Council of Governors - held in public

Wednesday 29 July 2026, 17:00 - 18:30

MS Teams

Agenda

17:00 - 17:05
5 min

1. Welcome and Apologies for absence & confirmation of quoracy (verbal)

Discussion *Sarah Jones*

For Discussion

Item 01.0 - Council of Governors - Public Agenda - 29 July 2026 v.01.3.pdf (3 pages)

17:05 - 17:05
0 min

2. Declaration of any conflicts of interest (enclosure)

Information *Sarah Jones*

For Information

Item 02.0 - BDCFT Declaration of Interests for Council of Governors - 21 July 2026.pdf (1 pages)

17:05 - 17:05
0 min

3. Minutes of the previous meeting held on 13 May 2026 (enclosure)

Approval *Sarah Jones*

For Approval

Item 03.0 - Council of Governors Meeting - Public - Minutes - 13.05.2026 - Chair Approved.pdf (11 pages)

17:05 - 17:05
0 min

4. Matters arising (verbal)

Sarah Jones

For Discussion

17:05 - 17:05
0 min

5. Action log (enclosure)

Discussion *Sarah Jones*

For Discussion

Item 05.0 - Council of Governors - Public Action Log - for July 2026.pdf (5 pages)

Governor Feedback and Involvement

17:05 - 17:10
5 min

6. Issues and Questions from Communities (verbal)

Discussion *Governors*

For Discussion

Good Governance

17:10 - 17:40
30 min

7. Alert, Advise, Assure and Decision report/Assurance Reporting (enclosures):

For Assurance

For

7.1. Audit Committee held 18 June 2026

Christopher James Malish

For Assurance

Item 07.1.0 - AAAD - Effective Oversight Escalation and Assurance - Audit Committee 18.06.2026 - Chair approved.pdf (3 pages)

7.2. Charitable Funds Committee held 25 June 2026

Sally Napper

For Assurance

Item 07.2.0 - AAAD - Effective Oversight Escalation and Assurance CFC 25 June 2026 - Chair Approved.pdf (2 pages)

7.3. Finance and Performance Committee held 27 May 2026 and 22 July 2026

Cleveland Henry

For Assurance

Item 07.3.0-AAAD - Effective Oversight Escalation and Assurance - FPC May 2026 CHAIR EXEC APP.pdf (3 pages)
Item 07.3.1 - AAAD - Effective Oversight Escalation and Assurance - FPC 22 July 2026 CHAIR EXEC APP.pdf (3 pages)

7.4. Mental Health Legislation Committee held 21 May 2026 & 16 July 2026

Warren Brown

For Assurance

Item 07.4.0 -AAAD - Effective Oversight Escalation and Assurance - 21 May 2026 - Chair Approved.pdf (3 pages)
Item 07.4.1 - AAAD Effective Oversight Escalation and Assurance MHLC 16 July 2026 CHAIR EXEC APP.pdf (2 pages)

7.5. People and Culture Committee held 21 May 2026 and 18 June 2026

Mark Rawcliffe

For Assurance

Item 07.5.0 - AAAD - Effective Oversight Escalation and Assurance - PCC May 2026 RATIFIED.pdf (3 pages)
Item 07.5.1 - AAAD - Effective Oversight Escalation and Assurance - PCC June EXEC CHAIR APP.pdf (3 pages)

7.6. Quality and Safety Committee held 20 May 2026, 17 June 2026 & 15 July 2026

Alyson McGregor

For Assurance

Item 07.6.0 - AAAD - Effective Oversight Escalation and Assurance - QSC May 2026 - Chair approved.pdf (3 pages)
Item 07.6.1 - AAAD - Effective Oversight Escalation and Assurance - QSC June 2026 - Chair Approved.pdf (2 pages)
Item 07.6.2 - AAAD - Effective Oversight Escalation and Assurance - QSC July 2026 - Chair Approved V1.1.pdf (3 pages)

Best Quality Services

17:40 - 17:45
5 min

8. Freedom to Speak Up Guardian Report (enclosure)

For Assurance *Rebecca Wixey*

For Assurance

Item 08.0 - Freedom to Speak Up Guardian Annual Activity Report - July 2026.pdf (15 pages)

Strategy and partnerships

17:45 - 17:50
5 min

9. Chair's Report (enclosure)

Sarah Jones

For Assurance

- Item 09.0.0 - Chair's report for CoG 29 July 2026 final document.pdf (3 pages)
- Item 09.0.1 - Appendix 1 - Chair's Report.pdf (2 pages)

17:50 - 17:55
5 min

Break (5:50 – 5.55pm)

17:55 - 18:05
10 min

10. Update on NHS structural changes (enclosure)

For Assurance *Therese Patten*

For Assurance

- Item 10.0 - Update on NHS Structural Changes - 29 July CoG.pdf (8 pages)

Good Governance

18:05 - 18:15
10 min

11.

11.1. Governance Report

Rachel Trawally

For Assurance

- Fit and Proper Person Process
- The NHS Modernisation Bill
- Governor Involvement
- Council of Governors Development Work
- Training and Role Delivery

- Item 11.1 - Governance Report - Public Council of Governors - 29 July 2026 v.1.3.pdf (9 pages)

11.2. Well Led Report (enclosure)

For Assurance *Fran Stead*

- Item 11.2.0 -2026.07 - Well Led Development Plan (002).pdf (11 pages)
- Item 11.2.1 - Appendix 1 - Well Led Effectiveness reviews.pdf (1 pages)

Best Use of Resources

18:15 - 18:15
0 min

12. Operational and Financial Performance inc. National Oversight Framework Update (enclosure)

For Assurance *Claire Risdon & Kelly Barker*

For Assurance

- Item 12.0.0 - CoG Performance Report Cover Sheet - July 2026 FINAL.pdf (6 pages)
- Item 12.0.1 - ISPQR - June 2026 (May Data) FINAL.pdf (60 pages)

Good Governance

18:15 - 18:25
10 min

13. Council of Governors Annual Work Plan (enclosure)

For Information *For Information*

Item 13.0 - Council of Governors Annual Work Plan 2026-27.pdf (1 pages)

18:25 - 18:30
5 min

14. Any other business (verbal)

Discussion *Sarah Jones*

18:30 - 18:30
0 min

15. Meeting evaluation (verbal) Was the meeting conducted in line with the Trust values?

Discussion

Date of the Next Meeting: 11 November 2026. Final details to be confirmed by Corporate Governance

Council of Governors – held in public

Date: Thursday 29 July 2026

Time: 17:00-18:30

Venue: Meeting to be held on Microsoft Teams

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	-
	4	**Minutes of the previous meeting held on 13 May 2026** (enclosure)	S Jones	For Approval	-
	5	**Matters arising** (verbal)	S Jones	For Discussion	
	6	**Action log** (enclosure)	S Jones	For Discussion	

Governor Feedback and Involvement

All	7	**Issues and Questions from Communities** (verbal)	Governors	For Discussion	5.05pm

Good Governance

	8	**Alert, Advise, Assure and Decision report/Assurance Reporting** (enclosures):		For Assurance	5.10pm

CG		**8.1 Audit Committee held 18 June 2026** **8.2 Charitable Funds Committee held 25 June 2026** **8.3 Finance and Performance Committee held 27 May 2026 and 22 July 2026** **8.4 Mental Health Legislation Committee held 21 May 2026 & 16 July 2026** **8.5 People and Culture Committee held 21 May 2026 and 18 June 2026** **8.6 Quality and Safety Committee held 20 May 2026, 17 June 2026 & 15 July 2026**	**C Malish** **S Napper** **C Henry** **W Brown** **M Rawcliffe** **A McGregor**		

Best Quality Services

BQS	9	**Freedom to Speak Up Guardian Report (enclosure)**	Rebecca Wixey	For Assurance	5.40pm

Strategy and partnerships

All	**10**	**Chair's Report** (enclosure)	**S Jones**	**For Assurance**	**5.45pm**

Break (5:50 – 5.55pm)

BP	11	**Update on NHS structural changes** (enclosure)	**T Patten**	**For Assurance**	**5.55pm**

Good Governance

CG	12	**12. 1 Governance Report** (enclosure) • **Fit and Proper Person Process** • **The NHS Modernisation Bill** • **Governor Involvement** • **Council of Governors Development Work** • **Training and Role Delivery** **12.2 Well Led Report** (enclosure)	**R Trawally** **F Stead**	**For Assurance** **For Assurance**	**6.05pm**

Best Use of Resources

BUoR	**13**	**Operational and Financial Performance inc. National Oversight Framework Update** (enclosure)	**Claire Risdon / K Barker**	**For Assurance**	**6.15pm**

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	**Meeting evaluation** (verbal) **Was the meeting conducted in line with the Trust values?**	**S Jones**	**For Discussion**	**-**

Date of the Next Meeting: 11 November 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**

Start time	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 is already in the public domain – this does not includ	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 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	Nome	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
17/02/2026 09:27	James Hobson	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
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
Awaiting Submission	Cllr Jayne Morgan	Awaiting Submission	Awaiting Submission	Awaiting Submission	Awaiting Submission	Awaiting Submission	Awaiting Submission	Awaiting Submission	Awaiting Submission

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

Agenda item

03.0

Members present in person:	Sarah Jones	Chair in Common
	Hitesh Govan	Public Governor: Bradford South
	Mike Lodge	Public Governor: Rest of England & Lead Governor
	Trevor Ramsay	Public Governor: Bradford West
Members present on MS Teams:	Councillor Andy Brown	Appointed Governor: North Yorkshire Council
	Umar Ghafoor	Public Governor: Bradford South
	Masira Hans	Appointed Governor: Hope and Light *(item 1 – 11.0)*
	Terry Henry	Staff Governor: Non-Clinical
	David Hesford	Staff Governor: Clinical *(item 1 – 12.0)*
	James Hobson	Public Governor: Keighley *(item 1 – 12.0)*
	Robert James	Appointed Governor: Bradford University
	Aidan Jones	Staff Governor: Non-Clinical *(item 1 – 10.0)*
In attendance in person:	Holly Close	Corporate Governance Officer (Secretariat)
	Chris Dixon	Deputy Director of Nursing and Professions
	Fran Stead	Trust Secretary
	Rachel Trawally	Corporate Governance Manager and Deputy Trust Secretary
	Dr Sal Uka	Chief Medical Officer
In attendance on MS Teams:	Warren Brown	Non-Executive Director *(item 1 – 10.0)*
	Bob Champion	Chief People Officer
	Cleveland Henry	Non-Executive Director
	Alix Jeavons	Deputy Director of Operations
	Chris Malish	Non-Executive Director
	Alyson McGregor, MBE	Non-Executive Director
	Sally Napper	Non-Executive Director and Senior Independent Director
	Farhan Rafiq	Director of Transformation, Improvement & Productivity *(item 1 – 10.0)*
	Mark Rawcliffe	Non-Executive Director & Deputy Chair of the Trust
	Claire Risdon	Operational Director of Finance
	Tim Rycroft	Chief Information Officer *(item 1 – 13.0)*
Apologies:	Mufeed Ansari	Public Governor: Bradford East
	Kelly Barker	Chief Operating Officer
	Deborah Buxton	Appointed Governor: Barnardo's

Councillor Debbie Davies	Appointed Governor: Bradford University
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
Therese Patten	Chief Executive Officer

MINUTES

Item	Discussion	Action
001	**Apologies for absence & confirmation of quoracy** (agenda item 1) The Chair, S Jones, opened the hybrid meeting. They introduced themselves as the new Chair in Common, noting that the role spans two Trusts: Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust. It was noted that the appointment commenced at the beginning of March for an initial 12 month period, subject to review. Apologies were received from several members. The meeting was quorate.	
002	**Declarations of Interest** (agenda item 2) The Chair declared that they were Chair of Airedale NHS Foundation Trust and also served as Chair in Common of the organisation. No other declarations of conflicts of interest were made.	
003	**Minutes of the Council of Governors' meeting held on 19 February 2026** (agenda item 3) The minutes of the Council of Governors meeting held on 19 February 2026 was approved as an accurate record.	
004	**Matters Arising** (agenda item 4) There were no matters arising that were not already included in the action log or scheduled for discussion on the agenda.	
005	**Action Log** (agenda item 5) **The Council of Governors:** • **noted the contents of the action log.** • **agreed to close the actions that had been listed as completed; and noted that no actions were overdue, and no further actions were required associated with the contents of the log**	
006	**Issues and Questions from Communities** (agenda item 6)	

Item	Discussion	Action
	No questions or issues had been received from the community for this meeting.	
007	**Alert, Advise, Assure and Decision report/Assurance Reporting: Audit Committee held 26 March 2026** (agenda item 7.1) C Malish, Non-Executive Director reported on the Audit Committee meeting held on 26 March. Audit actions were being closed regularly, with some improvement required in timeliness and evidencing. The Board Assurance Framework received limited assurance; however, actions were in place to address this by year end with no expected impact on the overall opinion. Positive assurance was noted across the Strategic Assurance Report, losses and special payments, and the external audit update, with no significant risks identified. Overall performance was satisfactory. M Lodge, Public Governor: Rest of England and Lead Governor shared a reflection on the need to strengthen Governor observers at Committees and welcomes C Henry, Non-Executive Director to their first Council of Governors meeting. **The Council of Governors noted the contents of the Audit Committee**	
008	**Alert, Advise, Assure and Decision report/Assurance Reporting: Charitable Funds Committee held 19 February 2026** (agenda item 7.2) M Rawcliffe, Non-Executive Director reported on the Charitable Funds Committee meeting of 19 February. The charity was noted to be in a strong position, with a more diverse fundraising approach. Governors were encouraged to become involved in charitable activities, with further information on events to be circulated. It was noted that the Sovereign Fund may be broadened due to low utilisation, and that the Committee had approved moving to NHS Charities Together for the Trust's lottery for improved governance and efficiency. M Lodge fed back that they would be involved with helping at the Golf charity day. **The Council of Governors noted the contents of the Charitable Funds Committee AAAD.**	
009	**Alert, Advise, Assure and Decision report/Assurance Reporting: Finance and Performance Committee held 25 March 2026** (agenda item 7.3) M Rawcliffe reported on the Committee meeting held on 25 March.	

Item	Discussion	Action
	Ongoing system pressures in acute mental health services, particularly out of area placements, and wider financial challenges were noted, with some improvement reported through system-wide action. Assurance was received that financial plans for 2026 to 2027 appropriately reflected known risks. Further assurance was provided on the strength of financial controls, progress in digital and data programmes, and that capital and strategic programmes were on track. H Govan, Public Governor: Bradford South questioned how advanced the digital and data initiatives were and how confident the Trust was that they would come to fruition. M Rawcliffe reported improved data accuracy and a more cohesive digital approach, noting that tools such as co-pilot were increasing capacity, though benefits were not always immediately cash-releasing. F Rafiq, Director of Transformation, Improvement and Productivity outlined the move to a more structured, programme-based approach aligned to strategy, focusing on reducing administrative burden through technologies such as patient engagement platforms and ambient voice tools. T Rycroft, Chief Information Officer highlighted increased uptake of digital platforms and the shift from paper to digital communication, with associated productivity benefits and additional funding secured. It was noted that efficiency gains were evident, although not always immediately quantifiable financially. E Walgrove, Public Governor: Bradford South, raised concerns regarding communication and public awareness of digital tools, such as the 'Patient Knows Best App' noting the importance of clear introduction and engagement approaches to support uptake. J Hobson, Public Governor: Keighley then highlighted the importance of digital inclusion, noting the need to ensure equitable access to digital tools, and referenced partnership working to support access to devices, connectivity and wider community engagement. **The Council of Governors noted the contents of the Finance and Performance Committee AAAD.**	
010	**Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 19 March 2026** (agenda item 7.4) W Brown, Non-Executive Director reported on the Mental Health Legislation Committee meeting held on 19 March and noted this was their first meeting as Chair. No alerts were raised. Three Associate Hospital Managers had been recruited, with further recruitment planned and assurance was received on progress with the Patient and Carer Race Equality Framework, reduced use of holds, and preparations for the new Mental Health Act. CQC visits indicated improvement.	

