategy and the move towards Place Provider Partnerships by April 2027.

What is the Joint Strategic Ambition?

The Joint Strategic Ambition is a shared statement of intent between the three provider organisations. It is not a delivery plan; rather, it sets a common direction that will guide each organisation’s future corporate strategy, decision-making and investment priorities over the next five years

Why it was created

The ambition has been developed to respond to:

- Increasing system pressures (demand, workforce and finance)
- The need to reduce duplication and improve value
- National policy direction towards integrated, preventative and community-based care

- The requirement for stronger place-based leadership through emerging Place Provider Partnerships

What it will help with

The ambition provides a framework to:

- Deliver more care closer to home and reduce reliance on acute services
- Improve outcomes and tackle health inequalities
- Strengthen financial sustainability and reduce duplication
- Enable joint planning, shared investment and system-wide innovation
- Support collective leadership and accountability at place

How we intend to use it

The Joint Strategic Ambition will be embedded within each organisation’s corporate strategy, ensuring alignment of priorities and enabling coordinated delivery through existing collaborative programmes (e.g. acute collaboration, neighbourhood health, CYP and corporate services). It will also support governance through the Committee in Common and emerging place-based arrangements.

How it will be reviewed for effectiveness

Progress will be reviewed through established partnership governance arrangements, including the Committee in Common and place-based programme oversight. In addition, each organisation’s Board has agreed to review the Joint Strategic Ambition on an annual basis to ensure continued alignment with organisational strategies and system priorities.

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 Joint Strategic Ambition and its role in shaping the Trust’s future strategic direction and partnership working across Bradford District and Craven.

Links to the Strategic Organisational Risk register (SORR)

SR12: If the Trust does not work together with partners strategically, as Lead/Host Provider for relevant services, then opportunities will be lost to maximise improved service delivery for the population, including efficiencies. This will result in poorer outcomes and experiences for

Joint Strategic Ambition

Airedale NHS Foundation Trust (ANHSFT), Bradford District Care NHS Foundation Trust (BDCFT) and Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), have established a strong foundation of partnership working and collaboration across Bradford, District & Craven (BDC). This document sets out a shared strategic ambition between the three NHS provider organisations. It is not a delivery plan, but a clear statement of intent that will guide the development of each organisation's future corporate strategy, decision-making and investment priorities.

Over the last decade, we have worked on joint clinical pathways, shared improvement initiatives and collaborative programmes to integrate services and demonstrate what we can achieve to improve value and outcomes for our patients when we act as one system. We are proud of this progress and committed to building on it and going further. This commitment is underpinned by a shared set of values across our three organisations, including a focus on improving outcomes for our population, reducing health inequalities, working collaboratively, and using public resources responsibly.

These shared principles provide the foundation for how we lead, make decisions and work together as a system. This strategic ambition is therefore a commitment to deepen our organisational collaboration and integration that will help inform each of our respective corporate strategies for the next five years.

This ambition is also firmly aligned with "Fit for the Future", the UK Government's 10-Year Health Plan for England (published July 2025), which sets a clear direction for reform through three long-term shifts: moving care from hospitals into communities, transitioning from analogue to digital ways of working, and placing a stronger emphasis on prevention.

Our shared approach across BDC reflects these national priorities, translating them into practical, place-based action that improves outcomes, experience and sustainability for our population. Over time, this direction of travel also aligns with emerging national thinking on more integrated delivery models, such as Integrated Health Organisations, while recognising that Bradford District and Craven is at an early stage of this journey.

Over the next five years, we will strengthen our collaboration by aligning our priorities, coordinating our services more effectively, and removing duplication where it exists. This will include sharing expertise, data, and innovation to improve outcomes and experiences for the people and communities we serve.

Through changes to the local NHS commissioning arrangements, we also have the opportunity to work together to lead the local health and care system, overseeing key operational and improvement work, role modelling behaviours, and bringing other key partners to the table so we can more effectively meet the challenges ahead.

Bradford District and Craven Health, Care and Well Being Strategy

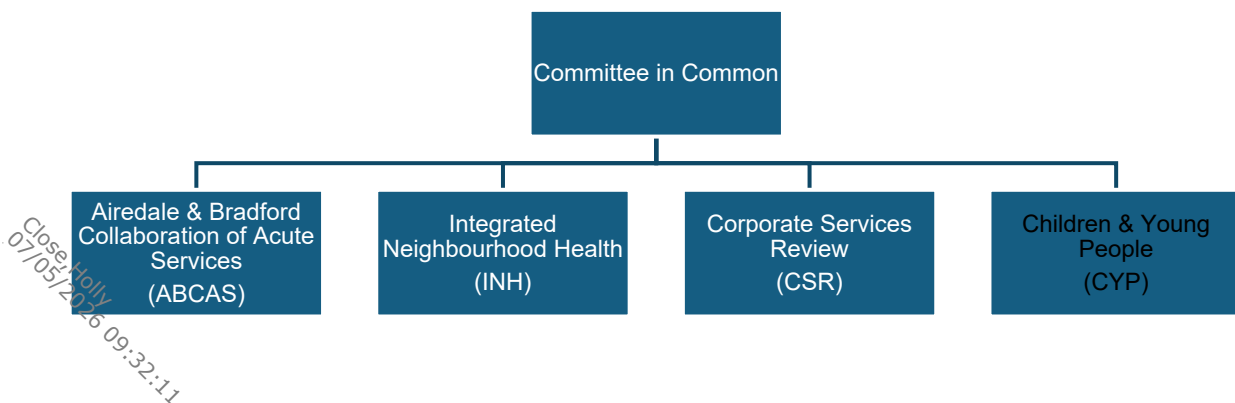
In 2025 the Bradford District and Craven Health and Care Partnership launched its new Health, Care and Well Being Strategy. The plan sets out how partners are planning to improve health, care and wellbeing across the region in the next ten years. The strategy was shaped by citizen-led and community-based engagement, particularly through deliberative co-production work and ongoing involvement of VCSE and primary care partners. Engagement focused on lived experience of inequality, access barriers and prevention, with insights used to shape priorities and service models rather than being a one-off consultation exercise. The focus therefore is on tackling health inequalities, integrating care and creating a system that prioritised prevention, community-based support and citizen involvement.

Come April 2027, the responsibility for delivering this ambitious plan will fall to the local Place Provider Partnerships (PPP) to deliver. Delivery of the Health, Care and Well Being Strategy at Place level will depend on strong partnership with primary care and the voluntary, community and social enterprise (VCSE) sector, whose reach into communities is critical to prevention, early intervention and tackling inequalities.

It is imperative therefore that organisational strategies and delivery plans recognise the need to dovetail their thinking with this strategic guidance. Partners within the PPP will need to hold each other to account for the delivery of this plan as well as championing the involvement of others in the plan and acting as the local leads for its adoption across the place.

Building on what we are already doing

In 2025/26, we have already committed to an ambitious programme of collaborative work overseen through a Committee in Common, which brings the three NHS provider organisations together in a single forum to consider shared priorities and make aligned decisions. While each organisation retains its own statutory responsibilities, the Committee in Common provides a practical way to coordinate planning, oversee joint programmes, and ensure collective leadership across BDC. The structure and work programmes for this is set out below. Collectively, these programmes represent the core place-based priorities for delivering integrated acute care, integrated neighbourhood health, integrated children’s services, and a more efficient and sustainable system of corporate support.



The **Airedale & Bradford Collaboration of Acute Services (ABCAS)** is the primary vehicle for delivering integrated acute care across Bradford District and Craven and has been formed to help both organisations return to constitutional standards and improve their financial sustainability. Due to the prevalence of Reinforced Autoclaved Aerated Concrete (RAAC) within the hospital building at the Airedale site, it has been confirmed that a new hospital will be built at Airedale, and so the ABCAS work also provides the opportunity to ensure that the two acute providers can collaborate effectively, supporting the planning for how that new hospital will look. This work will complement Integrated Neighbourhood Health and Children and Young People priorities by strengthening acute pathways, interfaces and flow across the wider system.

Integrated Neighbourhood Health aligns with two of the three national shifts, supporting the transfer of care away from main acute hospital sites and into communities. To do this it will require all providers to think differently about how they deliver their services and how they can work more effectively with those already working in primary and community care.

The NHS continues to be under significant financial pressure, and so seeking to reduce duplication, avoid cost and consolidate functions where possible is crucial to moving the Bradford place into a more sustainable long term financial position. Working with partners, this work will **review corporate services** as they currently stand and lead the recommended changes that come from this review work.

Children and Young People (CYP) is the fourth priority workstream for Place because it is central to improving long-term outcomes, tackling inequalities and reducing future demand on services. Bradford District and Craven faces significant and growing pressures across children's health, wellbeing and mental health, which cannot be addressed by individual organisations acting alone. A place-based approach enables partners to align pathways, strengthen prevention and early intervention, and design services around families rather than organisational boundaries.

Prioritising CYP alongside ABCAS, Integrated Neighbourhood Health and the review of corporate services reflect its strategic importance to the sustainability of the system and the future health of the population. Additionally, while governance sits with NHS provider organisations, the Committee in Common work programmes are and will be shaped through engagement with primary care and VCSE partners, recognising their essential role in neighbourhood delivery and population health improvement.

Place Provider Partnership

As part of the changes to the commissioning landscape, by April 2027, all local areas in England, covering populations of around 500,000 are being urged to form "Place Provider Partnerships" (PPP). These partnerships will take on some of the commissioning, governance and leadership responsibilities that were once held by NHS Integrated Care Boards. Place Provider Partnerships will work alongside primary care, VCSE and range of healthcare support organisations as key partners in delivering integrated, preventative and

community-based care, particularly through Integrated Neighbourhood Health and Children and Young People pathways.

PPPs matter because they will offer NHS organisations a practical way to lead change at the scale where people experience care. They are a forum where providers can align their decisions, pool their strengths, and act with a single purpose for a defined population. Place provider partnerships will give organisations a structured way to respond to these pressures collectively, rather than individually absorbing risk and cost.

That shift—from organisations working side-by-side to providers shaping a shared system of care—opens opportunities that individual organisations cannot unlock alone. Some of these opportunities include:

- **Joint data analysis** – allowing for more targeted interventions where they will have the greatest impact.
- **Shared workforce solutions** – encouraging collaboration on recruitment, retention, training, and new roles.
- **Better use of estates and digital infrastructure** – Possible rationalisation of estate, shared digital platforms, and more opportunity to invest in technology that improves productivity and patient experience.
- **More efficient use of resources** - By coordinating procurement, clinical support services, and corporate functions, partnerships can reduce duplication and release savings.
- **Innovation at scale** – Once tested locally, successful models can be spread across the system more quickly because providers are already working through shared governance and shared priorities.

What we want to achieve and how are we going to do it?

Over the next five years, this ambition will contribute to:

- More care being delivered closer to home, with reduced reliance on acute hospital services.
- Improved outcomes and experience for our population, particularly for communities facing the greatest inequalities.
- A more resilient and sustainable NHS across Bradford District and Craven.
- A system where organisations plan, invest and innovate together rather than in isolation.
- Stronger collective leadership and accountability at place level

Incorporating our collaborative ambition into our organisational strategies and plans

There is a recognition between our organisations of our broader responsibilities to our population, the NHS and each other. Our commitment is that our updated corporate strategies will set out how we will work to address these challenges and opportunities described in this statement and set out how each organisation plans to maximise the

benefits arising from this changing NHS landscape. For the three NHS provider organisations this will namely be as follows:

- ANHSFT – April 2026
- BDCFT – September 2026
- BTHFT – July 2027

Each organisation’s future corporate strategy will explicitly reflect this shared ambition, setting out how it will contribute to collective priorities, support place-based delivery, and enable deeper collaboration through shared programmes, governance and leadership.

ANHSFT	BDCFT	BTHFT
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Joint Chair ANHSFT & BDCFT		Chair
<i>Insert FA signature</i>	<i>Insert TP signature</i>	<i>Insert MP signature</i>
Chief Executive Officer ANHSFT	Chief Executive Officer BDCFT	Chief Executive Officer BTHFT
March 2026		

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Council of Governors – meeting held in public

13 May 2026

Paper title:	Governance Report	Agenda Item 10.0
Presented by:	Rachel Trawally, Corporate Governance Manager and Deputy 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 an update on key governance activity undertaken over the last quarter, including ongoing work to support effective and well-led governance arrangements. It highlights current compliance matters, including the development of the Chair-in-Common Governance Framework which has been shared for approval, and sets out opportunities for Governors to observe Board and Committee meetings, participate in Go See visits, and engage more widely with Trust activity to support their statutory role including engagement with the refresh of the Trusts overarching Strategy and also the Council of Governor Membership Strategy.

Progress has continued across a number of Council of Governors development areas, including completion of the annual Effectiveness Review.

The report also shares forthcoming Board and Committee meeting dates and outlines the development of a programme of bite-size Governor training sessions, informed by recent survey feedback. Alongside this, additional guidance and briefing materials are being developed to support Governor role clarity, Well Led development activity, and continued strengthening of governance effectiveness.

The report also provides guidance shared by NHS Providers on the Council of Governor role within the NHS 10 Year Plan.

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:

- Approve the Chair in Common Governance Framework
- Approve the changes to the Governor Job Description and Terms of Reference for the Council of Governors Nomination and Remuneration Committee
- Note the progress made on Council of Governors development activity, including the annual Effectiveness Review, feedback from Governor Time Out sessions and the ongoing review of the Council of Governors' Code of Conduct and supporting etiquette guidance.
- Note the development of the bite-size Governor training programme
- Note the inclusion of the NHS Providers report *Navigating uncertainty around Councils of Governors – Considerations for governors and those who work with them* for information, and the arrangements in place to ensure Governors continue to receive relevant national updates in a timely and transparent way.

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

13 May 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:

There are no Governor changes for Governors to be made aware of for this months report.

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 Cleveland Brown, who began his first term of office as a Non-Executive Director for the Trust on 1 April 2026. Cleveland will Chair the Finance and Performance Committee and be a member of another Committee. An internal and external induction programme has commenced to support the onboarding.

Compliance

Chair in Common Governance

As part of ongoing arrangements to support effective, lawful and transparent governance, a Governance Framework for a Chair in Common arrangement across Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust has been developed. The framework sets out the principles, safeguards and accountability structures that underpin the appointment of a single Chair across the two Foundation Trusts, while fully preserving the statutory responsibilities, decision-making powers and legal accountability of each individual Board and Council of Governors. It explicitly confirms that the arrangement does not constitute a merger or transfer of statutory powers and places strong emphasis on clarity of decision-making, robust management of conflicts of interest and the continued independence of each Council of Governors.

The full Governance Framework is attached to this report as an Appendix 1 for consideration by the Council of Governors. In line with the approval route set out within the document, the framework requires formal approval by the Board and Council of Governors of each Trust

before it can be adopted and implemented.

Governors are therefore asked to review the

appended document and provide formal approval, satisfying themselves that the proposed arrangements support effective governance, protect the interests of members and the public, and enable the Council of Governors to continue to discharge its statutory duties independently and with confidence.

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
20.05.2026	09:30 – 11.30	Quality and Safety Committee
21.05.2026	09:30-11:00	Mental Health Legislation Committee
21.05.2026	12:30 – 2:30	People and Culture Committee
27.05.2026	09:30 – 11:30	Finance and Performance Committee
04.06.2026	09:30 - 12:30	Public Board
17.06.2026	09:30 – 11:00	Quality and Safety Committee
18.06.2026	09.30 -10.30	Audit Committee
18.06.2026	12:30 – 2:30	People and Culture Committee
25.06.2026	10:00 – 12:00	Charity Funds Committee
15.07.2026	09:30 – 11:30	Quality and Safety Committee
16.07.2026	09:30-11:00	Mental Health Legislation Committee
16.07.2026	12:30 – 2:30	People and Culture Committee
22.07.2026	09:30 – 11:30	Finance and Performance Committee
23.07.2026	09:30 - 12:30	Public Board

Governor Involvement at Go See Visits:

Date	Service Visited	Governor (s) Involved	Board/EMT Member
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29.04.2026	Mental Health legislation Team - MCA Lead	Masira Hans	Kelly Barker
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Governor Volunteer Opportunities – Trust Welcome / Open Day

As part of ongoing efforts to strengthen Governor visibility and engagement, the Corporate Governance Team is continuing to seek Governor volunteers to support the Trust Welcome Days taking place throughout the year. Governors are invited to assist at the marketplace stalls, engaging with new starters about the role of the Council of Governors and wider involvement opportunities. All materials are provided. Opportunities are available across a number of welcome sessions held at Victoria Hall, Saltaire, running from 10:30 – 12:10, as well as the Trust Open Day taking place in June:

- 02/06
- 13/06 – Trust Open Day 10:00 – 15:00
- 07/07
- 04/08
- 01/09
- 06/10
- 03/11
- 01/12

If you would like to volunteer, please email corporate.governance@bdct.nhs.uk

Trust Strategy Deployment

We are beginning work to refresh our Better Lives strategy, Ambition to Action, and welcome your views as we shape our plans for the next five years. As a governor, this work is key for your role, as you represent your constituents and communities. You will be aware that national guidance supports governors being actively involved with strategic change at the foundation trust they are part of.

The refreshed strategy will reflect a changing NHS – with a sharper focus on value, productivity and meeting growing demand – while remaining rooted in local and national health and care priorities and building on the award-winning work already happening across the Trust.

To support this activity, Fran Stead, Trust Secretary, will join the Governor Time Out Session on 13 May at 16:00 to provide an overview of the proposed approach and to hear governors’ initial views. Governors are given the opportunity to complete a survey following the session as part of the engagement phase which will be shared in the coming weeks.

Council of Governors Membership Strategy:

Following the planned refresh of the Trust Strategy in Summer 2026, the Council of Governors will commence a formal refresh of the Governor-owned Membership Engagement Strategy, providing direct oversight throughout the process. To support this work, a Membership and Development Committee (as a sub-committee of the Council of Governors) will be established, and we are now seeking Governor volunteers to join the Committee.

Work will be taken forward in partnership with the Lead Governor, Deputy Lead Governor and Corporate Governance team to develop the Committee. The first step will be a review of the Committee's Terms of Reference and a review of the current Membership Engagement Strategy and its impact, alongside benchmarking activity which will be undertaken. The ToR will be brought to the June meeting and then presented for approval to the Council of Governors in July.

Council of Governors Development Work

Council of Governors Effectiveness Review:

Governors were 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 findings from this review can be found in Appendix 2 to this report. Any recommendations coming out of the findings will be incorporated into the Well Led Development Plan.

Council of Governors Code of Conduct:

A comprehensive review of the Council of Governors' Code of Conduct, alongside the development of a new procedure, *How the Council of Governors Does Business – Council of Governors' Etiquette*, is continuing to progress. This work sets out the expected standards of conduct and behaviour for all Governors when attending meetings and Trust Go See visits, and the outcomes will be reported to the July meeting of the Council of Governors.

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	Rating	Evidence
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</p>	31/12/2025	Rachel Trawally	Sarah Jones & Fran Stead	Council of Governors	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	Significant (good)	The governor induction offer (welcome session and handbook) has been reviewed and updated, alongside a wider training plan and informal support sessions to improve role clarity. The updated governor training sessions are scheduled from May to July with staggered times/days and a mix of in-person and Microsoft Teams delivery. Feedback on the Governor Timeout sessions was that they are useful, but the timing does not suit everyone; responses were low and as no alternative was suggested, sessions will continue as scheduled while we work with the Lead Governor to improve engagement and maximise

are aligned with the activities, roles and responsibilities required of the governor role, as per their job descriptions.

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 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. CGT reviewing training for governors to include SID role, CoG effectiveness review being undertaken and governor training

benefit. Governor training materials have been updated to include the Senior Independent Director (SID) role, with the SID job specification shared in the February Council of Governors papers for clarity. A Council of Governors effectiveness review has been completed, with outcomes to be reported in the May papers.

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						documents being developed.		
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 the CG team in the coming months. The work includes training, standardisation, and acts as an information sharing guide to support colleagues, including templates. Opportunity to engage EDI colleagues to strengthen accessibility templates and guidance	Limited/significant? As more to do	Refreshed Integrated Governance Guide. Training materials for report writers. Updated report templates and guidance and Integrated Governance Guide update. Evidence of EDI input

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<p>QS5.13</p>	<p>Committee & CoG: ensure timely circulation of paperwork, including presentations.</p>	<p>30/09/2026</p>	<p>Rachel Trawally</p>	<p>Fran Stead</p>	<p>Committee's (all) Council of Governors</p>	<p>Work is aligned to action QS5.8. 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 received in time, it has been agreed that Corporate Governance will circulate all received papers on the agreed circulation date. This will also be considered as part of the annual effectiveness review outcomes.</p>	<p>Significant (good)</p>	<p>Integrated governance guide. Committee circulation deadline tracker. Annual effectiveness review outcomes feedback</p>
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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 Sarah Jones	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.	Significant (good)	Attendance trackers from committee trackers. Annual attendance reporting through the annual effectiveness review report and annual report. Terms of reference report March 2026
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		

						<p>happen much quicker due to PCREF. Health Equity Review planned - to 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.</p>		
QS5.17	<p>Committee & CoG: make the work of the Board & Committees, Governors more visible.</p>	30/09/2026	Rachel Trawally	Sarah Jones & Fran Stead	Board of Directors Council of Governors	<p>Work to be undertaken on intranet and external website. Introduced Governance report to Board and CoG, and a</p>	Significant (good)	<p>Governance and go see board report and to CoG. Screenshots internet updates. Board and CoG reports. Review of Integrated Governance Guide</p>



						Go See report to Board.		
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Training and role delivery

During the reporting period, a short survey was issued to governors to inform the development of future bite-sized training sessions. The survey explored preferred days, times and delivery methods to ensure sessions were accessible and inclusive.

Feedback indicated that Wednesday and Friday were the most suitable days, with a preference for lunchtime and late afternoon sessions. Governors expressed a strong preference for training to be delivered via MS Teams, with sessions offered more than once to accommodate different schedules. There was also support for sessions being recorded and accompanied by short handouts for reference.

Using this feedback, a revised training schedule was developed, with each bite-sized session planned to run twice once in person and then on MS Teams and to be recorded. This approach was designed to maximise attendance, support different learning preferences and ensure governors could engage with training flexibly alongside other commitments.

Role Overview	
27 May 2026 at 13:00 – 14:00	In Person – Room 4.10
5 June 2026 at 16:00 – 17:00	MS Teams
Governance, Accountability and Holding to Account	
24 June at 13:00 – 14:00	In Person – Room 4.10
26 June at 16:00 – 17:00	MS Teams
Quality in the NHS	
15 July at 13:00 – 16:00	In Person – Room 4.10
24 July at 16:00 – 17:00	MS Teams

Governor Job Description Review and Council of Governors Nomination and Remuneration Terms of Reference

In line with good governance practice, the Corporate Governance Team has undertaken the annual review of relevant committee Terms of Reference and role job descriptions. This review was informed by benchmarking against Foundation Trust organisations and sector guidance to ensure continued alignment with best practice and statutory expectations. Any proposed amendments to job descriptions arising from the review are set out in Appendix 3 for approval. The Council of Governors Nominations and Remuneration Committee Terms of Reference were reviewed and approved by the Committee at its meeting on 7 May and are now presented to the Council of Governors for ratification.

NHS 10 Year Plan

Included as Appendix 4 for information is the NHS Providers report *Navigating uncertainty around Councils of Governors – Considerations for governors and those who work with them* which considers the potential implications of the Ten Year Health Plan for England for Councils of Governors.

The report was circulated to governors on 24 March 2026. To support ongoing access to information and transparency, a dedicated 'Information' folder has been created within the

Council of Governors Private area on AdminControl, where this report and further related materials are available. Additional information will continue to be added to this folder as and when relevant publications and updates are shared.

We will continue to keep Governors updated on any further guidance and communications as and when they are published.

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Governance Framework

Chair in Common arrangement

Organisations: Airedale NHS Foundation Trust ('AFT') and Bradford District Care NHS Foundation Trust ('BDCFT')

Version: 0.2

Date: May 2026

Document owner: Trust Secretary, AFT and BDCFT

Approval route: Board of AFT and BDCFT and Council of Governors of AFT and BDCFT

Review date: October 2026 (and thereafter annually)

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Purpose

This document sets out the governance framework supporting the appointment of a single chair across two NHS foundation trusts while preserving the statutory responsibilities, accountabilities and decision-making powers of each board and the separate statutory role of each council of governors. It recognises the opportunity and efficiencies a shared role creates whilst maintaining the statutory responsibilities, governance requirements and legal accountability of individual Trusts.

Document Control

Version	Date	Summary of amendments	Author/owner
0.1	13.04.26	Initial review by Trust Secretary and Lead Governors – AFT & BDCFT	Trust Secretary
0.2	May 26	COGs & AFT Board review draft	
0.3	June 26	BDCFT Board review draft	
1.0	June 26	Approved version	

Approvals

Approving body	Date	Decision	Minute reference
Board of AFT	06.05/2026		
Board of BDCFT	04/06/2026		
CoG of AFT	20/05/2026		
CoG of BDCFT	13/05/2026		

Associated documents at sovereign organisations

Standing Orders (including Standing Financial Instructions and Scheme of Delegation)

Conflicts of Interest Policy

Constitution

Provider Licence

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Executive Summary

This Governance Framework (the ‘framework’) establishes the arrangements to facilitate a Chair in Common arrangement across AFT and BDCFT. Its purpose is to enable closer strategic alignment, lawful collaboration and strong leadership while preserving the separate statutory responsibilities, accountabilities and decision-making powers of each foundation trust. It works in response to existing governance frameworks within individual trusts.

The framework outlines that a Chair in Common arrangement does not create a merger, a unitary board or a transfer of statutory powers. Each board remains legally responsible and accountable for its own duties, and the council of governors of each foundation trust retains its separate statutory role in relation to the appointment, appraisal and holding to account of the chair and non-executive directors.

The document also defines the principal safeguards required for lawful and effective operation, including a clear decision-making architecture, robust conflict of interest management, explicit governor engagement and assurance arrangements, and formal review points to test whether the arrangement remains in the best interests of each foundation trust and the communities it serves.

1. Introduction

This framework sets out the arrangements supporting the appointment of a Chair in Common across AFT and BDCFT (the ‘foundation trusts’).

It is intended to support lawful, effective and transparent governance in line with the code of governance for NHS providers, relevant NHS England guidance, the Nolan Principles of public life, each trust’s standing orders and standing financial instructions and each council of governors statutory role.

In the event of any inconsistency between this framework and a statutory requirement the National Health Service Act 2006, Health and Care Act 2022 and, or any other formal constitutional document or statutory or constitutional requirement shall prevail.

2. Purpose and objectives

The objectives of the Chair in Common arrangement are to:

- strengthen collaboration between the foundation trusts
- support the delivery of safe, effective and sustainable services
- align strategy where appropriate
- foster collective leadership across the foundation trusts and their wider system relationships

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- provide a governance model capable of supporting alliance working, pathway integration, place-based collaboration and future organisational development.

Each Trust Board shall identify the benefits of the arrangement at the outset, and as part of succession planning, and keep delivery of those benefits under periodic review. Those reviews shall include formal consideration by each council of governors of whether the arrangement continues to support the effective discharge of the Chair's duties and the interests of the trust's members and the public.

3. Scope

This framework applies to the Chair in Common, the boards of the foundation trusts, their committees and any committees in common (if applicable), The council of governors, and executive and non-executive directors involved in implementing or assuring these arrangements.

It covers role clarity, decision-making boundaries, meeting and committee structures, management of conflicts of interest, information sharing arrangements and review or exit arrangements.

It does not create a merger, acquisition, group structure or transfer of statutory powers.

4. Legal and statutory position

Each foundation trust remains a distinct statutory body and retains its own board, council of governors, duties, accountabilities, liabilities and powers as a lawful structural change is not being made.

The appointment of a Chair in Common does not dilute or transfer the statutory duties of directors, nor does it remove the accountability of each board for quality, safety, finance, workforce, strategy, performance and governance. It also does not diminish the statutory functions of each council of governors in relation to the chair and non-executive directors.

Each board and each council of governors must continue to satisfy itself that decisions and assurance arrangements are managed through the correct governance route, in the interests of the own foundation trust, and with due regard to patients, members, staff and local communities.

5. Governance principles

The foundation trusts will operate this arrangement in accordance with the following principles:

- separate statutory accountability
- clarity of decision making
- transparency

- effective board leadership
- compliance with regulatory requirements and governance expectations
- robust my management of conflicts of interest
- subsidiarity and proportionality
- respect for governors, members, patients, staff and local accountability including the distinct statutory role of each council of governors.

6. Role of the Chair in Common

The Chair in Common shall chair the boards of AFT and BDCFT in accordance with the terms of appointment applying to each role, this framework, and the relevant provisions of each foundation trust constitution and governor arrangements. Following national statutory requirements, governance expectations and regulator guidance, include the Leadership Competency Framework (NHS England).

The Chair in Common shall lead each board effectively, promote high standards of corporate governance, ensure each board receives timely and relevant assurance, support constructive relationships between executive and non-executive directors, and encourage collaboration where this is lawful and beneficial. The role will act with the authority given to it through statutory requirements and Trust's governance documentation.

The Chair in Common shall not act as a substitute for the statutory board of either foundation trust, exercise decision making powers reserved to one foundation trust through the governance route of the other or assume executive functions other than those properly delegated.

7. Relationship with chief executives and executive leadership

The Chair in Common is responsible for board leadership and effective governance; chief executives remain responsible for executive leadership, operational management and implementation within their respective foundation trusts.

8. Role of the Boards and Council of Governors

Each board remains responsible for setting strategy, determining risk appetite, overseeing quality and patient safety, approving the annual plan and major investments, receiving assurance on performance, workforce, finance and governance, and discharging the duties of the unitary board for its own foundation trust.

The boards may work together through aligned meeting cycles, joint development sessions, meetings in common, and aligned reporting arrangements, provided always that the legal status and authority of each arrangement are defined in advance.

Each council of governors remains responsible for holding the non-executive directors, individually and collectively, to account for the performance of their board,

and for representing the interests of members and the public in the governance of the foundation trust.

9. Decision-making and matters reserved to each board

Each foundation trust will maintain its own scheme of delegation and standing orders. Where aligned decisions are appropriate each foundation trust will approve separately through its own board or committee decision-making processes and in accordance with those matters reserved as set out in each respective standing orders.

The default position is that no matter shall be treated as jointly decidable unless the legal basis, delegated authority and governance route are explicitly clear and pre-agreed.

10. Meetings in common

The foundation trusts may hold meetings in common that where both boards meet contemporaneously to consider shared matters. Each Trust Board can propose this as part of the formal Board meeting, keeping the council of governors informed of any situation that arises for joint discussions.

Meetings in common shall be convened in accordance with the standing orders of each foundation trusts, with a clear agenda identifying which items are for information, assurance, recommendation or separate decision.

Minutes shall clearly distinguish between joint discussion and any separate resolutions and where a matter requires approval by both foundation trusts the minute shall record the separate decision of each board.

The foundation trust may establish committees in common where there is a lawful and practical benefit in doing so. Committees that provide core assurance, such as audit and risk, quality, remuneration or charitable funds committees, shall only be shared where the boards are satisfied that assurance lines remain clear and effective.

11. Conflicts of interest

The foundation trusts will manage conflicts of interest in accordance with NHS England guidance and each respective conflicts policy.

The Chair in Common must declare any actual, potential or perceived conflict arising from holding office across both foundation trusts.

A conflict may arise when the interests of the foundation trust diverge, one foundation trust is negotiating with or scrutinising the other, confidential information from one foundation trust cannot properly be used in the interests of the other, or the chair's impartiality could reasonably be questioned.

All conflict decisions shall be recorded in the minutes of the respective meeting and held on the register for Board declarations.

12. Deputy Chair and Senior Independent Director arrangements

Each foundation trust shall maintain a clear arrangement for deputy chairing when the Chair in Common is unavailable, has a conflict of interest, is subject to appraisal or another sensitive process, or is otherwise unable to act.

Each board shall approve its own deputy arrangements and ensure it is known in advance of any conflict event.

In such circumstances, the Deputy Chair is solely responsible for their own Trust and will not chair or act as Chair for the other organisation.

The appointment process for the Deputy Chair and Senior Independent Director is a matter for individual trusts, following existing processes they hold.

13. Information sharing and confidentiality

Effective collaboration requires timely and proportionate information sharing, but legal, governance and confidentiality boundaries must be respected.

Information may be shared where there is a legitimate governance, planning or assurance purpose, the sharing is lawful, confidentiality obligations are respected, and the information is necessary and proportionate, and in accordance with GDPR regulations.

14. Accountability to governors, members and regulators

Each council of governors retains its separate statutory role in relation to the appointment, reappointment, removal and appraisal of the chair and the appointment and removal of the other non-executive directors, in accordance with the foundation trust constitution and the law.

Governors shall be kept appropriately informed of the rationale for the arrangement, expected benefits, governance safeguards and periodic evaluation findings. They shall also receive sufficient information to enable them to assess whether the Chair in Common continues to act in the best interests of their own foundation trust,

As a minimum, the governors of each foundation trust should receive a periodic report on the operation of the Chair in Common arrangement, including benefits realised, conflicts managed, material governance issues, and any recommendation to continue, amend or conclude the arrangement.

Each council of governors must remain able to discharge its statutory duties independently.

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15. Board assurance and reporting

The boards and council of governors shall receive at periodic intervals, assurance on the operation of this framework.

As a minimum, assurance reporting shall cover benefits realised, significant decisions taken through meetings in common or parallel approval routes, conflicts of interest arising and how they are managed, impact on board effectiveness, stakeholder evidence, and risks associated with capacity, resilience and continuity.

16. Risk management

Risks arising from the Chair in Common arrangement shall be identified and managed through each foundation trust risk management framework.

Typical risks may include, but not limited to, confusion over decision-making authority, unmanaged conflicts of interest, reduced board focus on one foundation trust, over extension of the Chair in Common, stakeholder concern, confidentiality breaches and assurance gaps across any shared committees (if applicable).