Item	Discussion	Action
	It was noted that the Mental Capacity Act function was stabilising and the Well-Led plan was on track. The Committee also reviewed its Terms of Reference and completed an effectiveness review, noting positive outcomes with some lessons identified. **The Council of Governors noted the contents of the Mental Health Legislation Committee AAAD.**	
011	**Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 19 March 2026** (agenda item 7.5) M Rawcliffe reported on the People and Culture Committee meeting held on 19 March. Alerts were raised regarding the national pay award and associated union dissatisfaction, and sickness absence levels above seven per cent, particularly in 24/7 services, with further support measures planned. Advice was provided on employment tribunal cases, which were being well managed. A review of model rostering was requested, alongside continued focus on workforce pressures, sexual safety, and pay gap data. Assurance was received that vacancy rates were below four per cent and employee relations caseloads were at a four-year low. M Lodge queried oversight of sickness absence and its impact on quality and safety and whether reporting and committee structures ensured appropriate coverage without duplication. F Stead, Trust Secretary confirmed that work plans were actively managed to ensure alignment across committees, avoid duplication, and address any gaps, with joint committees used where appropriate. **The Council of Governors noted the contents of the People and Culture Committee AAAD.**	
012	**Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 18 March 2026 & 15 April 2026** (agenda item 7.6) It was noted that the Chair of the Quality Committee was not in attendance, and S Napper, Non-Executive Director and Senior Independent Director would provide an update from the most recent meetings. No new alerts were reported from the latest meeting; however, ongoing risks were highlighted, including workforce capacity pressures impacting service delivery. In particular, concerns were noted regarding deferred visits in community and district nursing, linked to staffing shortfalls and demand pressures. Wider challenges relating to demand, capacity and inequitable	

Item	Discussion	Action
	access to services were also highlighted, with further work underway to address these issues. Additional assurance was provided that work was progressing through the safe staffing group, including development of a paper to support deeper understanding of workforce pressures and associated risks. R James, Appointed Governor: Bradford University raised a query regarding the apparent reduction in alerts between reporting cycles. F Stead clarified that the Committee operated a bi-monthly cycle, with topics revisited in depth, which could result in variations in reporting between meetings. R James suggested that reporting could be enhanced to provide greater clarity and continuity between meetings. It was also emphasised that assurance reporting should clearly demonstrate evidence of impact. **It was agreed that consideration would be given to strengthening the detail within future reports to improve clarity.** M Lodge expressed interest in receiving further detail on out of area placements outside of the meeting. S Napper reflected that a strong paper on out of area placements had been presented and could be shared more widely. **The Council of Governors noted the contents Quality and Safety Committee AAAD.**	**FS**
013	**Chair's Report** (agenda item 8) The Chair's report was noted and taken as read. Thanks, were formally recorded to departing Non-Executive Directors. C Henry, Non Executive Director and W Brown provided backgrounds on their careers and were welcomed to the Board. Thanks, were also recorded to Councillor Khan, Appointed Governor for Bradford Council, who had not been re-elected in the recent Bradford Council elections. **It was confirmed that a letter of appreciation would be sent to acknowledge her contribution.** The meeting noted the forthcoming departure of B Champion, Chief People Officer who was thanked for their contribution. It was then confirmed that objectives had been set for all Non-Executive Directors. **The Council of Governors noted the continuing engagement that has taken place with external partners, internally at the Trust, and with the Board of Directors.**	**CGT**
014	**Place Strategic Ambition** (agenda item 9)	

Item	Discussion	Action
	F Rafiq presented the joint strategic ambition, noting it had been developed by Chairs and Chief Executives of three NHS organisations as a high-level statement to guide collaboration over the next five years. It was emphasised that the ambition was not a detailed plan, but a shared direction to support alignment, resource use and joint working in response to system pressures. It was noted that the ambition focused on delivering more care closer to home, improving outcomes and reducing inequalities, making better use of resources, and strengthening system-wide working. The ambition would inform individual organisational strategies and be monitored through existing governance arrangements. In discussion, T Ramsay, Public Governor: Bradford West sought clarity on how service users and partners, including the voluntary sector and primary care, would be involved. It was confirmed that wider partnership working took place through system forums, and that approaches to engagement, including a citizens' voice forum, were still developing. M Lodge sough further clarification on why Primary Care networks were not involved within the ambition. S Jones explained that the ambition related specifically to alignment between the three NHS trusts, alongside broader system structures. It was acknowledged that these arrangements were complex and evolving, and further updates would be provided. **It was also agreed that the Act as One Governance Framework would be shared to provide further clarity.** C. Risdon, Operational Director of Finance advised that the place provider partnership arrangements were still evolving locally and across the wider system, with some elements remaining unclear at this stage. **They suggested that a future agenda item or dedicated session would support Governors' understanding, and proposed inviting Mike Woodhead, system lead to provide a more detailed overview as arrangements develop.** The Chair noted the complexity of the current system landscape and emphasised the need to clearly set out the wider context, linking the various structures and partnerships together to support understanding. They proposed that a more comprehensive overview, bringing together the different elements of the system architecture, be presented to a future meeting. **It was agreed that this would be brought back to the July Council of Governors to provide additional clarity.** T Govan highlighted the importance of clear pathways for service users and improving understanding of how to access services across the system. It was noted that this would require further development as system working matured.	**CGT** **CGT** **CGT**

Item	Discussion	Action
	The Council of Governors noted the Joint Strategic Ambition and its role in shaping the Trust's future strategic direction and partnership working across Bradford District and Craven.	
015	**Governance Report** (agenda item 10) R Trawally, Corporate Governance Manager and Deputy Trust Secretary presented the Governance Report, highlighting key updates and opportunities for Governor involvement. Governors were invited to observe upcoming committee meetings and participate in volunteering opportunities, including the Trust open day and Trust Welcome sessions. Further opportunities to engage in strategy development, the Annual Members' Meeting, and a forthcoming Governor membership strategy working group were also noted. It was reported that the Council of Governors effectiveness review had been completed, with findings to be incorporated into the Well-Led Development Plan. Updates were also provided on Governor training, and the review of the Governor job description and Terms of Reference for the Council of Governors' Nomination and Remuneration Committee. The Governors then formally approved the updated Governor job description and Terms of Reference. F Stead then provided an update on the Well-Led Development Plan, noting that actions from the effectiveness review would be incorporated and **that evidence of delivery would be shared with Governors ahead of the next meeting**. It was confirmed that work was progressing to move from delivery to embedding and evaluating impact. An update was also provided on the governance framework for the Chair in Common arrangement, developed jointly with partner organisations. It was noted that the framework reflected existing governance processes and had been developed collaboratively, including benchmarking. The governance framework was formally approved by the Council of Governors. **The Council of Governors:** • **Approved the Chair in Common Governance Framework** • **Approved the changes to the Governor Job Description and Terms of Reference for the Council of Governors Nomination and Remuneration Committee** • **Noted 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.** • **Noted the development of the bite-size Governor training programme** • **Noted the inclusion of the NHS Providers report *Navigating uncertainty around Councils of Governors – Considerations for governors and***	**FS**

Item	Discussion	Action
	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.**	
016	**Quality Account** (agenda item 11) C Dixon, Deputy Director of Nursing and Profession presented the draft Quality Account which was presented for information, outlining quality performance and priorities for the coming year. It was noted that the document would be shared for consultation prior to final approval and publication. In discussion, the scale of the report was acknowledged, with concerns raised regarding its accessibility for the public. The need for clearer communication of key messages was highlighted. The Chair suggested that future updates should include how the Quality Account was communicated more effectively to service users. **The Council of Governors noted the information provided within the report.**	
017	**Operational and Financial Performance** (agenda item 12) C Risdon presented a summary of financial performance, noting that the Trust had achieved its surplus target for 2025 to 2026 and ended the year in a strong financial position, with a healthy cash balance and increased capital investment. It was noted that a break-even plan had been agreed for 2026 to 2027, supported by significant efficiency savings, with early indications showing delivery on track. Key risks relating to out of area placements and temporary staffing were highlighted. A Jeavons, Deputy Director of Operations presented the operational performance update. Positive assurance was noted in relation to workforce metrics, including vacancy reduction, improved appraisal rates, and reduced agency usage. Patient experience remained strong, with high satisfaction scores and progress in equality initiatives. However, challenges remained in relation to out of area placements, waiting times, and length of stay, with ongoing improvement work in place. E Walgrove raised a query regarding complaints related to waiting times and whether actions were taken where concerns remained unresolved. It was confirmed that complaints were actively managed, with oversight through formal processes and ongoing monitoring of themes and outcomes. M Lodge raised a further point regarding the use of average length of stay measures and the importance of understanding outliers. It was confirmed that a range of data, including median and disaggregated analysis, was used to inform decision-making.	

Item	Discussion	Action
	R James highlighted the need to improve the clarity of graphs within reports**. It was confirmed that this would be addressed through ongoing work to redesign reporting formats.** **The Council of Governors considered the key points and exceptions highlighted and note the actions being taken.**	**FS**
018	**Staff Survey Update** (agenda item 13) B Champion presented the results of the 2025 National Staff Survey, noting it as a statutory annual exercise. The Trust achieved a 50 per cent response rate, slightly above the national average but below the sector benchmark. It was reported that results remained broadly unchanged from the previous year, with no significant shifts across themes. Improvements were noted in participation rates within previously disengaged areas. Key strengths included flexible working, recognition, and wellbeing, whilst learning and improvement was identified as an area for development. A revised approach to engagement was highlighted, including "World Café" events to support teams in understanding results and developing action plans. T Govan noted that the survey alone should not be relied upon as a measure of culture, and the importance of wider, ongoing engagement mechanisms was emphasised. In response, B Champion confirmed that additional approaches, including quarterly pulse surveys and team-level engagement activity, were being developed to provide more regular insight. **The Council of Governors:** • **noted the results presented, comment on issues arising, and** • **supported the proposed recommendations for ongoing analysis and response of the results, both corporately and locally, including monitoring actions arising**	
019	**Council of Governors Annual Work Plan** (agenda item 14) **The Council of Governors noted the contents of the annual work plan.**	
020	**Any Other Business** (agenda item 15) E Walgrove proposed inviting Involvement Partners to a future meeting to provide an overview of their role and contribution to the Trust. It was also suggested that an update on the patient safety partners be provided. **The proposal was supported and C Dixon agreed to take this forward.**	**CD**

Item	Discussion	Action
	E Walgrove also suggested a session on the Care Trust Way. **It was agreed that this would be added to a future agenda.** No other business was raised.	**CGT**
021	**Comments from public observers** (agenda item 16) There were no comments from public observers.	
022	**Meeting Evaluation** (agenda item 17) A discussion took place to evaluate the meeting in line with the commitment for continuous improvement within the Trust. The Chair considered the meeting to have been carried out in line with Trust values and closed the meeting. Attendees confirmed that the meeting had been conducted openly and that sufficient opportunity had been provided for participation. The meeting closed at 18:35.	
These minutes were prepared with the assistance of AI tools and reviewed by the Corporate Governance Officer and the Chair for accuracy and completeness.		

Action Log for the Council of Governors Public Meeting for July 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. 13/05/2026	**Alert, Advise, Assure and Decision report/Assurance Reporting: Quality and Safety Committee held 18 March 2026 & 15 April 2026** **The Trust Secretary** to consider how future reports can be strengthened to improve clarity and continuity between meetings, including clearer demonstration of assurance and evidence of impact.	F Stead	November 2026	**Action ongoing:** This will be linked to the Integrated Governance Guide refresh.
2. 13/05/2026	**Chair's Report** **The Corporate Governance Team to** coordinate sending a letter of thanks to Cllr Sabiya Khan.	CGT	July 2026	**The Council of Governors is asked to consider this action closed.** Letter of thanks sent to Cllr Khan on 13 May 2026.
3. 13/05/2026	**Place Strategic Ambition** **The Corporate Governance Team to** share the Act as One Governance Framework with Governors	CGT	July 2026	**The Council of Governors is asked to consider this action closed.** Framework has been shared with the Governors on 2 June 2026.
4. 13/05/2026	**Place Strategic Ambition** **The Corporate Governance Team to** plan a dedicated session on the place provider	CGT	July 2026	**The Council of Governors is asked to consider this action closed.** Item has been

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**
	partnership arrangements and invite Mike Woodhead, system lead to provide a more detailed overview as arrangements develop.			added to the forward planner for the Council of Governor meetings.
5. 13/05/2026	**Place Strategic Ambition** **The Corporate Governance Team to** schedule a comprehensive overview of the system architecture to July's meetings.	CGT	July 2026	**The Council of Governors is asked to consider this action closed.** Item has been added to the agenda for July's meeting.
6. 13/05/2026	**Governance Report** **The Trust Secretary** to share updated Well Led report with Governors that incorporates evidence of delivery ahead of the next Council of Governors meeting	F Stead	July 2026	**The Council of Governors is asked to consider this action closed.** This will be presented at the meeting on 29 July 2026.
7. 13/05/2026	**Operational and Financial Performance** **The Trust Secretary** to feed into discussions the need to improve the clarity of graphs within reports particularly related to performance data.	F Stead	July 2026	**The Council of Governors is asked to consider this action closed.** This has been shared with the relevant leads for consideration.
8. 13/05/2026	**Any Other Business** **The Deputy Director of Nursing and Professions** to organise a session on Involvement Partners and their role and	C Dixon	November 2026	**The Council of Governors is asked to consider this action closed.** Session to be presented at November's meeting, once new policy has been implemented.

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**
	contribution to the trust and also incorporate an update on patient safety partners			
9. 13/05/2026	**Any Other Business** **The Corporate Governance Team** to organise a session on the Care Trust Way for Governors at a future meeting.	CGT	July 2026	**The Council of Governors is asked to consider this action closed.** Item has been added to the forward planner for future meetings.

Actions closed at the last meeting				
Action Log Reference	**Action (including the title of the paper that generated the action)**	**Person who will complete the action**	**Meeting to be brought back to / Date to be completed by**	**Update report - comments**
10/12/2025	Alert, Advise, Assure and Decision report/Assurance Reporting: People and Culture Committee held 17 July 2025 & 18 September 2025 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.	B Champion	February May 2026	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.
19/02/2026	Alert, Advise, Assure and Decision report/Assurance Reporting: Mental Health Legislation Committee held 22 January 2026 The Corporate Governance Team to plan a dedicated session for Governors on the changes to the Mental Health Legislation Act	Corporate Governance Team	July 2026	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.
19/02/2026	Chairs Report The Chief Executive Officer to bring an update to the Council of Governors on the consultation outcome of the Integrated Care Board	T Patten	July 2026	The Council of Governors is asked to consider this action closed. Item has been scheduled for July's CoG Meeting.

19/02/2026	**Governance Report** **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.**
19/02/2026	**Governance Report** **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**

Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors**	**Meeting date:**	
Report from:	**Audit Committee**	**Meeting date:**	**18 June 2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Chris Malish, Sally Napper		
In attendance	Fran Stead, Rachel Trawally, Helen Higgs, Leanne Sobratee, Salma Younis, Mike Woodhead, Chris Smith, Sarah Jones, Steve Moss		
Governor	Robert James (Governor)		
Apologies	Apologies were noted from Claire Risdon, Lee Swift		
Good Governance	Governance, accountability, and effective oversight		**GG**
Agenda items	• Strategic Assurance Reports: Organisational Compliance and High Risk Report & Well Led Development Plan Action • Annual Report & Annual Governance Statement (2025/26) • Audited Annual Accounts 2025/26 • External Audit: ISA 260 Audit Opinion • External Audit: Letter of Representation • External Audit: Annual Audit • Review of Losses & Special Payments • Waiver of Standing Orders & Standing Financial Instructions • Proposed Write Off of Outstanding Debt • Internal Audit: Annual Report • Internal Audit: Follow up reports • Internal Audit: Progress report • Missing Tablet Update • Internal Audit: Follow Up Report • Local Counter Fraud: Local Counter Fraud: Annual Work Plan and Annual Risk Assessment • Local Counter Fraud: Counter Fraud Annual Report • Terms of Reference • Alert, Advise, Assure and Decision Report to Board of Directors		
Alert items agreed by Committee	• Emerging risk noted: Capital development risk (Lynfield Mount) highlighted via the External Audit (ISA 260), requiring continued oversight.		
Advise items agreed by Committee	The Committee noted and provided advice on the following: • Strategic Assurance Reporting: Ongoing refinement of the strategic risk assurance report was recognised as positive. • Continued development and evolution of the reporting approach supported.		

	• External Audit (ISA 260): Clean audit opinion received. • Committee noted emerging risks relating to capital developments (Lynfield Mount). • Letter of Representation & Auditor's Annual Report • Internal Audit Opinion: Positive overall opinion acknowledged. • Internal Audit Plan (2026–27). • Counter Fraud Annual Report
Assure items agreed by Committee	The Committee received assurance from multiple sources: • Monitoring of the Well Led Development Plan. • Internal Audit: Positive annual opinion confirming effective internal controls, including Head of Audit Opinion as 'significant' • Evidence of actions being progressed and closed in a timely manner. • External Audit: Clean & un-qualified audit opinion on financial statements. • No significant weaknesses identified. • Governance & Financial Controls Review of: - Special payments - Waivers of Standing Orders / Standing Financial Instructions (2 reported) - No outstanding debt write-offs • These processes were functioning appropriately. • Collectively, these provided strong triangulated assurance across governance, risk, and financial reporting arrangements.
Decisions made by Committee	• Approved minutes and AAAD. • Strategic Assurance Reports: Organisational Compliance and High Risk Report & Well Led Development Plan Action. • Annual Report and Annual Governance Statement: Approved by the Committee and recommended to Board for final approval. • Audited Annual Accounts (2025–26): Approved by the Committee and recommended to Board for sign-off. • Extension Requests (Well-Led Development Plan): Approved by the Committee. These related to requests for additional time on actions due to: Board personnel changes • Completion of Phase 1 Well-Led Actions: Approved closure of actions where sufficient evidence was provided. • Internal Audit Plan (Updated). • Approved (reprofiled plan) to reflect: Reduction in number of Audit Committee meetings
New risks identified by Committee	• No New risks identified
Feedback following discussion at 'parent' meeting	

Report completed by	Nazmeen Khan – Corporate Governance Officer	**Date**	**22.06.2026**
On Behalf of Chair	**Chris Malish, Non-Executive Director**		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors (Public)**	**Meeting date:**	**TBC**
Report from:	**Charitable Funds Committee**	**Meeting date:**	**25.06.2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Sally Napper (Chair), Sarah Jones, Mike Woodhead		
In attendance	Kelly Barker Catherine Jowitt, Nazmeen Khan, Chris Smith, Laura Whitam.		
Observers	N/A		
Apologies	No apologies		

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)	• Charity Risk Register • Charity Strategic Update • Charity Grant Applications • Hospital Rooms Proposal • Committee Annual Effectiveness reviews • Terms of reference • Confirmation of Escalation Reporting • Workplan 2026/27 • Any Other Business
Alert items agreed by Committee	• The Committee discussed the Hospital Rooms proposal (Lynfield Mount) and noted: The significant financial value and associated risk, including the requirement to underwrite any funding shortfall. Concerns regarding value for money, particularly in relation to the overall cost of the programme. Potential impact on wider charity fundraising activity, with a risk that focus on the appeal could reduce income for other charitable priorities. The need to consider this as a financial risk within Finance Committee reporting. It was agreed that an application (Option 3) would be submitted to maintain the opportunity, with further detail and assurance to be provided before any formal commitment.
Advise items agreed by Committee	The Committee noted: • A positive increase in income over the last 12 months, driven by grants and fundraising activity, alongside robust plans in place for 2026–27. • A reduction in staff engagement at some events was highlighted. Work is underway to explore new approaches to engaging staff, particularly newer colleagues.

	• It was recognised that there is effective communication with staff through team meetings, which continues to support engagement. The Committee advised the need to: • Increase wider community engagement, particularly through enhanced use of social media channels, with plans in development. • Progress the development of a formal reserves policy. • Review and strengthen the grant funding process and associated policy. These areas will be brought back to the October meeting for further consideration.
Assure items agreed by Committee	The Committee was assured that: • All previous risk items have been closed, with no live risks currently reported. • There had been an increase in applications for charitable funds, indicating improved awareness and utilisation of the fund. • The Committee acknowledged that, alongside this increase, there are emerging challenges regarding the suitability and nature of some requests, which will require ongoing monitoring. • The Annual Governance Report. • The review of the Terms of Reference, confirming continued alignment with governance requirements.
Decisions made by Committee	The Committee was quorate, the following items were approved by members within the meeting. • 19 February 2026 Minutes • 19 February 2026 AAAD • Submitting the application now to meet the deadline, while Deferring any binding decision until additional detail has been reviewed via follow-up (likely outside the meeting cycle).
New risks identified by Committee	No items were raised.
Items to be considered by other Committees/Groups	No items were raised.
Feedback following discussion at 'parent' meeting	No items were raised
Report completed by	Nazmeen Khan Corporate Governance Officer — **Date** 25.06.2026
On Behalf of Chair	Sally Napper, Non-Executive Director

Close, Holly
23/07/2026 09:42:36

Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors**	**Meeting date:**	**TBC**
Report from:	**Finance & Performance Committee**	**Meeting date:**	**27/05/26**
Quorate?	**Yes ☒** **No ☐**		
Members present	Cleveland Henry (Chair/NED) Mark Rawcliffe (NED), Warren Brown (NED), Kelly Barker, Mike Woodhead, Bob Champion, Dr Sal Uka.		
In attendance	Jess Greenwood-Owens (Secretary), Clare Risdon, Catherine Sunter, Holly Close.		
Observers	N/A		
Apologies	Fran Stead, Rachel Trawally, Philippa Hubbard, Therese Patten, Tim Rycroft, Farhan Rafiq, Chris Dixon.		
Best Quality Services	**Theme 3** – Improving the experience of people using our services		**BQS:T3**
Agenda items	• Apologies for absence and confirmation of quoracy • Declarations of conflicts of interest • Trust risk appetite • Minutes of the previous meeting and AAAD report • Matters arising • Action log • Integrated Strategic Performance Report • AAAD: Senior Leadership Team Care Group Accountability Meeting • Organisational Sustainability Board update • Finance report (including capital expenditure) • Data quality update • NHS Oversight Framework (NOF) update • Contracts update • Lynfield Mount Hospital redevelopment update • Lynfield Mount Hospital Terms of Reference (Project Delivery Group and Project Board) • Place Provider Partnership due diligence • Well-Led implementation plan update • Strategic Risk Assurance Report • Annual workplan 2026–27 • Somerset surplus asset declaration • Confirmation of escalation reporting (including AAAA reporting to Board) • Any other business • Meeting evaluation		

Alert items agreed by Committee	• Ongoing pressures in access and flow were highlighted, impacting operational delivery and financial performance. • CIP delivery risk remained significant, with Month 1 performance below plan and further mitigations required across the year. • Workforce pressures, temporary staffing, and data quality issues continued to present risks to delivery. • Operational volatility, particularly within out of area placements and inpatient flow, was highlighted, with early variance in Month 1 and ongoing dependency on system capacity. • System constraints, including limited specialist housing provision, community capacity pressures, and delays in multi-agency decision-making, continued to impact discharge flow and pathway resilience.
Advise items agreed by Committee	• Continued focus was advised on strengthening delivery confidence, including improved forecasting, risk tracking, and mitigation planning through OSPB. • Importance was placed on maintaining quality and patient safety alongside financial recovery. • Need to improve data quality and reduce administrative burden to support performance and decision-making was highlighted. • Further system-level work required to address flow constraints and build sustainable pathway capacity.
Assure items agreed by Committee	• Financial performance at Month 1 remained broadly on plan, with a forecast breakeven position. • Robust oversight through OSPB was in place, with active management of risks and delivery plans. • Mitigating actions and improvement programmes were underway, with positive progress noted in flow, waits, and service performance. • Assurance was received on the NOF position and approach to managing evolving performance measures. • Operational performance improvements were noted, including reductions in clinically ready for discharge patients and improvements in discharge flow. Patient experience remained strong, with no increase in harm or complaints associated with out of area placements. Positive performance was also reported in urgent community response and key services, alongside the elimination of 52-week waits in some areas.
Decisions made by Committee 	**The Committee approved the following reports:** • Minutes of previous meeting and AAAD • Action log • Well-Led Implementation Plan – Update • Strategic Risk Report • Lynfield Mount Hospital Terms of Reference for the Project Delivery Group and Project Board.

	The Committee approved and recommended Board: • 2026/27 Cygnet contract to (contracts update) • Somerset Surplus Asset Disposal		
New risks identified by Committee	The risk report was presented to the Committee.		
Items to be considered by other Committees/Groups	N/A		
Feedback following discussion at 'parent' meeting	TBC		
Report completed by	Jess Greenwood-Owens Corporate Governance Officer	**Date**	27/05/2026
On Behalf of Chair	Cleveland Henry		

Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors**	**Meeting date:**	**TBC**
Report from:	**Finance & Performance Committee**	**Meeting date:**	**22/07/2026**
Quorate?	**Yes ☒** **No ☐**		
Members present	Cleveland Henry (Chair/NED) Mark Rawcliffe (NED), Warren Brown (NED), Kelly Barker, Mike Woodhead, Dr Sal Uka, Philippa Hubbard, Therese Patten, Tim Rycroft, Farhan Rafiq.		
In attendance	Jess Greenwood-Owens (Secretary), Clare Risdon, Rachel Trawally Timed business: Fran Stead, Alex Trigg		
Observers	N/A		
Apologies	Jo Harrison		

Best Quality Services	**Theme 3** – Improving the experience of people using our services	**BQS:T3**

Agenda items	• Apologies for absence & confirmation of quoracy • Declaration of any conflicts of interest • Trust Risk Appetite • Minutes of the previous meeting & AAAD report • Matters arising • Action log • Integrated Strategic Performance Report • AAAD: Senior Leadership Team Care Group Accountability Meeting • Organisational Sustainability Board Update • Finance Report (including Capital Expenditure) • National Cost Collection submission (pre and post submission) • NHS England Quarterly Finance submission • Data Quality Update • NOF – NHS Oversight Framework • Lynfield Mount Hospital Redevelopment Update • Project Board minutes • TPPSystmOne Contract Extension and Procurement • Fire Safety Annual Assurance Report • Health, Safety & Security Annual Assurance Report • Well-Led Implementation Plan – Update • Annual Workplan 2026-27: Finance & Performance Committee • Confirmation of Escalation Reporting • Any Other Business • Meeting Evaluation

Alert items agreed by Committee	• Financial risks had increased, with CIP delivery, out-of-area placements and savings targets remaining key concerns. • Community nursing capacity pressures. • Future NHS funding changes and data quality issues presented significant longer-term financial risk.
Advise items agreed by Committee	• A targeted recovery approach was required, focusing on the highest-risk savings programmes and stronger financial controls. • Clear ownership, timescales and accountability for recovery actions were requested. • Digital and automation opportunities should be accelerated to support productivity and financial recovery
Assure items agreed by Committee	• Strong performance continued in community services, talking therapies, waiting times and urgent community response. • Progress had been made in reducing delayed discharges and improving patient flow. • Data quality, digital transformation and National Oversight Framework performance had all improved. • Lynfield Mount remained on schedule and within budget • Fire safety and health and safety arrangements remained robust, supported by strong governance arrangements, high compliance rates, external accreditation and positive assurance from regulators.
Decisions made by Committee	**The Committee approved the following reports:** • Minutes and AAAD • Action log • Finance Report (including Capital Expenditure) • National Cost Collection submission (pre and post submission) • NHS England Quarterly Finance submission • Fire Safety Annual assurance report • Health, Safety & Security Annual Assurance Report
New risks identified by Committee	• Increased financial recovery risk due to CIP under-delivery, including ongoing out-of-area placement pressures and delivery risks across savings programmes. • Community nursing capacity pressures.
Items to be considered by other Committees/Groups	• Ongoing oversight of financial recovery actions through the Executive Management Team and Organisational Sustainability Programme Board. • Review of financial recovery progress and recovery actions at an additional Finance & Performance Committee meeting in August.
Feedback following discussion at 'parent' meeting	TBC

Report completed by	Corporate Governance Officer	**Date**	22/07/2026
On Behalf of Chair	Cleveland Henry		

Effective Oversight: Escalation and Assurance

NHS Bradford District Care NHS Foundation Trust

Report to:	**Board**	**Meeting date:**	**04/06/2026**
Report from:	**Mental Health Legislation Committee**	**Meeting date:**	**21/05/2026**
Quorate?	**Yes ☒ No ☐**		
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 item 07.0 – 10.0) • Therese Patten Chief Executive Officer (from item 01.0 – 07.0) • Sarah Jones Chair in Common • Alyson McGregor, MBE Non-Executive Director • Sal Uka, Chief Medical Director		
In attendance	• Holly Close Corporate Governance Officer (Secretariat) • 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 • Mary Litchfield Associate Hospital Manager • Baljit Kaur Nota LA Team Manager • Teresa O'Keefe Mental Health Act Advisor • Thabani Songo Head of Nursing – Mental Health • Jo Tiler Mental Capacity Act Clinical Lead • Rachel Trawally Corporate Governance Manager and Deputy Trust Secretary		
Observers	• Masira Hans Appointed Governor: Hope and Light (Observer)		
Apologies	Apologies from (members and attendees): • Dr Anita Brewin - Consultant Clinical Psychologist, Deputy Director of Professions (CPPO; Chief Psychological Professions Officer) • Chris Dixon – Deputy Director of Nursing and Professions • Fran Stead - Trust Secretary		
Best Quality Services	**Theme** 1 – Access and Flow		**BQS:T1**
	Theme 2 – Learning for improvement		**BQS:T2**
	Theme 3 – Improving the experience of people using our services		**BQS:T3**
Agenda items	• Risk Appetite Matrix • Minutes/AAAD of the Committee held on 22 January 2026		

	• Action Log • Mental Health Act 2025 Deep Dive • Feedback from Involvement Partners • Strategic Performance Report • Strategic Risk Report • Alert, Advise, Assure + Decision Report: Positive & Proactive Group • Associate Hospital Manager's Report • Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates) • Annual Report on the use of the Mental Health Act • Alert, Advise, Assure + Decision Report: Clinical Board • Well Led Implementation Plan • 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	• Associate Hospital Manager's Report – An alert was highlighted relating to parking constraints at Lynfield Mount Hospital (LMH) which could impact the delivery of Associate Hospital Manager hearings and tribunal processes, with potential implications for patient access and rights. The Committee agreed this issue warranted escalation to the Lynfield Mount redevelopment programme board for further consideration and mitigation and also the Board so that creative solutions might be considered around the location of hearings
Advise items agreed by Committee	• Strategic Performance Report – Concerns were raised regarding the quality of some clinical reports, noting that while measures for timeliness were in place, there was currently no formal metric to assess report quality. • Annual Report on the use of the Mental Health Act – The Committee was advised that there was a continued need to recruit additional Hospital Managers and noted a continued decline in appeals to Hospital Manager panels compared with tribunals. • Annual Report on the use of the Mental Health Act – Concerns were also raised regarding tribunal delays, which had resulted in some patients not receiving a hearing before discharge, and highlighted extended use of the Section 136 suite impacting availability.
Assure items agreed by Committee	• Mental Health Act 2025 Deep Dive – The Committee received a presentation on the difference between the Mental Health Act 1983 and 2025 and were assured that structured planning was underway for the implementation of the Mental Health Act 2025. • Strategic Performance Report – The Committee received assurance that overall performance remained strong, with all metrics above target.

	• Strategic Performance Report – The Committee received assurance that timeliness of reports to Hospital Managers had improved, with medical, nursing, and social circumstances reports near full compliance, whilst tribunal report performance, although less consistent, was improving and training compliance remained above the Trust's stretch target. • Strategic Risk Report – The Committee was assured that the 2026 strategic risks had been drafted, with ongoing development work to the reporting template introduced. • Alert, Advise, Assure + Decision Report: Positive & Proactive Group – Assurance was provided that there had been a reduction in incidents of violence and aggression. • Alert, Advise, Assure + Decision Report: Positive & Proactive Group – It was shared that there had been an increase in physical restraint, but this was attributed to specific areas particularly female wards where restraint was primarily used to prevent self-harm. • Well Led Development Plan – The Committee was assured that the Well Led Development Plan was evolving with further refinement planned throughout the year and via the annual effectiveness review. •		
Decisions made by Committee	• Item 04.0 – Mental Health Legislation Committee Minutes – 19 March 2026 • Item 04.0.1 – Effective Oversight Escalation and Assurance – 19 March 2026 • Item 11.0 – Associate Hospital Managers' Group Report • Item 13.0 – Mental Health Act Annual Activity Report • Item 15.0 – Well Led Development Plan		
New risks identified by Committee	• No significant new risks identified.		
Items to be considered by other Committees/Groups	• N/A		
Feedback following discussion at 'parent' meeting			
Report completed by	Senior Corporate Governance Officer & Executive Support Manager	**Date**	21/05/2026
On Behalf of Chair	Warren Brown		

Close Holly
23/07/2026 09:42:36

Effective Oversight: Escalation and Assurance

Bradford District Care
NHS Foundation Trust

Report to:	**Board held in Public**	**Meeting date:**	**23/07/2026**
Report from:	**Mental Health Legislation Committee**	**Meeting date:**	**16/07/2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Warren Brown (NED/Chair), Alyson McGregor (NED), Sarah Jones (Chair in common), Dr Sal Uka, Phillipa Hubbard, Kelly Barker		
In attendance	Mary Litchfield, Keith Double, Joanne Tiler, Simon Binns, Teresa Okeefe, Richard Cliff, Tricia George, Christopher Dixon, Rachel Trawally, Jess Greenwood-Owens Timed business: Mathew Cook, Gayle Smith		
Observers	Masira Hans (Governor: Hope and Light)		
Apologies	Karan Essien, Thabani Songo, Anita Brewin, Fran Stead, Bali Nota		

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

- Risk Appetite Matrix
- Minutes of the previous meeting and AAAD
- Matters Arising
- Action Log
- Learning from your Experience – Community Treatment Orders (CTOs)
- Mental Health Act 2025 Update
- Feedback from Involvement Partners
- Strategic Performance Report
- Ligature Risks Annual Report
- Associate Hospital Manager's Report
- Mental Capacity Act Update (including Liberty Protection Safeguards, Action Plan updates, Annual Report and Audit Results)
- CQC Mental Health Act Monitoring Review Visits
- Reduction in Restraint and Seclusion
- Alert, Advise, Assure + Decision Report: Clinical Board
- Well Led Implementation Plan
- Confirmation of Escalation Reporting, including: Confirming strategic priority assurance levels and Confirmation of Alert, Advise, Assure + Decision Reporting
- Mental Health Legislation Committee Annual Work Plan
- Any Other Business
- Meeting Evaluation

Alert items agreed by Committee	• A recent Supreme Court ruling relating to deprivation of liberty safeguards under the Mental Capacity Act overturned the established “acid test”, creating uncertainty regarding the future application of deprivation of liberty arrangements. The full impact on Trust services and patients had not yet been determined and further assessment work was underway.		
Advise items agreed by Committee	• An update was received on Community Treatment Orders (CTOs), including forthcoming Mental Health Act 2025 reforms, which are expected to strengthen safeguards, increase the threshold for compulsion and place greater emphasis on autonomy and therapeutic benefit. • Implementation guidance for the Mental Health Act 2025 remained awaited, with preparatory work continuing locally. • Physical restraint had reduced by 36% and seclusion by 55% over a four-year period through trauma-informed approaches, staff development and proactive interventions. • The Committee recognised the significant reduction in restrictive practice across inpatient services and agreed that this achievement should be highlighted to Board and considered for wider regional and national dissemination as an example of good practice.		
Assure items agreed by Committee	• Appropriate actions had been taken in response to a National Patient Safety Alert concerning ligature detection systems, with robust monitoring and governance arrangements remaining in place. • Compliance with key Mental Health Act processes and mandatory Mental Health Act and Mental Capacity Act training remained strong.		
Decisions made by Committee	The Committee approved: • Minutes and AAAD of previous meeting • Action log • Associate Hospital Managers Report.		
New risks identified by Committee	• There were no new risks identified.		
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**	16/07/2026
On Behalf of Chair	Warren Brown		

AAAD: Effective Oversight: Escalation and Assurance

NHS Bradford District Care NHS Foundation Trust

Report to:	**Board of Directors (Public)**	**Meeting date:**	**04/062026**
Report from:	**People and Culture Committee**	**Meeting date:**	**21/05/2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Mark Rawcliffe (Chair/NED), Sally Napper (NED), Bob Champion, Mike Woodhead, Phil Hubbard, Kelly Barker, Dr Sal Uka		
In attendance	Rachel Trawally, Jess Greenwood-Owens (Secretary), Dr. Anitha Mukundan, Michelle Holland, Lisa Wright, Fay Davies, Terence Calvert **Timed business:** Emma Stott, Claire Ingle, Danielle Stephenson, Fran Stead, Helen Farrar, Naomi Fernandez, Stuart Scarfe		
Observers	Aidan Jones (Governor).		
Apologies	Tim Rycroft, Farhan Rafiq, Paula Hanson, Therese Patten		

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	• Strategic Narrative Report • Integrated Strategic Performance Report (dashboard) • Recruitment Activity Update • Employee Relations Activity • Rostering Activity • Medical Workforce Report including 10 Point Plan • Staff Survey Results • Apprenticeship Levy Annual Report • Workforce Race Equality Standard Report (WRES) • Workforce Disability Equality Standard Report (WDES) • Alert, Advise, Assure + Decision AAA+D Reports • Well-Led Implementation Plan Update • Strategic Risks • Committee Workplan 2026–27
Alert items agreed by Committee	• Recruitment data showed disparity, with white candidates more likely to be appointed after shortlisting, and disproportionality remained in disciplinary processes for ethnically diverse staff. • Disabled staff reported higher levels of perceived bullying and harassment, particularly from colleagues and managers. • Sickness absence remained a key organisational risk requiring sustained improvement through cultural and management practice changes. • Data quality issues with the rostering system provider (RL Datix) has resulted in limited full assurance on workforce deployment.