17. Capacity and support

The foundation trusts shall ensure that the Chair in Common is supported by sufficient administrative and secretariate resource, aligned board calendars where possible, coordinated induction and development, clear prioritisation of agenda items, and access to advice from the Trust Secretary, in addition to use support, on topics such as, but not limited to, conflicts, governance, strategic alignment and regulatory matters.

The boards shall keep under review whether the time commitment remains realistic and sustainable.

18. Review of effectiveness

This arrangement shall be reviewed formally at six months after commencement, at 12 months after commencement, and annually thereafter.

Reviews shall consider delivery of intended benefits, board effectiveness, impact on statutory accountability, governor confidence, adequacy of conflict management, quality of engagement with members and stakeholders, efficiencies for both trusts and the wider NHS, and whether the arrangement remains in the best interest of each foundation trust.

Effectiveness reviews shall be conducted as a two-way process between governors and the Chair in Common with input from the Senior Independent Director. The reviews will be supported by the Trust Secretary.

19. Variation, suspension and termination

This framework may be amended only by approval of both boards and council of governors.

Either foundation trust may propose, after consultation with NHS England, suspension or termination of the arrangement where it is no longer in the foundation trust best interests, conflicts of interest have become unmanageable, the arrangement is no longer lawful or practicable, significant governance or performance concerns arise, or a formal structural change supersedes this framework.

Termination shall be managed in an orderly way and (with input from NHS England), with due regard to continuity of board leadership, appointment processes, council of governor involvement, internal and external communication, and any required changes to constitutions or delegated authorities.

20. Equality, inclusion and public interest

In applying this framework, the foundation trusts will have due regard to the equality, inclusion and public sector duties and will act at all times in the public interest.

The Chair in Common shall uphold openness, integrity, accountability and leadership consistent with the Nolan Principles. As a NHS Board member, the Chair in Common role remains the same as any Board member role within the NHS with regards to the behaviours, capability expectations and performance. Following all statutory requirements and national guidelines associated with Board member positions with the NHS.

21. Review of document

This document shall be reviewed no later than 31st October 2026, or sooner if there is a material change in law, guidance, organisational form or governance arrangements.

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Council Of Governors Effectiveness Review

1. Period covered by the report

This report covers the period between 1 April 2025 and 31 March 2026.

- **Annual Effectiveness Review (summary of findings)**

The Council of Governors undertook an Annual Effectiveness Review in the form of a survey sent to all Governors in February 2026

8 people responded to the survey out of a possible 21 (a 38.1% response rate).

The facility for providing additional feedback was used by some people which enriched the data with constructive comments and suggestions, including areas where further work should be considered.

The areas which received the lowest scores were:

- When you first became a Governor, were you given any training or briefings to enable you to undertake the role? (63% agreed)
- I understand the role of Senior Independent Director (50% agreed)
- Council of Governors: Considers health equity proactively (50% agreed)
- Council of Governors: Has access to the right tools, resources, and information to effectively carry out your role as a Governor (50% agreed)

Governor Time-Out Sessions – Summary of Feedback

Attendance: Most respondents have attended at least one session, a small number noted they had only attended once or not at all.

Usefulness: Respondents who attended the sessions found them valuable, especially because they could hear other Governors' perspectives. They also appreciated that these sessions were made accessible.

Things we are doing well:

Attention was drawn to some of the strengths of The Council of Governors:

- All respondents agreed that:
 - I understand the role of Executive Directors
 - I understand the role of the Lead Governor
 - I understand the role of the Chair of Trust
 - Council of Governors: Meets the appropriate number of times
 - Council of Governors: Distributes papers in sufficient time to give them due consideration
 - Council of Governors: The Trust encourages open and honest communication
- Between 75% and 88% agreed that:

- I understand the role of Non-Executive Directors
- I understand my role as a Governor
- I feel that my views are valued
- Council of Governors: Discussion aligns to the Trust values, we care, we listen, we deliver
- Council of Governors: Has sufficient training and induction opportunities
- Council of Governors: Makes a positive contribution to the work of the Trust

All respondents had been involved in other activities as part of their role as Governor, these had included:

- Go See Visits
- Appearing at a local event on a stalls
- Running workshops or public meetings in the local community
- Observers at Committee/Board
- Speaking to local interest groups
- Canvassing the views of the local community or service users and their carers
- Speaking to local government groups
- Other activities

Areas for Improvement:

- **Induction and early support for new governors:** Several respondents noted gaps in the induction offer, including lack of a structured starter pack and limited guidance on “how to be a good governor.” This particularly affects new governors who reported that there is “a lot to learn and understand.”
- **Communication routes and timeliness of insight:** Requests were made for clearer, more accessible communication channels (e.g. Teams, WhatsApp) and more regular, simplified updates on KPI trends to aid understanding between meetings.
- **Tools and document usability (Admincontrol):** Governors reported difficulty printing papers, saving files locally for offline reading, and linking documents clearly to agenda items — creating barriers to effective meeting preparation.
- **Visibility and clarity of certain roles (especially SID):** Responses showed mixed understanding of the Senior Independent Director role, suggesting a need for clearer explanation and visibility.
- **Patient and community voice integration:** One respondent highlighted that the Council risks missing emerging issues when real service-user experience is not sufficiently surfaced, and that discussions can rely too heavily on long assurance documents.
- **Health equity understanding and confidence:** Responses to “Considers health equity proactively” were mixed, indicating uncertainty about how effectively this is addressed through governor discussions and reporting.

The Chair sincerely thanks all Governors, for their engagement, constructive challenge and commitment to ongoing improvement.



Holly Close – Corporate Governance Officer
17/03/2026

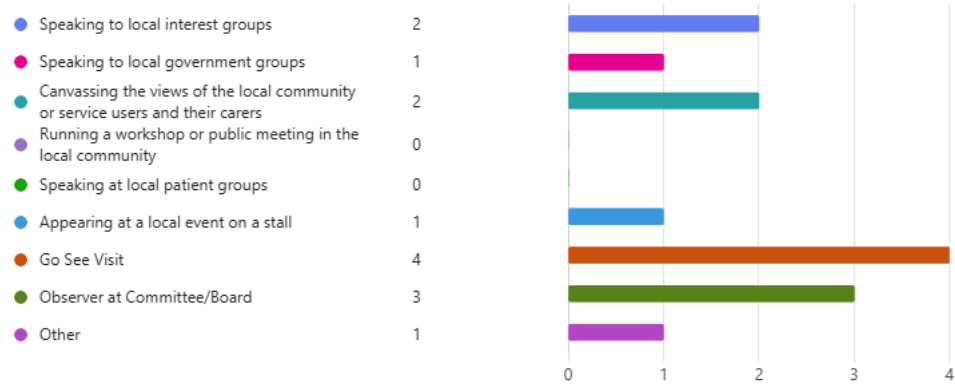
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Appendix A – Survey Results

Question - 8 people responded to the survey - if anyone chose 'not to be able to answer' - their reply to those questions was removed from the analysis	Agree % (number)	Disagree % (number)	Unsure % (number)
When you first became a Governor, were you given any training or briefings to enable you to undertake the role?	63% (5)	38% (3)	0% (0)
I understand the role of Executive Directors	100% (8)	0% (0)	0% (0)
I understand the role of Non-Executive Directors	88% (7)	0% (0)	13% (1)
I understand the role of Lead Governor	100% (8)	0% (0)	0% (0)
I understand the role of Chair of Trust	100% (8)	0% (0)	0% (0)
I understand my role as a Governor	88% (7)	0% (0)	13% (1)
I understand the role of Senior Independent Director	50% (4)	0% (0)	50% (4)
I feel that my views are valued	75% (6)	25% (2)	0%
Council of Governors: Meets the appropriate number of times	100% (8)	0% (0)	0% (0)
Council of Governors: Discussion aligns to the Trust values, we care, we listen, we deliver	88% (7)	0% (0)	13% (1)
Council of Governors: Distributes papers in sufficient time to give them due consideration	100% (8)	0% (0)	0% (0)
Council of Governors: Has sufficient training and induction opportunities	75% (6)	0% (0)	25% (2)
Council of Governors: Considers health equity proactively	50% (4)	0% (0)	50% (4)
Council of Governors: Makes a positive contribution to the work of the Trust	75% (6)	0% (0)	25% (2)
Council of Governors: The Trust encourages open and honest communicationS	100% (8)	0% (0)	0% (0)
Council of Governors: Has access to the right tools, resources, and information to effectively carry out your role as a Governor	50% (4)	13% (1)	38% (3)

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3. Through your role as a Governor, have you ever been involved in any of the following? (Please tick all that apply)



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Appendix B – Action Plan

Issued raised	Actions planned/undertaken	Responsible	Priority Level
<p>Induction and early support for new governors: Several respondents noted gaps in the induction offer, including lack of a structured starter pack and limited guidance on “how to be a good governor.” This particularly affects new governors who reported that there is “a lot to learn and understand.”</p>	<p>Planned Training Sessions will take place in May 2026 – July 2026.</p>		
<p>Communication routes and timeliness of insight: Requests were made for clearer, more accessible communication channels (e.g. Teams, WhatsApp) and more regular, simplified updates on KPI trends to aid understanding between meetings.</p>			
<p>Tools and document usability (Admincontrol): Governors reported difficulty printing papers, saving files locally for offline reading, and linking documents clearly to agenda items — creating barriers to effective meeting preparation.</p>			
<p>Visibility and clarity of certain roles (especially SID):</p>	<p>Planned Training Sessions which will cover Executive and Non-Executive Roles have been</p>		

<p>Responses showed mixed understanding of the Senior Independent Director role, suggesting a need for clearer explanation and visibility.</p>	<p>planned for May 2026 – July 2026. Role job descriptions have also been shared as part of the Governance Report which feeds into Public Council of Governors.</p>		
<p>Patient and community voice integration: One respondent highlighted that the Council risks missing emerging issues when real service-user experience is not sufficiently surfaced, and that discussions can rely too heavily on long assurance documents.</p>			
<p>Health equity understanding and confidence: Responses to “Considers health equity proactively” were mixed, indicating uncertainty about how effectively this is addressed through governor discussions and reporting.</p>			

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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 for example the Lead and Deputy Lead Governor)

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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. **Policy?**

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~~Non-Executive Directors as a collective and as individuals
- ~~the Director for Corporate Affairs and~~The Trust ~~Board~~ Secretary
- the Corporate Governance Manager and Deputy Trust ~~t~~ Board Secretary
- the ~~Membership Office~~Corporate Governance Team
- 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~~ ExecutiveNon-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~~ 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~~ 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)

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- an application to ~~Monitor (NHS Improvement), NHS England or~~ one of our regulators, for a merger with or the acquisition of another foundation trust or NHS trust

- an application to ~~Monitor (NHS Improvement) NHS England~~ for the separation or dissolution of the ~~F~~foundation ~~T~~trust

- amendments to the Trust Constitution

- to decide to refer a Governor's question to ~~Monitor (NHS Improvement's) NHS England~~ 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 ~~B.2.11A.3.3~~)
- agree a clear process for the appointment of the Chair of the Trust and the other ~~Non-Executive~~Non-Executive Directors (CoG ~~C.21.4~~)

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- 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 B.2.11) (~~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

- 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~~)C.4.8)

- ~~The external auditors of a foundation trust must be appointed or removed by the council of governors at a general meeting of the council take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors (CoG F.3.4B.3.8).~~

- ~~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.2.6)~~

- ~~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)~~ — draft, or do we have one?

- agree with the Executive Directors what information it needs to receive at its meetings (CoG ~~CD.54.103~~)

- ~~To this end, a lead governor should be nominated and contact details provided to NHS England and then updated as required. Any of the governors may be the lead governor. (CoG B.4.2) 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:

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- recruit new members within their constituency (with support and advice from ~~the Membership Office~~the Corporate Governance Team)
- 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~~being communicated to the Board of Directors (CoG ~~D.1.5C.5.15~~)
- regularly feedback to members and partner organisations information about the Trust its vision and its performance (CoG ~~B.B.12.11~~)

General duties of individual Governors

Individually, Governors will be required to:

- sign and abide by the "Code of Conduct"
- attend meetings of the Council of Governors including any sub-committees of which they are a ~~member, and~~member and abide by any agreed meeting etiquette. If a Governor is unable to attend a meeting, apologies should be sent in advance of the meeting.
- agree (on a voluntary basis) to be members ~~of, or 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

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- 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.

6. Approval

This role description will be subject to approval at the Council of Governors meeting on **the 26 February 2020XXX**.

Any subsequent changes to the role description will be agreed by the Council of Governors.

Version Control:

Change details	By whom	Date requested	Approved by	Agreed date
Version 1 – document created	Corporate Governance Manager	December 2019	Council of Governors	To be approved 26 February 2020
<u>Version 2 – document updated 13 February 2026</u>	<u>Corporate Governance Officer</u>	<u>February 2026</u>	<u>Council of Governors</u>	TBC

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Appendix 1

Trust Core Values

~~Below is the Trust's Vision, Aims and Corporate Priorities. The Corporate Priorities are what the Board has identified as specific priorities. The Trust's vision statement is:~~

~~Everything we do over the next five years will contribute to one or more of these four goals 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.~~

Our Purpose

~~To create connected communities and help people to feel as healthy as they can be at every point in their lives~~

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Our Vision

To connect people to the best quality care, when and where they need it and be a national role model as an employer

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~~

Our Goals

Our services

- ~~To provide seamless access to the best care~~
- ~~To provide excellent quality services.~~

Our community

- ~~To provide our staff with the best places to work~~
- ~~To support people to live to their fullest potential, to be as healthy as possible.~~



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Council of Governors – Nominations and Remuneration Committee

Terms of Reference

Version:	<u>42</u>
Reviewed by:	Corporate Governance
Ratified by:	Council of Governors
Date reviewed:	19 January 2023 <u>12 February 2026</u>
Date ratified:	2 February 2023 <u>TBC</u>
Job title of author:	Deputy Trust Secretary <u>Corporate Governance Officer</u>
Job title of responsible Director:	Chair of the Council of Governors Chair of the Trust
Date issued:	3 February 2023 <u>TBC</u>
Review date:	February 2023 <u>TBC</u>
Frequency of review:	Annual
Amendment Summary:	
<ul style="list-style-type: none"> • <u>Section added in relation to attendance, namely attendance of the Chief Executive Officer N/A – new Terms of Reference drafted as a result of merging the existing Council of Governors Nominations Committee and Remuneration Committee.</u> • <u>Section added about conflicts of interest</u> • <u>Section added about confidentiality</u> • <u>Amendments made to the section of the composition of the Committee, including length of appointments for Governors and addition of selection process for when the number of Governor prepared to serve on the Committee is greater than the number of places available.</u> 	

1 Name of Committee

Council of Governors Nominations and Remuneration Committee.

2 Composition of the Committee

The Committee will consist of at least 5 members who will be Governors, one of whom will be the Lead Governor, or the Deputy Lead Governor, should the Lead Governor be unavailable. Membership will be disclosed in the Annual Report and Accounts.

Membership of the Committee shall be reviewed annually but appointments to the Committee can be for up to three years for each Governor, or until their period as a Governor comes to an end (whichever occurs first). Governors wishing to express

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an interest in joining the Committee shall discuss their nomination with the Lead Governor, and Chair of the Trust.

Where the number of governors prepared to serve on the Committee is greater than the number of places available, then Committee members will be selected by election by their governor peers. Wherever possible, a mix of nominations will be sought from governors within their first and second term on the Council of Governors.

3 Attendance

The Chair of the Trust shall attend each meeting in their role of Chair of the Council of Governors. The Chief People Officer shall attend each meeting to provide advice relating to people items. The Trust Board Secretary shall attend each meeting and provide appropriate advice and support to the Chair of the Trust and Council members.

In discharging its responsibilities, the Chief Executive Officer of the Trust will be entitled to attend meetings of the Committee unless the Committee decides otherwise. In the absence of the Chief Executive Officer, the Deputy Chief Executive Officer will be invited in their place.

4 Conflicts of Interest

The Chair of the Foundation Trust, and any Non-Executive Director attending the Committee, will withdraw from any discussion relating to their own re-appointment, remuneration, or Terms of Office.

53 Quoracy

No business shall be transacted at a meeting unless at least two Governors are present. If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he/she shall no longer count towards the quorum. The Chair of the Committee will have a casting vote if necessary.

Chair: The Lead Governor will be the Chair of the Committee. In the absence of the Lead Governor, the Deputy Lead Governor will be asked to attend the meeting to act as Chair. If the Deputy Lead Governor is not able to attend either, those present at the meeting will elect a Deputy Chair for the purpose of the meeting from the Governors present.

Deputies: For quoracy purposes, another Governor can be invited to attend a Committee meeting in the absence of a Committee member.

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

46 Meetings of the Committee

Frequency: The Nominations and Remuneration Committee will meet as required, at a place and time determined by the Committee.

A full set of papers comprising the agenda, minutes of the previous meeting and associated reports and papers will be sent to all Governors and attendees in a timely manner.

Urgent meeting: Any Governor may, in writing to the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

Minutes: The Corporate Governance team shall ensure the minutes of the meeting are taken.

57 Authority

Establishment: The Trust shall establish a Nominations and Remuneration Committee to support the Council of Governors to fulfil some of its duties. The Council of Governors is established in accordance with the requirements of the NHS Act 2006, and paragraph 11 of its Constitution.

Powers: Its powers are detailed in the NHS Act 2006, Health and Care Act 2022; Monitor (NHS England) NHS ~~Foundation~~ Trusts' Code of Governance; and the Trust's Constitution.

Cessation: The Nominations and Remuneration Committee is a standing Committee of the Council of Governors. It will continue to meet in accordance with these Terms of Reference until the Council of Governors determines otherwise.

6 8 Role of the Group

86.1 Purpose of the Committee

The Council of Governors hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee. The overall aims of the Committee are to:

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- Review and make recommendations to the Council of Governors in the process of appointment of Non-Executive Directors (including the Chair); and
- Review and make recommendations to the Council of Governors on appropriate level(s) of remuneration and allowances for the Chair and Non-Executive Directors.

86.2 Guiding principles for members (and attendees) when carrying out the duties of the Nominations and Remuneration Committee

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

- we care
- we listen
- we deliver.

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

86.3 Duties of the Committee

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) and Health and Care Act 2022. The Nominations and Remuneration Committee’s key objectives are:

- To make recommendations to the Council of Governors on the appointment of Non-Executive Directors (including the Chair); and
- Reviewing and making recommendations to the Council of Governors the levels of remuneration and allowances for the Chair and Non-Executive Directors.

The duties of the Committee will include the following:

- on expiry of the initial Non-Executive Directors’ current term of appointment, to consider whether to recommend to the Council of Governors to reappoint each or any retiring Non-Executive Director
- to ask the Board of Directors to identify suitable candidates if the Council of Governors does not make a reappointment
- to consider suitable candidates identified by the Board of Directors
- to ensure plans are in place for the orderly succession for appointments to the Board

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- to make recommendations to the Council of Governors on each appointment taking into account the job description and person profile drawn up by the Board of Directors
- to consider the level of remuneration of the Chair and Non-Executive Directors including any supplementary payments
- make recommendations to the Council of Governors on any increases in remuneration
- undertake, at least every three years (and when it is intended to make a material change to remuneration), an assessment of remuneration levels (this will be through the use of external professional advisers). If an external assessment is not deemed necessary, ensure the reason(s) for this are incorporated into the minutes of the meeting and reported through the Annual Report
- to review the output report from the appraisal process for the Chair and Non-Executive Directors prior to submission to the Council of Governors and NHS England.

-

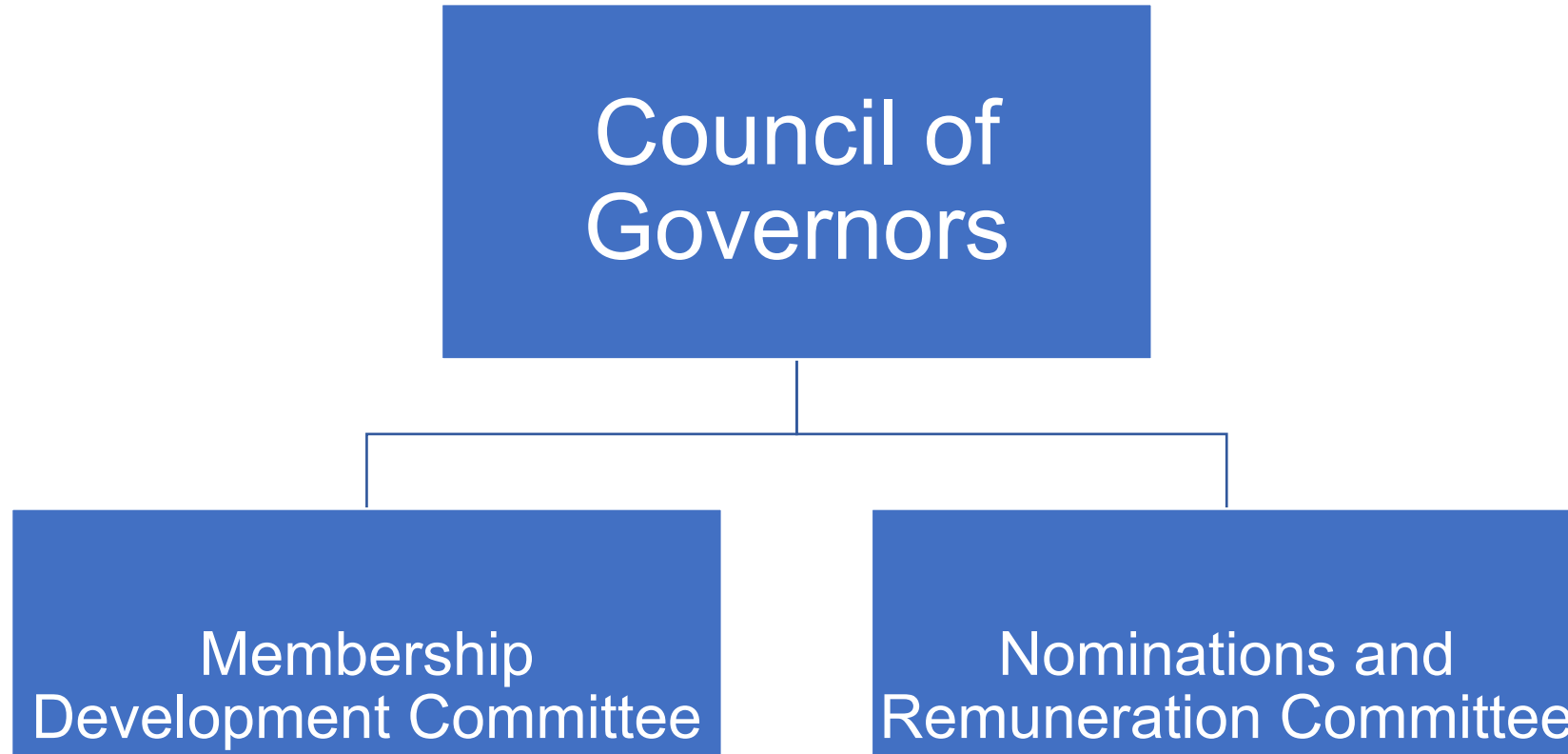
9 Confidentiality

By its nature, the Committee will consider matters that are highly sensitive and confidential. Members are therefore expected to always uphold the highest standards of confidentiality and integrity. Any breach of confidentiality will result in the member's appointment to the Committee being ended, and the matter will be addressed in line with the Code of Conduct for Governors.

The minutes of the Committee will remain confidential and will not be shared outside the Committee's membership.

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710 Relationships with other groups and committees



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118 Duties of the Chair

The Chair of the Nominations and Remuneration Committee shall be responsible for:

- agreeing the agenda with Corporate Governance, taking advice from the Chair of the Trust, and Chief People Officer
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion
- giving direction to the Secretariat, and reviewing the draft minutes
- ensuring the agenda is balanced and discussions are productive
- ensuring sufficient information is presented to the Board of Directors in respect of the matters discussed by the Committee.

912 Reviews of the terms of reference and effectiveness

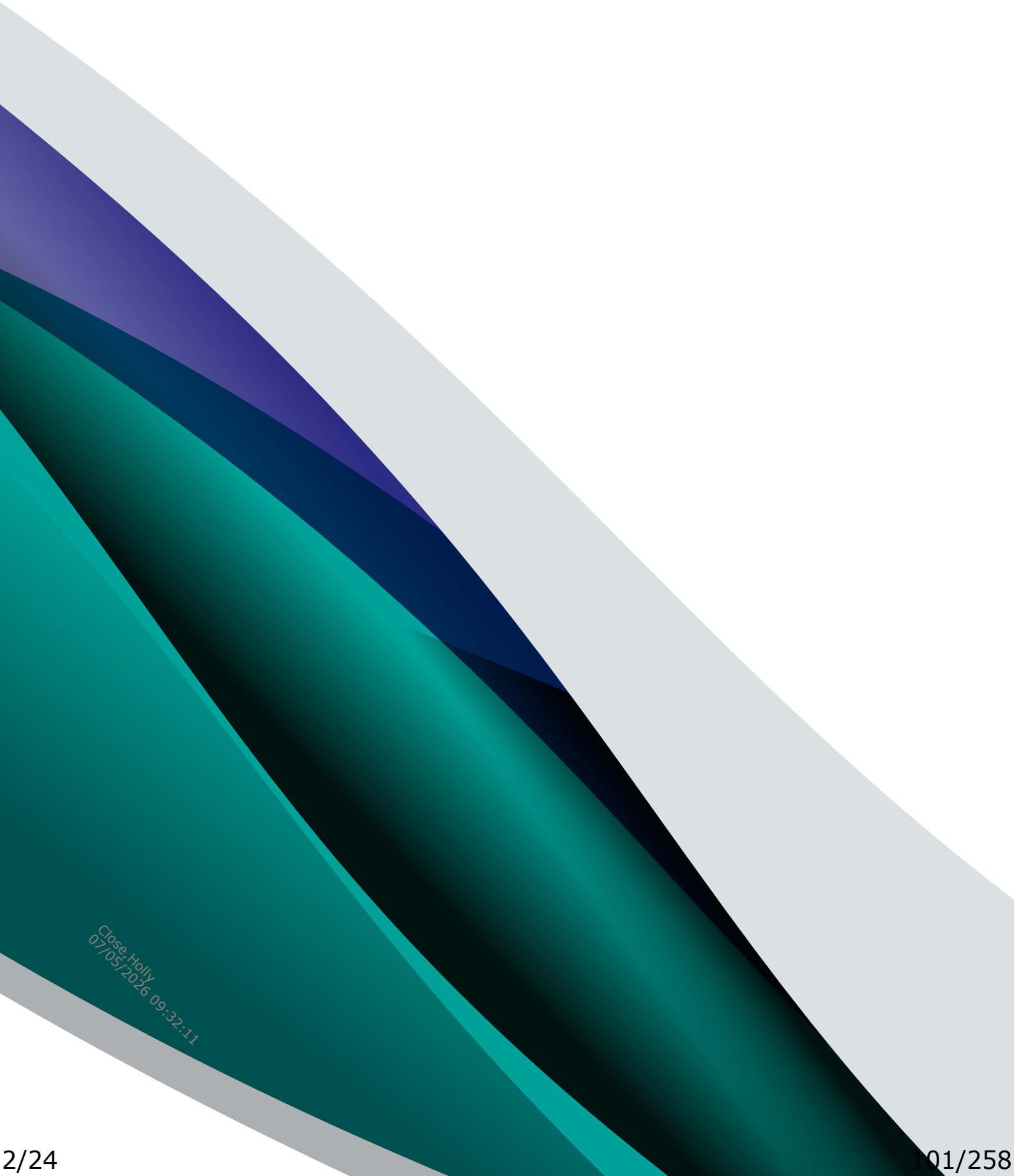
The Terms of Reference shall be reviewed by the Corporate Governance Team ~~Manager and Deputy Trust Board Secretary~~ annually with recommendations presented to the Council of Governors for ratification.

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NAVIGATING UNCERTAINTY AROUND COUNCILS OF GOVERNORS

**Considerations for governors
and those who work with them**

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NAVIGATING UNCERTAINTY AROUND COUNCILS OF GOVERNORS

Considerations for governors
and those who work with them

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INTRODUCTION

On 3 July 2025 the government published a [10-year health plan for England](#) (10YHP). Page 81 said the following:

“We will remove the requirement for FTs to have governors. While governors have provided helpful advice and oversight for some FTs, we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. This should include systematic measures of patient reported experiences and outcomes, as we detail in chapter 6.”

This unexpected announcement created understandable disquiet among governors and those who work with them. Since July, it has become clear that the legislation required to implement **this proposal is being developed to a timetable that will allow it to become law by 1 April 2027.** There has been no further information made available to Foundation Trusts (FTs) or to governors themselves following the announcement. This is in part because the change is dependent on passing legislation, which is not a certainty, and timescales cannot be guaranteed. However, NHS England (NHSE) has supported NHS Providers to conduct work with our member FTs and their governors to produce this report¹.

The report sets out considerations for FT board members, governors and others who work with them to enable constructive conversations about the impact of the proposal. It also suggests practical approaches to sustaining an effective council of governors through this period of uncertainty and explores the potential for boards and governors to co-design next steps.

This report has been informed by the views of governors, FT board members and others who work with governors in NHS FTs. Their observations are set out in the [Appendix](#). We are extremely grateful to all those who shared their views at our governor focus group on 12 December 2025, a trust staff focus group on 19 December, and a staff peer learning event on 21 January 2026. Thanks also to the governor and staff member reviewers of drafts of this report.

¹ NHS Providers is taking a neutral position on the policy of removing the requirement to have councils of governors. We run a commercial governor support programme (GovernWell) which presents a potential conflict of interest should we lobby to retain the council model. In addition, FT board members have told us they have diverse views on the value that the council model adds to the formal governance of FTs. However, most FT board members welcome the public, staff and stakeholder voice and accountability that councils bring, which the 10YHP proposes can be achieved in different ways, and we focus on this later in this report.

What's proposed and what does it mean?

- The government plans to include a measure in the forthcoming health Bill, due to become law by 1 April 2027, that would remove the requirement for foundation trusts (FTs) to have governors. The Bill will also seek to abolish NHSE and set out other changes to enable delivery of the 10-year health plan for England.
- In practice, this means that, if the Bill is passed, the statutory powers of governors will be removed, and all references to governors will be deleted from statute. The powers and functions of councils of governors will either be transferred elsewhere or deleted entirely.
- Once the law changes, there is no option for an FT to continue to have a 'council of governors' with the powers and functions that it currently has.
- The legal requirement to have public and staff FT members and constituencies (including any service user/carer constituencies) will also cease when the Bill is passed.
- There are currently no plans to legislate for an alternative accountability mechanism nor patient and public voice mechanism to replace either councils of governors nor the membership model. The 10-year plan expects FTs to "put in place more dynamic arrangements to take account of patient, staff and stakeholder insight".
- Because there is no certainty that any piece of legislation will pass, nor whether it will pass to the timescales intended by the government, uncertainty remains. Based on previous experience, we can say that it is likely but not certain that the measures will pass into law, and likely but not certain that this will happen by 1 April 2027.

Considerations during this period of uncertainty

- Councils of governors retain their legal functions and powers until the new law comes into force, and so routine activities such as elections, council meetings, inductions for new governors, essential governor training, and communications between the council and board should continue.
- Governors are volunteers who support their communities and should continue to be valued as such. Collegiate, mutually respectful behaviours should be prioritised and sustained, and open communication and information-sharing facilitated.
- If the Bill passes, FTs will have no choice but to implement the law and stop recognising councils' powers when the law changes. It will be in the best interest of the FT and its staff and patients if all parties can work constructively together until this time.
- In the interim period, FTs and councils may wish to discuss together whether to take options such as 'right-sizing' the council to reduce expenditure on any forthcoming elections. However attention must be paid to retaining a quorate council able to undertake its functions, which are vital to the running of an FT under current legislation.
- FTs and councils together may also wish to consider how public accountability and meaningful patient, staff and stakeholder voice should be enabled after the legislation

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has passed, particularly where such mechanisms do not already exist. FTs may decide whether governors in post when the legislation takes effect should have a role in any new non statutory structures the FT chooses to develop, and, if so, what that involvement should look like.

- Governors wishing to campaign against the proposed changes to the law should be mindful of any code of conduct, clauses in their FT's constitution or other commitments made about their behaviour as governors that may apply. It may be worth having open discussions about this to clarify any boundaries.
- Consider support not only for governors but also FT staff whose roles involve governor support, as they may also be adversely affected by the uncertainty.
- Membership databases may be maintained after the Bill is passed, if desirable for ongoing patient and public engagement, as the original consent given to hold that personal data remains in force. However, to be compliant with data protection requirements, a communication should be sent to all existing members to advise them of a change in the legal basis for holding their data and an opt out provided. Staff engagement should of course continue too.

WHAT IS LIKELY TO HAPPEN AND WHEN

3

In practice, the commitment to 'remove the requirement to have governors' means that the statutory powers of governors will be removed, and all references to governors will be deleted from statute. **The powers and functions of councils of governors** will either be transferred elsewhere or deleted entirely. Once the law changes, there is no option for an FT to continue to have a 'council of governors' with the powers and functions that it currently has.

One of the key challenges for FTs in reacting to the proposal is that the change cannot happen until new legislation is passed and enacted by Parliament.

The passage of a Bill through Parliament and the House of Lords is not always straightforward, and government timetables can slip. This can create uncertainty about whether the legislation will eventually pass and, if it does, when it will come into force. Some of the board members and governors we spoke to expressed some scepticism about whether the legislation would pass at all.

All we can say for certain is that, at the time of writing, the Department of Health and Social Care (DHSC) continues to draft legislation to remove the statutory powers of governors. It is likely, but not certain, that this will happen and likely but not certain that the law will change on 1 April 2027.

In managing the uncertainty and preparing for the likelihood that the legislation passes, it is important to recognise the possibility that the timescales may be extended (possibly considerably) or that the legislation fails to pass at all.

THE ROLE AND POWERS OF GOVERNORS

4

The legal basis of the powers and functions councils of governors hold is set out in [Schedule 7 of the 2006 NHS Act](#) (as amended).

We have some idea of what might happen to the functions currently undertaken by councils when the legislation passes. This table sets out our best guess at present (March 2026):

Council of Governors powers and functions	Likely scenario post 1 April 2027
Holding the board to account for its performance, via the non-executive directors (NEDs)	This role, which has historically also been part of the regulatory/oversight roles of NHSE and previously Monitor and the Trust Development Authority (TDA), will be moved into DHSC. CQC will continue to have a quality regulation role.
Represent the interests of FT members and the wider public	To be removed – but the government expects FTs to introduce ‘more dynamic arrangements to take account of patient, staff and stakeholder insight’.
Appointment and removal of NEDs including the Chair	Moves to DHSC
Decide the remuneration, allowances and terms and conditions of all NEDs	Moves to DHSC
Approving significant transactions as defined in the FT constitution	To be removed
Approving organisation-led mergers, acquisitions, dissolutions	To be subsumed into DHSC's oversight role, noting that NHSE, Monitor and TDA historically reviewed transactions
Approval of appointment of the CEO	To be removed
Appointment and removal of the external auditor	Change in practice to that undertaken for NHS trusts and ICBs
Receipt of the FT's annual report and accounts, and the auditor's report on them	Moves to DHSC
Amendments to the constitution	Moves to DHSC
Approval of any proposal to increase the trust's income from non-NHS work by more than 5% in a financial year	Moves to DHSC
Expressing a view on board's forward plans, in advance of submission to NHS England	To be removed – review of plans moves to DHSC as part of its oversight role

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It is likely that some of the functions proposed to move to DHSC will in practice be undertaken by the NHS regional teams, which under current proposals will continue to exist as part of DHSC when NHSE is abolished.

The governors and staff we spoke to raised questions about whether and if so, **how the new Advanced Foundation Trust (AFT) status impacts on FTs and their councils of governors. The answer is that they are unrelated.**

All FTs will cease to have councils of governors if the legislation is passed as proposed, whether they have been awarded AFT status or not. Being an AFT does not change the way an organisation is governed and run – it only changes the approach of the regulator and the government to that organisation (with their ‘advanced’ status affording more hands-off oversight and less direction from the centre) and AFTs may be given more financial freedoms.

Both NHS trusts and FTs can gain AFT status. Councils of governors are not required to approve an application to become an AFT because gaining AFT status would not usually be classed as a significant transaction. Nonetheless in an FTs’ routine engagement with the council about annual planning, governors might expect to be informed and engaged in any plans to apply for AFT status.

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CULTURE AND COLLEGIATE WORKING

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Governors and staff we spoke to have emphasised the **importance of sustaining a positive culture of collegiate working**. Governors may feel disillusioned or demotivated, so it is important that they are valued and included in planning for what comes next. This is both right and proper, and no less than volunteers and staff alike should expect at all times, and particularly so at this time of uncertainty. FTs should also be mindful that staff members whose role involves supporting governors may be concerned about how the proposals will affect them.

The **lack of central communication** about the proposals creates an information vacuum. This report is intended to partially fill that gap. Nonetheless, some governors we spoke to were not aware that their FT had as little information as them, and some felt that information was being withheld.

To address this, it would be helpful to **explicitly engage with councils of governors and any staff potentially affected by the proposals** to make it clear that the trust is not privy to any additional information, and to commit to sharing anything that is subsequently made available. Sharing this report would also help clarify that everyone is operating under similar levels of uncertainty.

Governors and FT staff we spoke to emphasised the potential impact that poor relations between the trust and governors could have on effective, efficient corporate governance and public, staff and stakeholder accountability during this next period. Where open and respectful relationships are already in place, they will provide a strong foundation for navigating changes ahead. They recognised that where those constructive relationships are not already in place, **existing tensions or mistrust may well be heightened**. While it may be challenging to attempt a 'reset' in the current circumstances, attempting to do so would be in everyone's interest. Working together on what follows **after the council of governors model of public accountability** was seen as one avenue to helpfully focus on together.

A number of governors and staff members we spoke to advised that, in the current circumstances, the only practical approach is to **'keep calm and carry on'** i.e. continue to operate as usual, hold elections as planned, and maintain the council in its current form. Governors remain covered by the legislation in Schedule 7 until the law changes. Some governors told us their FTs had already stopped inductions for new governors. Until it changes, the law still requires FTs "to secure that the governors are equipped with the skills and knowledge they require in their capacity [as governors]." Reasonable induction to the role, and other training that is essential (e.g. for those on Nominations Committees/undertaking recruitment) should continue.

Many governors and staff accepted the need to **explore options together to 'right-size' the council to reduce expenditure on elections** and to avoid recruiting additional FT members and appointing governors in the current circumstances.

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Whatever approach is taken, having those conversations, being intentional about your approach, and maintaining open lines of communication will support collegiate working and help governors to continue being effective in their role.

Some governors have indicated that they are keen to **lobby the government to change its policy**. As citizens, governors are entirely free to hold their own views about the proposal and act on them if they wish, but staff and public governors should be mindful of the NHS values when taking action in their governor role, and of any applicable code of conduct when deciding whether and how to take campaigning action.

If in doubt, governors may wish to discuss this with their governor liaison staff (for example the trust secretary) before taking action, and FTs may wish to explicitly discuss any perceived boundaries on public activity based on governor and/or staff commitments and agree boundaries with their governors in advance.

Remember that **staff governors** have their own constituency and staff FT members should expect to be informed about the proposed changes. Staff governors often provide valuable insight to the board about staff perspectives, may be influential in the trust, and may have enjoyed access to the chair or other board members that all parties have benefited from. When working with governors and board members on the implications of the Bill's proposals, consider how staff will continue to be engaged and involved, and how their perspectives reach the board and particularly the NEDs.

When thinking about the impact on **appointed governors**, you will know that FTs have been expected to work collaboratively with stakeholder partners for many years now and the removal of appointed governors should not affect this collaboration and engagement (although of course stakeholders' formal role in FT governance through the council of governors will cease). As with elected governors, appointed governors should be engaged and involved in making decisions which affect them, and be communicated with regularly and transparently. It is unlikely that having an appointed governor is any longer the only point of access that key stakeholder organisations have to your FT. It will nonetheless be worth ensuring the appointed governors and the organisations they come from are aware of the government's policy intentions, and that if they wish, they are involved alongside other governors in thinking through what comes next.

FTs will also want to consider how to celebrate and value governors' contribution at the point at which the legislation may be passed.

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ELECTIONS AND TERMS OF OFFICE

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Some governors and staff that we spoke to asked whether it was possible to ‘relax the rules’ around required elections to enable existing governors to stay in post and avoid resource-heavy elections, particularly at a time when it may be challenging to promote becoming a governor and to ask members to vote. When considering this, FTs and councils should be mindful that the council sustains adequate numbers to remain quorate in practice and is therefore able to take decisions, and to perform its accountability role until an alternative mechanism might replace it.

Primary legislation states that an elected governor ceases to hold office after three years unless they are re-elected.

Schedule 7 of the NHS Act 2006 (as amended) says:

“10 (1) An elected member of the council of governors may hold office for a period of three years. (2) Such a member is eligible for re-election at the end of that period.”

The minimum number of governors on a council is also set out in primary legislation (section 9 of Schedule 7) says:

- More than half the members must be elected from the public constituency.
- At least three members must be elected by the staff constituency.
- At least one member must be appointed by a qualifying local authority.
- If the FT is affiliated to a university medical or dental school, at least one member must be appointed by that university.

Based on this, the minimum numbers for a council are three staff, one appointed (or two if university-affiliated), and five (or six) public governors. The legal minimum number of governors for a council is therefore nine governors, or 10 if university affiliated.

The law cannot be ignored or set aside by the government, or by NHSE, without updating the legislation itself or enacting additional legislation that gives or NHSE new powers to direct FTs. **NHSE have confirmed that they will not issue a dispensation to halt elections and hold vacancies, nor seek to change the law to reduce the minimum numbers on a council or extend the statutory three-year term length².**

However, FTs do have the option to postpone or not hold elections and allow vacancies to remain open for a period of time. There is a small risk that they may receive public challenge for doing so, or, more likely, that a governor who wishes to re-stand finds this difficult to accept. Making any such decisions with the council will therefore be very important, not least constitutional changes (requiring council approval) may be required as a result.

² **Guidance** was issued during the Covid-19 pandemic which explicitly allowed elections to be stopped or postponed. This was part of a suite of measures to enable FTs to focus on patient care and service delivery at that hugely difficult time. However, in stopping or postponing elections FTs did not break the law. NHSE are not of the view that the current uncertainty warrants any such explicit dispensation, but the option to postpone/stop elections is still available to FTs. It would require assent from the council and careful communications with members to mitigate the risk of public challenge.

Governors at the end of their term who would otherwise be required to stand for re-election may be co-opted back to the council if necessary to retain their experience, but cannot be voting members, do not count towards council quoracy, and should not be decision-makers for e.g. NED appointments.

While individual FT constitutions tend to place a limit on the number of terms a governor may serve (usually two or three terms), there is no statutory limit: constitutions can be changed with the approval of both the board and the council. However, extending the number of terms a governor may hold office does not remove the need for elections to be held for a governor to be appointed with decision making rights.

FTs do have the option of electing governors to terms of shorter length. This may be expedient when it is clearer when the legislation is likely to pass. A reduction in the length of terms may serve to be more transparent about the likely expectations on new governors, but is unlikely to solve potential issues around demotivation and low morale.

FTs can also specify the number or proportion of governors required to participate in decision-making in their constitutions. In the case of significant transactions (mergers, acquisitions etc) Schedule 7 specifies that 'more than half' of the members of the council must approve them. The wording is usually interpreted to mean more than half of all governors – not just more than half of those present or voting. So, when considering reducing the number of constituencies and/or governors in each constituency, FTs and councils should bear this in mind. A council reduced to nine governors would require five votes in approval to pass a significant transaction. This might leave little room for manoeuvre if there are governors unavoidably absent for any reason and unable to vote.

In short, while FTs can change the requirements in their constitutions, they should remain compliant with the law, which expects that at the end of each term of office an election is held which is open to all members of the constituency. Contracts for membership services and running elections are considered in the [membership section](#) of this report.

It will be for the board and council to discuss and decide together on any proposed changes in the number of governors, the constituencies they represent, or the length of term of office they are appointed to. These decisions should be taken weighing up the pros and cons of sustaining the status quo against proposed changes, with a careful eye on sustaining a functional, legally constituted council, able to transact business.

There are some changes to the constitution on which the law requires members be given the opportunity to vote at the annual meeting of members. These are changes "in relation to the powers or duties of the council of governors... (or otherwise with respect to the role that the council has as part of the corporation)" (Schedule 7 para 27A (4)). The powers and duties of the council as a whole, and council's role in an FT, are not affected by the number of governors/constituencies that an FT has, nor the length of terms of office governors serve, and as such, should not require approval at a members' meeting.

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If a council and/or board believe otherwise, it is important to note that changes may take effect prior to a members' meeting and, should approval not be given by members, the constitution would then revert to the situation prior to the amendment being made: it is not necessary to give members' the chance to vote before amending the constitution (see Schedule 7 para 27A(5)).

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THE MEMBERSHIP

As far as we understand it from NHSE and DHSC, when the requirement to have councils of governors is removed, **the requirement to have a membership will also be removed.** This makes intuitive sense since the ability to stand for election and to elect governor representatives are the only powers conferred by membership of an FT. FTs are in any case free to engage, consult, inform and involve their staff, members of the public and partner/ stakeholder organisations in the FT in other ways, whether or not having an FT membership is legally required.

It will be worthwhile **communicating with staff and public FT members about the government's proposals** and your trust's response to them. The legal requirement to have a membership will remain in place until the law changes, however the impetus to grow and/or enhance the diversity of your membership base may understandably feel less pressing. FTs will want to consider in the round the expectation set out in the 10-year health plan: "we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. This should include systematic measures of patient reported experiences and outcomes..."

Some governors and staff we spoke to were keen to maintain communication and engagement with public members, and of course FTs will wish to sustain engagement and communication with the staff body and with key stakeholders. New ways in which public, staff and stakeholder involvement might be undertaken can be considered in the round as part of planning for **next steps**.

There is an option to sustain FTs' existing database of public members should the FT wish to use the database to support future public engagement and involvement. After all, in many cases, work has gone into recruiting and engaging a representative and interested group of members of the public: they are a potential source of input to whatever subsequent models of engagement and/or accountability might be developed.

Data protection legislation (**Article 6, UK GDPR**) enables data to continue to be held provided the original consent given by the individual is still valid. While the original legal basis for holding members' details will be removed if the Bill is passed, individuals' original consent for FTs to contact them about the FT remains valid. FTs should of course contact members to inform them of the government's proposals and offer the chance to opt out from future communications should they wish.

Many FTs have a contract in place for membership and/or election services. It is worth an early conversation with the providers of such services, who will be aware of the forthcoming Bill and most likely have already thought through its implications for their business. FTs may hold contracts which extend past the date at which the government intends to enact the new legislation, and it will be for individual FTs to engage with those businesses to understand their contractual position. Any future contractual arrangements should of course take account of the likelihood that elections cease to be held after 1 April 2027. It is to be hoped that all parties will work constructively to manage these uncertainties.

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The requirement to have an **annual members meeting** will be removed along with the council and FT membership, but it is likely that this will be replaced by the same requirement as NHS trusts currently have to hold a public meeting each year to present the audited annual accounts, annual report, and the auditor's report. This is good practice in any case for a publicly funded organisation.

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WORKING TOGETHER ON WHAT COMES NEXT

8

Everyone we have spoken to has emphasised the importance of public accountability and of seeking out and acting on the voice of patients and the public. **The announcement presents an opportunity, many felt, for councils of governors to work with their boards to develop proposals for what comes next.**

FTs take different approaches to patient and public engagement and to being publicly accountable. **Some FTs already have well-developed mechanisms running alongside the council, which governors may be involved in. Others will be starting from a less developed base.** Equally, developments in ways of working, for example of neighbourhood services, may offer new opportunities for meaningful and constructive local engagement.

FTs already have a statutory duty ([Section 242 of the NHS Act 2006](#)) to involve users of services (patients, carers and their representatives) in the following, where a proposal or decision would affect the way services are delivered and/or the range of services available:

- Planning the provision of services.
- Developing and considering proposed changes in the way services are provided.
- Decisions affecting the operation of services.

Statutory guidance from NHSE ([Working in Partnership with People and Communities \(2022\)](#)) sets out how organisations should meet this legal duty, including the principles of good public and patient involvement and expectations about how involvement should be embedded in planning and service change.

We have worked with trusts to understand the impact of removing councils on patient voice and published a [summary briefing](#). FTs and councils may find this helpful when planning together. One area where many people we spoke to felt that trusts could do better was on engaging with a more representative and diverse group of stakeholders than the elected governor model sometimes allowed. It will be worth considering this when planning for what follows.

Public accountability is distinct from patient and public involvement. NHS organisations have some public accountability mechanisms built in, for example through transparent annual reporting, holding board meetings in public, and ultimately through accountability to the electorate via Parliament. These are statutory public accountability requirements that we expect to remain. Councils and boards will want to work, perhaps with FT staff and public members, to develop options to ensure public accountability remains embedded in the trust. In particular, those we spoke to noted that without councils of governors, there is no statutory mechanism for public, staff and stakeholder involvement in annual planning or in holding the NEDs to account for the performance of the board.

There is another piece of forthcoming legislation that is also likely to affect the approach trusts take to public accountability and is worth considering when planning for a future state without councils of governors. [The Public Office \(Accountability\) Bill](#) seeks to

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introduce a legal duty of candour (with criminal penalties for non-compliance) requiring NHS organisations and those working in them to act with candour, transparency and frankness in all dealings with inquiries, inquests and investigations. This Bill was introduced to the Commons in September 2025 and is still progressing through Parliament. If passed, this will impact on the approach trusts take to disclosure of information and mean trusts should actively seek to embed candour at all levels of their organisations. It is worth bearing in mind when considering what might be required of your trust in the future.

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WHAT'S NEXT

We held two sessions outlining the proposals and discussing their implications, one for FT staff on 21 January, and one for governors on 3 March. A summary of the feedback from our initial focus groups with governors and staff is included as [Appendix](#).

While we believe that FTs and their governors need to be talking to each other primarily, we have been asked to consider running **facilitated sessions for governors and staff**, either on a trust-by-trust basis or by convening wider groups, for example one per region.

If you would be interested in either of these options, which we would need to charge for, please contact us on governors@nhsproviders.org

We will continue to share information about the progress of the NHS Bill and we continue to engage with DHSC's team who are drafting the Bill. Our influencing has been focused on sustaining appropriate local accountability and good governance in all trusts. We are keen that powers are appropriately devolved to local systems and organisations, and that the principles of good governance that the council model supported are enabled in what follows, so that boards benefit from the type of challenge and triangulation opportunities afforded by councils of governors, and so local populations continue to have a say in their health services and a voice influencing their own care.

FURTHER READING

GOV.UK

10-Year Health Plan for England

See particularly chapter 5 'A devolved and diverse NHS: A new operating model' and page 83 (of the PDF version) where the announcement about Councils of Governors was made.

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-accessible-version>

GOV.UK

Your statutory duties: A reference guide

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284473/Governors_guide_August_2013_UPDATED_NOV_13.pdf

NHS England

Addendum to your statutory duties – Reference guide for NHS foundation trust governors

<https://www.england.nhs.uk/long-read/addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors>

Legislation.GOV.UK

Schedule 7 of the NHS Act 2006

(as amended) sets out the statutory basis for councils of governors' functions and powers.

<https://www.legislation.gov.uk/ukpga/2006/41/schedule/7>

NHS Providers

Reinventing FTs and creating IHOs – Autonomy, accountability and flexibility

Briefing on the proposals in chapter 5 of the 10-Year Health Plan, which includes a section on Councils of Governors' role in FT governance and public accountability.

<https://nhsproviders.org/resources/reinventing-fts-and-creating-ihos-autonomy-accountability-and-flexibility>

NHS England

Working in Partnership with People and Communities (NHSE, 2022).

<https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance>

APPENDIX

Feedback from governors and those who work with them

Governor focus group 12 December 2025

<p>Passionate about safeguarding public voice and accountability</p>	<ul style="list-style-type: none"> • Discontent with government policy. Some appetite to lobby against it • Concern that without statutory 'teeth', public engagement may be tokenistic • Public voice being represented at board level was seen as vital
<p>Some enthusiasm for supporting transition, but concern about attrition</p>	<ul style="list-style-type: none"> • General understanding of need to consider options between now and whenever the Bill is passed • Commitment to keeping FTs on track for patients and recognition that CoGs will be needed to perform their duties in the interim but worry about morale and attrition among governors
<p>Risk of uncooperative governors unless valued</p>	<ul style="list-style-type: none"> • Some FTs are already demonstrating less attentive/respectful behaviours • Some governors are mis-reading lack of information from their boards as FTs withholding knowledge • Governors recognise their power (eg NED appointments, transactions) and may be willing to use it

What governors would like to see from their trusts/the centre

- Remind board members about what functions councils perform and how life would be challenging without a quorate council (eg NED appointments).
- Make it easier for governors to stay on in post (likely requires secondary legislation) to avoid holding elections for very short terms/save resources and expertise.
- Potential to work with councils on what might replace them – how will the FT embed public accountability without the council/membership structure?

Suggestions for keeping the show on the road

- Sustain a positive culture of collegiate working – governors are disillusioned and need to be valued or will leave and/or fight eg advanced FT status.
- Ensure someone in the Trust has the latest information that can be shared with governors as needed. Keep governors informed.
- Keep calm and carry on in most other respects (though need to recognise disquiet) – eg new governors need an induction, still need to be engaged in order to do their job.

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Board/staff focus group 19 December 2025

<p>Acceptance that the Council model has not worked perfectly</p>	<ul style="list-style-type: none"> • Diverse views about effectiveness: some believe “you get out of councils what you put in” • Frustration that the current governor election and membership models do not add sufficient value relative to cost/administrative burden • View that low participation rates and limited representativeness of local communities have hampered the model
<p>Concern about information vacuum but appetite to co-develop what follows</p>	<ul style="list-style-type: none"> • Frustration at the lack of central communications and guidance, and of clarity about timescales and regulatory expectations – and lack of confidence that this will be forthcoming • Recognition of the value of exploring, with governors, potential future models that preserve the best of what councils bring
<p>Concern about significant relational risk</p>	<ul style="list-style-type: none"> • Recognition of the importance of sustaining the mood and goodwill of governors alongside the importance of retaining a quorate council • Concern that governors may feel threatened and respond defensively and uncooperatively • Concern particularly around sustaining good relationships with staff governors and ensuring their value is not overlooked

What they would like to see at national level

- Provide clear, timely communication on legislative intent and timing, including explicit guidance on what is expected of trusts during the transition period.
- Ensure the legislation and associated guidance prevents any confusion or legacy disputes relating to governors.
- Explore options to give greater flexibility on elections and terms of office, and clarify regulatory tolerance in the interim.
- Clarify expectations for future public and staff accountability and voice mechanisms.
- Develop national guidance around contingencies should governor processes become unworkable eg alternative routes for important approvals.

Suggestions for keeping the show on the road

- Invest time in working with governors with a strong focus on maintaining trust and transparent communication, to sustain/rebuild relationships.
- Frame the reform as something to be shaped with governors, using the interim period to explore and pilot alternative engagement models where needed.
- Take pragmatic steps to maintain compliance while minimising cost and disruption (eg right-sizing councils, holding vacancies).

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Suggested citation

NHS Providers (March 2026),
*Navigating uncertainty around Councils of Governors –
Considerations for governors and those who work with them*

Interactive version

This report is also available in a digital format via:

<https://nhsproviders.org/resources/navigating-uncertainty-around-councils-of-governors>



NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS trusts in England collectively account for £132bn of annual expenditure and employ 1.4 million people.

The NHS Confederation and NHS Providers are coming together to form **The NHS Alliance**, launching in April 2026.

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Registered Office, 157-197 Buckingham Palace Road, London SW1W 9SP

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Council of Governors

13 May 2026

Paper title:	Quality Account 2025-26	Agenda Item
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Paula Reilly, Senior Risk and Clinical Audit Manager	
Committees where content has been discussed previously	SLT-QSG March 2026 and QSC May 2026 (virtual)	
Purpose of the paper Please check ONE box only:	<input checked="" type="checkbox"/> For approval <input 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	√
	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	√

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Purpose of the report

To share the draft version of the annual Quality Account 25-26 with the Council of Governors, and to provide assurance on governance processes and compliance with national guidance.

Executive Summary

All NHS Trusts are required to produce and publish a Quality Account once per year, in accordance with national guidance. The Quality Account is a document that tells people who we are as an organisation, it looks back over the year to show how we have improved the quality of our services and looks forward describing what our plans are for the coming year. The document has been produced in collaboration with our services and leadership teams.

This Quality Account is for people that use our services, carers, and members of the public. We also share it with our stakeholders for comment, following which it is made available to the public.

The main elements of a Quality Account are:

- How we performed last year (2025/26), our prioritised activity and quality improvement work
- Information we are required to provide by law, this is reported in a strictly specified way so that we can be compared to other NHS Trusts.
- Our plans for next year (2026/27), why we have chosen these priorities, and how we will go about it.
- We also include examples of some of the celebrated areas work of that our services have undertaken to improve the quality of care for patients.

The draft Quality Account has been shared with specified stakeholders on 1st May for a 30-day consultation period. Any comments received back from partners will be considered for inclusion within the final document. The final document will be presented to the June meetings of the Quality and Safety Committee and Board.

The regulations state that Quality Accounts must be published by June 30 each year following the end of the reporting period. The Quality Account must be uploaded to a page on the Trust website and the link subsequently sent via a specified email address at NHS providers.

It is noted that the Trust has not received or identified any new or updated National guidance (via the NHSE website or networks) in relation to the production of the Quality Account and we will continue to produce an account in this context.

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**

Quality Account 2025/26

Bradford District Care NHS Foundation Trust



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DRAFT

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Who we are

Bradford District Care NHS Foundation Trust (BDCFT; 'the Trust') offers a wide range of services covering mental health, learning disabilities, physical health (including specialist dental services) and children's public health, from before birth to the end of people's lives. We provide 51 different services across 60 sites, including two mental health hospitals, for people of all ages across Bradford, Airedale, Wharfedale and Craven.

Supporting people in our communities throughout their lives is a real privilege and means that we have many opportunities to help make a difference to their health and wellbeing. This means helping people to keep healthy for as long as they can be, as well as treating people when they become unwell.

As well as thinking creatively about how we support people and how we make our services accessible to everyone in our communities who need them, we continue to work with our partners across health and social care settings, to consider all the factors that impact on a person's health and wellbeing and create joined-up, holistic service offers that put the person at the centre of decision making. We continue to build on our strong relationships with partners to look outwards across Bradford District and Craven, West Yorkshire, and beyond.

Bradford District and Craven stretches from Bradford city centre, past Keighley in the Aire Valley, through the large market towns of Ilkley and Skipton, to Ingleton in the Craven basin. Our community has a population of over 659,000 people in a mixed urban and rural area, covering 595 square miles.

The population we serve is one of the most multicultural in Britain with over 100 languages spoken. Some areas of Bradford are amongst the most deprived in the country, reflected in higher-than-average demand for health services and reduced life expectancy.

We employ over 3,000 people who, directly and indirectly, provide healthcare and specialist services to local people, including registered nurses (health visitors, school nurses, district nurses, specialist nurses), non-clinical roles (digital, estates and facilities, finance, HR, administration, governance), health support workers, psychological therapy roles, allied health professionals (AHPs), social workers, dental and medical roles, AHP clinical support roles and pharmacy roles. Our people are the core of what we do and without them we would be unable to deliver services.

Services we provide

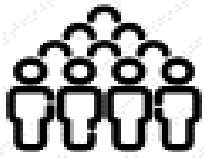
During 2025/26 Bradford District Care NHS Foundation Trust provided 51 NHS services in the following areas:

Adult low secure mental health service	Adult mental health A&E liaison
Adult Mental Health Acute Inpatient services	Assertive Outreach service
Bradford and Airedale Neurodevelopmental service	Breastfeeding support service
Child and Adolescent Mental Health service	Children and young people's community eating disorders service
Community Dental service and oral health improvement	Community mental health teams - working age adults
Community nursing	Community nursing children with special needs in special schools
Continence service	Criminal Justice Liaison service
Early intervention in psychosis	Falls prevention exercise service
First Response service	Homeless and new arrivals health team
Housing for health	Individual placement and support employment service
Intensive home treatment	Learning disabilities - Assessment and Treatment Unit
Learning disabilities - Health Facilitation and Community Matron service	Learning disabilities - intensive support team
Learning disabilities - specialist therapies clinical liaison team	Liaison and Diversion Service (Wakefield)
Little Minds Matter – Bradford infant mental health service	Looked-after children's health team

Maternal Early Childhood Sustained Health Visiting	Mental Health Support Teams in schools and colleges
Older people's mental health - Acute Inpatient services	Older people's mental health, including community mental health team services, acute and care home liaison services, Memory Assessment and Treatment service
Palliative Care – Palliative Care Team; Palliative Care Support Teams & Fast Track; End of life Facilitator; End of Life Care Education Facilitation Service	Podiatry – core and specialist
Primary Care Wellbeing service	Proactive Care Team, including Admiral Nurse Service
Psychiatric Intensive Care Unit (PICU)	Psychiatric Rehabilitation services
Psychological Therapies - Specialist service	Public Health Nursing Children's service (Bradford)
Public Health – Health Promotion and Resources service	Public Health School Aged Immunisation Service, including Influenza (Bradford)
Public Health School Aged Immunisation Service, including Influenza (Wakefield)	Ready to Relate training
Specialist Mother and Baby Mental Health Service (SMABS)	Speech and Language therapy
Speech and Language Therapy for Pupils within Resourced Provisions and for Deaf Children	Talking Therapies
Tissue viability	Youth offending team: health team
	Well Together service

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Our Trust in Numbers

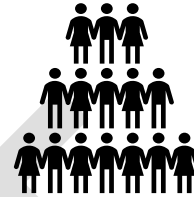


659,000
(approx.)

People we provide services to



51
services provided



3438
Substantive staff



294
Members of our workforce race equality network



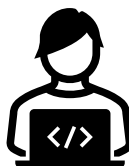
GOOD
Overall CQC rating



323
Other professional including scientific and technical staff, including psychologists



1038
Registered nursing and midwifery staff



968
Admin, estates and non-clinical staff



60
Sites we operate from

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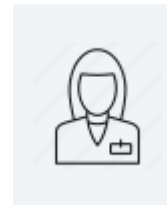
£256.3m

Annual turnover for 2025/26



96

Medical staff including consultants,



739

Clinical staff, including health care support workers



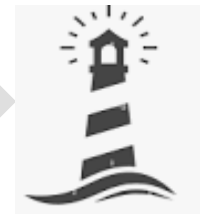
1863

Bank staff



185

Volunteers



199

Members of our disability and wellbeing network (DaWN)



77

Members of our Rainbow Alliance



288

Allied health professionals including occupational therapists and dietitians

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87.14%

Staff that feel their role makes a difference to service



50

People that have taken part in our service user network activities



5590

BDCFT X (Twitter) followers



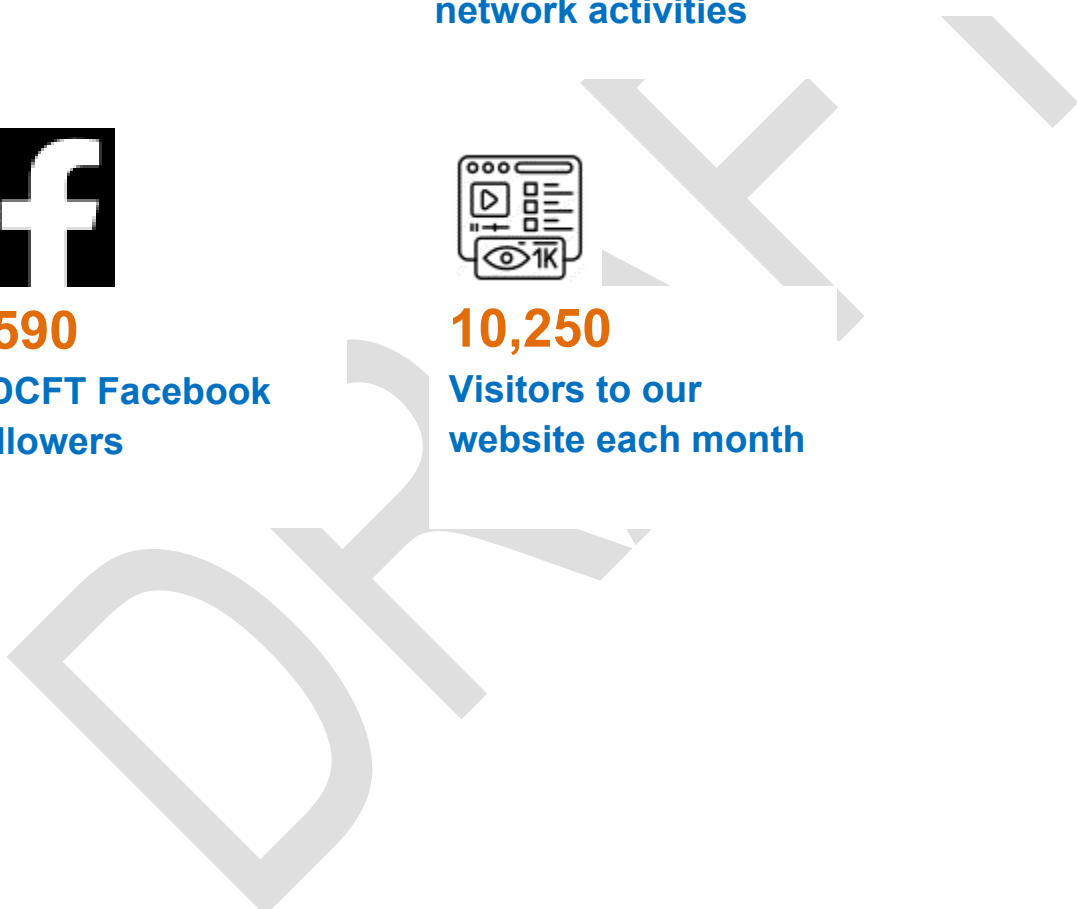
5590

BDCFT Facebook followers



10,250

Visitors to our website each month



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Creating better lives, together: From Ambition to Action – 2023-26

Our Trust strategy for 2023-2026 builds on our commitment to quality, guided by our Care Trust Way approach. The Care Trust Way" is Bradford District Care NHS Foundation Trust's (BDCFT) approach to continuous improvement, empowering staff to identify and implement service improvements. It is a staff-led model designed to involve everyone in enhancing the quality of care. It reflects the changes in the health and social care landscape and how we have developed over the last few years and sets out our ambitions and how they will be delivered.

The increasing demand and workforce challenges that we are experiencing are unprecedented. The current financial pressures, along with national challenges in attracting and retaining staff, mean that maintaining quality and access to services, whilst delivering care to an ageing and growing population, is a real and increasing challenge. Health inequalities are growing, worsened by the impacts of climate change. Despite these challenges we continue to strive to improve the quality of our services and the experiences of those that use our services.

We have played a proactive role in developing the integrated care agenda in the Bradford District and Craven Health and Care Partnership and in the West Yorkshire Health and Care Partnership (also called the Integrated Care System). The challenges and changes that we are experiencing as a health and care partnership mean that we must continue to work together to plan and shape services and use resources in the most effective way possible, so the care we offer to the communities we serve is the best it can be.

Our strategy for 2023-2026, balances the scale of our ambition with the scale of the challenge, with hopeful realism being a common thread throughout. We are working to ensure that we have sustainable services: financial, environmental and social, all built on a strong foundation. Looking to the future we strive to ensure we continue to integrate, improve and innovate, adapting our service offer to the changing health needs of our communities.

We also have a role within our neighborhoods, community and wider place. Our Trust is a partner organisation within both the Bradford District and Craven and the West Yorkshire Health and Care Partnerships, a provider and enabler of health care, an employer; and a community of learning where our workforce is enabled to grow and develop in line with their ambitions and aspirations.