	• A number of people-related policies were out of date and were undergoing review and risk assessment.
Advise items agreed by Committee	• Continued focus was required on leadership visibility and clear messaging should be promoted regarding equality, inclusion and organisational values. • The "avoidable harm" approach needed to be embedded further to reduce formal employee relations cases and improve staff experience. • Management capability needed strengthening to support absence management, workforce development and staff wellbeing. • Workforce development needed to balance high apprenticeship uptake with assurance on quality of in-role experience. • Further development of workforce data integration was required to support insight-led decision making.
Assure items agreed by Committee	• Workforce indicators showed improvement, including reduced sickness absence, improved return-to-work rates and stable turnover. • Employee relations performance was improving, with fewer formal cases and more timely resolution. • Staff survey results remained strong relative to regional and national benchmarks. • Apprenticeship levy utilisation and workforce development activity remained strong and well embedded. • Governance arrangements were in place, with well-led actions and strategic workforce risks actively
Decisions made by Committee	The following items were approved: • Minutes of previous meeting and AAAD • Action log • Workforce Race Equality Standard Report (WRES) • Workforce Disability Equality Standard Report (WDES) • Strategic Risks • Well Led Implementation Plan Update
New risks identified by Committee	• N/A
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** **21/05/2026**

On Behalf of Chair	Mark Rawcliffe (NED/Chair)

AAAD: Effective Oversight: Escalation and Assurance

Report to:	**Board of Directors (Public)**	**Meeting date:**	**TBC**
Report from:	**People and Culture Committee**	**Meeting date:**	**18/06/2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Mark Rawcliffe (Chair/NED), Cleveland Henry (NED), Bob Champion, Phil Hubbard, Kelly Barker.		
In attendance	Jess Greenwood-Owens (Secretary), Rachel Trawally, Dr. Anitha Mukundan, Lisa Wright, Terence Calvert Timed business: Naomi Fernandez, Diane Taylor, Susan Francis		
Observers	Maryam Rehman, Jo Harrison		
Apologies	Dr Sal Uka, Farhan Rafiq, Fay Davies, Tim Rycroft, Paula Hanson, Therese Patten, Mike Woodhead, Michelle Holland		

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

- Strategic Narrative Report
- Integrated Strategic Performance Report .1 Recruitment Activity Update (Nothing to report) .2 Employee Relations Activity including Avoidable harm operational update combine with ER, .3 Rostering Activity (Nothing to report)
- Reciprocal Mentoring Programme update
- Annual Report on Leadership & Management Development
- LGBTQ+ Quality Metrics
- Belonging & Inclusion update
- Alert, Advise, Assure + Decision AAA+D Report/s:
- .1 Senior Leadership Team, People, Planning & Innovation
- .2 Strategic EDI Partnership Group (Nothing to report)
- .3 AAA Staff Partnership Forum
- .4 AAAD: Working Well (Nothing to report)
- .5 AAA+D Report/s: Place Regional and National Updates (Nothing to report)
- .6 AAA+D Leading better Lives Together update (Nothing to report)
- Confirmation of Escalation Reporting including: .1 Confirming strategic priority assurance levels (decision based on outcome of entire meeting) .2 Confirming strategic risk (decision based on outcome of entire meeting) .3 Confirmation of Alert; Advise; Assure + Decision Reporting
- Committee Workplan 2026-27
- Any Other Business
- Meeting Evaluation

Alert items agreed by Committee	• No items were identified
Advise items agreed by Committee	• The Committee advised continued organisational focus on key workforce metrics including sickness absence, turnover, vacancies and agency usage, noting ongoing impact on service delivery. • The Committee highlighted that sickness absence, while stabilised, remained high and required sustained focus due to its impact on productivity and quality of care. • The Board was advised to prioritise action on staff experience, including addressing higher levels of bullying, harassment and unwanted sexual behaviour reported by LGBT+ staff. • The Committee advised that improved data quality across workforce systems, including rostering, remained a priority to strengthen oversight and assurance. • The Committee highlighted the need to maximise the use of workforce intelligence (e.g. mentoring insights, staff survey data) to inform organisational strategy and improvement activity.
Assure items agreed by Committee	• Workforce indicators demonstrated improvement or stability, including reduced vacancy rate (6.48%), stable sickness absence and strong performance in mandatory training and clinical supervision. • Turnover continued to improve, with improved retention of new starters and strengthened onboarding arrangements. • Employee relations activity reduced significantly, with fewer formal investigations and successful defence of an employment tribunal case. • Recruitment performance and reduced reliance on agency staffing reflected improved workforce management. • Leadership and management development programmes demonstrated measurable improvements in manager confidence and capability. • The reciprocal mentoring programme continued to demonstrate positive impact on organisational culture, leadership insight and psychological safety. • Equality, diversity and inclusion work, including LGBT+ reporting, provided assurance of ongoing monitoring and targeted action to improve staff experience.
Decisions made by Committee	The following items were approved: • Minutes of previous meeting and AAAD • Action log
New risks identified by Committee	• N/A
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**	**18/06/2026**
On Behalf of Chair	Mark Rawcliffe (NED/Chair)		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	**Public Board**	**Meeting date:**	**XXX**
Report from:	**Quality and Safety Committee (QSC)**	**Meeting date:**	**20.05.2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Alyson McGregor, Sally Napper, Philippa Hubbard		
In attendance	Chris Dixon Fran Stead, Rachel Trawally, Sal Uka , Kelly Barker, Anita Brewin, Catherine Scohfield, Jacqueline Rigby (ICB), Rachel Trawally, Rebecca Le-Hair Presenters for items: Zoe Howell, Jaspreet Sohal, Mark Dawson		
Observers	Mike Lodge		
Apologies	Chris Malish, Thabani Songo, Bob Champion, Carla Smith, Sayma Mirza, Tricia George		

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	• LFYE: Highlights from the Proof of Concept South & West Community Mental Health Team Inpatient Caseload • Strategic Assurance Reports - Integrated Performance Report, Strategic Narrative • Strategic Risk Summary • Well Led Development Plan – Actions • Quality Assurance Framework Update • Resilience Group ToR • Incident Response Plan • Research & Development Annual Report • Controlled Drugs Annual Report • Quarter 4 CQC Activity and Engagement • 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 .4 AAAD Report: Senior Leadership Team – Care Group Assurance Meeting (CGAM), .5 AAAD PCREF Accountability Group • Confirmation of Alert; Advise; Assure + Decision Reporting Workplan 2026/27 • Any Other Business • Meeting Evaluation
Alert items agreed by Committee	**Alert:** • No New alerts

Advise items agreed by Committee	**Advise:** • Committee reflected on: • The need to strengthen learning loops and early identification of issues, particularly drawing on insights from Quality Assurance Framework reviews. • Continued focus on data quality and triangulation to support governance and decision-making. • Importance of maintaining balanced decision-making, particularly where financial pressures intersect with patient safety and experience. • Reinforced the importance of amplifying staff and service user voice to inform improvement and service redesign.		
Assure items agreed by Committee	Items providing evidence of good practice, compliance, or positive progress. • Proof of Concept South West CMHT Inpatient Caseload • Well Led Development Action Plan • Research & Development Annual Report • Controlled Drugs Annual Report • Governance processes remain robust, including structured reporting through committees and AAAD framework. • Action tracking and monitoring arrangements (e.g., Safeguard system and operational oversight) are in place. • Positive progress is being made across several areas, including workforce safeguards, CQC engagement, and research activity. • A consistent approach is being taken to ensure patient safety remains the priority in decision-making.		
Decisions made by Committee	The following items were approved by the Committee, • Minutes and AAAD report of the previous April 2026 • Action Log • Strategic Risk Assurance Report • Well Led Development Plan • Resilience Group ToR • Incident Response Plan • CQC Activity and Engagement: Quarter 4		
New risks identified by Committee	• 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**	20.05.2026

On Behalf of Chair	Ayson McGergor (NED/Chair)

AAAD: Effective Oversight: Escalation and Assurance

Report to:	**Public Board**	**Meeting date:**	**XXX**
Report from:	**Quality and Safety Committee (QSC)**	**Meeting date:**	**17.06.2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Alyson McGregor, Sally Napper, Chris Malish, Phillipa Hubbard		
In attendance	Chris Dixon, Rachel Trawally, Sal Uka, Kelly Barker, Gail Harrison, Catherine Scohfield, Rachel Trawally, Rebecca Le-Hair, Rebecca Jowett, Tricia George, Prabhdeep Sidhu,		
Observers	Nimisha Deakin (Observer)		
Apologies	Thabani Songo, Bob Champion, Carla Smith, Sayma Mirza, Fran Stead		

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	• Risk Appetite Discussion (Quality) • Equality and Quality Impact Assessment: Bi-Annual Report • Never Event Final Report • Quality Account Final • Alert, Advise, Assure + Decision Reports .1 AAAD Patient Safety and Learning Group .2 AAAD Report - Clinical Board .3 AAAD report: Senior Leadership Team Quality, Safety Governance. .4 AAAD Report: Senior Leadership Team – Care Group Assurance Meeting (CGAM) • Confirmation of Alert; Advise; Assure + Decision Reporting Workplan 2026/27 • Any Other Business • Meeting Evaluation
Alert items agreed by Committee	**Alert:** • Sustained workforce and capacity pressures impacting flow, access, and patient safety; • Ongoing data quality and reporting reliability concerns (including SNOMED coding) limiting confidence in intelligence for decision-making; • Continued inpatient safety risks, including self-harm, AWOL incidents, and pathway vulnerabilities, requiring active mitigation and oversight

Advise items agreed by Committee	**Advise:** • Data quality and workforce risks are interdependent, with data improvement essential to inform sustainable workforce planning and service modelling; • Continued focus required on strengthening incident reporting and capturing operational pressures (e.g. estate/room capacity) to ensure visibility of impact; • Learning from the Never Event and increased cross-system working should inform future clinical governance and partnership arrangements.		
Assure items agreed by Committee	Items providing evidence of good practice, compliance, or positive progress. • Committee received assurance that robust mitigation and oversight arrangements are in place, including triangulated monitoring (incidents, complaints, operational reporting) and targeted improvement programmes; • Positive progress noted in key areas including workforce management, CMHT care coordination, and quality improvements within services • EQIA decision-making assessed as providing assurance for individual changes, with recognition that process maturity and impact monitoring requires further development		
Decisions made by Committee	The following items were approved by the Committee, • Minutes and AAAD report of the previous April 2026 • Action Log • Workforce and capacity pressures as a continuing system risk • Inpatient safety risks and mitigation oversight • Learning from the Never Event and cross-organisational governance		
New risks identified by Committee	• There were no new risks identified.		
Items to be considered by other Committees/Groups	C. Malish drew attention to the Continence EQIA for the Finance Committee, which informed the decision not to reduce continence supplies on the basis of potential risks to patient health outcomes.		
Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan Corporate Governance Officer	**Date**	17.06.2026
On Behalf of Chair	Ayson McGergor (NED/Chair)		

AAAD: Effective Oversight: Escalation and Assurance

Report to:	**Public Board**	**Meeting date:**	**XXX**
Report from:	**Quality and Safety Committee (QSC)**	**Meeting date:**	**15.07.2026**
Quorate?	**Yes ☒ No ☐**		
Members present	Alyson McGregor, Sally Napper, Phillipa Hubbard		
In attendance	Anita Brewin, Catherine Scohfield, Fran Stead, Jaspreet Sohal, Michelle Holgate, Nazmeen Khan, Prabhdeep Sidhu, Rachel Trawally, Rebecca Jowett, Rebecca Le-Hair, Sal Uka, Thabani Songo, Tricia George.		
Observers			
Apologies	Chris Malish, Chris Dixon, Kelly Barker, Carla Smith, Sayma Mirza,		

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	• Learning From Your Experience - Antimicrobial Resistance: Call to action for NHS leaders • Strategic Assurance .1 Integrated Performance Report .2 Strategic Narrative • Safer Staffing Annual Report • Risk Management Annual Report • Medicines Management Annual Report • Patient Advice and Complaints Annual Report • Alert, Advise, Assure + Decision Reports .1 AAAD Clinical Board .2 AAAD Report - Senior Leadership Team Quality, Safety, Governance .3 AAAD Report: Senior Leadership Team – Care Group Assurance Meeting (CGAM) .4 AAAD Report - PCREF Accountability Group • Confirmation of Alert; Advise; Assure + Decision Reporting Workplan 2026/27
Alert items agreed by Committee	• Community Nursing Capacity, Demand and Sustainability - Ongoing concerns regarding increasing demand, workforce capacity and the long-term sustainability of community nursing services. • Access and Flow Pressures - Continued pressures relating to patient access and flow across services, with associated operational challenges.

Advise items agreed by Committee	• The continued need to monitor community nursing capacity, access and flow pressures, and data quality risks to ensure effective mitigation and service sustainability. • SNOMED coding and data quality, with potential implications for reporting, assurance and performance monitoring. • National Quality Board Report had been released - A more detailed review and discussion on the organisation's response will be brought to a future Board meeting.
Assure items agreed by Committee	• Antimicrobial Resistance: Call to action for NHS leaders - Assurance was received regarding the Trust's approach to antimicrobial stewardship, governance arrangements and actions being taken to support the reduction of antimicrobial resistance risks. • Well-Led Arrangements – assurance was received regarding leadership, governance and oversight processes. • Safer Staffing – assurance was provided regarding workforce oversight and safe staffing arrangements. • Medicines Management and Medicines Safety – positive progress and assurance were noted through medicines safety reporting and governance arrangements. • Patient Advice and Complaints Annual Report – assurance was received regarding the management of patient feedback, complaints handling, learning from concerns raised, and the actions being taken to improve patient experience.. • Organisational Learning – evidence of learning and quality improvement activity was presented. • Risk Management Annual Report – assurance was received regarding the Trust's risk management framework, risk oversight arrangements, management of strategic and operational risks, and the continued development of a positive risk management culture across the organisation.
Decisions made by Committee	• June 2026 AAAD & Minutes • Well Led Report • Safer Staffing Annual Report • Risk Management Annual Report • Medicines Management Annual Report • Patient Advie and Complaints Annual Report
New risks identified by Committee	
Items to be considered by other Committees/Groups	

Feedback following discussion at 'parent' meeting			
Report completed by	Nazmeen Khan Corporate Governance Officer	**Date**	15.07.2026
On Behalf of Chair	Ayson McGergor (NED/Chair)		

NHS
Bradford District Care
NHS Foundation Trust

Council of Governors – Meeting held in Public

29 July 2026

Paper title:	Freedom to Speak Up Guardian Annual Report 2025/26	**Agenda Item** **08.0**
Presented by:	Rebecca Wixey – Freedom to Speak Up Guardian	
Prepared by:	Rebecca Wixey – Freedom to Speak Up Guardian Emma Greenwood – Deputy Freedom to Speak Up Guardian	
Committees where content has been discussed previously	Not applicable	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ 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	
	New ways of working and delivering care	
	Growing for the future	
Delivering Best Quality Services	Improving Access and Flow	
	Learning for Improvement	X
	Improving the experience of people who use our services	X
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
This paper provides information about Freedom to Speak Up activity for the financial year 2025/26. It is presented in a format to comply with the Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts, published by the office of the National Guardian FTSU and NHSE/I in July 2019. It was presented to public Board in June.

Executive Summary	
The key issues are: 1. A total of 130 cases were reported to the BDCT Guardian team during 2025/26 (an increase of 18 cases compared to the previous year). 2. The number of anonymous concerns increased again in Q4, bringing the total to 12% for the year. This is in line with our average but higher than we would like. 3. The number of cases with perceived disadvantageous or demeaning treatment as a result of speaking up is slightly below the national average of 3%. Two fact finds have been completed during the year and both found that detriment had been caused. 4. A number of concerns relate to poor culture/leadership/management behaviours, and inappropriate attitudes/behaviours. 5. Speaking up cases continue to contribute to the broader improvement strategy.	
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☐ **Yes** (please set out in your paper what action has been taken to address this) ☒ **No**

Recommendation(s)
The Council of Governors is asked to: • Note the contents of this report.

Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: • n/a
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: • n/a

Council of Governors – Meeting held in Public
29 July 2026

Freedom to Speak Up Annual Report 2025/26

1 Purpose

This paper provides information about FTSU activity for the period 1 April 2025 to 31 March 2026 with a focus on Q3 & Q4. The format complies with the 2018 and 2019 publications by the National Guardians Office (NGO) and NHS Improvement published guidance concerning FTSU Guardians Board Reporting.

Section 1 - Assessment of FTSU cases April 2025 to March 2026
Section 2 - Themes
Section 3 - Learning and improvement undertaken
Section 4 - Actions taken to improve access to the FTSU Guardian route
Section 5 - Speaking up/listening up culture and actions taken to improve culture
Section 6 - National/regional activities and information
Section 7 - Future actions

Section 1 - Assessment of FTSU cases 2025/26

Figure 1 shows the number of FTSU cases by quarter. Only cases that involve colleagues directly contacting the Guardian or the Deputy Guardian for advice or support in speaking up can be classified as FTSUG cases. As noted in the bi-annual report, there were a high number of cases reported in Q2 which related to some clusters of concerns around: inpatient staffing, an HR matter within the mental health directorate, managerial/leadership concerns reported from several people within the same team in the mental health and clinical directorates. According to NGO guidance each person speaking up to a Freedom to Speak Up Guardian should be counted as a separate case even if they are speaking up about the same issue, together or separately.

Figure 1

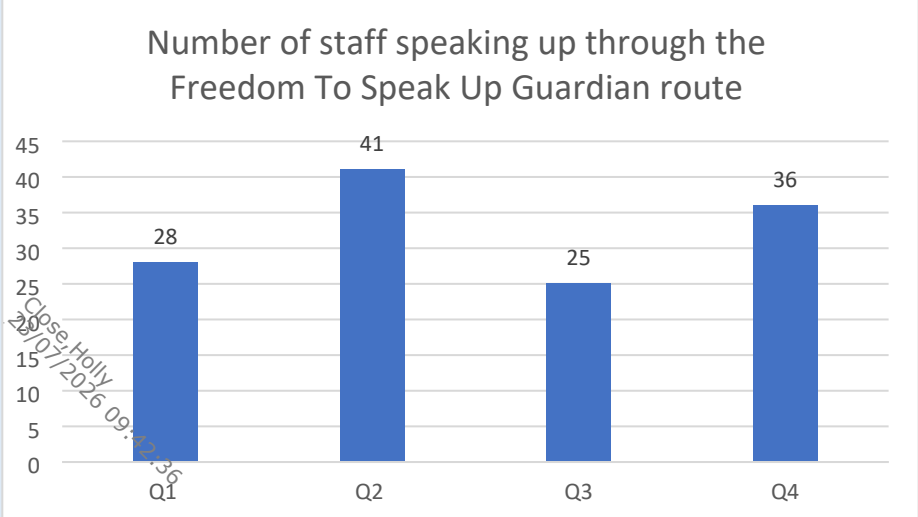
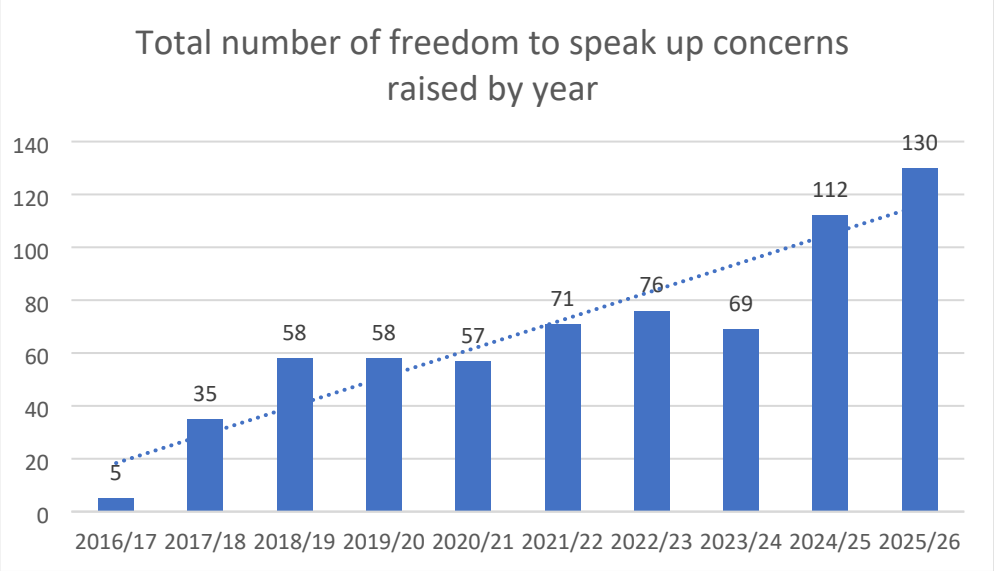


Figure 2 shows the number of cases reported per year, since the FTSU Guardian role was established at the Trust. There has been a general upward trend in reporting over the last 10 years, demonstrating the impact of our publicity, communications and training campaign, and that colleagues are aware of the Guardian route as an option for raising their concerns.

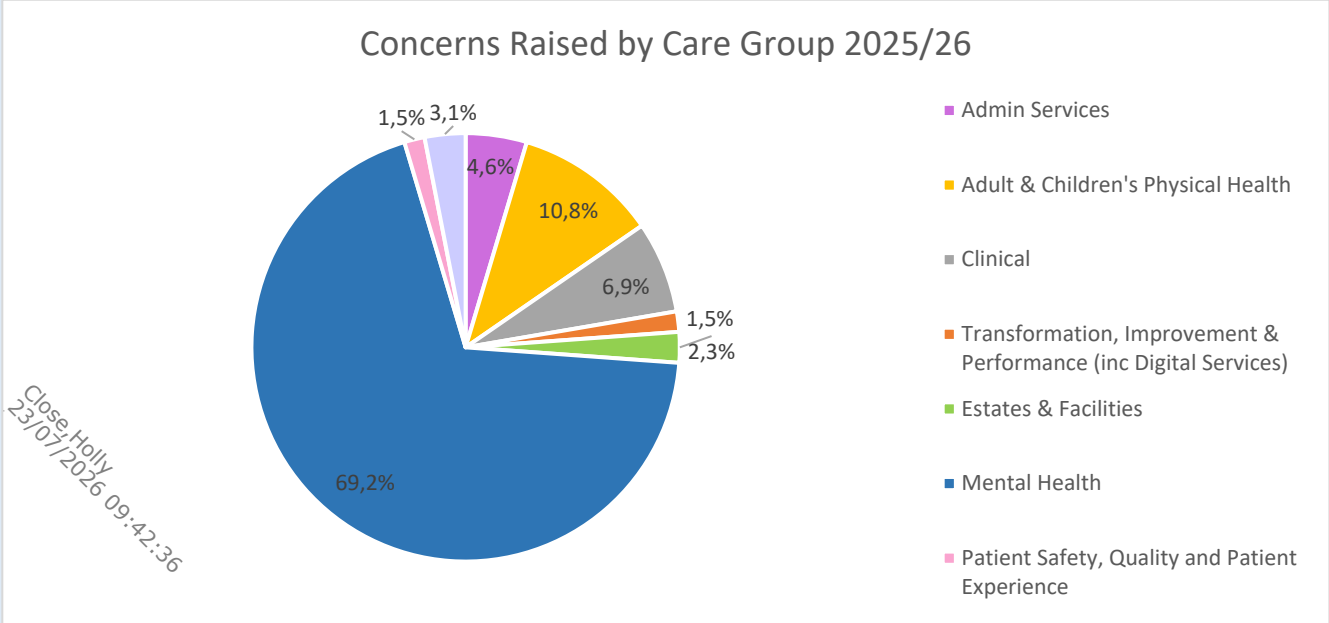
Figure 2



Concerns Raised by Area

Figure 3 shows the areas in which concerns were raised this year. The mental health care group continues to be the biggest reporter, followed by adults and children's physical health. The clinical care groups account for 87% of activity, and the corporate areas account for 13%. Please note that for ease Finance & Contracting has not been included in the graph as there were no concerns raised from that area within the year.

Figure 3



Number of colleagues speaking up by professional groups in 2025/26

As can be seen from Table 1, registered nursing colleagues are the highest reporters, which is in line with previous years, followed by admin and clerical.

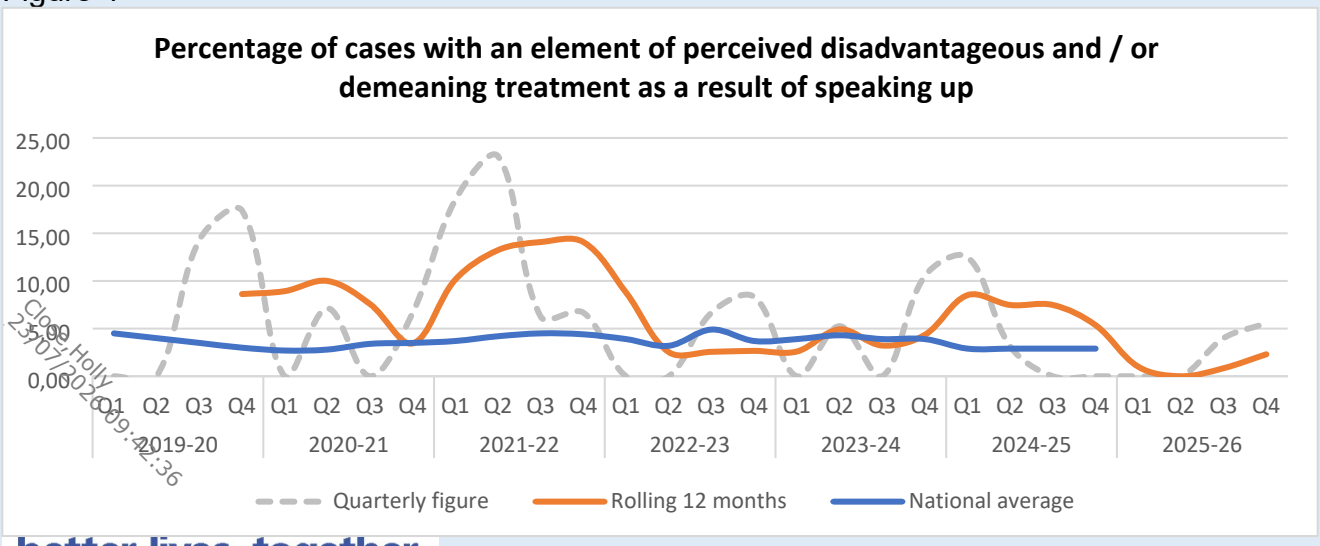
Table 1

	Q1	Q2	Q3	Q4	Total
Additional clinical services	1	2	0	3	6
Additional professional scientific and technical	3	6	6	6	21
Administrative and clerical	4	9	7	11	31
Allied Health Professionals	4	5	2	2	13
Estates and ancillary	1	0	0	1	2
Healthcare scientists	0	0	0	0	0
Medical and dental	1	0	0	0	1
Nursing and midwifery registered	13	16	4	8	41
Students	0	0	2	2	4
Other	0	2	0	0	2
Not known	1	1	4	3	9
Total	28	41	25	36	**130**

Number of colleagues with an element of perceived disadvantageous and/or demeaning treatment as a result of speaking up

Figure 4 shows the percentage of cases with an element of perceived disadvantageous and/or demeaning treatment (detriment) as a result of speaking up. Our percentage has decreased from 2024/25, dipping back below the national average of 3%.

Figure 4



During Q4 a fact find was undertaken into a case of perceived detriment, the conclusion of which was that detriment had occurred because of speaking up but was not deemed to be deliberate or malicious. A number of points for learning were identified including the importance of psychological safety within teams, ensuring staff feel supported in raising patient safety concerns, and the importance of structured supervision.

There has also been learning for the FTSU team in how this process was carried out, and we have used it to update our guidance and flow chart to improve how the fact find is experienced by those involved moving forwards.

Closure of Concerns

As at 11/05/2026, of the 130 cases raised during the year, 112 have been closed (86%) and 18 remain outstanding. (It should be noted that 3 of those outstanding all relate to the same issue within a team who came forward together). The mean time taken to closure was 46 days (median 27 days), with a range of zero (closed on the same day) to 254.

Section 2 – Themes

Table 2 shows the total number of cases from 1 April 2025 to 31 March 2026, broken down into those with an element of patient safety/quality of care, bullying and harassment, worker safety or wellbeing and other inappropriate attitudes or behaviours. The table also shows the numbers of colleagues who wanted to remain anonymous to the Guardian and the numbers who considered they had experienced disadvantageous and/or demeaning treatment because of speaking up. Please note that some cases involve a number of different matters, and this is reflected in the figures. Interestingly there has been a notable drop in the number of bullying & harassment concerns being reported via the Guardian this year.

Table 2

Item	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Total no of cases	57	71	76*	69	112	130
Patient safety and quality of care concerns	9 (16%)	16 (23%)	20 (26%)	17 (25%)	46 (41%)	40 (31%)
Bullying and harassment concerns	21 (37%)	33 (47%)	19 (25%)	27 (39%)	43 (38%)	19 (15%)
Worker safety or wellbeing concerns**	Not collected	13 (18%)	59 (78%)	54 (78%)	88 (79%)	104 (80%)
Concerns related to other inappropriate attitudes or behaviours	Not collected	Not collected	41 (54%)	41 (59%)	72 (64%)	70 (54%)
Colleagues wishing to remain anonymous to Guardian	8 (14%)	4 (6%)	8 (11%)	14 (20%)	12 (11%)	15 (12%)
Colleagues perceiving an element of disadvantageous and/or demeaning treatment as a result of speaking up	2 (4%)	10 (14%)	2 (3%)	3 (4%)	6 (5%)	3 (2%)

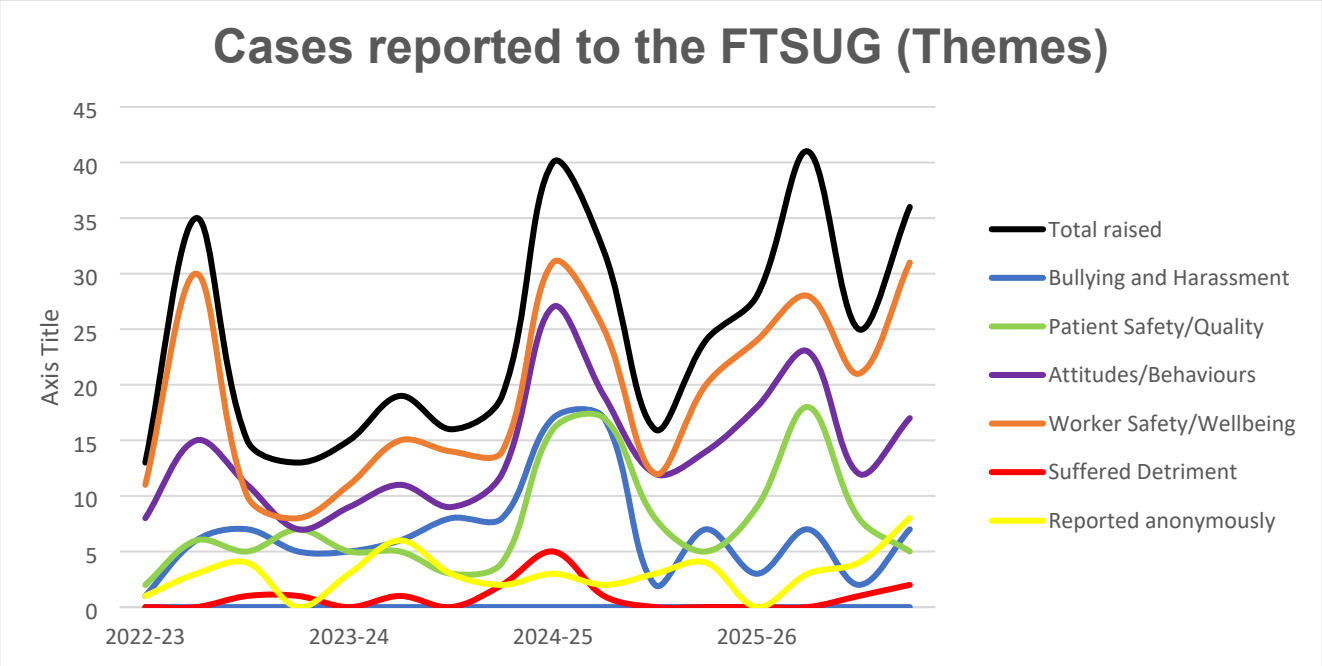
** Corrected figure, originally reported as 75 in the 2022/23 annual report*

*** Please note change in wording to include worker wellbeing from 1 April 2022. This may have influenced the rise in cases compared to 2021/22.*

Staff who fear victimisation by colleagues can speak up anonymously via the FTSU online reporting form. Colleagues can also speak up openly but ask for their information to be kept confidential via the 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 and in line with the average for our Trust, although higher than we would like to see.

Figure 5 provides a longitudinal view of FTSU cases and the frequency in which different themes have appeared since 2022/23. Over the 4-year period, more colleagues have spoken up with concerns about attitudes and behaviours, and worker safety and wellbeing than direct patient safety/quality concerns, which is in line with a national trend. However, it should be noted that these types of concerns can still have an indirect impact on patient/service user safety and quality.

Figure 5



The main themes spoken up about were poor culture, leadership and management behaviours. This seems to be an underlying thread that we see running through the vast majority of concerns raised to the Guardian – often being cited as reasons people have felt unable to speak up within their management structure or where concerns have been raised previously but the issue has not been resolved.

Other themes that have come through during the year are:

- Staffing levels, mainly but not exclusively related to the inpatient wards
- Staff mental health – burnout and stress
- Poor communication
- Discontent with ongoing HR processes (timeliness, communication)
- A number of concerns are specifically alleging racial and/or disability discrimination as a component of their experience.

Worker safety & wellbeing

For the last 4 years, since the worker safety and wellbeing category was introduced, this has consistently been the theme with the highest number of concerns. To help with organisational understanding, this year we have done some further analysis on the 104 concerns which recorded an element of this to pick out the main subject within these cases.

Table 3

Key elements	Count
Leadership & management behaviours	28
Staffing	13
Unfair treatment	11
Personal employment issues	10
Bullying & harassment	9
Racism or discrimination	9
Sexual safety	7
Culture	7
Processes	6
Service changes	5
Pregnancy/maternity	5

Key elements	Count
Communication	5
Health & safety	3
Lack of support following an incident	3
Grievance process	3
Breach of confidentiality	3
Staff who have also been S/Us	3
Professional boundaries	2
Flexible working	2
Clinic space/room access	2
Verbal abuse from S/U family	2
Safeguarding	1

Equality, Diversity & Inclusion – Protected Characteristics

The information below shows equality monitoring data gathered from staff who have spoken up to the Freedom to Speak Up team. Just under half of the people speaking up (63 of the 130 cases) have chosen to provide some or all of this information. This is a similar proportion to the number who provided this data in 2024/25.

Table 4

Ethnicity	Number
Black or Black British	<5
Asian or Asian British	14
White British	35
White – any other group	<5
Other ethnic groups	<5
Not answered	<5
Prefer not to answer	<5

Disability	Number
No	40
Yes	17
Prefer not to say	<5
Not answered	<5

Sexual Orientation	Number
Bisexual	6
Gay	0
Heterosexual	44
Lesbian	<5
Prefer not to say	6
Prefer to self-describe	<5

Gender	Number
Female (including transgender women)	47
Male (including transgender men)	9
Prefer not to say	<5
Not answered	<5

Age	Number
Under 20	0
21-30	10
31-40	20
41-50	15
51-60	12
61-70	<5
Not answered	<5

Racism & Disability Discrimination

Seven of the cases reported in this period related to disability discrimination and 4 related to racism, with 2 of the cases having an element of both. This points to the intersectionality of protected characteristics and the additional challenges some colleagues face in relation to this.

Not answered	<5

Section 3 - Learning and improvement

Managers/leaders are asked to identify the changes made, lessons learnt and any transferable learning that results from FTSU cases. They are responsible for ensuring the implementation of the learning relevant to their service area and for sharing transferable learning within appropriate forums/structures.