Supported by the values that we have embedded over the past few years, we will work

collaboratively with our health and care partners and the wider community to provide safe and effective services, ensuring that we proactively support those most in need. We will work with our people to ensure that our Trust is the best place to work. Our 2023-2026 strategy describes our priorities, how we will deliver them and the impacts we expect to see.

Click to see the full strategy [From Ambition to Action](#)



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 that they belong and are valued.

Deliver best quality services

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

Making best use of resources

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

Be the best partner

We will be at the forefront of the integration, improvement and innovation, working with partners to deliver services that enable our population to live happier, healthy lives.

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SECTION ONE:

Declarations

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1.1 What is a Quality Account?

All NHS Trusts are required to produce and publish a Quality Account once per year, in accordance with national guidance. The Quality Account is a document that tells people who we are as an organisation, it looks back over the year to show how we have improved the quality of our services and looks forward describing what our plans are for the coming year.

This Quality Account is for people that use our services, carers, and members of the public. We also share it with our stakeholders for comment, following which it is made available to the public.

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- Information we are required to provide by law: this is reported in a strictly specified way so that we can be compared to other NHS Trusts.
- Our plans for next year (2026/27), why we have chosen these priorities, and how we will go about it.

We also include examples of some of the celebrated areas work of that our services have undertaken to improve the quality of care for patients.

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1.2 Statement on quality from the Chief Executive

(*Therese Patten section and photo here – to be updated)



Chief Executive's Declaration

The Trust Board is confident that this Quality Report presents an accurate reflection of quality across Bradford District Care NHS Foundation Trust.

As Chief Executive of Bradford District Care NHS Foundation Trust I can confirm that, to the best of my knowledge, the information within this document is accurate.

Therese Patten

Therese Patten, Chief Executive

Date: xx June 2026

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1.3 Statement of Directors Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England (previously NHS Improvement) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2025 to March 2026
 - papers relating to quality reported to the board over the period April 2025 to March 2026
 - feedback from commissioners dated 23 May 2025
 - feedback from local Healthwatch organisations dated 27 May 2025
 - the latest national patient survey
 - the latest national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment
 - CQC inspection report dated September 2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS England's (previously NHS Improvement's) annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Signed: 

Therese Patten, Chief Executive

Date: XX June 2026

Signed: CHAIR SIGNATURE HERE

Sarah Jones, Chair

Date: XX June 2026

DRAFT

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SECTION TWO:

Priorities for improvement,
improvement capability and
statements relating to the
quality of NHS services
provided

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2.1 Priorities for quality improvement

2.1.1 Delivering our Quality Improvement Priorities for 2025/26

In our 2024/25 Quality Account, we set out our 2025/26 priorities for quality improvement, as required for this document.

These priorities linked to the Trust's strategic framework's ambition to 'Deliver the Best Quality Services'. Within this ambition, three themes described how we would achieve this. The actions span over three years, and we expect to see incremental change over this period.

The priorities, against each theme, and the progress we have made to deliver them are summarised below.

Delivering Best Quality Services for Our Community

Bradford District Care NHS Foundation Trust (BDCFT) continues to strengthen its approach to quality improvement (QI), embedding a culture that supports better outcomes for patients, carers and staff. Over 2025/26, we made meaningful progress in improving access to care, collaborative working and patient experience, using our established improvement methodology: The Care Trust Way (CTW).

Our approach to improvement is increasingly focused on systems rather than isolated projects. Through structured improvement methods, value streams, strong clinical and operational leadership, and sustained investment in capability, we are better able to identify what matters most, test change at pace, and embed learning across services. This enables teams to respond more effectively to demand, reduce unwarranted variation and deliver care that is safer, more equitable and more person-centred.

This report outlines our progress against last year's Quality Improvement priorities, highlights where improvement activity has delivered tangible impact, and sets out how QI is woven into the fabric of the Trust. It also describes how our priorities will evolve in 2026/27, aligned with national NHS Quality Account requirements and the Trust's strategic ambition to deliver Better Lives, Together.

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QI Priorities and Progress in 2024/25

Last year, we identified three strategic QI priority themes under our ambition to Deliver the Best Quality Services. Each priority was designed to drive tangible improvements over a multi-year period.

Together, these principles frame how the Trust approaches improvement in practice. Our first priority focuses on where improvement has the most immediate impact for patients and services: access to care and the flow of people through our pathways.

Priority Theme 1 – Improving Access and Flow

We committed to ensuring the right care, in the right place, at the right time, reducing waits and improving continuity of care.

Using continuous improvement methods, several services achieved measurable improvements in access. For example, the Memory Assessment and Treatment Service (MATS) has transformed access, flow and patient experience across the district. Through pathway redesign, improved triage and multidisciplinary working, waiting times have reduced from around 18 months to approximately six months, despite rising demand. A standardised and equitable pathway is now in place across all localities, supported by clearer referral criteria and improved digital processes. Patient experience has also been strengthened through clearer communication at referral, a co-designed pathway leaflet, and the introduction of a “Waiting Well” volunteer programme to support people while they await assessment.

We have also embraced innovative digital solutions. Our Talking Therapies service, working in close partnership with Limbic, has implemented AI-enabled triage and care support tools (Limbic Access and Limbic Care). This collaboration, recognised through winning the HSJ Digitising Patient Care Award (2025), has widened access for people who may struggle with traditional referral routes. Notably, 39% of referrals are completed outside normal working hours, with a 90% conversion rate from intake to assessment, while also reducing unnecessary demand on clinical teams.

Building on this success, we are continuing to improve digital communication and access across community services. This includes expanding use of the Patient Knows Best(PKB) platform to give patients greater access to, and control over, their information and appointments; rolling out e-referrals to improve referral quality and reduce administrative delay; and extending SMS messaging to support clearer and more timely communication. Together, these improvements support more equitable access, reduce avoidable variation and contribute to more sustainable services.

While improving access and flow is critical, sustaining these gains depends on how effectively we learn from practice. Our second priority therefore focuses on strengthening learning for improvement, ensuring teams are supported to understand what works, adapt in real time and spread learning across services.

Priority Theme 2 – Learning for Improvement

We aimed to strengthen how we learn from practice and apply that learning systematically to improve quality, safety and outcomes across services. In 2025/26, this priority increasingly focused on learning through doing, using structured improvement methods, coaching and collaboration to generate insight, test change and spread what works.

A key example is the Culture of Care programme in inpatient services, delivered through the Care Trust Way and aligned with NHS England's Culture of Care standards. During the year, three inpatient wards participated actively in the programme, supported by improvement coaching, executive sponsorship and lived-experience partners. Ward teams tested changes focused on therapeutic relationships, communication, ward routines and staff wellbeing. Learning is shared through regular learning networks and Trust-wide report-outs, helping teams reflect on progress and build confidence in using improvement methods. Feedback indicates clearer shared expectations of care, stronger multidisciplinary working and more consistent attention to how care is experienced by patients and families.

Learning for improvement is also central to Community Mental Health Team (CMHT) transformation work. Recent improvement activity involved large-scale staff engagement across CMHTs, bringing together care co-ordinators, medics, psychologists, managers and partners to examine the end-to-end assessment and allocation process. Through value-stream mapping and data review, teams developed a shared understanding of demand, processing steps and waiting lists. This has generated evidence-based priorities for change, including waiting-list management, role clarity and releasing time to care, enabling targeted testing rather than reliance on anecdote.

Across the Trust, improvement coaching, structured report-outs and learning networks continue to strengthen how learning is captured and applied. By grounding improvement in real-time data, lived experience and frontline insight, learning increasingly informs service redesign and supports sustainable improvement at scale.

Learning alone is not sufficient unless it translates into meaningful change for the people who use our services. Our third priority therefore centres on patient experience and involvement, ensuring that improvement is shaped by lived experience and results in care that feels compassionate, respectful and responsive.

Priority Theme 3 – Enhancing Patient Experience and Involvement

We set out to ensure that care across BDCFT is consistently person-centred, trauma-informed and shaped in partnership with people who use our services. In 2025/26, this priority focused on turning lived-experience insight into practical, visible improvements.

Within MATS, patient and carer experience has been central to pathway redesign. A co-designed, accessible pathway leaflet helps people understand what to expect from referral through to diagnosis, supported by clearer communication and additional non-clinical support while waiting. These changes have reduced uncertainty and anxiety and improved the overall experience of care.

A second example comes from the Culture of Care programme in inpatient services. Service user feedback highlighted that standard personal care products did not meet the needs of people with different hair types and cultural backgrounds. In response, ward teams tested the provision of multicultural hair-care products using a structured PDSA approach. This change recognised hair care as a basic aspect of dignity and inclusion and reflected the programme's equity-focused, culturally responsive care. Learning from this work is being shared through Culture of Care networks to support wider adoption.

Across the Trust, co-production, peer support, volunteering and QI activity continue to embed lived experience into service design and delivery, supporting care that is compassionate, respectful and inclusive.

Together, these three priorities demonstrate how improvement at BDCFT is being delivered in practice. Embedding this way of working across the organisation is essential to sustaining progress and supporting continuous improvement at scale.

Embedding Quality Improvement Across BDCFT

A core strength of BDCFT is that quality improvement is increasingly everyone's business. The Care Trust Way continued to mature in 2025/26, with a clear focus on building improvement capability at scale. To date, over 1,000 staff have received some form of QI training, from introductory awareness and local QI champions through to CTW Practitioners and a growing cohort of CTW Sensei who coach and support others.

Daily Lean Management (DLM) huddles are now routine in many teams, enabling frontline staff to identify and solve problems in real time. Alignment with NHS Impact has been strengthened, with BDCFT sharing learning at regional forums on how a common QI language supports quality during challenging periods.

QI is not confined to projects; it underpins our Better Lives, Together 2023–26 Strategy. This includes full implementation of PSIRF, a shift towards learning-focused safety responses, and growing staff engagement in improvement, reflected in improved NHS Staff Survey results. Sustainability is also embedded, with QI projects reducing waste, paper use and environmental impact in line with our Green Plan.

2.2 Looking Ahead: QI Priorities for 2026/27

Looking ahead to 2026/27, our approach to quality improvement is one of continuity and enhancement. We will continue to focus on Access and Flow, Learning for Improvement, and Patient Experience, while strengthening the systems and capabilities that sustain improvement.

Key developments include embedding our Trust-wide Quality Management System, taking a more systemic approach to staff sickness absence and workforce productivity, and making purposeful use of innovation, AI and automation. The establishment of a Strategic Innovation Lead role will ensure innovation activity is focused, evidence-led and aligned with Trust priorities.

Alongside this, we will continue to invest in future-ready capability, expanding development opportunities through Multiverse digital, data and AI programmes, complementing our Care Trust Way training offer and strengthening internal capacity for sustainable productivity improvement.

Taken together, this report reflects a Trust that is increasingly confident in how it improves. By combining clear priorities, disciplined improvement methods, strategic innovation and sustained investment in people, BDCFT is strengthening its ability to deliver high-quality, responsive and sustainable care. This Quality Improvement Report will form part of the Trust's wider Quality Account, providing assurance to our Board, staff, patients and partners that continuous improvement remains central to delivering Better Lives, Together.

2.3 Trust Strategies that support our delivery of quality

2.3.1 Quality Strategy

The Trust's overarching approach to quality is set out within the main Trust strategy 'From Ambition to Action' which is described within section one of this report.

2.3.2 Patient Safety Strategy

The Trust has a Patient Safety Strategy in place. This is aligned to the NHS Patient Safety Strategy and describes our ambition to embed insight, facilitate involvement and drive improvement. The Patient Safety Strategy was refreshed during September 2025 in line with national updates and evaluation of the first year of working with the Patient Safety Incident Response Framework.

2.3.3 Clinical Professions Strategy

The Trust is undertaking a full refresh of its Clinical Professional Strategy in collaboration with clinical and professional leads across all disciplines. This work will ensure the strategy remains aligned to the Trust's strategic priority of Delivering Best Quality Services, and that it reflects the ambitions and developmental needs of each professional group for the next five years.

A core feature of the refreshed strategy is the introduction of profession-specific quality objectives. These objectives will provide clarity on the contribution each profession will make to improving quality, strengthening safety, enhancing outcomes, and delivering excellent patient and service-user experience.

While each clinical professional group will have its own specific objectives, the strategy emphasises that clinical professions are interdependent and work collaboratively across the Trust to ensure high-quality, safe and effective care. These shared responsibilities built on multidisciplinary partnership, mutual support and aligned purpose are central to delivering consistently excellent care across all services.

The refreshed strategy will set out how each profession will be supported to develop its practice, leadership and capability ensuring equitable access to supervision, career development, research, innovation and continuous improvement. Oversight and assurance of these ambitions will be provided through the Clinical Professional Councils and the Trust's governance structures, creating strong professional scrutiny, improved visibility of standards, and a clear line of sight to quality, safety, and improvement.

The strategy is being aligned to the NHS Long Term Plan, with a particular focus on the three core shifts:

- Moving care from hospitals to community settings,
- Transitioning from analogue to digital,
- Focusing on early intervention and prevention

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Delivering Best Quality Services

Through this refreshed strategy, our Clinical Professions will play an enhanced and more accountable role in ensuring the Trust continues to deliver the best quality services. Specifically, we will:

- Embed quality at the centre of all professional objectives, ensuring each clinical profession has measurable goals that strengthen safe, effective, evidence-based practice.
- Support colleagues to deliver consistently high-quality care, including improved access to development, supervision, research, innovation and continuous improvement through the Care Trust Way.
- Ensure practice is inclusive, equitable and culturally competent, enabling all communities to receive safe, accessible care tailored to their needs.
- Strengthen professional governance, with robust oversight of standards, competence, supervision and safety across all registered and non-registered professional groups.
- Enhance multidisciplinary collaboration, recognising the interdependence of clinical professions in reducing unwarranted variation and supporting integrated pathways that improve outcomes and experience.
- Ensure clinical leadership influences service decisions, creating parity between operational and professional leadership and keeping quality central to redesign and improvement.

How We Will Know We Are Successful

We will be able to demonstrate success when:

- Profession-specific quality objectives show measurable improvement in safety, consistency, outcomes and experience across all clinical professions.
- Outcomes for people improve, as demonstrated through routine outcome measures and reductions in unwarranted variation.
- People report a better experience of care, through patient feedback, Patient Reported Outcome Measures (PROMs), and Friends and Family Test (FFT) results.
- Clinical Professional Councils provide strong assurance, evidencing safe practice, high standards, and clear oversight of professional quality indicators.
- Clinical professional groups demonstrate strengthened development, reflected in improved leadership, capability and contributions to Trust-wide quality priorities.
- Quality improvement is embedded across all professions, with visible participation in research, innovation and continuous improvement activity.

2.3.4 Risk Management Strategy

At the end of the year 2025-26, we finalised a new Risk Management Strategy for the Trust, which sets out our aims and objectives for 2026-28. Whilst reflecting the values, priorities and commitment to quality improvement set out in the organisation's [Ambition to Action Strategy](#), this document renews our strategic approach to Risk Management.



Our staff are best placed to understand the risks relevant to their areas of work and must be enabled to identify and manage these risks.

Through this strategy, in conjunction with the Trust's Risk Management Policy, risk management systems and processes will be embedded at every level of the organisation. This is important to ensure there is a culture that underpins the active and consistent management of risks; and where people feel confident to speak up and raise concerns about issues that affect safety, experience and quality outcomes, governance, finance and performance, and staff and patient experience



Through this strategy we will look to promote a *fair and open culture* and support all our staff to identify and manage risks.

We will also be working with our Trust Board to review its *risk appetite*. Risk appetite provides a framework that enables the Trust to make informed planning and management decisions. The benefit of this includes:

- Supporting informed decisions
- Reducing uncertainty
- Improving consistency across the mechanisms we use to govern our organisation and decision-making
- Sustaining performance and productivity
- Being an improvement organisation
- Focusing on priority areas within the Trust
- Informing cost improvement and resource allocation processes
- Ensuring public accountability and effective decision making

The objectives identified in the strategy will form part of our strategy implementation plan, which we will monitor for progress and ensure we continuously learn and improve as an organisation.

2.4 Statements of assurance from the Trust Board

This section has a pre-determined content and statements that provide assurance about the quality of our services in BDCFT. This information is provided in common across all Quality Accounts nationally, allowing for comparison of our services with other organisations. The statements evidence that we are measuring our clinical services, process and performance and that we are involved in work and initiatives that aims to improve quality.

2.4.1 Review of services

During 2025/26, BDCFT provided and/or subcontracted 51 NHS services. BDCFT has reviewed all the data available to it on the quality of care in all 51 of these services.

The income generated by the NHS commissioned services reviewed in 2025/26 represents **90** % of the total income generated from the provision of services by BDCFT for 2025/26

A detailed review of our services appears in part three of this document. This also gives an overview of how we are doing against the quality indicators that have been set by us and our stakeholders.

2.4.2 Care Quality Committee (CQC) update

Care Quality Commission registration status

Bradford District Care NHS Foundation Trust is required to register with the Care Quality Commission and our current rating is 'Good'.

The Care Quality Commission has not taken enforcement action against Bradford District Care NHS Foundation Trust during 2025/26.

The CQC have not undertaken any investigations into Bradford District Care NHS Foundation Trust in 2025/26.

During this period the Trust has made **one** change to its registration status with the CQC. An update was made to our Statement of Purpose reflecting a temporary change of location from Fern to Willow and a change of description for both Lynfield Mount and Airedale Centre for Mental Health.

Service Inspections

The CQC have carried out **2** service inspections during **2025/26** in the Step Forward Centre and Low Secure Services, with both services receiving a 'Good' rating.

Mental Health Act Inspections

The CQC have undertaken a number of Mental Health Act inspections of our inpatient units in this time, visiting:

- Clover Ward - June 2025
- Multiple ward visit Najurally ATU, Oakburn, Willow, Ashbrook, Thornton, Maplebeck, Dementia Assessment Unit - August 2025
- Maplebeck Ward - October 2025
- Step Forward Centre – January 2026
- Clover ward – February 2026
- Najurally – February 2026
- Low Secure Services – review of Seclusion and Segregation – February 2026

At each visit areas of good practice and areas for improvement activity are identified and the service responds using a Provider Action Statement. Implementation of actions is overseen through the Mental Health Care Group Quality, Mental Health Legislation Forum, Performance Assurance Group, and through the Patient Safety and Learning Group.

The overall rating for the Trust is shown below.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↔ Nov 2021	Good ↑ Nov 2021	Good ↔ Nov 2021	Good ↔ Nov 2021	Good ↑ Nov 2021	Good ↑ Nov 2021

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Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Community end of life care	Good Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019
Community health services for children and young people	Requires improvement Aug 2022	Good Aug 2022	Good Aug 2022	Requires improvement Aug 2022	Good Aug 2022	Requires improvement Aug 2022
Overall	Good	Good	Outstanding	Good	Good	Good

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Mental health crisis services and health-based places of safety	Good ↑ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021
Wards for older people with mental health problems	Requires improvement Jun 2019	Requires improvement Jun 2019	Good Jun 2019	Good Jun 2019	Requires improvement Jun 2019	Requires improvement Jun 2019
Community-based mental health services of adults of working age	Good ↑ Dec 2021	Requires improvement ↔ Dec 2021	Good ↔ Dec 2021	Good ↔ Dec 2021	Good ↑ Dec 2021	Good ↑ Dec 2021
Community mental health services for people with a learning disability or autism	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Wards for people with a learning disability or autism	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Forensic inpatient or secure wards	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025
Community-based mental health services for older people	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Specialist community mental health services for children and young people	Requires improvement Dec 2021	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Good Dec 2021	Requires improvement Dec 2021
Long stay or rehabilitation mental health wards for working age adults	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025	Good Jul 2025
Overall	Requires improvement	Good	Good	Good	Good	Good

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2.4.3 Commissioning for quality and innovation (CQUIN) 2025/26

CQUIN schemes have been on hold nationally for the last two years and are not expected to be a requirement for 2026/27.

Performance against indicators set out in Single Oversight Framework

The table below shows our performance against the operational performance indicators set out by NHS England (previously Improvement), in the Single Oversight Framework.

Indicator	BDCFT performance data				
	Threshold	Q1	Q2	Q3	Q4
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway (Dental)	92%	66.0%	58.3%	67.4%	59.5%
People experiencing a first episode of psychosis begin treatment with a NICE approved care package within two weeks of referral	60%	83.0%	73.0%	84.0%	73.6%
NHS Talking Therapies (formerly IAPT) – proportion of people completing treatment who move to reliable recovery	48%	49.0%	50.0%	48.0%	51.0%
NHS Talking Therapies (formerly IAPT) – proportion of people completing treatment who move to reliable improvement	69%	70.0%	74.0%	70.0%	72.9%
NHS Talking Therapies (formerly IAPT) – % of people waiting 18 weeks or less to begin treatment	95%	99.9%	99.7%	100%	100%
Inappropriate out-of-area placements for adult mental health services – number of bed days patients have spent out of area		292	178	111	959

**The performance of the above indicators is reported and monitored throughout the year.*

2.4.4 Participation in Clinical Audits

The Trust undertakes a full programme of clinical audits which are reported to our Board through the Quality and Safety Committee. We believe that a good audit programme supports clinicians, managers, service users, carers, the community, and commissioners to understand the current state and position in relation to the recommended quality standards. It also provides useful intelligence to support continuous quality improvement. Our audit activity for 2025/26 included:

1. National clinical audits.
2. Local clinical audits.

6.1 National Clinical Audits

During 2025/26 nine national clinical audits covered relevant health services that Bradford District Care NHS Foundation Trust provides.

During that period Bradford District Care NHS Foundation Trust participated in 100% of the national clinical audits which it was eligible to participate in.

The nine clinical audits that Bradford District Care NHS Foundation Trust was eligible to participate in and did participate in during 2025/26 are as follows:

NHS Digital:

1. National Diabetes Footcare (NDFCA) in Podiatry Services

Royal College of Psychiatrist:

2. National Audit of Dementia in Memory Assessment Services
3. National Audit of Eating Disorders in Child and Adolescent Mental Health Services (CAMHS)

National Prescribing Observatory for Mental Health (POMH-UK):

4. Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental health Services
5. Topic 22b: The Use of Medicines with Anticholinergic Properties in Older Peoples Mental Health Services
6. Topic 17c: The Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia

Royal College of Physicians:

7. Falls and Fragility Fracture on Older Peoples Inpatient Wards

Parkinsons UK:

8. UK Parkinsons in Speech and Language Therapy Services

NHS Benchmarking Network

9. National Audit of Care at the End of Life on Inpatient Mental Health Wards

The national clinical audits that Bradford District Care NHS Foundation Trust participated in, and for which data collection was completed during 2025/26, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit, where applicable.

Name and Type of Clinical Audit	Number of Cases Submitted	% of Required Cases Submitted, as specified in the guidance	Overall Percentage Compliance
National Diabetes Footcare	299	N/A	Data submitted, awaiting national report
Dementia in Memory Assessment Services	Mapping Exercise Submitted	No clinical (case note) audit requirement in 2025/26	Not applicable as no clinical audit
Eating Disorders in CAMHS	Organisational Survey Submitted and Staffing Survey Submitted	No clinical (case note) audit requirement in 2025/26	Not applicable as no clinical audit
POMH Topic 20c: Improving the Quality of Valproate Prescribing in Adult Mental Health Services	77	N/A	72%
POMH Topic 22b: The Use of Medicines with Anticholinergic Properties in Older Peoples Mental Health Services	100	N/A	Data submitted, awaiting national report

Name and Type of Clinical Audit	Number of Cases Submitted	% of Required Cases Submitted, as specified in the guidance	Overall Percentage Compliance
POMH Topic 17c: The Use of Antipsychotic Medication for Relapse Prevention in Patients with a Diagnosis of Schizophrenia	Data collection underway	N/A	Data not yet submitted
Falls and Fragility Fracture	0	No eligible cases for clinical (case note) audit	Not applicable as no clinical audit
UK Parkinsons	15	100%	Result not yet finalised
Care at End of Life	Staff Reported Measure Submitted, Trust Board Overview Submitted and Annual Death Count Submitted	No eligible cases for clinical (case note) audit	Not applicable as no clinical audit

**N/A: not applicable as there was not a minimum requirement for the number of cases that should be submitted for the audit.*

Details regarding a summary of the audit and action taken/to be taken in response to one of the national audits can be found in Appendix 2.

National clinical audit results enable us to benchmark our performance against other participating Trusts. The audit project lead(s) for the clinical audit is/are responsible for sharing the results appropriately with all relevant staff and at all relevant meetings. This supports local learning with action plans developed to ensure improvement.

6.2 Local Clinical Audit (internally driven projects)

It is recognised that much of the clinical audit activity in NHS trusts will involve individual healthcare professionals and service managers evaluating aspects of care that they themselves have selected as being important to them and/or their team and this is classified as local clinical audit. Included in the table below is a summary of the status of all local clinical audits that have been registered between 01/04/2025 and 31/03/2026.

Local Active Clinical Audits

Clinical Audit Status	Number
In progress	23
Completed	17
Total	40

Details regarding a summary of the audit and action taken/to be taken in response to one of the local audits can be found in Appendix 2.

6.5 National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Studies

There have been no NCEPOD studies applicable to the Trust during 2025/26

2.4.5 Clinical Audit Results Summary and Action Taken/To Be Taken

National Audit

Audit title	Actions taken/to be taken
National Diabetes Footcare Audit (NDFA)	The National Diabetes Footcare Audit (NDFA) enables diabetes footcare services to measure their performance against NICE (National Institute for Health and Care Excellence) clinical guidelines to monitor adverse outcomes for people with diabetes who develop diabetic foot disease. For the last eleven years, NHS digital has collated data from podiatry teams across the country to look at the treatment received by patients with diabetic foot ulcers, with the aim of measuring and supporting improvements in the quality of care provided. Data collection for the audit is carried out on an ongoing basis and measures against two standards. The first standard determines if patients are seen for first expert assessment within 13 working days of first presentation to a health professional. The second standard determines if patients are alive and ulcer free at twelve weeks. The time between first presentation

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and first expert assessment is key to achieving the positive outcomes of being alive and ulcer free at twelve weeks. The yearly national audit results evidence that the best outcomes are for patients who self-refer into a service but for those with a first expert assessment within 13 days of referral, approximately half have a positive healing outcome being alive and ulcer free at twelve weeks. The most recent published national yearly audit results relate to patients presenting with a new diabetic foot ulcer between April 2024 and March 2025. BDCFT's results show that, excluding patients who self-presented, 93% of patients were seen within 13 working days of first presentation to a health professional and 70% of patients were alive and ulcer free at twelve weeks. These results are above the national and regional averages for both standards and highlight the high standard of care delivered locally. Going forward, as the audit continues, locally the service is looking at the possibility of further reviewing the data where patients are seen within the 13-day timeframe to understand the actual number of days that people are being seen within that 13-day period. In addition to the national audit data collection requirements, further local information is collected as part of the audit. Firstly, to look at the referrer details, to allow for any targeted work if appropriate, particularly where the interval between first presentation and first expert assessment is 14 days or more. Secondly to look at whether patients have required a hospital admission and/or an amputation. The audit data supports that timely expert assessment prevents adverse outcomes but also reflects how vulnerable this client group are and the implications on secondary care if patient needs are not met within a timely manner. A new wound care template has been developed locally within the patient record. The national audit data collection tool now forms part of this template therefore the audit is now being completed within the patient record, replacing the paper audit form and making it a more seamless process for staff to undertake. The results have been shared and discussed locally. Ongoing audit data collection continues, findings are being reviewed quarterly and will continue to be summarised annually.

Local Audit

Audit title	Actions taken/to be taken
Dental Radiograph Record Keeping Audit in the Community Dental Service (CDS)	This baseline audit was carried out to determine whether record keeping relating to dental orthopantomogram (OPT) radiographs taken in the Community Dental Service (CDS) is in line with the standards set within both local and national guidelines. There is a range of health and safety legislation relating to working with ionising radiation. Work involving dental x-rays is governed by: 'The Ionising Radiation Regulations (2017)' which covers the protection of staff, and 'The Ionising Radiation (Medical Exposure) Regulation (2018)' which covers the protection of

patients. This audit focused on the contemporaneous completion of record keeping in relation to ionising radiation exposure and looked at what evidence was recorded to support the justification for an OPT radiograph and hence the patient's exposure to ionising radiation, as well as the clinical evaluation of the OPT radiograph subsequently completed. 99% of patients had a contemporaneous written record of their OPT justification. There were opportunities for improvement in the completeness of the radiograph clinical evaluation as 67% of the relevant elements were documented in the patient record. The lack of documentation could have been indicative of patients not having any issues with specific elements of their dental health but could also have been due to a lack of time for staff to complete documentation. It was felt that the use of an appropriate template to help prompt documentation requirements more systematically would ensure that documentation is completed thoroughly. In terms of actions for improvement, individual results have been shared with each clinician for review and learning. A reporting template has been coproduced with clinicians and embedded into the system. Local guidance has been reviewed and updated regarding OPT selection criteria for clinicians. Following the embedding of the changes, a re-audit will take place in January 2027 to measure for improvement.

2.4.5 Research

The number of patients receiving NHS services provided or sub-contracted by BDCFT in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee was 436, from 24 Clinical studies during the period.

Participation in clinical research demonstrates BDCFT commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

As well, in the last three years, 147 publications have resulted from our involvement in National Institute for Health Research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates BDCFT's commitment to testing and offering the latest medical treatments and techniques.

Suicide Prevention- Carrying out research to help make our services safer

In 2021 alongside a multi-disciplinary team (including partners from the University of Bradford and carers with lived experience), I was successfully awarded around £8000 of research funding. This funding was provided by the Yorkshire and Humber Patient Safety Research Collaboration Yorkshire and Humber Patient Safety Research Collaboration (YHPSRC). Our study explored how organisations who provide care can learn from a service user's suicide to improve the future safety of adult community mental health services.



We successfully completed a review of existing research and then carried out a research study in our local district. We have had two research papers published in high quality research journals. Additionally, we have given two presentations at international patient safety conferences alongside researchers from a range of other countries. We are currently contributing to further research papers with these same researchers.

A commitment to improvement through research

Through our research, we have developed a strong partnership with Dr Kathryn Turner in Australia. Dr Turner is a Consultant Psychiatrist and international expert in learning from suicides and supporting those with suicide risk. This connection resulted in Dr Turner visiting our Trust in June 2024 to share her work and tell us how it has improved service users' safety through listening to all those involved and being fair and open in how we respond to suicide. In response, the leaders of our Trust made a commitment to build on Dr Turner's work. Funding has since been granted for a PhD student to examine how we use Dr Turner's work in our Trust - as it happens. We hope our experiences can then help others to improve suicide prevention.

Using research to inform frontline clinical practice

In my role within our Acute Community Mental Health Services, I work with clinical staff to increase learning from our Trust's patient safety incidents (the majority of which are suicides). This process supports our clinicians in their roles – which can be demanding, and in turn, this should strengthen the safety of our service users. The knowledge and skills I've developed through also being a researcher have also directly benefitted my own

role.

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2.4.6 Information Governance

Data quality

We are committed to ensuring that the data used to deliver effective patient care is accurate, complete and applied consistently across the Trust. Improving the quality of our data supports better decision-making and improves patient care.

Electronic clinical record systems

BDCFT currently uses three key electronic clinical record systems:

- SystemOne (community services, mental health and learning disability services)
- PCMIS (Talking Therapies)
- R4 (community dental service)

The Trust's Data Quality Policy and the Data Quality Working Group Terms of Reference provide the framework for ensuring that high standards of data quality for clinical information are clearly defined, achieved and maintained. The key elements of the Trust's approach are:

- Establishing and maintaining policies and procedures for data quality assurance and the effective management of clinical records;
- Undertaking and commissioning regular assessments and audits of data quality. This encompasses internal and external audit of the quality and accuracy of metrics reported to the Board and externally, including nationally mandated access and waiting times;
- Setting clear and consistent definitions of data items, in accordance with national standards, avoiding duplication of data and data flows;
- Providing tools to monitor data quality and data quality compliance to agreed standards;
- Ensuring managers take ownership of, and seek to improve, the quality of data within their services;
- Wherever possible, assuring data quality at the point of entry, and/or at each interaction with the data to address issues as close as possible to the point of entry; and
- Promoting data quality through regular reviews, procedures/user manuals and training.

The Trust has a robust process for measuring, monitoring and continuously improving data quality. The Data Quality Working Group, supported by a Data Quality Improvement

Plan, brings together key stakeholders across the Trust who contribute to data quality. Clear actions are identified, agreed and tracked. Data quality improvement is also managed through regular service reviews and local assessments, ensuring issues are addressed at source, supported by additional system training where required. Staff are encouraged to get it right first time, with issues escalated to service and operational meetings where necessary.

NHS number and general medical practice code validity

The Trust submitted records during 2025/26 to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patients valid NHS number was:

- 99.9% for admitted patient care (April 2025 – Jan 2026)
- 100% for outpatient care (April 2025 – Jan 2026)

The percentage of records in the published data which included the patients valid General Medical Practice Code was:

- 100% for admitted patient care (April 2025 – Jan 2026)
- 100% for outpatient care (April 2025 – Jan 2026)
- The Trust did not submit records during 2025/26 for Community and Dental services to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data Security and Protection toolkit

The national deadline for completing the final assessment is 30th June 2026, therefore the results for 25/26 will not be available at the time of publishing this report.

The results of the 2024/25 final assessment demonstrated that the standards were met.

Clinical coding error rate

The Trust's services were not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

2.4.7 Patient Safety

Bradford District Care NHS Foundation Trust (BDCFT) has made changes over 2025/26 in the way it supports a continuous approach to learning and improving patient safety. The most significant is the embedding of the NHS Patient Safety Incident Response Framework (PSIRF). The NHS Patient Safety Strategy (2019) describes the Framework

as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety incident occurs.

The PSIRF approach is different to the way the NHS has approached patient safety in the past, and exciting because it is enabling a whole cultural and system shift in our thinking and response to patient safety incidents and how we work to support learning to continuously improve patient safety. The Trust worked with the framework in shadow form and fully transitioned in April 2024.