The Guardian shares themes and overall learning from cases at the Board of Directors, Patient Safety and Learning group, Senior Leadership Team and the six-weekly triangulation meeting with People Services and the EDI leads.

Actions and learning following colleagues speaking up through the FTSU Guardian route in Quarters 3 & 4:

- A number of colleagues were signposted to the appropriate HR process and supported to access their Trade Union representative.
- Other colleagues were signposted to the childcare support service, wellbeing@work, staff support & therapy service and staff networks.
- Updates to the induction information for medical students to include making a note of patients' names for any records/IG issues and explaining how best to escalate these concerns.
- A Local Learning Review was completed following a patient incident on Oakburn ward, with various actions agreed to improve governance and safety.
- Professional appearance policy added to next team meeting as a reminder
- Feedback provided about estates' plans to make New Mill more accessible including introduction of 30 min drop off zone
- Rationale for shift patterns provided by service manager and assurances regarding process for ensuring staff get their breaks. Encouraged individual to report any specific incidences of staff not getting their break
- Organisational learning for the handling of future sexual safety cases where witnesses want to remain anonymous; learning from the HR investigation has been fed into the Sexual Harassment Policy Steering Group and new draft policy/procedure.

Case Studies

The following case studies give insight into the FTSU process, the changes made and identified learning:

<u>Case Study 1</u>

X came to Freedom to Speak Up concerned that her 1-1 meetings on MS Teams with her line manager were being recorded. AI software was being used to generate transcripts and action points. At the start of the meeting, the manager briefly stated that the conversation would be recorded "for notes" and turned the recording on. X was not clearly asked for informed consent, nor offered an alternative.

These meetings should be an opportunity for staff to discuss their wellbeing and any concerns they may have. However, during the meeting X felt uncomfortable and guarded, choosing not to raise any concerns about workload pressures and a recent near miss. X was worried about who might see the recording or have access to the AI-generated notes, how this information could be used and whether declining recording would be viewed negatively. Afterwards, X stated they felt less safe speaking openly and would be less likely to raise concerns in future 1-1s.

Following this, the Freedom to Speak Up Guardian became aware that the Trust AI policy was under review. The Freedom to Speak Up team were able to feed in concerns about the impact of recording and the use of AI on psychological safety and consent. However, there remains a concern that managers may not consistently consider issues of consent and psychological safety when recording meetings on Microsoft Teams.

Case Study 2

Two anonymous feedback forms were received by FTSU raising concerns regarding conduct of a team supervisor including favouritism, misuse of the rota system, and breaches of policy related to shift allocation. FTSU shared the concerns with the Operational Manager, who undertook a fact find, supported by People Services. She also proactively organised some open-door sessions for the team to allow everyone to have their voice heard in a safe and confidential environment.

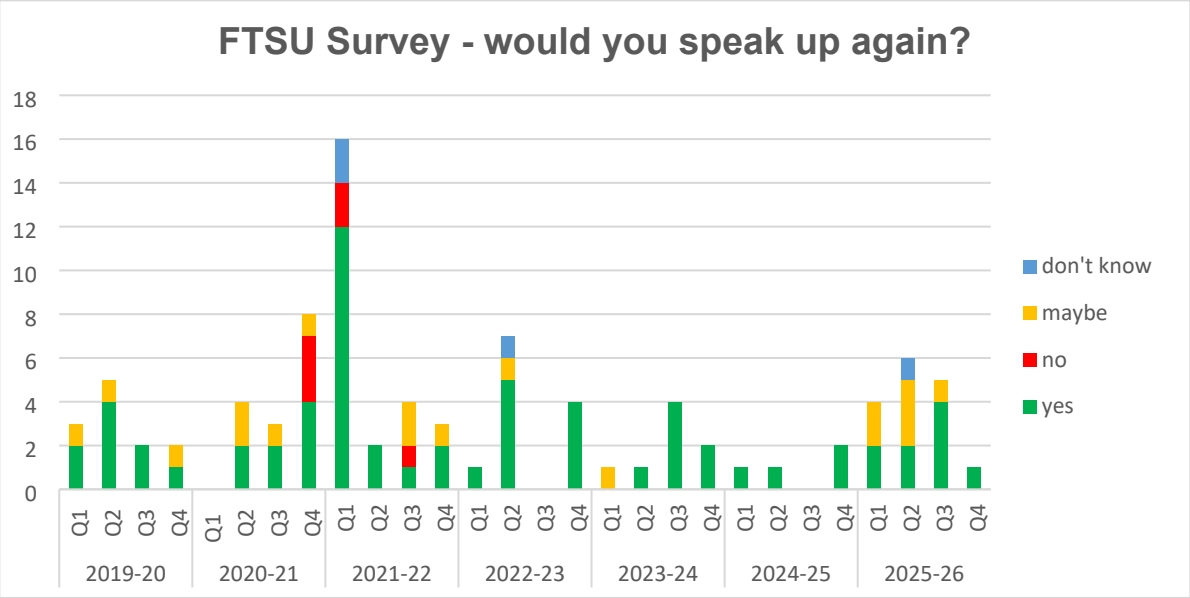
Learning

Following the open-door sessions the Operational Manager had a much better understanding of how the team were feeling and it brought to light some additional concerns regarding privacy and confidentiality, which were addressed in a team 'reset' communication highlighting the importance of behaving in line with the Trust values. The fact find identified some issues regarding adherence to policies and procedures, and this was picked up in the form of a personal responsibility letter.

Feedback about FTSU process

Once a case is closed a survey is sent to the person who spoke up asking questions about their experience of the FTSU process and if they would speak up again. Figure 6 shows the number of people completing the survey and the response to the question "would you speak up again?" Unfortunately, the number of people completing the survey remains low despite efforts on the part of the FTSU team to ensure that all reporters receive the link on closure of their case and are encouraged to complete it. Please note cases may be closed in a different quarter to when they were raised, so numbers saying they would speak up do not necessarily relate to cases raised in that quarter.

Figure 6



Qualitative feedback provided to the team is generally positive, however a couple of people voiced this time that they didn't feel the management response was full and transparent.

"Nice to feel heard"

"Felt comfortable and able to speak confidentially on sensitive topics".

"I am happy for you to close the case and I appreciate the help and support you have provided."

"FTSU has come a long way from when I started in the trust 12 years ago. The experience this time was positive".

"Some Questions not answered fully and maybe misinterpreted"

"I do feel the service takes staff feedback seriously when concerns are raised. However, there could be more transparency around what actions are being taken in response. Sharing updates or outcomes, either service wide or with impacted individuals depending on the situation, would help ensure staff feel genuinely heard and reassured that their feedback is being acted upon".

"I felt listened to and supported, by the FTSU team but also by management/executive team".

"I feel like this needs to be a process outside of the Trust/NHS even so that proper recognition of serious issues can be addressed"

Section 4: Actions taken to improve access to the FTSU Guardian route

Much of the team's communications plan is now embedded practice, though the team reviews this regularly to ensure it remains fit for purpose and to include any *ad-hoc* items identified.

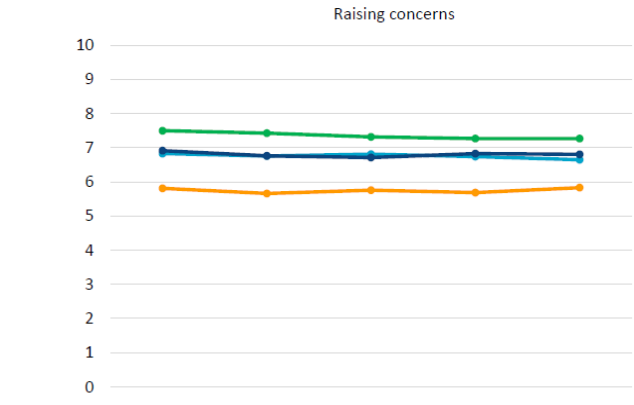
- In addition to presenting to new staff at the Trust Welcome, the FTSU team continues to attend a range of events and away days which all provide additional opportunities to raise the positive profile of 'speaking up' in our organisation.

- Our Speak Up Ambassadors also continue to form a crucial part of our network, promoting the 'Speak Up, Listen Up' message and signposting to the Guardian. During 2025/26 we inducted 12 new Ambassadors, bringing our active total in the network to 29.

- We also undertook several additional promotional activities during October 'Speak Up' Week, including:
  - ✓ a mention in the Chief Executive's vlog
  - ✓ use of MS Teams backgrounds
  - ✓ 'wear something green' Wednesday
  - ✓ a display in the Health Promotion Library at Lynfield Mount Hospital
  - ✓ creation of a video of some of our Ambassadors talking about what attracted them to the role
  - ✓ a piece in eUpdate, and
  - ✓ Ambassadors also pledged to do something such as a presentation in their own service areas.

Section 5 – Speaking up/listening up culture

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



	2021	2022	2023	2024	2025
Your org	6.91	6.76	6.71	6.82	6.80
Best result	7.49	7.42	7.31	7.26	7.26
Average result	6.83	6.76	6.81	6.74	6.64
Worst result	5.81	5.66	5.75	5.68	5.83
Responses	1406	1327	1668	1746	1679

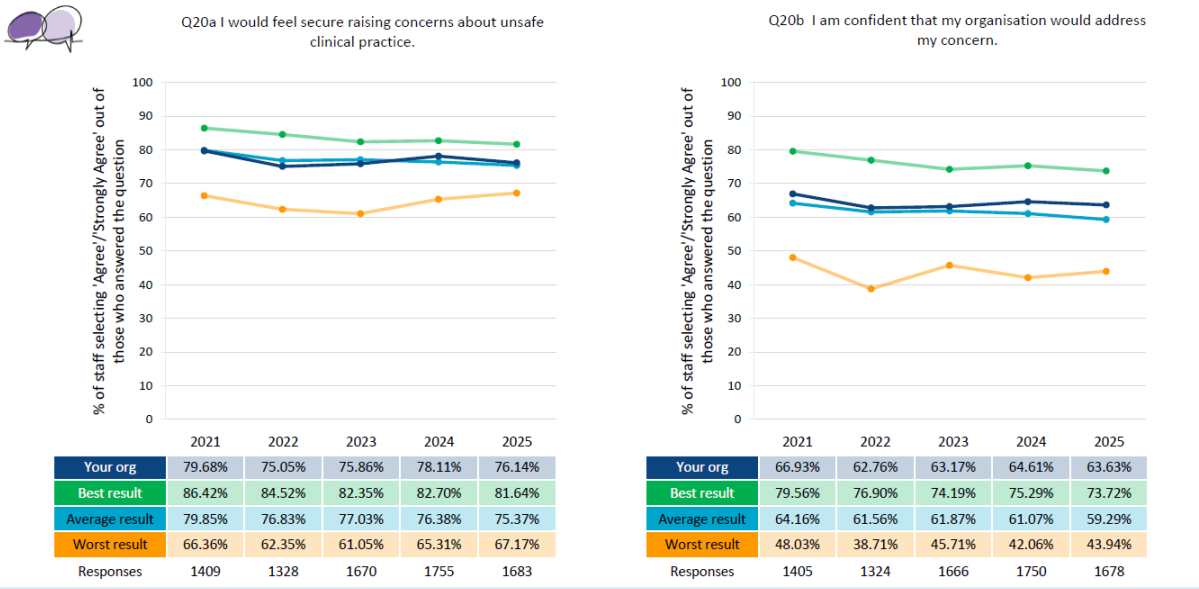
Speaking up is an enabler to a positive compassionate culture and vice versa.

The latest National Staff Survey results (2025) shine a light on the speaking and listening up culture within the Trust. Our results for the 'raising concerns' subsection 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, our results for all 4 questions also remain above the national average for the second year running.

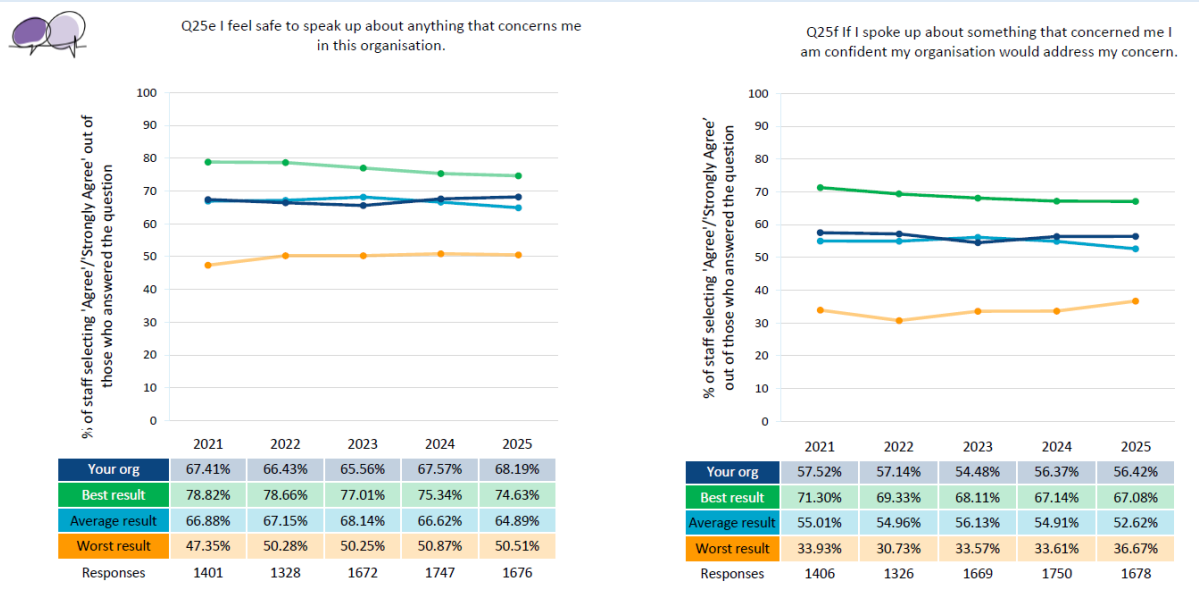
We can also see that respondents are consistently more likely to say they feel secure speaking up about unsafe clinical practice, than speaking up about anything that concerns them generally.

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.



	2021	2022	2023	2024	2025
Your org	79.68%	75.05%	75.86%	78.11%	76.14%
Best result	86.42%	84.52%	82.35%	82.70%	81.64%
Average result	79.85%	76.83%	77.03%	76.38%	75.37%
Worst result	66.36%	62.35%	61.05%	65.31%	67.17%
Responses	1409	1328	1670	1755	1683

	2021	2022	2023	2024	2025
Your org	66.93%	62.76%	63.17%	64.61%	63.63%
Best result	79.56%	76.90%	74.19%	75.29%	73.72%
Average result	64.16%	61.56%	61.87%	61.07%	59.29%
Worst result	48.03%	38.71%	45.71%	42.06%	43.94%
Responses	1405	1324	1666	1750	1678



	2021	2022	2023	2024	2025
Your org	67.41%	66.43%	65.56%	67.57%	68.19%
Best result	78.82%	78.66%	77.01%	75.34%	74.63%
Average result	66.88%	67.15%	68.14%	66.62%	64.89%
Worst result	47.35%	50.28%	50.25%	50.87%	50.51%
Responses	1401	1328	1672	1747	1676

	2021	2022	2023	2024	2025
Your org	57.52%	57.14%	54.48%	56.37%	56.42%
Best result	71.30%	69.33%	68.11%	67.14%	67.08%
Average result	55.01%	54.96%	56.13%	54.91%	52.62%
Worst result	33.93%	30.73%	33.57%	33.61%	36.67%
Responses	1406	1326	1669	1750	1678

The FTSU team attended some of the staff survey world café events organised by the OD team to offer support around the raising concerns results and action planning.

National Education and Training Survey 2025

The overall result for the 'raising concerns' section in the NETS for BDCT was 89.09%. The table below shows further detail on scores for the individual questions. Out of 55 respondents, 10 stated that they did not know how to access support from the FTSU Guardian.

However, the majority did state that they knew how to raise concerns, i.e. who to tell and how to go about it, so it is encouraging that learners were aware of alternate routes for speaking up.

	Ascale	1 (Worst)		5 (Best)	
Indicator	Question Text	% Users	Users	% Users	Users
Raising Concerns	Do you feel comfortable raising concerns?	9.09%	5	90.91%	50
	Do you know how to access support from your Freedom to Speak Up Guardian?	18.18%	10	81.82%	45
	Do you know how to raise concerns (i.e. who to tell, and how to go about it)?	5.45%	3	94.55%	52

Off the back of these results, we liaised with colleagues in the Centre for Clinical Education and Professional Development and reviewed our comms plan to ensure it adequately captures learners across disciplines.

Action taken to improve the 'speak up, listen up, follow up' culture.

The Trust took the decision to mandate the National Guardian's Office "Speak Up" eLearning in 2021, and as at 11/05/2026, 3262/3530 staff members required have completed it (92.41%). However, the continuing improvement in the culture (making speaking up business as usual) depends not only on staff having access to the FTSU Guardian arrangements and feeling they can speak up, but much more importantly on the behaviour and response by our managers when they hear concerns, either directly from their team members or via the Guardian.

We inform new staff from day one that the expectation is that any concerns they have that affect the quality of care we are providing or their experience of working in the Trust should in the first instance be raised with their line manager or direct supervisor. To support our managers in responding appropriately to the person speaking up, we continue to offer managers' study sessions that recognise the challenges they face in incorporating this often unscheduled and unpredictable part of their leadership role. It is also important that managers and leaders who are navigating issues raised via Freedom to Speak are properly supported not just by the Guardian, but by their line management structure and other relevant mechanisms.

A Board development session was held in December 2025 which focussed on red flags for harmful cultures and completion of the Board Reflection & Planning Tool. The finalised tool was then shared with SLT QSG for assurance.

The FTSU policy underwent a thorough review and was approved by SLT in December 2025 along with a 'policy on a page', developed to improve accessibility following feedback from colleagues in the Beacon Network. This summary document serves to complement the policy as an easy reference guide for staff who may struggle to read a full policy document.

The FTSU Strategy was also reviewed and refreshed, with the new document covering 2025/26 to 2027/28. This continues to drive the team's improvement efforts.

Section 6 - National/Regional activities and information

- The National Guardian's Office is due to close at the end of June 2026 and is currently transitioning some of its responsibilities to NHS England. NHSE has published a document setting out the revised responsibilities for Freedom to Speak Up across the NHS: *The future of Freedom to Speak Up*
- Due to the closure of WY Mental Health and Wellbeing Hub, regional Guardian supervision is now being provided by Mid Yorkshire NHS Trust
- The Guardian continues to attend the reflective practice group, in addition to the regular regional network meetings and peer support sessions.
- The Guardian attended the North East & Yorkshire Regional Leadership Conference in May 2025.
- Regional work is underway on the deanery platform to improve access to information for medical colleagues.
- There has been one new case review published by the NGO since the last report - Temporary Workers, Permanent Voices: A Speak Up Review. The Guardian is currently part of a working group looking at the recommendations as we believe there may be some opportunities for regional collaboration to enhance consistency and avoid duplication of effort.

Section 7 – Future actions

- Gap analysis against the newly published NHS England guidance to check compliance
- Move to organisational data submission through the national data collection process from Q1 2026/27 - access to this data will be through the Model Health System
- Board Reflection & Planning Tool will next be due in December 2027.

Name of author/s: Rebecca Wixey and Emma Greenwood
Title/s: Freedom to Speak Up Guardian and Deputy Guardian
Date paper written: 21 May 2026

NHS
Bradford District Care
NHS Foundation Trust

Council of Governors – Public Meeting

29 July 2026

Paper title:	Chair of the Trust's Report	**Agenda Item** **09.0**
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:	☐ For approval ☐ For information ☒ 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.

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?	☐ **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 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 **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
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

Bradford District Care
NHS Foundation Trust

Council of Governors Public Meeting

29 July 2026

Chair of the Trust Report

Partnerships and strategy

Council of Governors

I introduced an informal Council of Governors catch-up, these are booked in after each Public Board Meeting, helping to maintain strong engagement, strengthen relationships, and ensure Governors remain connected, informed, and up to date with key developments across the Trust

Further Updates

Bradford and District & Craven – CiC monthly meetings

I presented a report to the July extraordinary Private Board meeting on the outcomes and key discussions arising from the Bradford District and Craven Committee in Common (CiC) meetings held on 26 May 2026 and 21 July 2026.

The Committee in Common meetings provides a forum through which the three NHS Trusts across Bradford District and Craven work collaboratively on strategic priorities.

Chair in Common Effectiveness Review - Quarterly Meetings

The Lead Governors, the Senior Independent Directors and the Company Secretaries from Bradford District Care Foundation Trust and Airedale Foundation Trust meet on a quarterly basis with the Chair in Common to discuss the effectiveness of the role.

As an appendix, attached are the high level notes from these meetings which forms a corporate record.

Sarah Jones July 2026

Chair in Common arrangement
Quarterly Effectiveness Review – 22 May 2026

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

In attendance:	Sarah Jones	Interim Chair in Common AFT & BDCFT
	Linda Dobson	AFT Lead Governor
	Mike Lodge	BDCFT Lead Governor
	Fran Stead	BDCFT Trust Secretary
Apologies:	Jane Osler	AFT Interim Head of Corporate Governance & Trust Secretary

Purpose: This document was created to create a record of the discussion as part of the formal process that has been co-produced between AFT & BDCFT to monitor & review the effectiveness of the Chair in Common joint role. Recognising that this is a new appointment and partnership arrangement currently in place for 12-months.

Supporting governance arrangements: Supporting the process is the Chair in Common Governance Framework (Framework), agreed by Council of Governors & Board of Directors at AFT and BDCFT, following national guidance within NHS England Leadership Competency Framework, and Chair Appraisal requirements.

Review process: Quarterly reviews established, following the categories outlined within the Framework, involving all roles outlined above.

There will be a mid-year review which will be a formal review.

Topics discussed on 22 May 2026:

- Chair in Common Governance Framework adoption and delivery
- objectives of the Chair in Common 2025/26
- role delivery, developing relationship with Council of Governors, Board and Chief Executive's at AFT and BTHFT
- conflict of interests and Deputy Chair arrangement (where mitigation had been put in place for the Bradford District & Craven Committee in Common of which the Deputy Chair for AFT and BTHFT are now members)
- joint partnership opportunities, including governor engagement and membership, governor training and development
- joint strategic ambition at Place, approved by all three foundation trusts
- feedback received from governors on the impact of the role so far
- partnership working opportunities
- synergies and opportunities for improvement and efficiencies
- reporting on Chair in Common work within other reports, such as the Chair's Report
- process for the quarterly effectiveness review meetings.

Actions agreed on 22 May 2026:

- coordination of the remaining quarterly effectiveness review meetings (Action: Personal Assistants)
- formalisation of the mid-year review, including the Senior Independent Director at AFT and BTHFT being invited (Action: Personal Assistants)
- reporting arrangements for the mid-year review to be formalised and scheduled to workplans, including reporting format and consideration of feedback (Action: Corporate Governance)
- ensuring compliance with NHS England Chair Appraisal and Leadership Competency Frameworks for effectiveness reviews (Action: Corporate Governance).

Bradford District Care
NHS Foundation Trust

Item 10

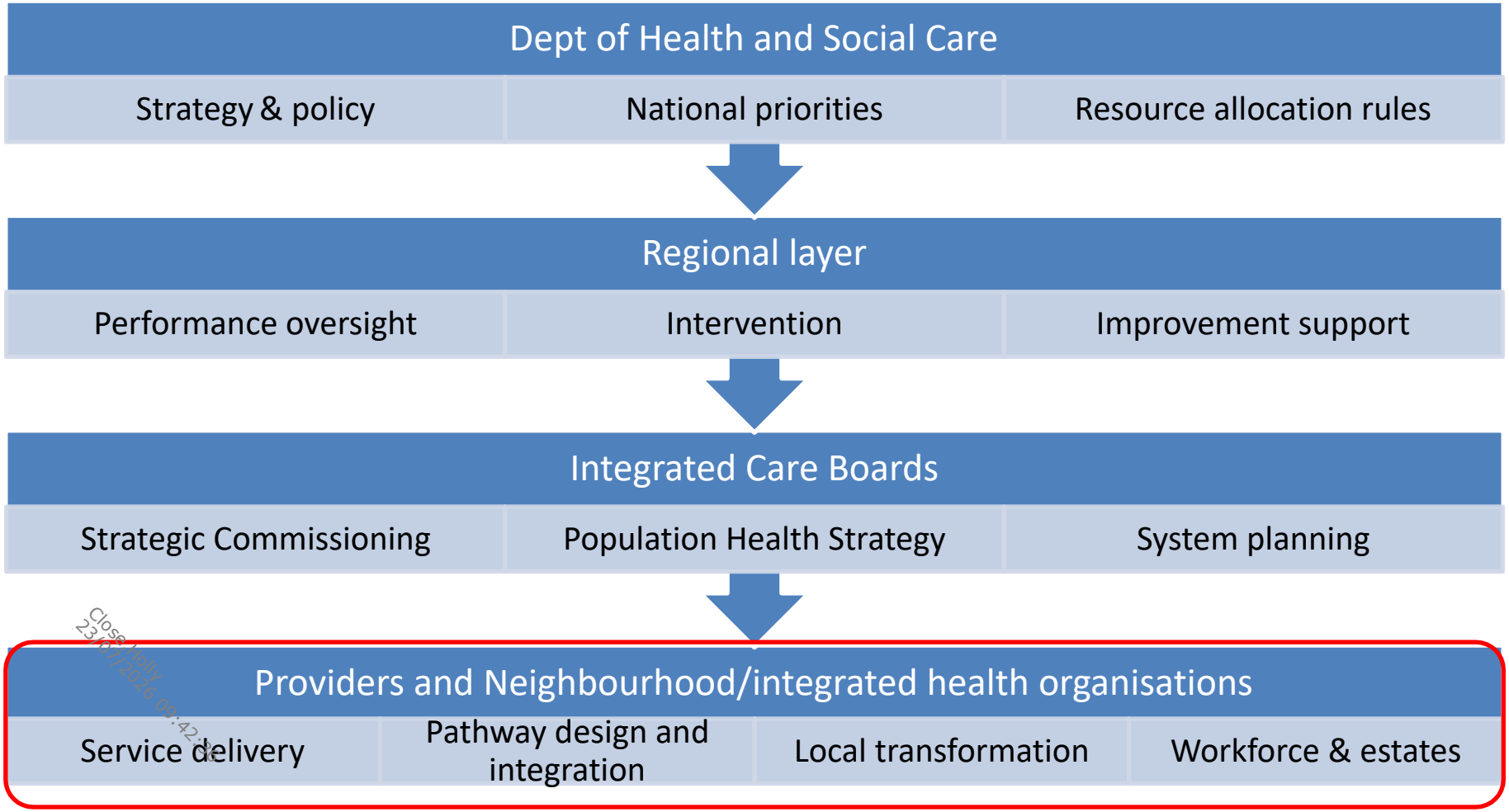
Council of Governors

29th July 2026

UPDATE ON STRUCTURAL CHANGES

NHS ICB Blueprint

NHS
Bradford District Care
NHS Foundation Trust



ICB Transitional Core Functions

Bradford District Care
NHS Foundation Trust

System Convenor

- Convene the system and manage regional relationships, Provider oversight

Strategic Commissioner

Needs Assessment and Outcome Setting

- In depth population analysis
- Analysis of resource utilisation (finance)
- Clinical led evidence on opportunity
- Health economics (Public Health)
- General Practice IT

Strategy and Planning

- Assessment of national policy and local analysis (Planning)
- Setting system strategic ambition and place expectations (strategic goals and outcomes) (Planning)
- Setting clinical commissioning policy for the system (Clinical)
- Setting financial policy & rules (Finance)
- Strategic Resource Allocation (Finance)
- Operational Planning and Delivery
- WYCA partnership priorities
- Green plan and sustainability

Contracting and monitoring

- Manage Market Rules and Core NHS Contracts (Procurement & Contract)
- Assure Place Delivery (Perform/Governance)

Integrator Teams

Local Insight-led Planning

- Develop priorities and plans to address agreed strategic goals and outcomes utilising value based analytical capability, JSNA and community insight (BI/Planning/Insight)

Solution Design and Change (Neighbourhood)

- Engage partners, clinicians and communities in designing solutions to deliver priorities. (Change, Clinical/Community engage)
- Work with partners to create neighbourhood health model
- Primary care operations and transformation
- Pathway and service development programmes
- Drive benefits realisation (Planning)

Aligning Partnership Incentives and Resource

- Create and actively manage incentives across non-statutory community provision (Contract)
- Support development of provider partnerships (Development)

Corporate Capabilities

Value

- Financial management
- Financial governance
- Financial planning (annual and medium-term)

People

- Corporate HR
- Organisation development
- EDI
- Strategic workforce planning, development, E&T
- Local workforce development and training

Corporate Services

- Communications and Involvement
- Corporate Governance and Risk
- Estates and infrastructure strategy
- Corporate Estates
- Information Governance
- Digital and technology leadership and transformation
- Data collection, management and processing

Clinical & Professional

Clinical Leadership - Quality and Safety, Health protection, CHC, Infection prevention and control, Safeguarding, SEND, Medicines optimisation, EPRR and System Co-ordination Centre, Research / Innovation

Place Provider Partnerships

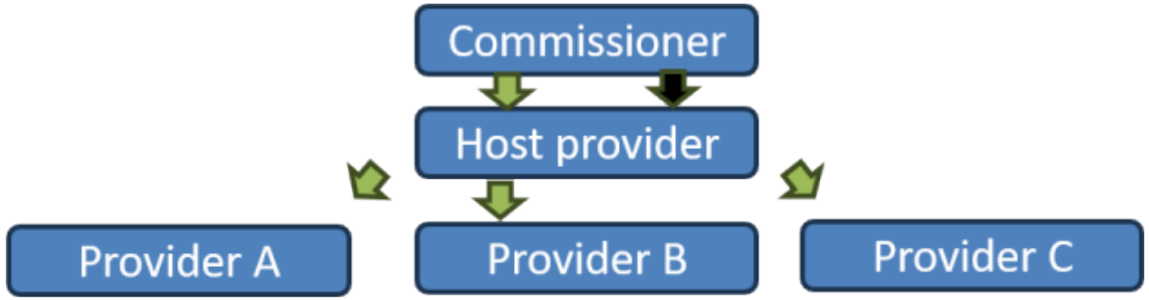
Bradford District Care
NHS Foundation Trust

In addition to what is set out in the ICB Blueprint, ask of all places from WY ICB is for all places to have…

a single body with which it can enter contracts with for delivery of services (**single contracting point**) on behalf of the place.

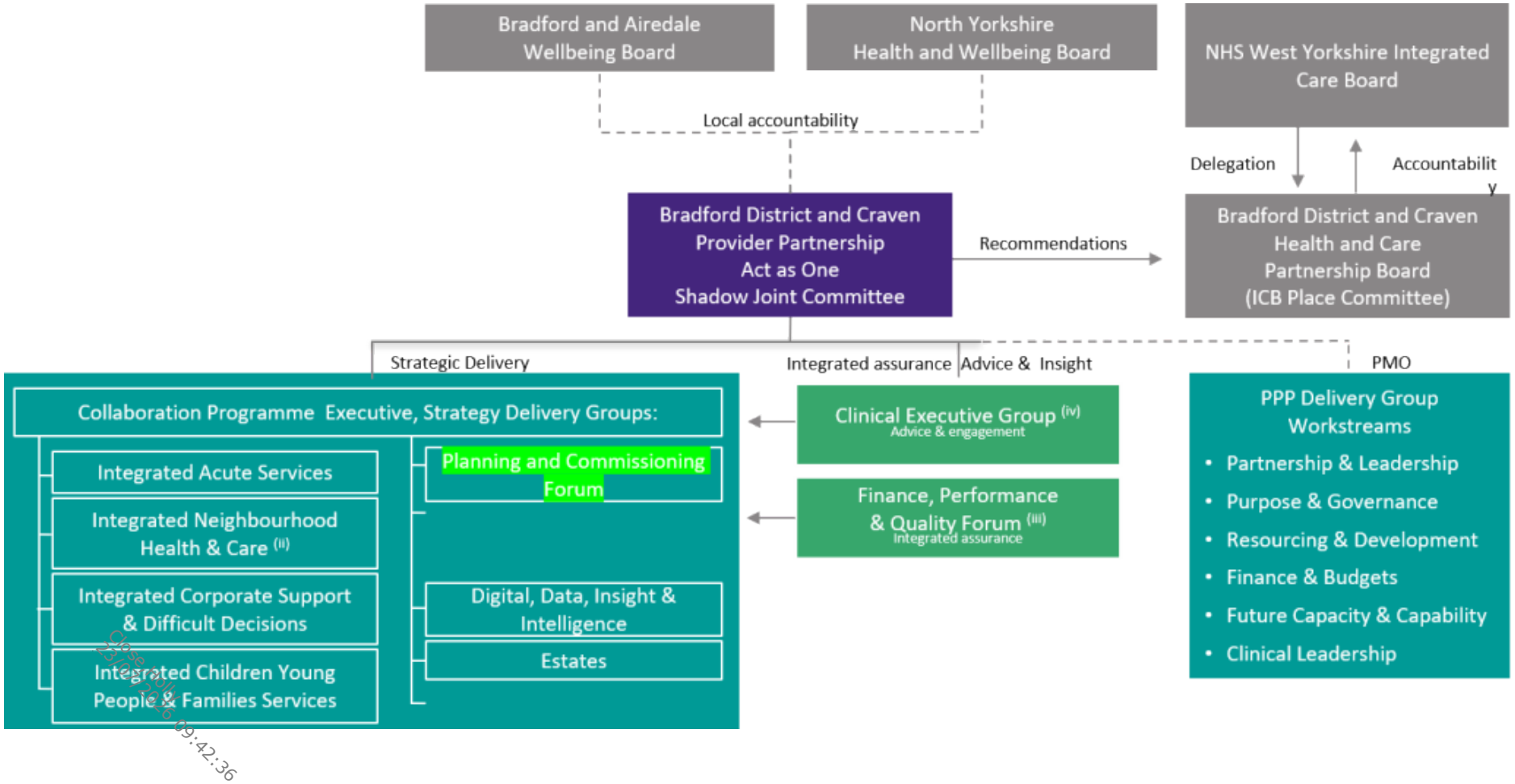
Host provider model

Holds main contracts with ICB. Responsible for monitoring outcomes. Host provider accountable to a Joint Committee at place and to ICB.