PSIRF gives us a set of principles that we work to, and we have full accountability for the management of our learning responses. We developed our first Patient Safety Incident Response Plan (PSIRP) through detailed analysis of our patient safety data and intelligence and, combined with our new Patient Safety Incident Response Policy, we have adopted new methods to reviewing, investigating and generating learning from safety incidents and events.

We continue to progress all areas of PSIRF embedding, which is a long-term process given the scale of change. We continue to engage with our patients, families and carers to ensure that their voice is central in all our patient safety investigations. PSIRF sets out best principles for this engagement, and we aim to ensure this is embedded at all stages of our incident response processes.

Embracing a restorative and just culture underpins how we approach our incident responses. We are working to build on our culture to foster an environment in which people are encouraged to highlight patient safety issues and incidents and feel safe and supported to do so.

Now in our second year under PSIRF, we have reviewed the first 12 months, the details within our PSIRP, we have considered how we monitor the impact and effectiveness of our patient safety responses. We will continue to adapt our approaches and respond to findings as we progress on this journey.

We are supported by our Integrated Care Board, system colleagues, partner providers, and other stakeholders in continuing to embrace the opportunity that PSIRF has enabled to learn and improve, to promote the safe, effective and compassionate care of our patients, their families and carers whilst protecting the wellbeing of our staff.

Progress in achieving our Patient Safety goals is described below:

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Ambition	Progress
Develop and embed a process for implementation of the Patient Safety Incident Review Framework (PSIRF)	BDCFT developed an implementation plan, with accountability to the Quality and Safety Committee, and transitioned to PSIRF in April 2024. The Trust has a fully developed Patient Safety Incident Response Plan (PSIRP) and supporting Policy. The first annual review of this was undertaken in July 2025.
Create and recruit into roles for Patient Safety Partners and Patient Safety Champions across the Trust;	The trust has several Involvement Partners who carry out some of the functions of the Patient Safety Partner role on quality-focussed Committees and groups. A specific trust PSP role will be reviewed and considered in 2025/26. The network of patient safety champions (renamed Allies) has grown considerably with over 60 staff members now working with the Patient Safety Lead on patient safety issues. This network will be developed further through training opportunities in 2025/26.
Implement integration of high-quality data and intelligence on patient safety and quality of services into integrated business planning and oversight of delivery using the Quality Assurance Framework as an independent means of testing the safety and quality of services;	The Quality Assurance Framework has been implemented and has recently been refreshed to consider changes to how the CQC inspect services. Data quality has improved, though further work is ongoing to improve triangulation and analysis of data.
Continue to develop the Safeguard Quality Dashboard to ensure it is accessible and contains useful information;	The Safeguard Quality Dashboard is now accessible and contains useful information that can be drilled down as required by heads of services and leads. There are ongoing developments which include the incorporation of complaints trends / themes, legal information, categorisation of contributing factors from patient safety data sources.
Review and improve our approaches to sharing learning and engaging teams in discussions about patient safety and quality;	This work is part of the Trust's continuous improvement approach to patient safety. Under PSIRF new methods for generating learning are now being used which are more engaging and accessible for teams. The Patient Safety and

	Learning Group has been refreshed to reflect the strategy with a focus on sharing learning, early identification of issues, improvement, and accountability.
Work across place to develop and embed a consistent approach to patient safety and quality	The Trust is embedded in workstreams across place and West Yorkshire covering a broad spectrum of quality and safety work.

2.4.8 Learning from deaths

Learning from deaths is supported by two key policies in BDCFT; the Patient Safety Incident Response Policy and associated Plan (PSIRP) and the Learning from Deaths (LfD) Policy. These policies guide and inform the organisation about reporting, investigating and learning from deaths.

During 2025/26, 324 of Bradford District Care NHS Foundation Trust's patients died.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients who have died	61	72	99	92

All deaths, whether expected due to a clinical condition or unexpected, are reviewed bi-weekly in the Patient Safety Executive Panel (PSEP) which aligns with good governance processes under the Patient Safety Incident Response Framework (PSIRF) requirements which commenced in April 2024 and reviewed and approved in June 2025. The Panel has delegated authority from the Board of Directors to oversee the continuous development of the trust's Patient Safety Incident Response Plan (PSIRP), the quality and appropriateness of the trust's response to patient safety incidents and to seek assurance that appropriate learning has been identified and actions taken as a result in order to minimise the risk of future harm.

This group commissions reviews of case notes from a sample of deaths using the Structured Judgment Review (SJR) tool. This is a national tool developed by the Royal College of Psychiatrists to allow clinicians to take an expert view of the care offered. The Group may also commission initial reviews which do not consider the full range of factors within the SJR review to understand if an SJR is appropriate, or where an SJR is not required but where there may be learning, other review methods may be used; for example a Local Learning Review (LLR), After Action Review (AAR) or Thematic Analysis (TA) to identifying learning in order to minimise the risk of future harm. All methods take a systems-based approach to identifying learning and methodologies are selected for their capacity to generate the most valuable learning for improvement.

The Mortality screening tool, embedded on Safeguard (the Trust's Local Risk Management System where all deaths are reported), continues to enable reporters to provide more complete information regarding deaths at an earlier point. This is helping facilitate the decisions at PSEP regarding level of review/investigation required.

The Patient Safety Executive Panel considers the outcomes of the reviews and asks the relevant Quality and Operational (QuOPs) meeting to develop an action plan regarding any areas where it has been suggested that care should be improved. Issues that are of general relevance will be added to the trust Patient Safety and Learning page to enable broader sharing across the organisation. For all deaths of patients who have a Learning Disability or Autism diagnosis, the initial review is shared in the Patient Safety Executive Panel, and they are referred to the national Learning for Lives and Deaths (LeDeR) programme.

By 31.03.26, 15 Reviews (SJRs, LLRs and AARs), 4 Thematic Analysis and 21 Patient Safety Incident investigations (PSIIs) have been carried out in relation to the care provided to patients who had died.

The number of deaths in each quarter for which a Review or Patient Safety Incident Investigation (PSII) was carried out are shown in the following table:

	Quarter 1 25/26	Quarter 2 25/26	Quarter 3 25/26	Quarter 4 25/26
Number of deaths for which a Structured Judgement Review was completed	5	0	0	2
Number of deaths for which a Local Learning Review was completed	1	2	4	1
Number of deaths for which an After Action Review was completed	0	0	0	0
Number of deaths which were included in a completed Thematic Analysis	4	0	0	0
Number of deaths for which a PSII was completed	6	4	4	7
Number of deaths of persons with learning disabilities or Autism, referred for local LeDeR review.	3	4	4	3

There were 10 cases where patients had died in the previous reporting period (2024/2025) but the structured judgement reviews and Learning Reviews were completed in this reporting period (2025/26).

The 3 deaths covered under thematic analysis were from previous reporting periods and were completed under 1 TA:

- TA CMH AT (3 deaths) - Community Mental Health Assessment Team (CMH AT) pathway following screening and onward to Community Mental Health Team

Learning and improvement

BDCFT takes a proactive approach to learning from deaths and the following summary highlights where good practice and areas identified for improvement have been highlighted during 2025/26. This learning is used to shape future quality and safety improvements.

Learning from good and excellence:

The areas highlighted by reviews as demonstrating good and excellent care were varied but centred round some themes:

- Proactive approach to patient engagement and involvement
- Effective collaboration with other agencies regarding patient's physical health
- Patients' choices were central to care, and treatment decisions made
- Appropriate signposting to specialist services
- Effective intervention of deteriorating conditions
- Family engagement/involvement
- Collaborative risk assessment, triage and care planning
- Comprehensive medicine management incorporating trials, side-effects and adjustments
- Capacity and legal frameworks used appropriately to maintain safety

Learning for improvement:

Some learning was identified where care had not gone so well, and improvements could be made. An action plan is developed for all events where learning is identified and is monitored through the mortality and quality improvement processes in the Trust. Examples of these themes are:

- Involvement and engagement of family/support network
- Consistent approach with professional-to-professional handovers
- Timeliness between initial assessment and onward referral
- Aligned systems to support multi-agency working, interactions and opportunities
- Clarity and definition in communication and documentation
- Inclusion of advice/support from the Safeguarding Team
- Timely review of policy and process
- Comprehensive approach to patient's circumstances, reluctance and risk

The Trust continues to strengthen opportunities to improve how we learn from deaths: We participate in the 'Northern Alliance' of mental health trusts, which focusses on mortality review processes, providing a regional network for identifying and sharing opportunities for learning and improvement. We are also members of the Yorkshire and Humber Improvement Academy (YHIA) Regional Mortality Steering Group which follows a similar theme on a quarterly basis.

The PSEP group now receive a Coroners Learning from Deaths Summary Report monthly. This provides a summary of national Prevention of Future Death Reports and will be used to proactively identify if any learning from other areas is relevant to BDCFT, to inform further triangulation and any safety action required.

Several developments are ongoing to enable the workstreams in relation to mortality to improve and mature.

- An annual review and refresh of the Trusts Patient Safety Incident Response Plan (PSIRP) was undertaken in April 2025 to ensure ongoing responses to patient safety incidents (including deaths) are appropriate, in line with legislation, best practice and guidance and actively promotes and supports a just learning and generative safety culture across the organisation.
- Although in the early stages, we have commenced collecting demographic information within our mortality reporting to better understand specific factors (age, gender and race/ethnicity) across services and identify themes to influence mortality insights; there isn't enough data collected yet to show any themes/findings.
- Under the LfD Framework with the National Quality Board (NQB) we are required to further review a sample of deaths, that do not fit within the main identified categories, so we can take a broader overview of where learning and improvement is needed. The delay in reviewing the current sample of deaths was raised at the Patient Safety Executive Panel (PSEP).
- The collaboration with Medical Examiners (MEs) continues to strengthen since the ME process became statutory in April 2024 and BDCFT have built good foundations with the process, with plans to review how learning from deaths can be better aligned across the Bradford and Craven district going forwards.
- Local Learning Review training has been provided across the Trust to enable staff to expand on the use and development of systems-based PSIRF approaches to incident response, and to support the organisation in ensuring that meaningful learning is identified from reviews. 43 members of staff attended this training.

2.4.9 Inquests

Between the 1 April 2025 and 31 March 2026 we were registered by the Coroner to be involved in 92 inquests, 61 of which have been concluded.

From these inquests, BDCFT received 0 Prevention of Future Death (PFD) reports which are served by the Coroner under the Coroner's (investigations) Regulation 28.

2.5 Safeguarding

The safeguarding team works with the Patient Safety Team and frontline services to review any safeguarding related incidents, Patient Safety Incident Investigations or Local Learning Reviews, and highlight any good practice or learning.

The safeguarding team also contributes to Safeguarding Partnership statutory safeguarding reviews, which involves reviewing service provision relating to incidents where an adult at risk, or child has died or come to significant harm because of abuse or murder or domestic abuse related suicides. The safeguarding team works with BDCFT front line services to review practice and guidance, to write reports that identify good practice and opportunities for further learning and then develop an action plan to address the identified learning.

The safeguarding team ensures that good practice and identified areas for learning from all of these reviews are shared across BDCFT. The safeguarding team does this through staff training and supervision, the Patient Safety Alliance, and via our quarterly safeguarding newsletter. We also provide assurances to Safeguarding Partnerships with that the relevant work has been undertaken by BDCFT services.

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SECTION THREE:

A review and celebration
of the quality of services

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3.1 Quality foundations

3.1.1 Patient-Led Assessment of the Care Environment (PLACE)

Bradford District Care NHS Foundation Trust has been routinely rated highly in the Patient-Led Assessments of the Care Environment (PLACE) results since inception, repeatedly exceeding the national average across all areas.

The PLACE visits assess the patient environment and how well it supports and enhances the provision of clinical care and are carried out by groups of assessors including service users, relatives, carers, and patient advocates.

The annual assessments score NHS organisations on cleanliness, quality and availability of food and drink, how well the building meets the needs of the people who use it including being dementia-friendly, and how well the environment protects people’s privacy and dignity.

Estates and Facilities teams lead initiatives to improve the patient environment including redecoration schemes, new furniture, improvements to therapeutic space, improved signage, new doors and windows to support patient safety and outdoor space initiatives.

Bradford District Care NHS Foundation Trust’s Chief of Finance, Mike Woodhead, said: “We are delighted with the results, which reflect the hard work and commitment that our staff put in every day to ensure that the patient experience is a positive one. We know that areas like food and cleanliness can make a big difference to a person’s wellbeing, and whilst we celebrate this result, we will continue to improve our hospital environments, so they reflect current best practice to support therapeutic care and patient recovery.”

Results from PLACE-25 Assessments

	Cleanlines s	Condition, Appearance & Maintenance	Dementi a	Disability (accessibilit y)	Food & Hydratio n	Privacy, Dignity & Wellbeing
National Average 2025	98.55	97.00	85.68	87.12	92.13	89.37
Trust Average 2025	99.29	99.23	92.40	90.57	97.57	99.28
Airedale Centre for Mental Health	99.79	100.00	96.59	91.23	96.80	98.72
Lynfield Mount Hospital	99.08	98.91	90.66	90.30	97.88	99.51

3.1.2 Freedom to Speak Up -raising concerns within the Trust

Freedom to Speak Up (FTSU) is one element of a wider strategic approach to cultural transformation and improvement within the Trust. The principles that underpin it are mirrored in those of our values and behaviours and work around our fair and compassionate culture. Our aim is to create an environment and culture in which speaking, listening and following up are all seen as 'business as usual', and where raising concerns results in improvement.



Different ways staff can speak up

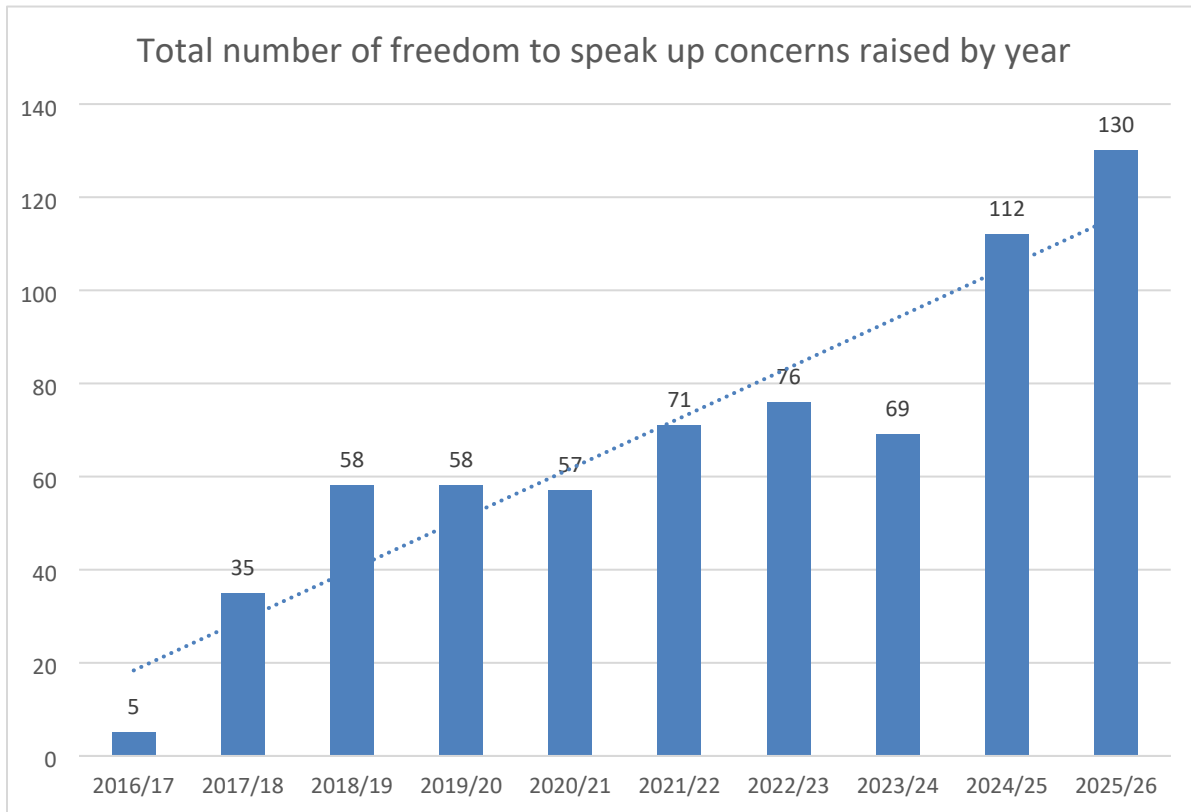
People are encouraged to speak up through their line management structures in the first instance or through safeguarding, People Services (HR) or by any other means they feel relevant. However, we recognise that this is not always possible and so when these routes are not available to them or they have already tried these routes and are not satisfied with the response, the FTSU Guardian is available. The FTSU Guardian is independent and impartial, and has direct access to the Chief Executive, Chair, Non-Executive Director and Executive Director lead for FTSU. Staff can speak with the Guardian online, in-person or by telephone per their preference. FTSU Ambassadors are also available to colleagues to support them in identifying where to take their concerns, but do not manage cases themselves.

The use of the weekly Executive Broadcasts via MS Teams continues to be a further way that people can raise queries (either openly or anonymously) directly to the Executive Team. Where possible, these queries are answered during the session, in other instances they are made into FAQ documents and circulated to all staff following the briefing.

Number of concerns raised this year

There were 130 concerns raised through the FTSU Guardian route in 2025/26 – compared to 112 the previous year (a 16% increase). As can be seen in the graph below, contacts with the FTSU have increased substantially since the service was first introduced in 2016/17, demonstrating the impact of our publicity, communications and training campaign, and that staff are aware of the Guardian as a route for raising their concerns.

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Issues that staff have highlighted by speaking up include patient and service user safety, staff safety/wellbeing, sexual safety, failure to follow correct processes, staffing issues, perceived biased recruitment, and bullying/cultural issues. These have all given us valuable opportunities for improvement.

How feedback is given to those speaking up



Feedback is given via the FTSU Guardian, directly by the relevant manager within the service concerned, the relevant Executive Director or the Chief Executive, as deemed appropriate to the individual case. Feedback includes how concerns have been investigated or responded to, any changes that have been made to processes and systems as a result, lessons learned for individual services and lessons that are transferable across the organisation.

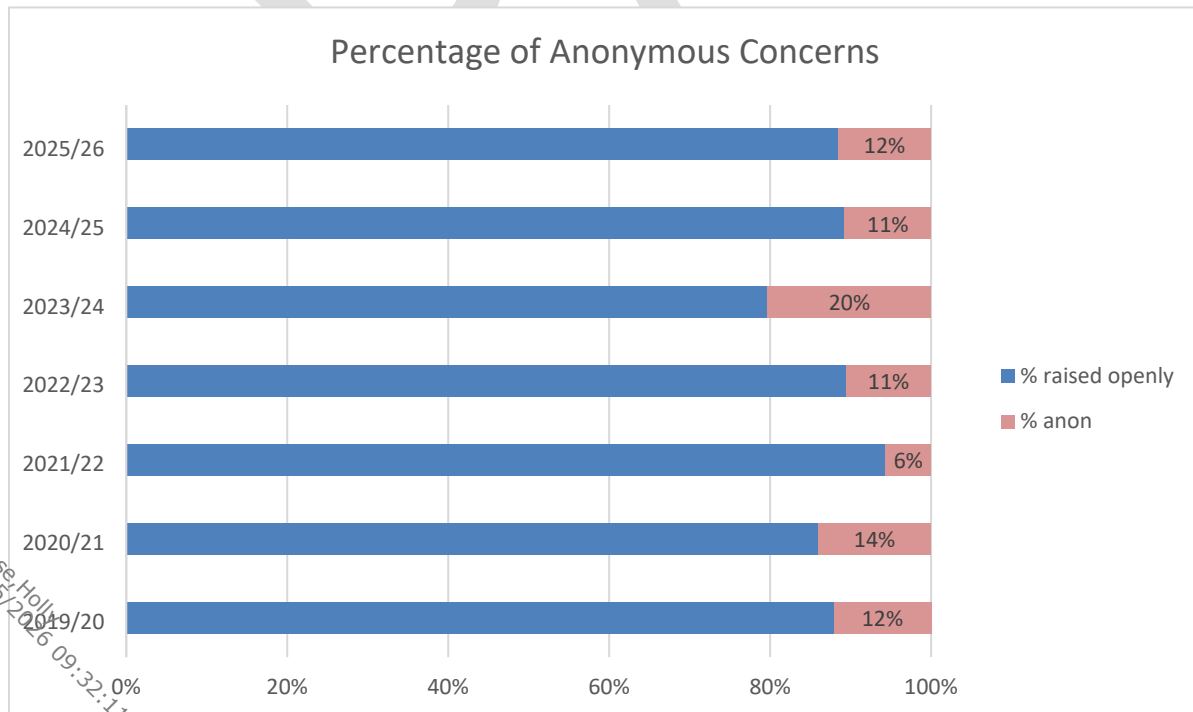
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Bi-annual reports to Board identify themes from the issues staff are speaking up about and provide assurances that staff are fed back to appropriately. Our communication strategy also aims to improve the feedback we give to staff across the organisation, not only to raise awareness of FTSU, but to feedback using a “You Said, We Did” approach.

How we ensure staff who speak up do not experience disadvantageous and/or demeaning treatment (‘detriment’)

The Trust policy clearly states that the organisation will ensure that staff who speak up will not experience disadvantageous and/or demeaning treatment as a result of doing so. We monitor the numbers of staff experiencing disadvantageous or demeaning treatment because of speaking up through our FTSU satisfaction survey and anonymised information is reported at Board and nationally to the National Guardian’s Office (NGO). This year we introduced a more robust process for dealing with cases where staff believe they have experienced detriment whereby they are flagged to the NED & Executive lead for FTSU, who commission a proportionate investigation into the allegations.

Staff who fear victimisation by colleagues can speak up anonymously via the Freedom to Speak Up online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the FTSU Guardian. We monitor the number of anonymous contacts, with a low number being an indicator of staff’s confidence in the system. The percentage of anonymous cases has remained similar to last year (around 10%) – see graph below.



Improvement work

Our leaders are committed to a 'speak up, listen up, follow up culture', as demonstrated by the ongoing developments made in this area over the last year:

➤ Policy & Strategy

The FTSU policy underwent a comprehensive review to ensure it remains up to date and a complementary 'policy on a page' was also created to enhance accessibility. The FTSU Strategy was reviewed and refreshed, with the new document covering 2025/26 to 2027/28. This continues to drive the team's improvement efforts.



➤ Communication Plan

The FTSU communication plan is regularly reviewed and updated to further improve the way we ensure that the FTSU message is communicated widely to all staff groups. This includes methods such as e-Updates, monthly rotating screensavers, promotional materials (posters, leaflets and business cards), virtual presentations, attendance at induction and other events, and messages in payslips.

➤ Ambassadors

The Ambassador role supports the Guardian and deputy in improving organisational reach, promoting the speak up/listen up message, and signposting staff to different routes to speaking up. This year we have held 2 induction sessions, welcoming a total of 12 new Ambassadors to our Network. We continued to provide regular bi-monthly support sessions, including guest speakers from different areas within the Trust. Our Ambassadors are a valuable additional support to the culture change within teams, as awareness of the options for speaking up is raised.

➤ FTSU Portal

The FTSU Connect pages on the Trust intranet continue to be a useful resource as a virtual 'office' containing all the relevant information somebody may need if they are thinking about contacting the Guardian. The online booking system which is available allowing colleagues to check availability and schedule an MS Teams meeting with the Guardian at a time to suit them has been well used and we find that colleagues value the opportunity to meet online, at their convenience and with the option to be out of their immediate work environment.

➤ **Board Engagement**

In December 2025 the FTSU Guardian ran a Board Development session where the organisational reflection & planning tool was completed, a biennial national requirement from NHS England. This ensures executive oversight of FTSU arrangements and that any gaps or risks can be considered by Directors.

➤ **Training**

The National Guardian’s Office “Speak Up” eLearning is still mandatory for staff at all levels, and compliance is at 92%. The “Listen Up” and “Follow Up” eLearning packages for managers are also available as ‘recommended’ training via the electronic staff record, but uptake is poor. Since March 2023, the FTSU team have presented at the monthly Corporate Induction/Welcome event for new starters. This is a powerful statement of the Trust’s ambition and commitment to making speaking up ‘business as usual’ and we have received positive feedback about this being included right at the start of people’s time with the organisation. In addition, the FTSU team have developed local training and continue to deliver online managers’ study sessions which focus on the skills needed if someone raises a concern to them, such as enhanced listening and receiving feedback as a gift. This additional supportive training for managers is intended to normalise team members confidently raising concerns within their teams and it is hoped more managers will access these sessions moving forwards.

We each have a voice that counts - Staff Survey Results 2025

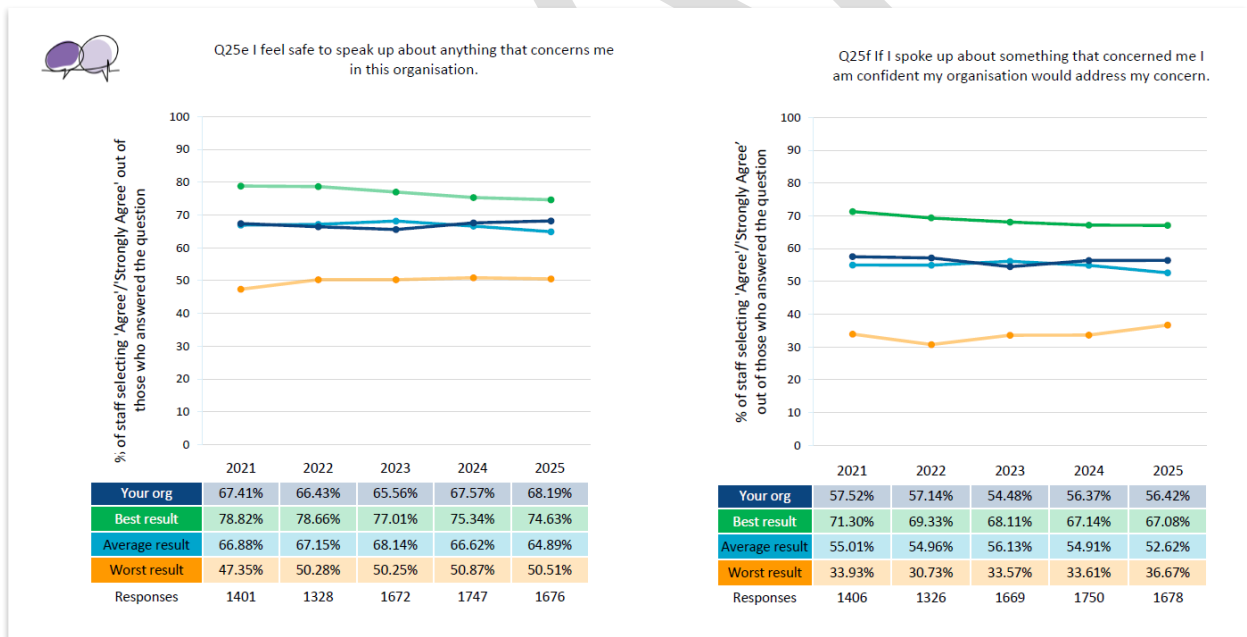
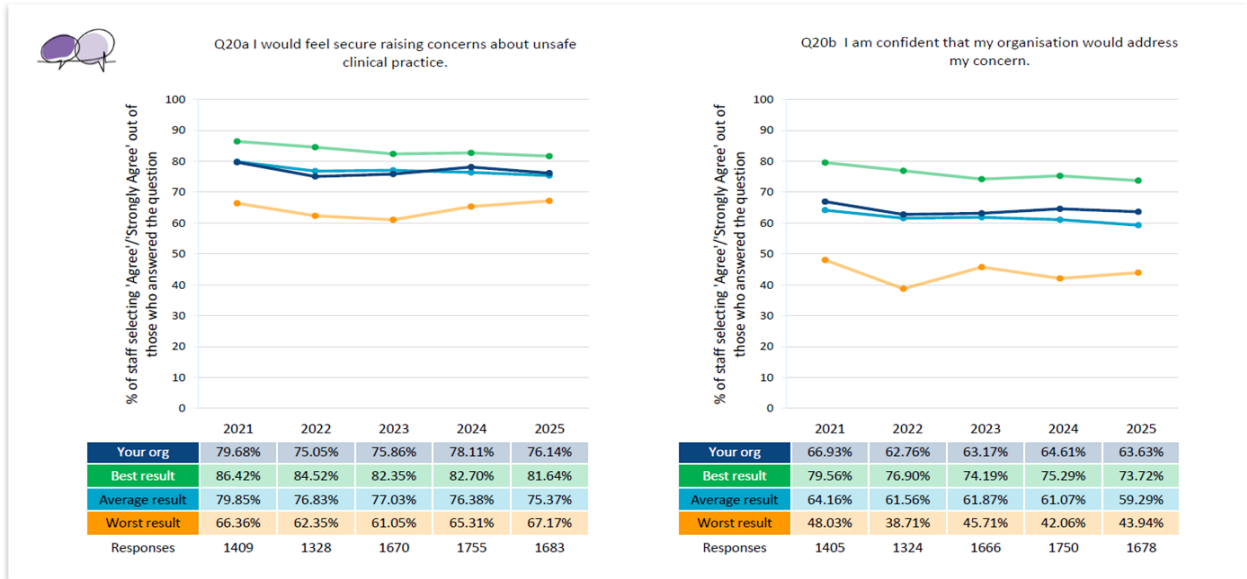
Our results for the ‘raising concerns’ subsection of the 2025 staff survey remained slightly above the national average for the second year running, although we saw a small dip on our score compared to 2024.

Looking at the breakdown of the questions in more detail (overleaf), our results for all 4 questions also remain above the national average for the second year running. We can also see that respondents are consistently more likely to say they



feel secure speaking up about unsafe clinical practice, than speaking up about anything that concerns them generally. This is in line with a national trend. Results over the last

5 years for people being confident that the organisation would address their concern are consistently lower than for feeling safe to speak up, and again this is in line with a national trend indicating we all have more work to do in this area to demonstrate that we are listening to and crucially acting on those concerns that are raised to us.



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3.1.3 Infection prevention

Infection prevention

Preventing and controlling infections is a mandatory requirement for all NHS organisations, and the trust must comply with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. The criterion within the code reflects the need to assure the public that appropriate quality of care is provided in public service settings where people receive care and cannot control hygiene standards themselves. In such cases, they ultimately rely on the service provider to maintain high standards of care on their behalf.

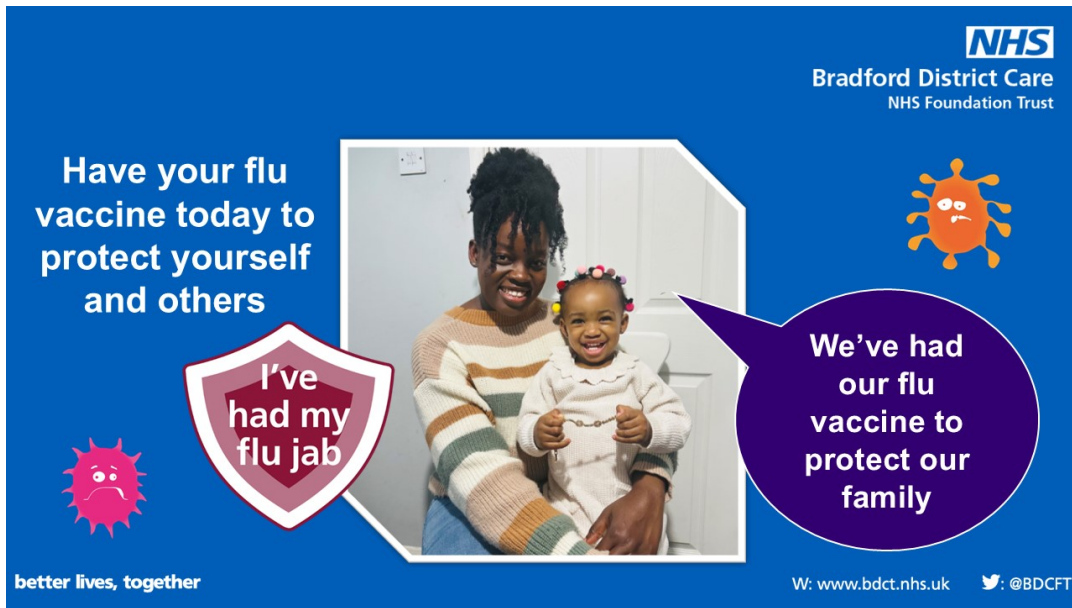
The Trust is committed to delivering the highest infection prevention and control standards to prevent avoidable harm to patients, visitors, and staff from healthcare-associated infections (HCAI). Ensuring a robust infection prevention and control function is embedded within all clinical areas of the organisation is a key priority. Having infection prevention policies in place and implementing them is a crucial way to reduce and prevent avoidable HCAI for both patients and staff members, ensuring a safe environment. The risk of acquiring an infection while being cared for by the Trust's healthcare workers remains low, with the trust having no cases of Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia or Clostridoides difficile (Cdiff) this past year.

Seasonal Influenza Vaccination Campaign

The 2025/26 seasonal flu campaign for the Trust frontline healthcare workers commenced on the 1st October 2025. This year's campaign ran alongside the COVID-19 booster campaign and a total of 49% of frontline healthcare workers vaccinated.

- Medical staff 68%
- Qualified nurses 55%
- Allied health professionals 52%
- Support staff 38%
- Total 48.9%

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3.1.4 Board 'Go See' Visits

The 'Go See' Framework

During 2025-26, members of our Trust Board has continued to carry out 'Go See' visits which incorporated quality and safety walkabouts. 'Go See' is based on the concept of a Gemba walk, which was developed by Taiichi Ohno, one of the leading pioneers in the development of lean management. The Go See visit offers an opportunity for Executives to leave their daily routine, see where the real work happens and build relationships with staff based on mutual trust.

Go See visits are an opportunity to gain an overview of what is going on in the workplace, offering the ability to gain insights into potential improvement opportunities. As such, our 'Care Trust Way' embraces the principle of Go See not just for Executives, but for all leaders across the Trust including Non-Executive Board members.

Go See visits are a vehicle for the Trust to 'Know its Business, Run its Business and Improve its Business' at both an operational and a strategic level.

Know your Business – leaders will have a first-hand knowledge of the work being done, there will be strong relationships built on trust. Executives and Non-Executives are able to gain knowledge and assurance to underpin the conversations they are having and experience further opportunities for triangulation across a variety of different platforms.

Run your Business – leaders are better able to understand the opportunities for improvement, have increased visibility of what is going on in each place and are able to

make better decisions because of this. Executives and Non-Executives can make better strategic decisions underpinned by an in-depth knowledge of the business and first-hand views from Trust experts on what it feels, looks, and sounds like to them and their colleagues within the service.

Improve your Business – leaders can support local improvement opportunities based on the first-hand knowledge and experiences they have of services. Trends and themes identified as part of Go See are collated and triangulated with other sources of learning to help Executives and Non-Executives identify systemic issues and receive assurance as to the embeddedness of improvements to further support sustainability.

The Board were involved in the following types of Go See visit during 2025-26.

Type of visit	Purpose	Membership
Executive/Associate Director ad hoc visits	Responsive visits to probe issues / celebrate successes. The visits allow Executive/Associate Directors to support in unblocking local issues where necessary, share learning, gain additional assurance and help teams feel both supported and recognised	Executive / Associate Director
Non-Executive Director/Executive Director planned visits	Visits to support identification of systemic issues and celebrating success. Standard work would look at high level people (morale / safety), performance (including quality & finance as well as service delivery) and improvement (work undertaken, successes celebrated, areas for improvement work identified and opportunities to share learning)	Non-Executive Directors with Executive / Associate Directors Observed by Governors
Chair/Chief Executive visits	Strategic level activity focussing on morale, improvement work and sharing vision and values	Chair / Chief Executive

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3.2 Children & Young People

3.2.1 Children's 0-19 service

Bradford District Care Foundation Trust's Children's Services comprises a wide range of specialist teams, including Public Health Nursing, Community Infant Feeding, Vaccination and Immunisation, Special Needs School Nursing, Learning Disability Services (including Craven), SEND, Children's Speech and Language Therapy, Children in Care, Care Leavers, Youth Justice, the Vulnerable Children's School Nursing team, and the Vulnerable Children Information team.

The Public Health Nursing team delivers the Healthy Child Programme to all families residing within the Bradford District, ensuring a universal offer that meets the compliance standards set by our commissioners. In addition to universal provision, practitioners provide targeted and specialist support for families requiring additional intervention, including early help and safeguarding support.

The Community Infant Feeding team has demonstrated significant commitment and excellence, contributing to the Trust being awarded the UNICEF Baby Friendly Initiative (BFI) Gold Award last year.

Significant work has been undertaken to enhance the SystemOne record-keeping system, improving visualisation and enabling more effective documentation. This development will also support the implementation of an additional module that allows practitioners to record information while working in the community.

The Children in Care team has collaborated with Patient Knows Best to design a digital health passport for young people, which has since been shortlisted for a Health Service Journal award.

3.3 Perinatal and Early Parenthood Services

Quality Account Specialist Mother and Baby Mental Health Service 2025-26

The Specialist Mother and Baby Mental Health Service (SMABS) provides specialist perinatal mental health care across Bradford, Airedale and Craven. We serve women and other birthing parents with severe or complex mental health needs who are planning a pregnancy, are pregnant, or are within the first 12 months after birth.

We operate as an integral part of the local perinatal pathway, working closely with maternity, health visiting, primary care, adult mental health services, the regional Mother and Baby Unit, voluntary and community partners, and wider acute services. To ensure care is accessible and sensitive to perinatal needs, the majority of our interventions are provided in families' homes, with telemedicine or clinic contacts offered where clinically appropriate.

Our Core Offer

SMABS provides:

- Preconception advice from a perinatal consultant psychiatrist, supporting women with severe mental illness as they consider pregnancy.
- Specialist perinatal mental health assessment, including biopsychosocial assessment, perinatal risk assessment and parent–infant relationship assessment.
- Care coordination for all women receiving ongoing support.
- Add-on perinatal expertise for women under other secondary-care teams.
- Specialist prescribing advice via the consultant psychiatrist.
- Evidence-informed therapeutic interventions for mothers and for the parent–infant relationship, supported by Nursery Nurses offering practical and emotional guidance.
- Accessible perinatal mental health resources for women, families, and professionals.
- Proactive communication with maternity, primary care and mental health partners to support joined-up care.
- Duty advice for all professionals, strengthening perinatal competence across the system.

Activity, Access and Reach

We continue to see year-on-year growth in demand and access to the service. In 2024–25, 5.5% of the birthing population accessed specialist perinatal mental health care, an increase from 5% the previous year. This brings us closer to the NHS Long Term Plan ambition of 10% access, achievable with continued investment.

During 2025–26, SMABS has supported more women and delivered more appointments than in previous years. 479 assessments were delivered, 569 women were provided care in 2025-26. 7,844 appointments were documented with an average of 653.6 a month. For comparison, in 2024–25 we assessed 398 women and delivered 3,056 appointments.

Most contacts remain face-to-face, reflecting the importance of in-person relational and parent-infant work, with video and telephone used flexibly to improve accessibility and reduce barriers.

Referral numbers continue to rise, demonstrating both increased awareness and confidence in the service. Referrals have increased from 465 (2020–21) to 529 (2021–22), 670 (2022–23), 657 (2023–24), 674 (2024–25) and 843 in 25-26, approximately a 25% increase. 80% of referrals come from midwifery services, GPs and Health Visitors with Midwifery being the most common referral source, followed by GPs, Health Visiting, and mental health services. Approximately 50% of referrals are antenatal, allowing vital early intervention and prevention.

Waiting times to assessment fluctuate, but currently remain under two weeks, meeting NHSE expectations for timely specialist assessment.

Population Need and Inequalities

SMABS serves a population with high levels of deprivation. Half of all referred women live in the 20% most deprived areas, which is consistent with regional MBRRACE findings and highlights the importance of specialist, trauma-informed care in Bradford. Referral patterns by ethnicity remain broadly reflective of local demographics.

Our service continues to prioritise equitable access, culturally competent care, and the reduction of barriers to specialist support.

Outcomes and Impact

SMABS supports recovery from severe perinatal mental illness while also working with mothers and infants to protect early relational development and mitigate the long-term impact of ACEs.

Outcomes remain strong and consistent with national PQN benchmarks:

- By the end of the reporting period, 57% of women had CORE-10 scores below the clinical threshold for psychological distress. A further 12% reported mild psychological distress. While 31% remained within the moderate to severe range, nearly 39% of these women nonetheless demonstrated reliable clinical improvement, indicating meaningful change despite ongoing complexity. (CORE-10).
- Using Bethlem scores to assess the parent–infant relationship, 50.4% of parents demonstrated improvement over the intervention period. A further 36.0% presented with no identified relationship difficulties at both baseline and endpoint. Only 13.6% showed no improvement, and deterioration was rare (0.8%), indicating strong effectiveness and a very low risk of adverse outcomes.
- Using the MORS-SF grid, 68.5% of women with identified parent–infant relationship concerns demonstrated improvement in warmth and/or invasiveness. Only 1.5% showed deterioration, while 22.3% remained unchanged. A further 8.5% showed consistently healthy representations. Overall findings indicate strong relational effectiveness with minimal risk of harm

Feedback from mothers remains overwhelmingly positive across Friends and Family feedback, service user groups, and the RCPsych PQN peer review process. Given the heightened risk of deterioration or first onset of severe mental illness during the perinatal period—including suicidality and postpartum psychosis—these positive outcomes highlight the value and impact of the service.

Parent–Infant and Psychological Interventions

All women receiving ongoing care have access to a stepped-care model of parent-infant support, ranging from psychoeducation and practical support to specialist psychological therapies.

SMABS is recognised regionally for its mature parent-infant mental health offer and is a key delivery partner in BDCFT’s Infant Mental Health Pathway.

Notable achievements include:

- **Ready to Relate:**
Now receiving national attention, with more than 3000 users of the digital product by the end of 25-26. Training continues to receive exceptional feedback and is embedded across services to support early relationships and mitigate ACEs.
- **Child-Parent Psychotherapy (CPP):**
SMABS is the first perinatal mental health service in the UK to implement CPP, a gold-standard intervention endorsed by the Early Intervention Foundation.
- **Nursery Nurse and therapeutic support:**
Combining evidence-based relationship-focused work with practical support for feeding, routines, bonding and early developmental needs.

Across the System: Training, Consultation & Leadership

In 2025–26, SMABS has delivered more than 358 specialist advice consultations to colleagues across maternity, primary care, adult mental health, health visiting and voluntary services.

We continue to develop and deliver perinatal mental health and parent-infant mental health training across the district, strengthening the workforce and upskilling non-specialist practitioners.

We have also produced systemwide perinatal mental health pathways to clarify and improve care across services.

Resources, Digital Innovation, and Accessibility

The SMABS microsite provides patient stories, hope-building content, and accessible information. This continues to evolve to reflect the diverse communities we serve.

The Ready to Relate intervention is an evidence-based intervention that we are offering nationally. This intervention is adopted by SMABS and Health Visiting in BDCFT. It also includes a digital offer that provides free infant-focused psychoeducation for families and practitioners, increasing reach beyond face-to-face care and improving equitable access.

Ready to Relate has been identified by users as reflecting the diversity of Bradford.

We have developed additional resources, including prescribing advice and facilitated self-help guides, available on our website.

Learning, Improvement and Governance

From 2020–2025, SMABS completed a comprehensive review of perinatal suicides in Bradford, Airedale and Craven. In partnership with the ICB, we developed an action plan to embed systemwide learning, strengthen risk assessment, and improve care coordination.

We have delivered specialist suicide-prevention and perinatal risk training and created a bespoke risk tool to guide evidence-informed conversations about suicidality in pregnancy and the postnatal period. We are working with the Trust to explore implementation and opportunities.

Testimonial

There are not enough words to express how truly thankful I am for your support over the last year.

I think it's fair to say that not only has your support & help you gave and arranged for me made me stronger & changed my life for the better, but it saved my life, and for that I will be forever thankful.

Wishing you all the best.

In summary

SMABS continues to:

- Deliver safe, specialist and trauma-informed perinatal mental health care.
- Improve access despite rising complexity and demand.
- Offer nationally recognised parent–infant interventions.
- Contribute leadership, training, and innovation across the system.
- Achieve excellent outcomes for mothers, infants and families.
- Provide care that is culturally sensitive, relational, and grounded in compassion.

With sustained investment and ongoing system collaboration, we are well positioned to further expand our reach and continue strengthening specialist perinatal mental health care across Bradford, Airedale and Craven.

3.4 Physical Health & Community Services

3.4.1 Adult Physical Health Team

Demand within the Community Nursing Service continues to exceed capacity, compounded by ongoing challenges in recruiting and retaining qualified nursing staff. In recognition that medicines administration and management accounts for approximately 20% of community nursing activity, a strategic response was implemented in October 2022.

This involved the introduction of a Lead Pharmacy Technician role, which has demonstrably enhanced capacity within community nursing teams while improving standards of care and patient outcomes. The model has since expanded, with two Band 5 Pharmacy Technicians now embedded within the Adult Physical Health (PACT) team.

The pharmacy technician workforce is now fully integrated within the multidisciplinary team, providing leadership, education, and expert guidance on medicines optimisation and management. Their contribution has strengthened clinical practice, supported staff development, and enhanced patient-centred care, with a particular focus on maintaining patient independence wherever possible.

3.4.2 Podiatry

The podiatry team have worked alongside the APs in unplanned care to implement and develop the new Podiatry Prescribing Pathway. Since this pathway went live in October 2025 to March 2026, the podiatry prescribers have completed a total of 314 prescriptions.

This piece of work has allowed podiatry patients to benefit from a faster and more effective service, with most urgent prescriptions completed within 2 hours, improving quality of care for our patients' whilst relieving pressure on GP services. This is also a great example of collaborative working within the multidisciplinary team, establishing networks for support and learning between teams.

As part of the development of the podiatry wound care template on SystemOne, we proposed gaining direct access to ERS referrals to the vascular service. This is extremely important as we are seeing an increasing number of complex patients in the community who may require urgent vascular input. Previously, these cases were reported and escalated via a SystemOne task to the GP, which meant there could be delays before the referral was made and reviewed.

We are now able to make direct referrals to the vascular service, allowing patients to be assessed more promptly. As a result, necessary interventions can be carried out sooner, which supports improved patient outcomes and reduces the risk of complications associated with delayed vascular assessment.

This also takes the admin burden off GPs.

We went live in Oct 2025 and have made 24 direct referrals from community.

● National Diabetic Foot Audit (NDFA)

- For year 24-25 Podiatry have the 3rd highest healing rates for Diabetic Foot Ulceration at 12 weeks in England and Wales. This figure was substantially greater than the national average.
- wound healing, DFA reduction (and increased activity)

3.4.3 Proactive Care Team (PACT)

The Proactive Care Team (PACT) has had another successful year with a new team starting in central Keighley to help address health inequalities and promote earlier health and social interventions using a multi-disciplinary team approach. GP practices, social services, and the Voluntary sector have been very welcoming, we are evaluating the new Keighley service and will be able to share 12months worth of data in September 2026.

3.4.4 The Admiral Dementia Nurses- are making good progress with expanding their service provision from Central Bradford across the locality. Admiral Nurses are specialist dementia nurses who provide expert practical, emotional and psychological support to people living with Dementia and their families or carers.

3.4.5 Self-Management Facilitators

The Self-Management Facilitators (SMFs) continue to work closely with District Nursing teams to promote self-care, from April 2025 to February 2026, we have supported 1,087 people to become independent and self-caring with an aspect of their health needs at home. As well as working with the District Nurses we have also developed 3 new pathways:

- Delivering in-reach work to Bradford Royal Infirmary hospital – to promote self-care on the wards to ease patients discharges into the community,
- Working with our Tissue Viability partners to implement Well-leg clinics, to reduce the breakdown of lower limb wounds once healed, this positively addresses both clinical effectiveness and service user's experiences of care. The National average for a reoccurrence of a wound in the first year is 69% and between January 2025 and January 2026, we have a 0% recurrence of wounds in the well leg clinic, which is fantastic.
- Supporting multi-disciplinary team meetings with District nurses, social services, therapy, PACT and Pharmacy technician to ensure a holistic view is taken on patients with complex needs.

3.4.6 Keeping My Chest Healthy

The Learning Disabilities team recognised the need to shift the focus from responding when people become unwell to a more preventative, proactive model of care for respiratory health. They also recognised the need for accessible, fully translatable educational resources.

The pathway is used to identify people with a learning disability who are at the highest risk of respiratory illness, ultimately preventing hospital admissions, improving quality of life, and reducing costs in the NHS. It includes targets to reduce unplanned hospital admissions, ultimately reducing avoidable deaths.

The new pathway considers everything that can affect a person's chest health and increase their risk of respiratory illness and uses a simple scoring system to assess their level of risk. The scoring system is regularly reviewed and reflects guidance from [NICE](#) and the British Thoracic Society on [aspiration pneumonia](#) and [community acquired pneumonia](#).

From a holistic assessment of anyone identified as at risk, the team produces a personalised 'Keeping my Chest Healthy' care plan. This describes everything a person and their support network can do to reduce their risk of respiratory illness, the soft signs of deterioration, as well as the person's baseline readings to assist carers to recognise promptly when a person is becoming unwell. It also gives actions people can take if they are becoming unwell and information for staff if the person requires hospital admission. If a person's health needs change, the team update the plan.

3.5 Allied Professional Health (APH)

Unplanned Care

Students

Over the past year, teams within Unplanned Care have significantly enhanced the learning experience for students, as reflected in consistently excellent feedback. Students have described this as "the best placement I have ever had," highlighting how staff were "amazing and helpful" and demonstrated the true meaning of teamwork and mutual support. Many students reported feeling welcomed, included, and supported to build confidence, with several noting that the placement inspired them to consider a future career in community nursing.

Feedback also recognises the inclusive and compassionate culture created by teams, where learning and wellbeing are equally valued. Students praised mentors who modelled calm, person-centred care, supported development through hands-on learning opportunities, and provided clear guidance and constructive feedback. The flexible and supportive approach adopted by teams was repeatedly highlighted as helping students feel respected and valued, reinforcing the Trust's commitment to developing the future workforce through kindness, inclusivity, and high-quality supervision.

Advanced Practice Clinical Lead

The Advanced Practice Clinical Lead (Unplanned Care) secondment commenced in January 2026, with an initial focus on strengthening Advanced Practice (AP) governance to ensure safe, high-quality, evidence-based care. Work has been aligned to the NHS England Governance Maturity Matrix (Centre for Advancing Practice, 2022; updated 2023) and NHSE requirements for digital badge accreditation and readiness for statutory regulation in 2028.

Key achievements include mapping AP qualifications to identify development needs and supervisory capacity, developing a preceptorship framework for new and newly qualified APs, and implementing a Learning Needs Analysis aligned to the four pillars of Advanced Practice. To further enhance governance, a prescribing audit was introduced to support reflective practice, identify trends and inform improvement actions.

The role also provides clinical leadership through incident and complaint investigation, root cause analysis, safeguarding support, and complex case support. In collaboration with senior leaders, the post contributes to service development, efficiency improvements and horizon scanning to support future models of care, including neighbourhood working, prevention and digital innovation.

3.6 Medicine's Optimisation

Pharmacy

The Trust's Medicines Optimisation Strategy, published in 2025, sets out a clear strategic vision for pharmacy to lead on the safe, effective, and sustainable use of medicines across the organisation.

Remote Prescribing

The Deputy Chief Pharmacist has worked in partnership with the Community Lead for Unplanned Care to develop and implement a Trust-wide Remote Prescribing Policy.

This policy particularly enables timely prescribing for patients reviewed by community practitioners who do not hold non-medical prescribing qualifications. It has significantly reduced reliance on GP practices for prescription generation, improving responsiveness and ensuring patients receive necessary medications without delay. This represents a key enabler for more efficient, integrated community care delivery.

Medicines Safety

The Trust's Medicines Safety Officer successfully nominated the organisation as one of 15 NHS Trusts selected nationally by the Specialist Pharmacy Service to participate in the Time Critical Medication Collaborative.

This programme aimed to reduce missed and delayed doses of time-critical medications. A multidisciplinary approach was taken, involving close collaboration with the KPO team, Business Intelligence, nursing colleagues, pharmacy teams, digital services, and medical staff.

Key achievements included:

- Implementation of a Trust-wide time-critical medication list
- Enhancements to the EPMA system so all time critical medications were alerted on the system as critical medications
- Delivery of targeted nursing education to improve awareness and compliance
- Development of reporting mechanisms to track performance against national metrics

The latest data demonstrates that 81% of time-critical medications are administered within the required timeframe, exceeding the Trust target set at 80%.

In addition, the Medicines Safety Officer and the Pharmacy Education and Training Team have successfully implemented a programme to deliver medicines management training sessions for inpatient nursing staff. These sessions have been consistently well attended, with positive feedback indicating improved knowledge and confidence. There is strong support for continuing these sessions on a regular basis to sustain safe practice.

The Trust has continued to strengthen medicines safety, governance and improvement capability through investment in digital medicines optimisation, workforce development and robust assurance processes. This includes ongoing optimisation of EPMA and closed-loop medicines systems, redesign of medicines workflows, and development of audit and reporting mechanisms to reduce risk and support safer prescribing and administration. Medicines governance has been enhanced through updated clinical pharmacy standards and the establishment of a dedicated Pharmacy Patient Safety Group to support learning from incidents and drive improvement. Innovative pharmacy technician roles embedded within community and proactive care services have improved capacity, reduced pressure on nursing teams and supported patient independence. Together, these initiatives demonstrate a whole-system approach to improving medicines safety, quality and sustainability across the Trust.

Leading the Way in Greener Medicines Management

The Trust's pharmacy services achieved Bronze accreditation through the Royal Pharmaceutical Society's Greener Pharmacy Toolkit, recognising practical action to reduce medicines waste, lower environmental impact and embed more sustainable practice within day-to-day pharmacy operations.

3.6 Innovation, Growth & Supporting Staff

3.6.1 Estates & Facilities

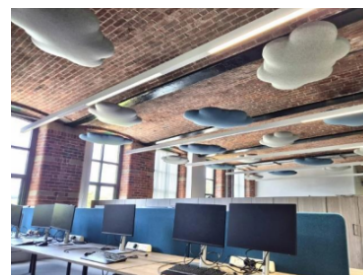
During 2025/26, Estates & Facilities continued to strengthen the Trust's care environments and staff workplaces, focusing on safety, patient experience and long-term sustainability. A major milestone this year was the Department of Health and Social Care approval of the Full Business Case for the redevelopment of Lynfield Mount Hospital's central block, securing a £65m investment and enabling the Trust to proceed with phased construction over three years while maintaining service continuity. The approved scheme includes a two-storey modular build and refurbishment that will deliver four 18-bed inpatient wards with en-suite bathrooms, alongside upgraded communal areas and a modernised, therapeutic environment for service users and colleagues.



This year also built on the enabling works delivered in the previous year, including completion and opening of the new secure staff car park at Lynfield Mount Hospital, providing 118 spaces and 28 electric vehicle charging points, improved lighting and CCTV integration. These works have strengthened access, safety and sustainability readiness for the main redevelopment programme.



At Airedale Centre for Mental Health (ACMH), the Trust completed a domestic hot and cold-water pipework replacement scheme, addressing long-standing infrastructure risk by replacing pipework throughout the building. A key enabler of successful delivery was the use of Willow Ward at Lynfield Mount Hospital to support decanting—beginning with the temporary relocation of Fern Ward—which ensured safe delivery of works while minimising disruption to care.



The Trust also completed significant elements of the Shipley-hub Smarter Spaces programme, including refurbished shared

flexible workspaces and completion of the wider New Mill refurbishment programme handover, improving space utilisation and enabling New Mill to function increasingly as a hub for community physical health and mental health services and corporate teams.

3.6.2 Better Lives Charity

The Better Lives launched its new strategy in 2025



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.

During this year the Charity has delivered several fundraising events including the 4th Charity Golf Day, our most successful yet with 23 teams and full sponsorship across the

event. Staff, friends, family and people in our communities have also participated in events to raise funds, including the Great North Run, Bradford Dragon Festival and Quiz Nights. The Charity has seen increased traction with staff for charity events, with demand for places and events increasing. The charity has seen new corporate supporters and sponsors, and special thanks goes to Whitiker and leach, The Yorkshire Clinic, MHA Architecture who were some of the sponsors of the Golf Day, and Coral Windows who sponsored and paddled a Dragon Boat. Without their generous support, these events would not be possible. The Charity has raised in excess of £15,800 through these events.

This funding has enabled the charity to support a range of projects and interventions within the Trust which enhances the care the Trusts provides, this has included.

- Voyage to Recovery with the Early Intervention in Psychosis team, who took a group of 10 people who use the service on a 5 day sailing trip of the UK Coast.
- Resources for palliative care including a 5th Rise Recliner Chair and a Stories of Comfort resource for talking with children about end of life of a family member.
- Planters, seeds and a B&Q charity day for the allotment.
- Christmas gifts for all patients in hospital at Christmas

The Charity has seen some success with applications for grants from Trusts and Foundations for specific projects. These have included two successful grants from NHS Charities Together, the first was for a Children and Young People Health Inequalities Innovation Grant. With partners we successfully secured £200,000 for two years to test and scale a School Health Model within two schools. The second was a Staff Wellbeing grant for £45,000 for an avoiding harm through the disciplinary process project. We also secured a grant from the Keith Howard Foundation for a creative arts programme at Airedale Centre for Mental Health

3.6.3 Staff Survey

NHS Staff Survey 2025 – hearing what staff have to tell us

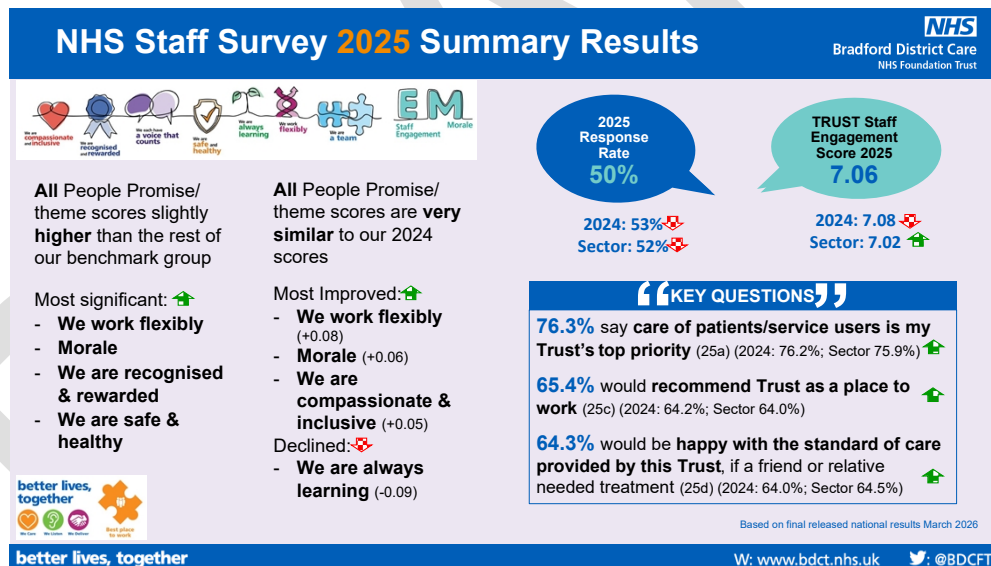
The NHS Staff Survey 2025 (NSS2025) took place from 22 September to 28 November 2025, along with a comprehensive, effective and targeted engagement programme, amongst substantive staff and Bank workers.

The Trust's NHS Staff Survey response of 50% for 2025 was down slightly from 2024 (53%) but retained the overall improvement over the last three years. The Bank Survey response rate was 22%. 1690 substantive staff participated and 238 detailed 'free-text' comments were received.

All NHS People Promise and theme scores were slightly higher than those of the sector, with most significant being 'We work flexibly', 'Morale', 'We are recognised and rewarded' and 'We are safe and healthy'. All the themes were also very similar to 2024 Trust scores, with most improved being 'We work flexibly', 'Morale', 'We are compassionate and inclusive'; and most declined being 'We are always learning'. Final Bank scores were not yet released at time of preparing the Quality Account.

Despite the overall consistency of Trust scores over several years, detailed analysis revealed a wide variance of staff experience across the Trust's services and teams. As part of a new 'ground-up' approach to the results, the Trust held a series of World-Café style events for local teams during March and April 2026. These facilitated, supported spaces enabled teams to reflect on their results and determine strengths and priorities. Bespoke infographic reports were prepared for each team, and creative tools enabled colleagues to turn their voices into clear intentions, aligned with the NHS People Promise themes..


Building on this local intention planning, The Board, People and Culture Committee, senior leaders and People Matters are collating and identifying responses and actions towards addressing variances and embedding the People Promise themes.



3.6.4 Staff Support & Therapy Service

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BDCFT is committed to providing a culture where staff feel able to seek support and take care of their health and wellbeing needs. The Staff Support and Therapy Service is the internal offer that provides confidential individual therapy (CBT, EMDR, Counselling, Compassion Focussed Therapy, Schema Therapy and Mindfulness), rapid access to speak to an experienced and accredited psychotherapist, a wide range of psychologically informed workshops on topics such as menopause, compassion, stress, burnout & PTSD, mindfulness, maintaining better relationships and dyslexia to all staff across the trust. The Staff Support and Therapy Service offers consultation and signposting to all staff, allowing people to get the help they need.



'I think this service is incredibly important to staff working in the nhs due to high levels of stress that all staff go through, learning techniques to better cope and feel better in themselves'

Over the past year there has been a particular focus on:

1. Developing and designing, in conjunction with our service users, a Mindfulness for ADHD group. This is an 8 session, psychological group for staff who either have a diagnosis or self-identify as having ADHD. This has been piloted and will be evaluated in order to inform decisions about future offers for Mindfulness and ADHD staff. This is now the third psychological therapy group for staff offered in the service.
2. Continue to deliver Self Compassion workshops and the Self Compassion Group which is a psychological therapy group to staff. This consistently demonstrates that staff are willing to engage in group psychological therapy, be vulnerable and improve their self-compassion. Compassion is proven to lower stress, low mood & increase health related behaviours.
3. Developing and producing an 'Embracing Neurodiversity' booklet of tools, information and support for staff so that it is easy to find, all in one place.
4. Maintaining menopause accreditation status for the trust which has enabled the trust to apply the menopause accreditation status badge to all materials including job advertisements. The menopause workshop, menopause for managers, menopause café, menopause buddies and the annual menopause celebration event are now well established. In collaboration with a member of staff a leaflet for partners has been produced. We have worked with people matters and ERostering around being able to accurately record menopause absences in the trust.
5. Continue to maintain the friends and family test rating of 'Likely' and 'Extremely likely'.
6. Continue to increase awareness of the range of offers that staff can access via the Staff Support & Therapy Service, as well as signposting staff to other relevant health and wellbeing offers.

'I really appreciate being able to access this support at work. It makes me feel a valued member of staff. It has helped me move forward from issues I was struggling with.'

I found the therapy useful. Being confident and ready to return to work

3.6.5 Creative Connections

Creative Connections – bringing Bradford 2025 to the inpatient wards

18–21 Nov

Creative Connections

A slice of Bradford 2025 UK City of Culture comes to Airedale Centre for Mental Health

Join us for live harp playing, Bhangra music and poetry.

Get involved in art, creative writing, drumming and singing.

See you there!

Healthy Minds

In November 2025 working in partnership with BDC Mind and Bradford 2025, our occupational therapists were able to bring a diverse range of culturally creative opportunities for people across our inpatient mental health wards – with a 2-week festival ‘Creative Connections’. The event was planned to support people to experience some of the creative activities on offer for Bradford 2025, with taster sessions, which they could be then supported to participate in on discharge. We had a range of artists and workshops – from live harp playing, singing, poetry and creative writing workshops, and visual arts, with activities delivered to enable people to get involved in ways they felt able with their mental health needs. Over the two weeks we had 75 patients from across both sites take part in the different workshops, with lots of feedback on

the impact it had...

“Having special times like this makes me feel better inside. Being positive is what I like”

“Art makes me concentrate. Its mindful. It Occupies my mind and stops intrusive thoughts and takes me outside of the ward mentally”

“This session was great. I feel it reduced my depression levels, cleaned my mind and made me feel great”.

“That meant so much to me. So much. I didn’t think it could lift me but it really did. It made me cry and I loved it”.

Close Health
07/05/2025
10:39:31

“Bringing culture close to people is beautiful to relate with especially with our service users. The joy on their faces”

*“I think more of this would be beneficial to us all in the future. Thank you for bringing this”
“I’ve had the best two days ever. It’s something different. All that interaction, singing and dancing and drumming. This is what we needed” (staff member)*

Alongside the above, and in partnership with BDC Mind for Bradford 2025 we have created some films to showcase the support provided for people experiencing mental health challenges – the first one (linked to the above) capturing the joy of creative connection in mental health and how important it is for health and wellbeing, and the second film portraying a very powerful, personal story of mental health and how valuable having the right support is to help people when they are most unwell. Both films are being shown in Bradford Pictureville on 24th March, as part of a celebration of the legacy of Bradford 2025.

3.6.6 Immersive Classroom

And for 2026 – Digital Innovation for Workforce Growth - development of the Immersive Classroom for Mental Health

Working in partnership with Shipley College students we are developing an immersive classroom experience of inpatient mental health, to support recruitment, induction and training of staff for working in our mental health wards. An immersive classroom is a high-tech multi-sensory learning environment using 360-degree, floor-to-ceiling, or 3D projections, lighting, and sound to transport students into a simulated environment and offers many opportunities for training in health and care. With funding from



NHS England, we are developing this resource for mental health, creating a simulated mental health ward, to give people ‘hands on’ experience of a ward setting, which would otherwise be difficult for them to gain. The interactive experience will initially be based on ‘a day in the life of’ a health care support worker, taking students through an experience of their first day, highlighting the reality of working in this setting, through meeting patients, different member of the multidisciplinary team and taking part in activities that would be part of their role on the wards. We are hoping the immersive learning experience will help prepare people for working on the wards, with insight into the challenges but also the joy of working in this setting.

3.6.7 Workforce Development People Related Highlights

Making the Trust the best place to work for our people has remained a critical component of our strategy over the past year and we have continued to mostly make improvements in all our four people plan and seven people promise themes. In terms of the latter, the National Staff Survey 2025 results evidenced an around national average response rate and consistently improved scores in the majority of themes. With labour turnover at a six year low of 10% and a vacancy rate of just under 5%, our efforts to speedily recruit, smoothly onboard and retain our workforce are paying dividends. With regard to our four people plan strategic themes, we have had another good year.

Looking after our people: We provide a comprehensive range of health and wellbeing resources that cover physical, mental and emotional wellness, as well as a huge selection of benefits associated with working for this trust, our neighbourhood and the wider NHS. An in depth review this year, into the reach, impact and cost effectiveness of our in house and commissioned services and resources, showed that they reach mostly where they are intended and provide an effective mechanism to keep our people well at work and support them to return to wellness when the time is right. Such in-house resources as Staff Support & Therapy and the Long term Conditions services, are popular and productive additions to our offer.

Despite the benefits of providing such a significant level of support for our colleagues, we have experienced sustained and high levels of sickness absence over the year, mostly in the range of 6% of working time lost due to sickness. This has broken down into two thirds of absences being long term and over half of absences being as a result of mental unwellness, followed by musculoskeletal injuries and conditions. Work has continued under the auspices of the Organisational Sustainability Programme Board, to refresh and enable management actions, to better address the support needs of our colleagues when they are unwell and ensure that signposting to appropriate resources meets their demands.

Belonging and inclusion: Our three staff networks grow from strength to strength in terms of their membership numbers and the influence that have in how we behave and develop as an organisation. In practical terms, we have had some changes in network leadership and there has been no lack of enthusiasm from members to step forward into the roles. Executive team sponsorship also adds value to the networks and that vital link between colleagues and the Trust Board. Our Belonging & Inclusion Plan gathered momentum over the year, with many inroads in terms of performing well in our Workforce Race and Disability Equality Schemes, as well as evidencing a commendably low Gender Pay Gap mean score of 5.62%, which benchmarks very favourably nationally. We are also collecting data in advance of the forthcoming need to report on Ethnicity and Disability Pay Gaps and are looking to not be an outlier in that respect either.

We submitted an annual declaration evidencing how we meet our obligations under the Public Sector Equality Duty. The narrative and accompanying data painted a positive

picture of how we prove the link between equality and the quality of the care we deliver, as well as providing a positive employment experience for our workforce. Our declaration shows how equality performance scrutiny and discussions happen regularly throughout our governance and engagement processes and demonstrates our strong compliance with the Equality Act 2010 Public Sector Duties.

Growing our Workforce: We grow our workforce in many and varied ways, not just in terms of headcount and whole time equivalents, by speedy, effective and enjoyable recruitment, onboarding, workforce planning, and apprenticeship developments. Our Medical Directorate had the opportunity to work with colleagues in Kerala (India) to strengthen Mental Health Services. Recruitment activity remained strong and was underpinned by collaboration with Place partners, education providers, and local authorities to expand entry-level employment and training. We locally developed career pathways for young people and those who are currently workless, thereby growing the local health and social care workforce pipeline. This was linked to our development of an assessment centre approach to support recruitment to our Health Care Support Worker roles.

Performance has exceeded expectations, with an average time to hire of 21 days from advertisement to unconditional offer, against a 65-day target, reducing the risk of losing candidates through prolonged processes. Our recruitment reporting indicates that key performance indicators were achieved by a significant margin, contributing to sustained new starter flow and supporting improved retention alongside decreasing turnover. Continuous improvement actions include further streamlining pre-employment checks and resolving system technical issues that may affect transaction speed or data accuracy. Workforce planning continues for the Lynfield Mount Hospital Full Business Case, including assurance to the Department of Health & Social Care regarding the Trust's recruitment pipeline. Apprenticeship activity has secured £600,000 in external funding, enabling approximately 40 colleagues to undertake digital skills programmes; a dedicated committee presentation will provide further details. The future for continuously developing our workforce is looking very bright indeed.

New ways of working and delivering care: Over the past year, we have maintained our momentum in strengthening workforce development approaches and employee relations case management arrangements in particular. Not just internally, but also across Bradford District & Craven Place, work progressed to explore and develop Student Supported Service opportunities, utilising higher-level students in Nursing and Allied Health Professional training pathways across community based services as a pilot. We also committed a national Memorandum of Understanding to implement the NHSE Core Skills Framework for mandatory training content and renewal cycles, ensuring consistency with national expectations for all NHS organisations. This will enable us to be consistent with best practice in delivery of statutory and mandatory training, as well as confirm portability of training compliance between organisations.

With our Employee Relations casework activities, we applied a refreshed triage approach to support a just culture and eliminate avoidable harm. Informed by WRES findings regarding the experiences of ethnically diverse colleagues entering formal processes, this approach has revolutionised the way we open and investigate cases as they arise. ER caseload has halved compared with the same period last year and remains below 20 live cases, with fewer complex investigations. Case management performance has improved, with 75% of cases now resolved within an average of 85 days, reducing lost working time and supporting colleague wellbeing. An Internal Audit review recommended our improvement from limited to significant assurance and our case load numbers and time to agreeably resolve, benchmark commendably nationally now.

In summary, a solid year of successes in terms of our service delivery, financial and overall organisational performance. We can only succeed in meeting our population health needs as well as our statutory, regulatory and moral obligations as an employer if we look after our workforce. Our people are largely from within our local population, so the adage that “happy staff make happy patients” rings very true with us. Keeping our colleagues happy, health and well, will inevitably contribute towards the wellness of our community.

3.6.8 Green & Sustainable Initiatives

Expanding the offer of Green Therapy within BDCFT

Work to bring more connection with Nature within our mental health services continues to grow. We have been expanding our existing groups across the district.



The adult allotment has been renovated through a volunteer day from B&Q and now features a roof on the pergola, a dedicated composting area and a fence. It also won 3rd prize in Bloomin Keighley allotment competition 2025.

Through some funding through Morley Glass, we have been able to get some accessible planters fitted which has greatly increased our growing area.

Close Holly
07/05/2026 09:32:11

Glass visit to the allotment site. They were so pleased with our work they immediately donated another £500

We have been building our community partnerships offering new opportunities for our service users. Working with the Canal and Rivers Trust we have been able to hold two programmes of walking and canoeing sessions. We have also run several trips to the Yorkshire Dales with the Yorkshire Dales National Park Authority for walking groups. These included an evening stargazing trip in January to Grassington. Going forward we have even more trips planned for this year including a 4-week programme for the adult



Staff & service user canoeing along the Liverpool Leeds Canal



Staff and service users planting trees above Silsden



Staff and service users at Malham Cove

community team that will incorporate different themes into each session around wildlife, heritage and sustainability.

With YorgreenCIC, a local green organisation specialising in tree planting, we carried out a tree planting session with service users. In 2026 we have more tree planting sessions planned for both service users and staff.

Close Holly
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The Blooming Together sign at the community allotment



The butterfly that now calls our allotment its home

The Pieces Project – An art charity from Leeds have been attending our art group once a month to deliver a nature artwork session. These sessions differ depending on the time of the year but have recently including decorating the name of the group “Blooming Together” which the group then attached to the allotment fence at the following session. These sessions are set to continue and will also include a trip to their base in Leeds to go alpaca trekking.

As part of Bradford 2025 we arranged two trips to “The Wild Uplands” in Haworth for service users. These were walks and talks around the art installations there with a local artist followed by an indoor art session. One of the installations featured 99 marbled butterflies, from which we were gifted one, which is now proudly part of our allotment.

We have recently had workshops from the Aire River Trust under their new “Roots in the River” programme. This is all around local conservation efforts and will include practical sessions with them in summer to improve local river paths and woodlands.

As part of Bradford 2025 and with ‘Word Up North’ we

were accompanied by local poet Andy Craven Griffiths for BDCFTs Nature Week 2025. Taking part in a variety of community and inpatient sessions across the Trust, he wrote a nature poem together with service users on the allotment which was published, with a copy given to each member of the group and read out at Word Up North’s poetry event in Bradford. We are currently waiting on news of a funding bid to hold a longer nature poetry programme in 2026.

We have also benefitted from one off sessions from organisations such as The Yorkshire Wildlife Trust who made wicker bird feeders with the group, and ‘Get Out More’ who delivered a Christmas Wreath Making session for the group.



Poet Andy Craven Griffiths writing a poem with service users on the allotment

"It has really increased my confidence, that is down to the supportiveness of the group"

"It is lovely to see things growing and even the weeding can be rewarding"

"Doing something as a team, planting and seeing the outcomes"

"People accept you for what you are, it's non-judgmental"

"It gets me out of the house, fresh air, socialising and doing different things"

"People have made things from what we have grown which is a lovely process"

And comments from the staff involved in the groups:

"There is opportunity for people to have different roles and responsibilities. The transformation of people's skills and confidence growing. People can take ownership and lead on the group. Especially coming back as volunteers".

"Makes people smile being in wildlife and vitamin D"

"Staff seem to really enjoy and benefit from being out of the office"

We have also supported service users into volunteering roles as it's made such a difference to their lives, with volunteers now helping to run the allotment groups. One of these volunteers has also become a volunteer with The Canal & River Trust through our work with them and now leads any walks we do with them.

We are now planning to fit planters at our sites in Skipton and Horton Park Medical Centre to allow the team there to start their own allotment groups with service users.

Nature in Mind

2025 saw the start of a collaboration between BDCFT and Bradford District and Craven Mind. This was to replicate the nature therapy work we had already been doing but expanding out to new areas such as central Bradford.

Mind have employed two Nature Support Workers just for this project and it has started with 3 groups in community:

- A walking group every Wednesday in Peel Park, Bradford – this is a nature walk followed by an indoor nature session.
- A walking group from Hirst Wood, Saltaire every Thursday.
- A gardening group at Wibsey Community Gardens in Wibsey, Bradford.

The programme will include collaborations with all the organisations we are currently working with on the NHS project.

Nature Ranger

We are pleased to be working with the National Centre for Sustainable Health Care, hosting a nature ranger for our inpatient sites, building on work started within inpatients to strengthen the links for people with Nature during their admission.

Nature Week 2025

We also held our second Trust Nature Week in 2025 which focusses on nature for wellbeing – especially for our staff, for ‘Best Place to Work’. This included canal boat trips and a litter picking walk from New Mill with the Canal and Rivers Trust, nature creative writing class led by poet Andy Griffiths, forest bathing sessions and a nature photo competition. In April 2026 we will hold another nature week which shall also include a trip to the Yorkshire Dales and a tree planting day for staff.



We continue to be asked to share our work with others



locally and nationally, growing opportunities for people more widely. This has included having a feature article within OT News, linking with Trusts across the UK to inform their green projects, growing links with universities (Bradford, Huddersfield and Worcester) to offer Green Therapy lectures, and Green Therapy placements for students in partnership with Canal and Rivers Trust, and finally taking part in a podcast for BBC Gardeners World Magazine as part of their Wellbeing series.

<https://www.globalplayer.com/podcasts/episodes/7Drx8gz/>

We have even hosted a visit from a local MP Robbie Moore.

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For further information on any of our Green Therapy initiatives please contact:

joseph.courtney@bdct.nhs.uk,
emma.clarke@bdct.mhs.uk or
catherine.schofield@bdct.nhs.uk

We have also benefitted from one off sessions from organisations such as The Yorkshire Wildlife Trust who made wicker bird feeders with the group, and 'Get Out More' who delivered a Christmas Wreath Making session for the group.

3.7 Listening to the Voice of Experience

3.7.1 Patient & Carer Experience

The value and importance of involvement, experience and feedback is recognised across all areas of BDCFT. We have worked hard to identify and celebrate all the different ways in which people who experience BDCFT services can share their voice of experience – and be listened to.

The Patient and Carer Experience and Involvement (PCEI) team continue to promote and support the active involvement of people who access and experience BDCFT services, in the shaping of our services and participation in improvement activities. The PCEI team champion the importance of the Voice of Experience in providing invaluable feedback regarding the quality, direction, and delivery of services. They do this through the promotion, monitoring and reporting on the collection of Friends and Family Test (created to help service providers understand whether patients are happy with the service provided of where improvements are needed) data, as well as supporting patient, carer and public involvement in bespoke improvement activities and projects across the Trust.

Service User Involvement

In BDCFT, Involvement is open-access and anyone who has an experience of BDCFT services will be offered opportunities to share their voice of experience – and be listened

to. The Patient and Carer Experience and Involvement (PCEI) Team play a key role in ensuring that Experience and Involvement is at the very heart of all Trust activities. Involvement Partners in BDCFT are allocated, recognised roles, where people who have experienced Trust services, or are invested in the delivery of best quality services, can participate in structured activities designed to support and improve care.

Involvement Partners play a crucial role in service development and ensuring that the Voice of Experience is central to service delivery. To fully register as an Involvement Partner, an individual needs to go through an induction process, which includes some training, information giving, and signing up to the involvement agreement. Feedback, regular communication, and clear, understandable processes are crucial to ensure the best experience for people participating in meaningful involvement (Involvement Partners).

The Variety of Involvement Activities:

There is a broad range of involvement activities across Trust services. Some examples of involvement are;

Recruitment and Selection

BDCFT is dedicated to ensuring that the voice of experience is included in recruitment and selection activities when recruiting new staff. Involvement Partners are provided training in recruitment activities, which includes being on an interview panel, asking questions and providing feedback. The PCEI team worked with the People Matters (formerly HR) directorate to update the recruitment and selection training for services users. This started with a session with Involvement Partners where they were able to honestly and constructively feedback on the current recruitment training offer. A new session based on this feedback was delivered to 14 Involvement Partners in October, further feedback from that session has been implemented and now 3 sessions a year are being delivered to Involvement Partners who are interested in being involved in recruitment activity within the Trust.

Community Mental Health Transformation

Two Involvement Partners were selected to be part of two task and finish groups; 'Complex Emotional Needs' and '4 Week wait'. They have met regularly and are helping to shape and design both pathways.

PLACE assessments

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Patient Led Assessment of the Care Environment (PLACE) take place every year in October and November, and results are published to help drive improvements in the care environment. The results can be used for national benchmarking. Assessment teams are a collaboration between staff and patient assessors, with patient assessors making up at least 50% of the assessment team. Each year the PCEI team supports estates and facilities to involve patient assessors. This year for the first time younger adults were included as part of the patient assessor team, recruited from Young Dynamos.

3.7.2 Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) is a national initiative designed to tackle racial inequalities within mental health services, ensuring that racially and ethnically diverse communities receive equitable, high-quality care.

In January 2024, the Trust formally launched the PCREF Partnership to lead this important work. Since then, steps have been taken to develop and embed practices that promote inclusion and cultural sensitivity, while developing long-term plans to implement the wider requirements set out within the framework.

There is a separate annual report for the PCREF available on the Trusts website under the equality publication scheme pages.

Our goal is to embed the PCREF principles at every level of mental health services within the Trust, ensuring that service users, carers, and staff from all backgrounds are at the centre of our commitment to deliver better lives, together. The plan is set out below under the headings of PCREF's three components:

- Leadership & Governance,
- Organisational Competencies, and
- The Patient & Carers Feedback Mechanism.



The PCREF programme is an integral part in delivering our Belonging and Inclusion Plan aspirations and it supports our organisational Ambition to Action which aims to deliver the Best Quality Services to all.

Over the past year the Trust has established a PCREF Accountability Partnership chaired by the Executive Lead for the programme and seven workstreams delivering on the work plan.

Key achievements this year are:

- Reaffirming the Board pledge to be an Anti-Racist organisation and the relaunch of the Anti-Racist Tool Kit and e-learning.
- Equality impact assessing three services that support communities around mental health with a strong racial equity lens using the NHS Equality Delivery System Framework. This process identified good practice to spread and areas of improvement. An action plan is in place to deliver on those priorities.
- Refreshed our policy for managing racial and other types of discrimination from patients and the public to staff and evaluated the implementation of it via an anonymous survey.
- Developed an equality training offer and trained 430 staff in 2025. The training included cultural humility, building inclusive teams, identifying, reducing and addressing racial and other types of abuse from patients to staff, equality impact assessments and interpreting and translation.
- Launched a Health Equity Tool Kit and a series of intranet resources for staff to use.
- Designed a PCREF Passport.

The focus for 2026 is to ensure community voice and involvement is weaved throughout the programme and that coproduction is strengthened through strong networks.

3.7.3 Health Equity at Bradford District Care Foundation Trust

Identifying, addressing and reducing health inequalities is central to the Trusts equality objectives and Belonging and Inclusion Plan. During 2025 the Trust developed a draft Health Equity Approach through development sessions with the Trust Board. This approach will be embedded into the revised organisational strategy in 2026 and sets out our priorities and ambitions to embed health equity into everything we do.

The Trust has developed an integrated dashboard for mental health services which enables services to look at access data by equality group and index of multiple deprivation. This data is used to support service decisions, target and prioritise engagement and service improvement work and equality impact assessment processes. Training is being developed to support Trust staff in using and applying this information into day to day work.

The Trusts equality impact assessment process has been embedded into the business case and decision making process. Training is available to staff to support them in carrying out assessments and plan appropriate interventions.

A network of EDI Influencers has been established across the Trust. These people are delivering health equity interventions and projects within their role in their team and service. The group have produced case studies of their health equity work some examples include:

- South Asian Heritage – A case study webinar of reflections on heritage, belonging and culturally adapted therapy in the BDCFT Talking Therapies Service and practical tips on how to be inclusive to South Asian communities.
- Stepping Stones to Wellbeing Group in Community Mental Health - a community-driven approach to mental health support. Co-created with service users, staff, and partners like Mind in Bradford, this 9-week group offer was designed to decolonise traditional models, strengthen connection and belonging, and celebrate cultural diversity. By prioritising inclusivity and racial equity, these groups create safe spaces where people feel valued and empowered.
- [Stepping-Stones-Poster--A2---59.4-x-42-cm-](#)
- Sensory Friendly Inpatient Environments - This case study explores how we have transformed inpatient mental health wards to better support neurodivergent individuals and those with sensory processing challenges. Through staff training, environmental adaptations, and innovative resources like sensory suitcases and adaptable spaces, the project reduced incidents of violence, improved patient engagement and enhanced recovery outcomes. It demonstrates how small, practical changes can create safer, more inclusive environments for service users and staff.
- Culturally Appropriate Food Texture Advice - this project addresses a gap in care for people with swallowing difficulties by creating safe, culturally relevant guidance for Bradford's Pakistani Mirpuri community. Traditional NHS resources often focus on a white British diet, leaving families without practical advice for adapting their own meals. Working with patients and families, the team co-produced bilingual resources, clear instructions and recipes that make favourite dishes safer without losing cultural identity. The approach respects faith, language and family traditions, and is now expanding to other communities such as Sylheti Bengali and Pashto. This work shows how inclusive, personalised care improves safety, dignity and health outcomes.

3.7.4 Patient Advice and Complaints Service (PACS)

It is important to us that any person using the services of our organisation can seek advice,

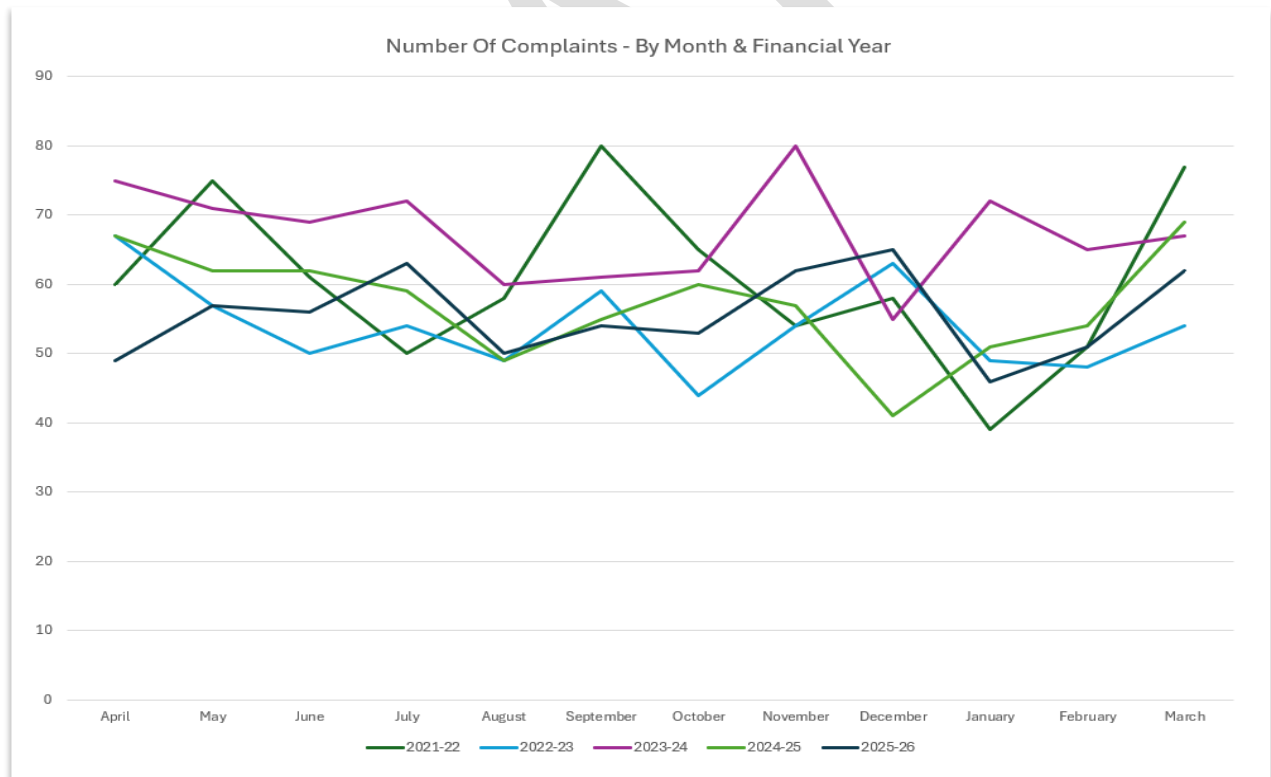
raise concerns or make a complaint. The PACS team provide a point of contact for signposting enquiries, and listening to concerns and complaints.

When a person using our services makes a complaint, this is handled in accordance with regulatory requirements. The PACS team aims to offer an accessible, robust complaints service that is responsive in addressing the complaint in an effective and timely way.

We understand that the complaints process is not always the best pathway for users of our service to receive a response to their concerns. This might be when there is a case of more urgent need for support or when it is possible for us to respond in a way that provides a faster solution to a problem (we call this local resolution).

During 2025/26 the PACS handled 556 enquiries (of which 297 required signposting elsewhere) and 668 complaints.

The graph below shows the number of complaints received over the last five years, comparing each year from April to March inclusive:



We value all feedback that we receive from users of our service, and people who care for and represent them. When we receive a complaint, we look at these to explore what happened, what should have happened, and to identify if there are areas of care or service

that we could have provided in a better way. This might also involve comparing this to best practice.

Learning from experience and looking at this alongside other information we collect such as patient safety information, information about staffing or information from our staff (examples), is one of the ways we use complaints. This gives us a wider view of our care and services our services and helps us better understand the areas in which we need to improve.

Reports containing the information described (and more) are produced each month and discussed within our quality and safety meetings. We use our governance processes to review and discuss these to assess how well we are doing with regards to these areas of our service, along with any actions we might need to take to make improvements for the benefit of people using our services.

We continue to engage with the Parliamentary and Health Service Ombudsman (PHSO), who were set up by Parliament to provide an independent complaint handling service for complaints that have not been resolved by the NHS in England, as needed. In 2025/26 the PHSO reviewed 7 of our complaint cases.

Learning from Complaints

In 2025/26 the top three most complained about areas were:

- Lack of support. (Where the complainant felt that the service user, patient or themselves, were not provided with the support they needed from services or staff)
- Information. (Where the complainant felt that insufficient information was provided to them or the patient, service user or carer. This could be information about the service, their care plan, or something else.)
- Length of waiting list. (Where the complainant felt the length of time they were on a waiting list prior to assessment or treatment was too long.)

The table below demonstrates examples of actions taken in response to complaints made in 2025/26, to improve our services:

Service Area	Improvement action taken
Unplanned Care	The pathway has been reviewed to ensure that it is sufficiently

Team	robust in order that suction machines are easily accessible when required.
A&E Liaison	A focused reflective session took place for the team to look at cultural competence, trauma-informed communication, and responding appropriately to disclosures of previous discriminatory or harmful contact with police.
Pharmacy	Additional training delivered to ensure pharmacy staff can interpret external medication administration charts correctly.
First Response Service	Noise cancelling equipment has been introduced, to significantly reduce background noise on calls.
Podiatry	Incorrect information removed from the Trust's Podiatry webpage.

Review of PACS and improvement plans

There have been some changes in leadership within PACS. The newly recruited substantive Complaints Manager joined the service in June 2025.

PACS are now using a new version of our complaints recording system, to log complaints, which is improving data quality and supporting the new processes as outlined in the updated complaints policy.

The improvement work is continuing into 2026/27 with plans to:

- make further improvements to our processes and systems
- provide further training for our complaint handlers
- roll out newly developed training for service managers who might need to respond to complaints

Compliments

When compliments are received within our services, we try to ensure these are recorded to reflect our positive feedback.

During 2025/26 the Trust recorded 199 compliments. Compliments are an important measure of patient experience. We recognise that as an organisation we could improve the recording of compliments alongside our other methods of feedback so that we can

see a full picture of the experience of users of our services.

3.7.5 Volunteering & Well Together

The Volunteer Service and the Well Together Service have continued to see growth and development in volunteer led activity, with 194 volunteers currently active, so far this year they have gifted 6135.5 hours of their time to volunteer. We continue to see significant traction within Trust Services with volunteer roles being developed in response to specific challenges services experience, with a key focus on releasing clinical capacity through volunteer activity. Whilst The Well Together Service have seen a growth in activity which responds to and supports people experiencing health inequalities and/or specific health conditions.

We have continued to see great Volunteer to Career success, with recorded outcomes of further education or employment within the health/care/statuary sector for 30 volunteers since we started the programme in 2021. Through our partnership with Helpforce we have seen significant local and national press coverage of our volunteer to career success stories.



- [SENIOR NIGERIAN NURSE BACKS 'VOLUNTEER TO CAREER' SCHEME AIDING STRETCHED NHS WORKFORCE - Black news from the most important news sources in UK](#)



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- [Helpforce's Volunteer to Career is helping people into healthcare jobs | Bradford Telegraph and Argus](#)



- <https://www.thetelegraphandargus.co.uk/news/25545830.helpforce-calls-government-led-nhs-volunteer-recruitment-drive/>
- [Here's how to make positive change as hospitals and hospices prepare for influx of volunteers](#)

This year the Volunteer Service has received 156 applications for 28 advertised roles. New roles this year have included;

- The first weekend role which was also the first role for Adult Physical Health. The volunteer will welcome people attending the District Nursing dressing clinic at Meridian House
- An Oral Health volunteer to support the fluoride varnish programme at schools
- Recruitment of more Memory Clinic volunteers at South and West Older People's Community Mental Health Team.
- A new Check in and Chat role for the Treatment Team in Community Mental Health, calling people for the first 6 weeks in the transition from Care Coordination to Treatment Team.
- 12 of our volunteers supported BD25's Creative Connections programme of creative activities at Lynfield and ACMH in November

820 people have attended the 50 Well Together groups this year, as always we see a fluctuation in groups as some close and new ones begin, some new groups this year include

- West End Walkers group from St Oswalds church in BD5 supporting people on low incomes and with health inequalities.
- Vision Aid sight loss group in Settle, a peer support group for people with partial or full sight loss.
- Holistic therapy, these are 1-1 fully clothed massage sessions to help service users who attend the Cancer support and better days rethinking pain groups in Settle.

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- Healthy Hearts walking group. A group that is led by specialist heart failure physiotherapist Helen Goulding providing a selection of gentle walks across the Bradford District for those who are recovering from heart conditions.
- Sewing Zone at Women's Zone, a 12 week sewing programme.
- Settle Public living rooms providing socialising and craft activities twice a week,
- Shipley walkers and Clake Foley walk.
- 'Talking drums' drumming group at The Place in Settle, supporting mental health and social isolation.

3.8 Clinical Administration Service

Our Clinical Administration Service provides essential administrative support across inpatient and community teams, ensuring that clinical staff have the information, coordination and systems they need to deliver safe and effective care. These teams have improved quality in many ways over the last year. Examples include:

CENTRAL ADMINISTRATION

Releasing Time to Care

- Created **7 new Service Coordinator posts** to support Children's and Community Mental Health Services, releasing clinical time to care.
- Provided administrative support for multiple clinical service meetings, freeing clinicians to focus on patient care.

Workforce Capacity

- Recruited **Band 2 and Band 3 administrators** to the Staff Bank, increasing availability of temporary administrative support.

Operational Support

- Expanded support to the **Unplanned Care team**, including:
 - Coordinating aseptic technique and fit-testing training
 - Supporting the daily call-out process
 - Providing ICE support
 - Maintaining SharePoint resources to ensure clinicians have quick access to essential documentation

Data Quality

- Supported data collection for **flu vaccine uptake** across District Nursing teams.

CHILDREN'S ADMINISTRATION (including CHIS)

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Releasing Time to Care

- Realigned **School Immunisations Administration** from clinical teams to Admin Services, improving resilience and releasing clinical time.
- Supported Health Visiting with administration of **6–8-week visits** and **12-month reviews**, releasing further clinical time.

Improving Data Quality

- Completed an initial cleanse of **45,000 entries** in the Family Health SystemOne unit.
- Continued to support ongoing data quality improvements.

Supporting Clinical Pathways

- Coordinated **Education Health and Care Plan (EHCP)** reviews to ensure timely completion.
- Sent SMS reminders for satellite clinic appointments, reducing DNAs.
- Sent follow-up SMS messages to reduce missed routine immunisations.

Service Integration

- Transferred administration for the **Vulnerable Children Information Team** into the Children's Admin team to release more clinical time.

MENTAL HEALTH ADMINISTRATION

- Provided administrative support to additional weekly **Memory Assessment & Treatment Service (MATS)** clinics for Bradford City and North Older People's Mental Health.
- Streamlined waiting lists by moving from spreadsheets to **SystemOne**, ensuring timely appointments.
- Supported communication with patients affected by the relocation of clinical services to Somerset House.

PHYSICAL HEALTH ADMINISTRATION

Sustainability & Efficiency

- Coordinated the **Uniform Laundering Service**, enabling reuse of community nursing uniforms:
 - **£9,500 saved**
 - **1,500 kg CO₂ reduction**
- Expanded the **Uniform Reuse Scheme** across multiple services, achieving **3+ tonnes carbon savings** (equivalent to 6,500 miles driven).

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Stock & Resource Management

- Expanded and centralised stock ordering across **20 Podiatry sites**, reducing duplication and minimising stock levels.

Supporting Patient Care

- Followed up **Tissue Viability DNAs** to ensure patients receive required care.
- Supported **Speech and Language Therapy (SALT)** workshops by booking and rebooking appointments directly into SystemOne.
- Managed the **Stammering Paediatrics Parent Advice Group Opt-In** process, including letters, bookings and discharges.
- Sent **~5,000 SMS messages** to support Continence service patient engagement and feedback.

INPATIENT ADMINISTRATION

- Supported staff development, including completion of **ILM Level 5** courses.
- Lynfield Mount Hospital reception staff continued to allocate, distribute and audit keys/alarms for all Acute ward agency staff.
- Two service administrators supported **13 ward managers** with diary management, ESR and KPI reporting.
- Following a **Rapid Process Improvement Week (RPIW)**, ward administrators ensured patient journey plans were booked within **72 hours** of admission.

SINGLE POINT OF ACCESS (SPA)

- Following consultation, SPA staff were integrated into relevant admin teams, delivering **significant financial savings** and supporting Trust financial targets.
- Cross-training increased the number of staff available to take calls.
- Through vacancy management, all affected staff secured roles within the service.

SERVICE-WIDE IMPROVEMENTS

Workforce & Development

- Leaders supported the Staff Bank to build a flexible admin workforce able to fill ad-hoc, short-term and long-term roles, reducing agency costs and speeding up recruitment.
- Many staff were promoted within the service or across the Trust due to strong induction and training programmes.
Several staff received **Thanks a Bunch** and **Living Our Values** awards.

Quality & Performance

- Close monitoring of colour printing achieved **£20,000 savings**.
- A rolling audit programme reviewed:
 - Quality of letters typed from BigHand
 - Interview recording paperwork
 - SystemOne blanks and event recording errors
 - Visitor sign-in sheets
 - Quality of patient phone call management
- Findings and actions were shared across the service.
- FFT improvements increased responses from **1–2 per year to 11 per month**, with an average rating of **4.2/5**.

Digital Innovation

- Continued rollout of **Patient Knows Best (PKB)** and **Synertec** across Podiatry, Continence, Adult Mental Health and Children's Services.
 - **16,375 patients registered**
 - **33,771 letters produced**
 - **51% read online**
- Leadership team piloted **Copilot** and participated in the **Multiverse apprenticeship** to enhance digital capability.

Efficiency & Impact

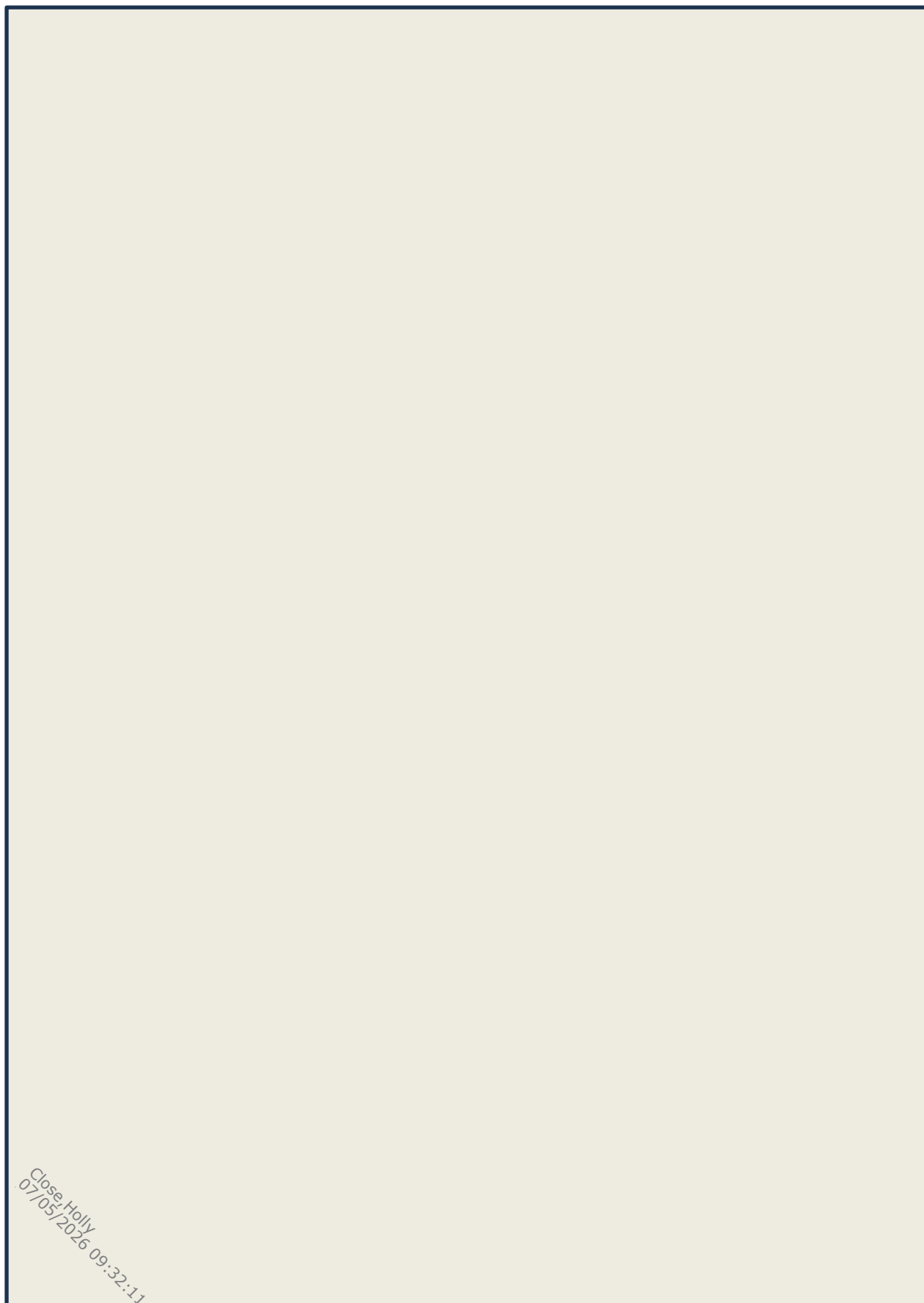
- Delivered **over 1 million activities** for the **9th consecutive year**.
- Released **~45,000 clinical hours** cumulatively, including **~22,000 hours this year**.
- On average, each administrator now releases **5 hours per week** of clinical time compared with 2022.

SECTION FOUR:

Statements from our Partners

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4.1. Healthwatch Bradford



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4.2 West Yorkshire ICB

Bradford District and Craven
Health and Care Partnership



NHS
NHS West Yorkshire
Integrated Care Board

To Update June

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4.3 Independent Auditors Report

In response to the COVID-19 pandemic there is no requirement to obtain an independent Auditors Report. The production of this report has followed the existing governance framework developed over previous years and is, in our opinion, compliant with national guidance.

DRAFT

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Glossary to update May

This section aims to explain some of the terms used in the Quality Report. It is not an exhaustive list but hopefully will help to clarify the meaning of the NHS terms used in these pages.

Term	Definition
Audit	Audit is the process used by health professionals to assess, evaluate, and improve care of patients in a systematic way in order to enhance their health and quality of life.
Benchmarking	To evaluate something (e.g. a service) by comparison with a standard.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. The organisation aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes. The CQC seeks to protect the interests of people whose rights are restricted under the Mental Health Act.
Care Trust Way (CTW)	The CTW is our system of continuous improvement, bringing together the quality improvement methodologies of Kaizen, innovation and coaching, in order to work together to improve the experience for staff and service users, to collectively create Better Lives, Together.
CBT	Cognitive Behavioural Therapy - A talking therapy that can help you manage your problems by changing the way you think and behave.
Commissioner	Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning groups (CCG's) are the key organisations responsible for commissioning healthcare services for their areas. They commission services (including acute care, primary care, and mental healthcare) for the whole of their population, with a view to improving their population's health.
CQUIN	(commissioning for quality and innovation payment framework) - 'High Quality Care for All' included a commitment to make a proportion of providers' income conditional on quality and innovation, through the commissioning for quality and innovation (CQUIN) payment framework. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443
Data definitions	The indicators reported within this quality report are a combination of key performance indicators with national definitions and local indicators with an agreed local definition.
Foundation Trust (FT)	Foundation Trusts are still part of the NHS, and still have NHS inspections and standards to meet. Foundation Trust's are still accountable to Parliament, but differ from standard NHS Trusts primarily due to the accountability to local people who can register as members and be elected as governors.
Healthwatch	An independent consumer champion for both health and social care that replaced LINK from 1 April 2013.
Kaizen	Kaizen refers to activities that continuously improve all functions and involve all employees from the Chief Executive to front line staff. In

	Japanese, 'Kaizen' is derived from two words – 'Kai' meaning 'change', and 'zen' meaning good. This translates literally to 'change for the better'.
LEAN Management	Lean management is an approach to managing an organisation that supports the concept of continuous improvement
National Patient safety Alert	Patient safety alerts are official notices issued by NHS England which give advice or instructions to NHS bodies on how to prevent specific types of incidents which are known to occur in the NHS and cause serious harm or death
NHSEI – NHS England and NHS Improvement	NHS England and NHS Improvement joined together from 1 st April 2019. They support the NHS to deliver improved care for patients. https://www.england.nhs.uk/about
NHS staff survey	- An annual anonymous survey to staff in all NHS organisations http://www.nhsstaffsurveys.com/Page/1019/Latest-Results
NICE	The National Institute of Clinical Excellence https://www.nice.org.uk/
Quality	Quality is defined by Lord Darzi in 'High Quality Care for All' (2008) as an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. Quality is an NHS that delivers high quality care for all users of services in all aspects, not just some.
Quality report	A quality report is an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing. Quality reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
R4	The Trust's clinical information system for salaried dental services.
Schema Therapy	A type of cognitive therapy.

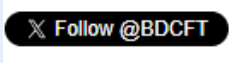
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Contact us

Communications

For all media enquiries or if you would like copies of the Quality Account or more information about the Trust you can contact us:

Email: communications@bdct.nhs.uk



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Bradford District Care NHS Foundation Trust

Tel: 01274 228300

Trust Headquarters New Mill

Victoria Road, Saltaire

Shipley BD18 3LD

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Council of Governors Performance Report

May 2026 Meeting

Performance Data up to
March 2026



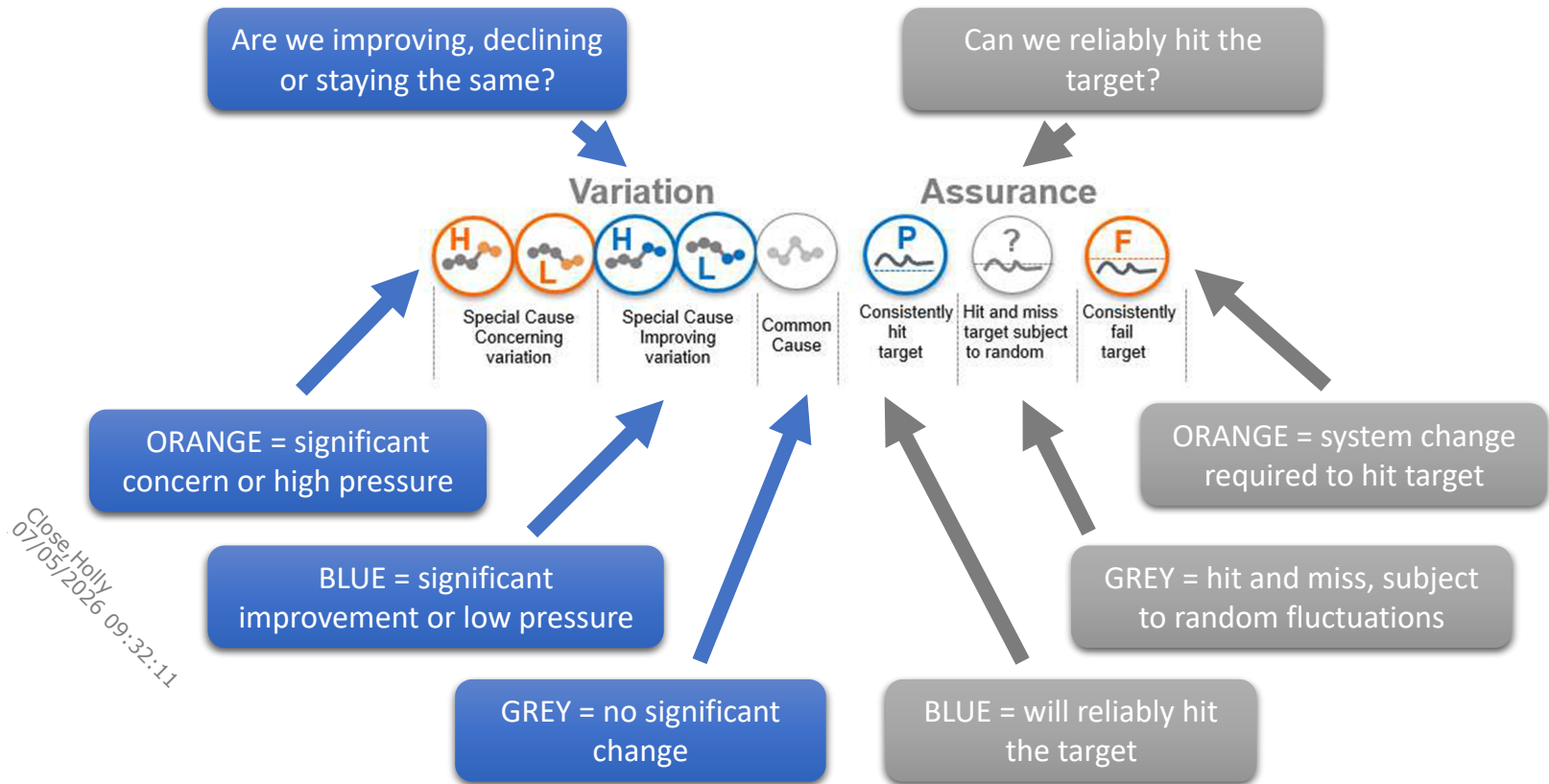
Good Governance; Accountability; Effective Oversight

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A note on SPC charts

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

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



Delegated Strategic Priorities – Assurance Level

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

<p>Theme 1: Looking after our people – we will</p> <ul style="list-style-type: none"> • Ensure our people have a voice that counts. • Strengthen the recognition and reward offers for our people. • Support our people to be active in improvement and innovation efforts inside and outside the organisation. • Embrace the principles of trauma informed practice across all of our services. 	<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 year, 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>PROPOSED 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 	<p>We will know we have been successful when:</p> <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>PROPOSED 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.

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

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

We will know we have been successful when:

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

PROPOSED Current assurance level:
3. Significant

Theme 4: Growing for the future – we will

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

We will know we have been successful when:

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

PROPOSED Current Assurance Level:
4. High

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Key Performance Indicators


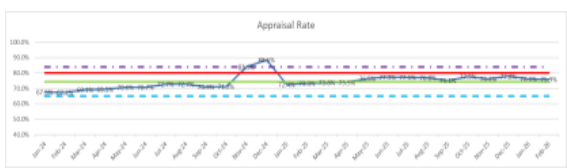
Best Place to Work: Theme 1: Looking After our People

Metric	Type	Year End Position 2023/24	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																																					
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																																					
Labour turnover	Strategic	13.68%	Feb 26	10.4%	10%																																					
Sickness absence related to stress / anxiety	Strategic	2.6% of the 6.6% (39.04% of all absence)	Feb 26	3.0% of the 7.61% (39.76% 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)	Feb 26	1 Grievances 5 Disciplinaries (19.35% of all ER Casework-excluding sickness)	N/a	
Annual Appraisal Rates	Strategic	69.08%	Feb 26	75.9%	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	Feb 26	83.6% 2.64% Agency 80.94% Bank 16.42% Unfilled	100%	A reduction in agency and in bank and also a reduction in 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	Feb 26	4843 requested 128 Agency 3920 Bank 795 Unfilled	N/a	
Bank & Agency Usage (WTE)	Strategic	30.01 Agency 313.70 Bank Ratio: 8.73% Agency 91.27% Bank	Feb 26	24.6 Agency 234.45 Bank Ratio: 9.49% Agency 90.51% Bank	N/a	
Vacancy rates	Strategic	7.4%	Feb 26	3.8%	10%	Reduction

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

Metric	Type	Year End Position 2023/24	Reporting month	Performance	Target	SPC / trend
Number of apprenticeships	Strategic	116	Feb 26	154	63	Reduction
Number 'new' roles recruited to (inc NAs and ANPs)	Strategic	1	Feb 26	-4	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	Mar 26 Jan-Mar (3m)	394 959				476	
Average Length of Stay (Acute wards)	Supporting	Mar 26	67.7	NA			59.1	
Number of people with inpatient length of stay > 60 days (Acute wards)	Strategic	Mar 26	16	0			14	
Consultant led waiting times (incomplete) referral to treatment	Strategic	Mar 26	59.5%	92%			68.5%	

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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) Jan 26	12	N/A	
% of staff trained as a CTW Champion	Strategic	Jan 26	42.8%	50%	
% of staff trained as a CTW Leader	Strategic	Jan 26	23.4%	20%	
% of staff trained as a CTW Practitioner	Strategic	Jan 26	33.5%	3%	
% of staff trained as a CTW Sensei	Strategic	Jan 26	72.1%	0.5%	
Number of registered library users	Supporting	Jan 26	1205	N/A	

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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	Jan 26	41	0	N/A	N/A	N/A	
No of complaints relating to people whilst waiting for services**	Strategic	Jan 26	12	0	N/A	N/A	N/A	
FFT / local patient survey – patient experience score	Strategic	Jan 26	96.1%	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: 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: 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: 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

13th May 2026

Paper title:	Performance Report	Agenda Item 12.0
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 March 2026, using Statistical Process Control (SPC) charts and standardised assurance icons to indicate areas of concern, improvement, or stability. The Trust's strategic priorities are grouped under four domains: Best Place to Work, Best Quality Services, Best Use of Resources, and Good Governance. Each domain is assessed for assurance level (Low, Limited, Significant, High).

This report presents two types of information:

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

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

2. Assurance levels (the Board Assurance Framework)

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

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

March 2026 data has been presented for all workforce and operational performance sections, and the most recently published January 2026 data for quality and safety sections.

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

1. Best Place to Work

Themes & Assurance Levels

- **Looking After Our People:** Focus on staff engagement, wellbeing, and retention.
 - *Assurance Level:* 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 reduced to

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10.4% (target 10%); Sickness absence due to stress/anxiety at 3.0% of 7.61% 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 reduced slightly to 75.9% (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:* 154 apprenticeships (down from 162), vacancy rate reduced to 3.8% (target 10%), bank/agency fill rates at 83.6% (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: 394 in Mar 26); Consultant-led waiting times decreased to 59.5% (target 92%); Length of stay >60 days increased to 16 patients (target 0).
- **Learning for Improvement:** Continuous improvement, research, and staff development.
 - *Assurance Level:* Significant (3)
 - *Key Data:* 12 staff spoke up via Freedom to Speak Up; CTW training rates high (Sensei 72.1%, Leader 23.4%, Practitioner 33.5%).
- **Improving Experience for Service Users:** Trauma-informed care, patient involvement, and reducing temporary staffing.
 - *Assurance Level:* Limited (2, Quality); Significant (3, MHLC)
 - *Key Data:* 41 patient safety incidents while waiting (target 0); 12 complaints related to waiting; Patient experience score 96.1% (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 – Held in Public

13 May 2026

Paper title:	2025 NHS Staff Survey – Results	Agenda Item 13
Presented by:	Bob Champion – Chief People Officer	
Prepared by:	Helen Farrar – Staff Engagement Manager	
Committees where content has been discussed previously	Pre-embargo verbal updates to P&CC and to Board in private March 2026	
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	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	
	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
<p>This paper reports a summary of the Trust-wide published results for the NHS Staff Survey 2025 and actions to analyse and disseminate at all levels. It will be followed with an update and presentation on this year's approach to team level results. The People and Culture Committee will monitor actions arising.</p>

Council of Governors – Held in Public

13 May 2026

2025 NHS Staff Survey

1 Purpose

Staff satisfaction and engagement are key to delivering high quality care and directly associated with patient experience and outcomes. The Staff Survey results provide evidence in the CQC Well-led domain and contribute to key metrics in NHS Oversight Framework scores. The NHS Staff Survey is an important element in our varied methods of engaging with our workforce, towards the NHS people Promise of ‘We each have a voice that counts’. It is an annual, mandated, validated, national survey that provides a robust and benchmarked measure of employee experience. Results of all elements of our people engagement activities are monitored, triangulated, actioned, and fed back to colleagues by our senior leaders in a timely manner.

The latest annual survey was held late 2025. Quarterly Pulse Staff Surveys (QPSS) were also held in April and July 2025 and January and April 2026, which repeated the staff engagement questions from the annual survey. Our provider supporting the delivery of the annual survey was Quality Health/IQVIA (QH). This paper summarises the final results received, once the national embargo lifted on 12 March 2026.

2 Delivery and Response

The NHS Staff Survey 2025 (NSS2025) took place from 22 September to 28 November 2025, along with a comprehensive, effective and targeted engagement and Board-supported prize-giving programme, amongst substantive colleagues and Bank workers.

- The Trust-wide response rate to NSS2025 was **50%** or 1,690 staff. This was down slightly from 2024 (53%) but retained the overall improvement over the last three years. The overall national response rate was 49%, and all Trusts in our sector* averaged 52%.
- The Bank Survey response rate was **22%** or 88 staff – representing a significant reduction on the 2024 response of 35%, but similar to the previous year and to average for all for comparable Trusts*
- Variations in response rates in each Directorate/Care Group grouping is shown in **Appendix 5**

* 50 Mental Health Learning Disability Community Trusts in benchmark group nationally

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3 Results

Theme Scores

For the fifth year running survey questions align to the seven elements of the NHS People Promise and with the two themes of engagement and morale. All themes are based on a score out of ten. Beneath the nine themes lie 21 sub-themes and 111 questions or question parts.

- In 2025, **all** NHS People Promise and themes are slightly higher than those of the sector*, with most significant being 'We work flexibly', 'Morale', 'We are recognised and rewarded' and 'We are safe and healthy'. **All** the themes are also very similar to 2024 Trust scores, with most improved being 'We work flexibly', 'Morale', 'We are compassionate and inclusive' and most declined being 'We are always learning'.
- For Bank workers**, four of the theme scores were significantly lower than those for substantive staff, and one was significantly higher, 'We are safe and healthy'. Three of the theme scores were significantly higher than 2024, the remainder similar to 2024.

*** Bank worker scores are based on early indicative scores and not on final published scores, as these have only recently been received. The following results relate to substantive staff scores only.*

- Analysis of five-year trends show that 7 of the 9 People Promise/theme scores have improved since 2021, 4 significantly so. Only 2 theme scores have reduced since 2021, both only slightly, and in line with national trends. Overall, the trend is one of consistency and modest improvement.

Appendix 1 Illustrates NSS 2025 summary results infographics.

Appendix 2 Illustrates five-year trends of People Promise/theme and sub-theme scores

Question scores

- Of the 111 individual questions in NSS2025, **70%** of scores (Trust-wide) had no significant difference to sector, with 33% significantly better and 4% significantly worse. **96%** had no significant difference to last year, with 2% significantly better and 2% significantly worse.
- There were improvements from both the 2024 and sector scores to effectiveness of team working, treating staff fairly in relation to incidences and taking positive action on health and well-being.
- The scores showed reduction in reporting bullying and harassment, and less colleagues finding the appraisal process helped them do their job. Despite Appraisal scores reducing from 2024, the 5-year trend for this sub-theme is positive.

Appendix 3 Illustrates key question scores summaries and variances.

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Free text comments

238 detailed comments from staff have recently been received as part of the 'free text' option at the end of the survey. Detailed analysis is underway using AI, the new NHS qualitative analysis framework and professional reflection, such as alongside Freedom to Speak Up intelligence. The themes and issues arising will be shared with senior leaders, for consideration alongside the quantitative results, and with clear response back to colleagues.

Appendix 4 Summarises some early findings, comparing qualitative sentiment vs. Trust performance; and **Appendix 5** contains the breakdown of comments against Directorates/Care Groups.

More detailed analysis may be tabled at the Board Meeting and/or subsequent People and Culture Committee and Senior Leadership Team meetings.

Service and Team level scores

- The local results indicated a wide variance of experience and engagement across different work areas and other categories, such as demographics or colleague group.
- In recognition of such local variance, the Trust has held a series of **World-Café style events** for local teams during March and April 2026, as part of a new 'ground-up' approach to responding to the Survey results. These facilitated, supported spaces enabled teams to reflect on their results and determine strengths and priorities. Bespoke infographic reports were prepared for each of the 90+ team groupings and creative tools enabled colleagues to turn their voices into clear intentions, aligned with the NHS People Promise themes. Executive Directors supported and promoted the events.
- A summary of these events and intentions and actions arising at the team level, will be shared at the Board meeting, with more detailed findings shared at the next People and Culture Committee meeting.

Ongoing action planning

- The World-Café events also enabled colleagues to consider Trust-wide issues and opportunities. These findings, along with local results reports, detailed results tables, collation of team intention plans from the World Café events, and further team discussions are being shared with senior leaders to embed and inform the Trust-wide response.
- The granular level intelligence also feeds into Trust-wide developments, such as in workforce planning, wellbeing support, learning and development strategy or raising concerns. It also enables triangulation with other data, such as absence rates, management skills analysis or employee relation cases.

Further manager coaching drop-ins, and team support sessions are planned for May-June 2026, including for teams or services showing a decline in scores or those unable to attend the facilitated sessions. This ensures all are encouraged to view

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their results, explore together areas for improvement and celebration in their service and identify and embed required actions into existing improvement work or new action plans.

- Services and teams that have particularly positive scores, improving response rates or embedded intention plans, are being identified and analysed as examples of good practice.

Appendix 6 Shows examples of score variances across services and teams:

- a. Notable team scores (in confidence)
- b. Example team variance (response rate and two theme scores)

Communications

- Trust-wide results have been shared with all colleagues, including a dedicated Broadcast, Chief Executive Vlog, bespoke SharePoint page, screensavers/posters, and a variety of presentations to key audiences, such as Council of Governors and Senior Leadership Team.
- Local results have been shared across all services and teams, utilising bespoke reporting and the innovative ‘world café’ events as described above.
- Our Staff Networks for protected characteristics are working with the Equality and Inclusion Team to explore the Workforce Race and Disability scores and other diversity related results alongside the Belonging and Inclusion Plan

4 Next steps and recommendations

- The Board, People and Culture Committee (PCC), Executive Management Team, and Senior Leadership Team (SLT) should continue to respond to further reported data as it becomes available, including
 - the benchmarking of results against Place, ICB and regional scores
 - the review of Bank worker scores
 - results of recent quarterly pulse surveys
 - themes arising from the further analyses of free text comments
 - corporate learning recommendations from the World Café events
 - WRES and WDES reports and analysis
- ‘We each have a voice that counts’ has been voted by staff as the leading People Promise priority for the Trust this coming year, and a key target for an improved score in 2026. Senior leaders are asked to support current integrated measures towards this goal including
 - This year’s ‘ground-up’ approach to team-level Staff Survey responses
 - Current Lynfield Mount redevelopment colleague engagement activity
 - The proposed Trust-wide consultation and conversation on the 2026 refreshment of the Better Lives Together Strategy.

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- Consideration of an in-house interactive results portal/dashboard to enable smarter data triangulation, results dissemination and sharing of feedback and actions across all levels of the Trust, has been deferred to the 2026 Staff Survey.
- PCC and SLT will monitor and track outcomes and actions arising from the 2025 Staff Survey, including locality goals, feed these back to staff, thank them for their engagement, and roll these into preparation for the 2026 Staff Survey as part of a continuum of engagement.

The Board of Directors is asked to note the final results presented, comment on issues arising, and support the proposed recommendations for ongoing analysis and response both corporately and locally, including monitoring actions arising.

Helen Farrar
Staff Engagement Manager
23 April 2026

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Appendix 1: NHS Staff Survey 2025 summary results – Trust-wide

The Staff Survey results are grouped under the following:



NHS Staff Survey 2025 Summary Results

Bradford District Care
NHS Foundation Trust

Bradford District Care
NHS Foundation Trust

People Promise elements and themes against national average (benchmark group)

2025 Response Rate **50%** | 2024: 53% | Sector: 52%

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme	Trust Score	Best result	Average result	Worst result	Responses
We are compassionate and inclusive	7.70 (+0.09)	7.94	7.61	7.15	1689
We are recognised and rewarded	6.53 (+0.16)	6.72	6.37	5.92	1689
We each have a voice that counts	6.98 (+0.09)	7.31	6.89	6.23	1679
We are safe and healthy	6.48 (+0.14)	6.72	6.34	5.89	1682
We are always learning	5.93 (+0.10)	6.38	5.83	5.14	1631
We work flexibly	7.10 (+0.26)	7.20	6.84	6.18	1680
We are a team	7.23 (+0.06)	7.43	7.17	6.79	1685
Staff Engagement	7.06 (+0.04)	7.48	7.02	6.37	1690
Morale	6.30 (+0.18)	6.57	6.12	5.48	1690

Based on final released national results March 2026

All People Promise/ theme scores slightly higher than the rest of our benchmark group

Most significant:

- We work flexibly
- Morale
- We are recognised & rewarded
- We are safe & healthy

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NHS Staff Survey 2025 Summary Results

Bradford District Care
NHS Foundation Trust

Bradford District Care
NHS Foundation Trust

People Promise elements and themes against 2024 scores

Trust: **7.70**
Sector: 7.61
2024 7.65

We are **compassionate and inclusive**

Trust: **6.53**
Sector: 6.37
2024 6.52

We are **recognised and rewarded**

Trust: **6.98**
Sector: 6.89
2024 7.00

We each have **a voice that counts**

Trust: **6.48**
Sector: 6.34
2024 6.47

We are **safe and healthy**

Trust: **5.93**
Sector: 5.83
2024 6.02

We are **always learning**

Trust: **7.10**
Sector: 6.84
2024 7.02

We work **flexibly**

All People Promise/ theme scores are very similar to our 2024 scores

Trust: **7.23**
Sector: 7.17
2024 7.21

We are **a team**

Trust: **7.06**
Sector: 7.02
2024 7.08

staff engagement

Trust: **6.30**
Sector: 6.12
2024 6.24

staff morale

Most Improved:

- We work flexibly (+0.08)
- Morale (+0.06)
- We are compassionate & inclusive (+0.05)

Declined:

- We are always learning (-0.09)

TRUST Staff Engagement Score 2025

7.06

2024: 7.08 | Sector: 7.02

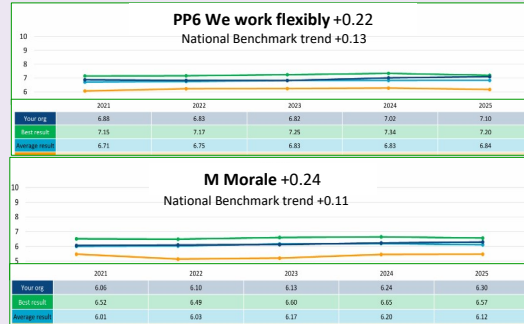
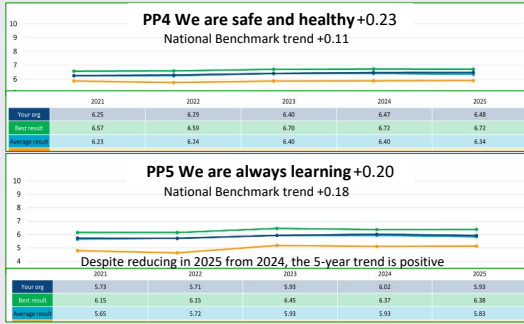
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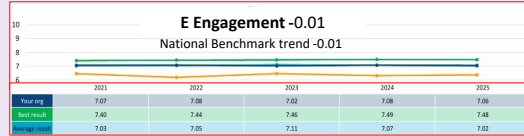
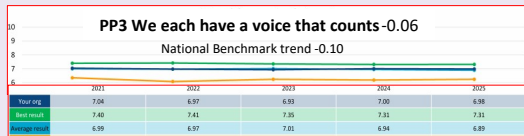
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Appendix 2: NHS Staff Survey 2025 five-year trends of People Promise/theme/sub-theme scores

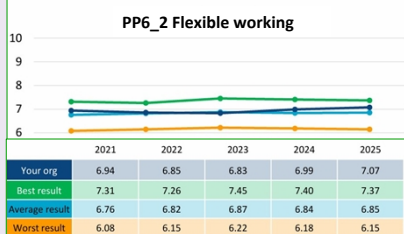
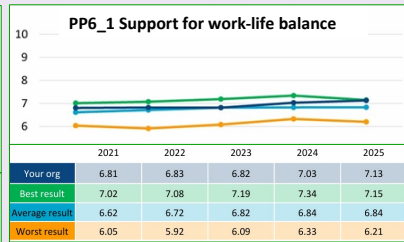
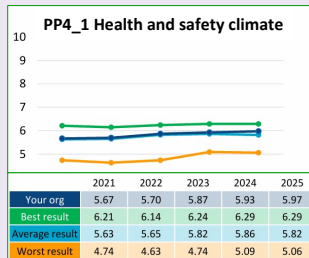
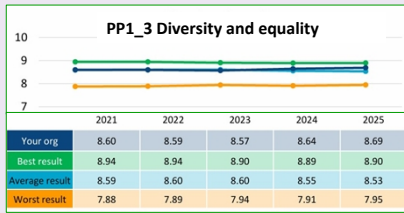
Seven People Promise/ theme scores have improved since 2021, four significantly so



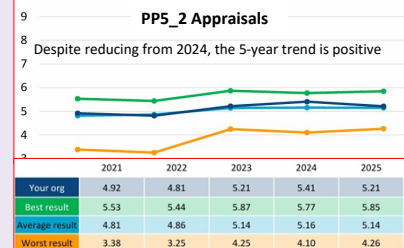
Two People Promise/ theme scores have reduced since 2021, both only slightly



Most improving & better sub-themes



Most declining sub-theme since 2024



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Appendix 3: NHS Staff Survey 2025 key question score summaries and variances.

NHS Staff Survey 2025 Question Summaries

Based on final released national results March 2026

Bradford District Care
NHS Foundation Trust

Significant question results compared to 2024

2% significantly better
96% no significant change
2% significantly worse

Significant question results compared to Sector

33% significantly better
70% no significant change
4% significantly worse

KEY QUESTIONS

76.3% say care of patients/service users is my Trust's top priority (25a) (2024: 76.2%; Sector 75.9%)

65.4% would recommend Trust as a place to work (25c) (2024: 64.2%; Sector 64.0%)

64.3% would be happy with the standard of care provided by this Trust, if a friend or relative needed treatment (25d) (2024: 64.0%; Sector 64.5%)

Question trends since 2024

Top question scores BETTER compared to 2024 and to our sector

- 59.2%** say teams within Trust work well together to achieve their objectives (2024 +4.8%, Sector +5.4%) (8a)
- 67.7%** say Trust treats staff who are involved in an error, near miss or incident fairly (2024 +3.9%, Sector +7.6%) (19a)

Also significantly better than sector:

- 69.3%** say Trust takes positive action on health and well-being (Sector +8.9%) (11a)

Top question scores WORSE compared to 2024 and to our sector

- 61%** say last time they experienced harassment, bullying or abuse at work, they or a colleague reported it (2024 -3.8%, Sector -3.5%) (14d)
- 23%** say appraisal helped me to improve how I do my job (2024 -3.2%, Sector -2.4%) (23b)

Also significantly worse than sector:

- 19.6%** of those experiencing discrimination - on grounds of religion (Sector -13%) (16c7)

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Appendix 4: NHS Staff Survey 2025 Free Text strategic triangulation, comparing qualitative sentiment vs. Trust performance. (AI generated)

People Promise Theme	Trust Score	National Benchmark	Variance	Qualitative Contextualisation (n=X)
				Despite positive variance,
We are safe and healthy	6.48	6.34	+0.14	109 comments (n=109) reference burnout, fire-fighting, and exhaustion, indicating hidden wellbeing risk.
We each have a voice that counts	6.98	6.89	+0.09	85 comments (n=85) highlight a disconnect between supportive line managers and perceived inaction at organisational level.
We are always learning	5.93	5.83	+0.10	40 comments (n=40) cite reduced study budgets and inhibited development due to cost pressures.
Morale	6.30	6.12	+0.18	64 comments (n=64) link low morale directly to staffing shortages and workload pressure.

National benchmarks based on 2025 Mental Health, Learning Disability & Community Trust averages.

Further detailed analysis is ongoing

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Name of meeting:	Council of Governors
NED Chair:	Sarah Jones
Lead Director:	Fran Stead
Secretariat:	Holly Close
Year:	2026/27

Category	Agenda item	Paper author	Item presented	Lead Director	Lead PA	Public hybrid	Public hybrid	Public hybrid	Public hybrid	Comments
						Date	Date	Date	Date	
						13/05/2026	29/07/2026	11/11/2026	10/02/2027	
Good Governance	Apologies	Verbal	Corporate Governance Officer	Chair	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Declarations of conflicts of interest	Verbal	Corporate Governance Officer	Chair	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Minutes of last meeting	Corporate Governance Officer	Chair	Chair	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	AMM Minutes	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)			X		
Good Governance	Matters arising	Corporate Governance Officer	Chair	Chair	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Action log	Corporate Governance Officer	Corporate Governance Officer	FS (Trust Secretary)	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Issues and Questions from Communities	Verbal	Governors	N/A	N/A	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	
Good Governance	Governance Report	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	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)	X				
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)		X			
Good Governance	Well Led	HC (Corporate Governance Officer)	FS (Trust Secretary)	FS (Trust Secretary)	MH (Executive Assistant)	X	X	X	X	Line to be added in Governance Report for every meeting and then bring a formal paper if there's lots of progress.
Good Governance	Proposal for the Annual Members' Meeting	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)		X			
Good Governance	Alert, Advise, Assure and Decision reporting / Assurance Report Board Sub-Committees	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Notification of future meeting dates	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Committee Annual Effectiveness review	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)				X	
Good Governance	Committee annual Terms of Reference review	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	RT (Deputy Trust Secretary)			X		
Good Governance	Council of Governors Annual Work Plan	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	X	X	X	X	
Good Governance	Comments from Public Observers	Verbal	Public Observers	N/A	N/A	X	X	X	X	
Good Governance	Chair in Common Governance Framework Review	FS (Trust Secretary)	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)			X		
Good Governance	Governor JD Review	Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	X				
Best Use of our Resources	Staff Survey Update	HF (Engagement Manager)	HF (Engagement Manager)	BC (Chief People Officer)	(Executive Assistant)	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	
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	X	