Place Governance Structure

Bradford District Care
NHS Foundation Trust



System Due Diligence

Bradford District Care
NHS Foundation Trust

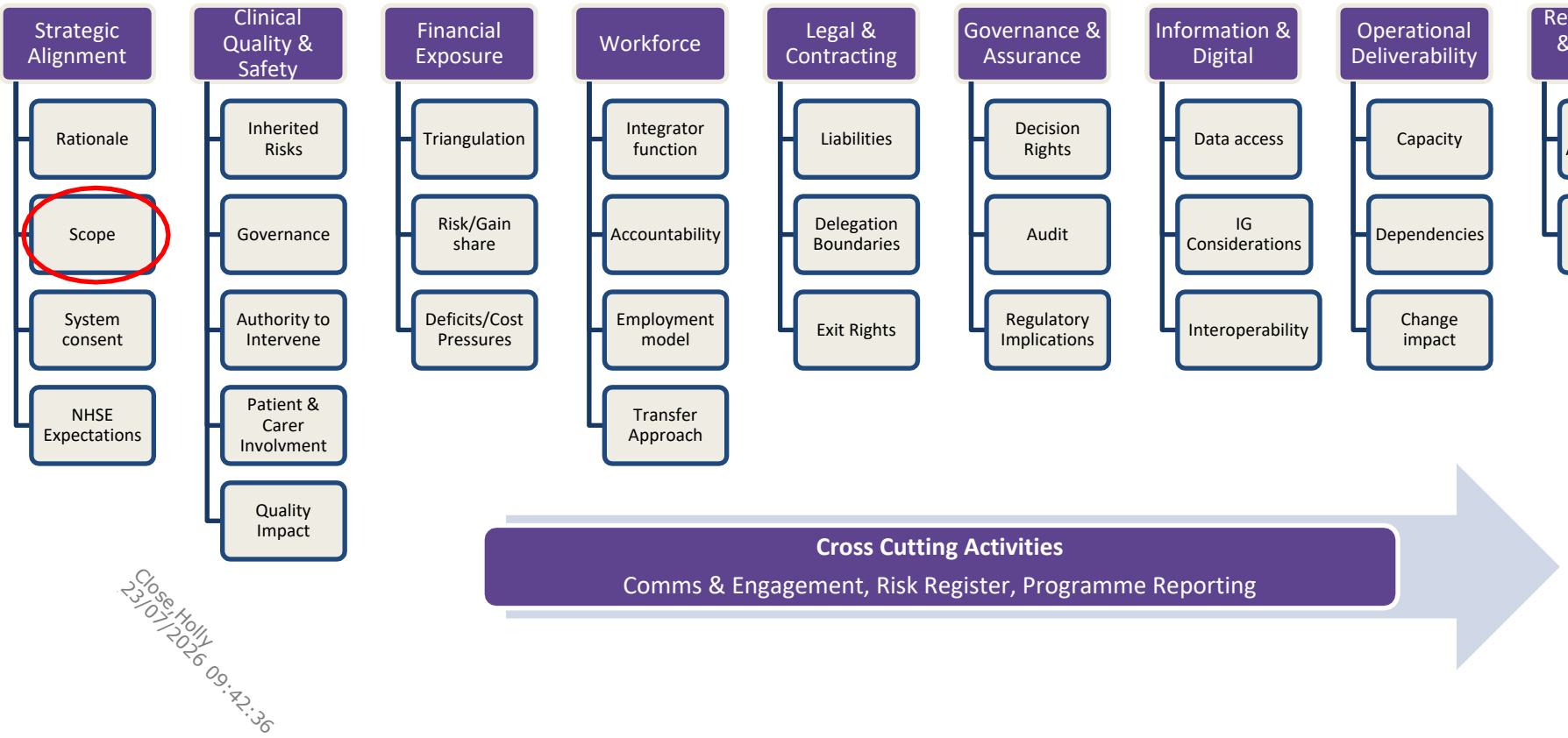
As Bradford District and Craven (BDC) progresses the development of its Place Provider Partnership (PPP), there is a growing need for clarity about the different work programmes currently underway.

There are 3 work programmes:
1. **The West Yorkshire (WY) Integrated Care Board (ICB) readiness assessment**
2. **The Place-based, PPP development group and self-assessment**
3. **The Bradford District Care Trust (BDCT) host provider due diligence programme**

Each of these serves distinct purposes, yet they are often viewed together, creating uncertainty and tension across partners. A clear understanding of how these programmes differ, where they overlap and how they can complement one another is essential to support constructive engagement, reduce friction and enable a more confident and coordinated approach to the continued PPP development.

BDCT Due Diligence

Bradford District Care
NHS Foundation Trust



Timeline

Bradford District Care
NHS Foundation Trust

Jun 26	• Begin host due diligence
Dec 26	• Finalise due diligence and agree key outputs/decisions
Apr 27	• Begin “shadow year”
Apr 28	• Go live

Close Holly 23/07/2026 09:42:36

NHS
Bradford District Care
NHS Foundation Trust

Council of Governors – meeting held in public

29 July 2026

Paper title:	Governance Report	**Agenda Item** **11.1**
Presented by:	Rachel Trawally, Corporate Governance Manager and Deputy Trust Secretary	
Prepared by:	Holly Close, Senior Corporate Governance Officer & Executive Support Manager & Rachel Trawally, Corporate Governance Manager and Deputy Trust Secretary	

Committees where content has been discussed previously	N/A
Purpose of the paper Please check **ONE** box only:	☒ For approval ☐ For information ☐ For discussion
Link to Trust Strategic Vision Please check **ALL** that apply	☐ Providing excellent quality services & seamless access ☐ Creating the best place to work ☐ Supporting people to live to their fullest potential ☐ Financial sustainability, growth & innovation ☒ Governance & well-led
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Caring ☐ Effective ☒ Well-Led ☐ 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. The report details changes within the Council of Governors, including the departure of two Bradford Council Appointed Governors and the appointment of Councillor Jayne Morgan from 17 July 2026. It also notes the retirement of the Chief People Officer and the establishment of a shared Executive appointment with Airedale NHS Foundation Trust.

The report highlights progress on the staged review of the Trust Constitution, with initial amendments relating to governor representation and outdated provisions being presented for approval. It also confirms the successful completion of a number of annual governance requirements, including Fit and Proper Person assessments, compliance self-certifications, and the submission of the Annual Report and Accounts and Quality Account. In addition, updates are provided on forthcoming governor elections, ongoing membership and governor development work, and opportunities for governor involvement. Finally, the report outlines the potential implications of the NHS Modernisation Bill, particularly proposals affecting Foundation Trust governance arrangements, including members and Councils of Governors.

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 updates contained within the report. • Approve the proposed Stage One amendments to the Trust Constitution, subject to any additional approvals required through the Trust's constitutional process. • Take assurance from the successful completion of the Trust's annual governance and statutory compliance requirements for 2025/26. • Support the ongoing programme of governance development, including the Constitution review, Membership Engagement Strategy refresh, governor elections and review of key governance documents. • Note the potential implications of the NHS Modernisation Bill and receive future updates as required.

Links to the Strategic Organisational Risk register (SORR)	N/A
Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
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

Council of Governors – meeting held in public

29 July 2026

Governance Report

Background / Context:

This report will provide key updates on governance matters that have taken place over the last quarter and will be used to share upcoming areas of interest for Governors to be aware of.

Governor Changes:

Appointment & Resignations
Following the local Bradford Council elections, Councillor Sabiya Khan was not re-elected and therefore stepped down from their role as Appointed Governor (Bradford Council). On behalf of the Trust, the Council of Governors thanked Councillor Sabiya Khan for their commitment and hard work during their time in office.

Councillor Debbie Davies: Appointed Governor Bradford Council has also stepped down from her role as Appointed Governor for the Trust. On behalf of the Trust, the Council of Governors thanked them for their commitment and time during their term.

The Trust would therefore like to welcome, Councillor Jayne Morgan who will take up their first term of office as the new Appointed Governor for Bradford Council from 17 July 2026.

People:

Executive Directors:
Following 53 years of NHS service, Bob Champion, Chief People Officer, stepped down from his role at the end June 2026. Jo Harrison, Executive Director of People and Organisational Development at Airedale NHS Foundation Trust, has taken on the role alongside her existing post, creating a shared appointment across organisations. This arrangement supports closer system working across Bradford District and Craven, particularly in developing integrated approaches to care, while maintaining accountability to each Trust Board.

Compliance

Constitution Review
The Constitution is being reviewed in stages. The first stage will update outdated job titles and updating of appointed governor roles: there are currently two council members, one of which has been vacant for some time, the reduction to one council member would be in line

with benchmarking; and the other would be the removal of the member from the Bradford Assembly as this organisation no longer exists. Stage 1 will be presented to the Annual Members' Meeting in September for approval. A fuller review will then be undertaken to streamline the Constitution, ensure it remains current, and move operational detail, where appropriate, into supporting processes and procedures, and consider alignment with Airedale and wider benchmarking, alongside any future changes arising from the NHS 10 Year Plan.

The process to amend the Constitution is as follows:

1) Change(s) identified
2) Vote of Council of Governors *plus* vote of Board of Directors (in no particular order)
3) If the vote from both above groups receives at least 50% support the change is made.
4) For any changes to governor roles or responsibilities, this also must be presented to the Annual Members Meeting, to be formally approved by members.

The changes outlined above were presented to the Board on 23 July for consideration and vote. The changes outlined above are also presented to the Council of Governors at the meeting on 29 July for consideration and vote.

Fit and Proper Person Process

The annual Fit and Proper Persons Test submissions were considered on 22 May 2026 by the Council of Governors Nomination and Remuneration Committee for the Chair and Non-Executive Directors, and by the Board Nomination and Remuneration Committee for Executive Directors. Both Committees received assurance that the required checks had been undertaken for the relevant roles. The Extraordinary Board of Directors held in Private on 25 June received the findings from the Trust Secretary on the annual compliance checks for the Code of Governance and Provider Licence, which also confirmed continued compliance with the Fit and Proper Person regulation for all Board members. The completed return was subsequently submitted to NHS England to meet the national deadline of 30 June 2026.

Annual Report and Accounts 2025/26

At the Board meeting held in private on 25 June 2026, the Board adopted the Annual Report and Accounts for 2025/26. This was following assurance received by the Audit Committee on the production of the two documents; how they were compliant with national guidance; the internal process for delivery; receipt of the Head of Internal Audit Opinion; and the External Auditors findings. In line with national requirements, the document has been submitted to NHS England, and presented to Parliament for laying. Following confirmation that it has been laid in Parliament, the document will be presented to the Governors, the public, colleagues, partners and stakeholders at the Annual Members' Meeting on 24 September 2026.

Quality Account 2025/26

At the Board meeting held in private on 25 June 2026, the Board adopted the Quality Account for 2025/26. A draft version of the Quality Account had previously been presented to the Public Council of Governors in May 2026. The Board received assurance from the Quality & Safety Committee on the production of the document, its compliance with national guidance, and the internal process for delivery. In line with national requirements, the document has been submitted to NHS England and is presented here: Quality Account

The NHS Modernisation Bill

The NHS Modernisation Bill, introduced to Parliament following the King's Speech on 13 May 2026, represents a significant programme of legislative reform aligned to the government's Ten Year Health Plan. The Bill is intended to modernise the NHS by:

1. Creating a leaner, more effective centre
2. Empower patients through access to their personal data
3. Empower Integrated Care Boards (ICBs) and Foundation Trusts to deliver in the best interests of the patients and populations they serve

Central to this is the proposed abolition of NHS England, with its functions and responsibilities transferring to the Department of Health and Social Care and ICBs, including powers relating to resource allocation, oversight and system performance. This reflects a broader shift of power and resources towards frontline organisations, with the intention of reducing bureaucracy, improving efficiency and supporting earlier intervention and better population health outcomes.

The Bill also proposes substantive changes to governance arrangements across ICBs and Foundation Trusts. These include strengthening the strategic commissioning role of ICBs, transferring responsibility for a wider range of services, and introducing new powers for the Secretary of State to set expectations on performance, including waiting times.

Changes to ICB governance include revisions to board composition to reflect the devolution agenda and closer alignment with local authorities, alongside the removal of some existing representation requirements.

For Foundation Trusts, the Bill proposes the removal of statutory requirements for Councils of Governors and members. For Councils of Governors (CoGs), the Bill introduces a significant shift in statutory governance arrangements. The proposed removal of the requirement for Foundation Trusts to maintain governors and members would effectively remove the formal statutory role of CoGs, including their existing duties relating to holding Non-Executive Directors to account and representing the interests of members and the public. These functions are, in part, expected to transfer to the Secretary of State, alongside broader powers relating to appointments and oversight, reflecting a move towards greater centralisation and ministerial accountability.

In parallel, the Bill establishes a legislative basis for a Single Patient Record to improve patient access to information and enable more coordinated, joined-up care, alongside reforms to the patient safety landscape, including the consolidation of national bodies to improve coordination and regulatory effectiveness

More information about the Bill can be found in the following resources: 309_nhs-modernisation-bill-member-briefing.pdf and Health Bill: summary - fact sheet - GOV.UK

Governance Matters:

Council of Governor Elections:

On your behalf the Corporate Governance team will be commencing the election for public and staff Governor seats in the coming months. This election campaign will include vacant seats which currently stands at five.

The Corporate Governance Team will be working with the external Returning Officer to ensure the completion of the election in accordance with the Trust's internal timetable and the Trust Constitution.

Engagement and marketing of the campaign will commence in the Autumn, and we will be inviting Governors to volunteer for membership events in areas that have been commonly hard appoint to. Governors will also be asked to promote the vacancies to their networks and contacts.

The Corporate Governance Team will ensure that Governors are kept updated on the election processes as things progress over the coming months.

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
10/09/2026	9.30-12.30	Board held in Public
05/11/2026	9.30-12.30	Board held in Public
23/09/2026	13.00-15.30	Audit Committee
29/10/2026	9.30-11.00	Charity Funds Committee
23/09/2026	9.30-11.30	Finance and Performance Committee
17/09/2026	9.30-11.30	Mental Health Legislation Committee
17/09/2026	12.30-14.30	People and Culture Committee
22/10/2026	12.30-14.30	People and Culture Committee
16/09/2026	9.30-12.00	Quality and Safety Committee
21/10/2026	9.30-11.30	Quality and Safety Committee

Governor Involvement at Go See Visits:

Date	Service Visited	Governor (s) Involved	Board/EMT Member
13.07.2026	Primary Mental Health Workers	Masira Hans	Fran Stead

Governor Volunteer Opportunities – Trust Welcome

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:

- 04/08
- 01/09
- 06/10
- 03/11
- 01/12

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

Annual Members' Meeting
The Annual Members' Meeting will take place on 24 September at Victoria Hall. Governors should have received an official invitation, including the agenda and schedule for the day. This meeting is a statutory requirement and forms part of the Trust's formal governance framework, during which the Annual Report and Annual Accounts will be presented. Governors are reminded that this is a formal Governor meeting and, if they are unable to attend, formal apologies must be submitted in advance for inclusion in the minutes. The event will also include a marketplace, featuring a Governor stall, and we are seeking volunteers to support this. Governors interested in assisting are kindly asked to confirm their availability by emailing the Corporate Governance inbox.

Council of Governors Membership Strategy:
Following the planned refresh of the Trust Strategy, work on the refresh of the Governor-owned Membership Engagement Strategy has now progressed. Thank you to those Governors who volunteered to be involved through the Membership and Development Committee and support this important piece of work.

The Trust is now exploring opportunities to work collaboratively with Airedale NHS Foundation Trust as part of the review, enabling shared learning and the exchange of good practice. Governors will be kept updated as this work progresses and key developments will be brought to future meetings for discussion and approval as required.

Council of Governors Development Work

Council of Governors Code of Conduct:
Work is nearing completion on 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*. The next step will be to establish a Governor reference group to review both documents and provide feedback. It is proposed that this work takes place over the summer to ensure Governors' views are fully captured and that the final documents are developed through a co-produced approach.

Training and role delivery

All planned training sessions have now taken place, including Role Overview, Governance, Accountability and Holding to Account, and Quality in the NHS. Sessions were delivered via MS Teams as planned; however, due to a number of apologies, the corresponding in-person sessions for Role Overview and Governance, Accountability and Holding to Account were stepped down. All session materials and supporting resources have been uploaded to AdminControl to enable governors to access and review the content at a time that suits them. The Corporate Governance Team will continue to offer training opportunities and would welcome further feedback from governors, with governors invited to share their feedback and suggestions via the feedback form, which can be accessed here: Governor Training Feedback and Future Development – Fill out form

NHS Alliance Session – 'What Follows Council of Governors'?

Governors are reminded of the forthcoming NHS Alliance session, *"What Follows Councils of Governors?"*, which will explore the future role of Councils of Governors taking place on 17 August 2026. Governors can register their interest by following this link.

NHS
Bradford District Care
NHS Foundation Trust

Council of Governors – meeting held in public

29 July 2026

Paper title:	Well Led Development Plan – July 2026	**Agenda Item** **11.2**
Presented by:	Fran Stead, Trust Secretary	
Prepared by:	Fran Stead, Trust Secretary and Corporate Governance team	
Committees where content has been discussed previously	Board Committees; Board of Directors during 2025 and 2026	
Purpose of the paper Please check **ONE** box only:	☐ For approval ☐ For information ☒ 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
The purpose of this report is to provide an update as of July 2026 on the Well Led Development Plan.

Executive Summary
The Well Led Development Plan is the Trust's tool to monitor and receive assurance on the delivery of agreed improvement actions. The actions are linked to corporate governance; CQC Well Led framework; NHS Code of Governance; and the Healthy NHS Board. The NHS England framework for Insightful Board, and Leadership Competency framework is also considered. A number of processes are facilitated within the Trust, supplemented by independent testing processes (such as external reviews), to test compliance with the above requirements and the effectiveness of existing governance. This is in support of the Trust being an improvement organisation. The Well Led Development Plan is the place where all agreed actions are tracked. Colleagues are reminded that this work has two phases, they are: - Phase 1: delivery of the originally agreed action - Phase 2: ensuring the actions are embedded Both phases will be supported by evidence gathering. All evidence will be presented to the oversight meeting, who will be asked to confirm completion of each phase of the work. Performance against delivery is reported quarterly to the oversight meeting regarding the actions its monitoring. The full plan is reported to the Audit Committee and Board held in public.

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 – meeting held in Public is asked to: • note the update provided and give feedback on this evolving process • be assured on the process being iterative and co-produced with Board colleagues • note that an effectiveness review of the process will take place • be assured that the findings from the annual effectiveness reviews have been processed.

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: Not applicable

Care Quality Commission domains Please check **ALL** that apply	☐ Safe ☐ Effective ☐ Responsive ☐ Caring ☒ Well-Led
Compliance & regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: - Well Led - Provider Licence - NHS Act 2006 - Health & Care Act 2022 - Trust Constitution - NHS Code of Governance - Trust Strategy: Better Lives, Together

Bradford District Care
NHS Foundation Trust

Council of Governors – meeting held in public

Well Led Development Plan – July 2026

1 Purpose

The purpose of this report is to provide an update as of July 2026 on the improvements made to the Well Led Development Plan process. Performance against delivery is reported quarterly to the oversight meeting regarding the actions its monitoring. The full plan is reported to the Audit Committee and Board held in public.

2 Better Lives Together (BLT)

The Trust strategy describes our role to connect people to the best quality care, where and when they need it, and be a national role model as an employer.

We will do this by supporting people to feel as healthy as they can be at every point in their lives and connecting people to the best quality care when and where they need it to make every contact count.

Everything the Trust does during this period will be focused upon making better lives, together.

During the refresh of the Trust's strategy 2022/23, a commitment was made to ensure 'governance, effective oversight and accountability' underpins the 4 strategic objectives as a golden thread and enabler. This was further supported 2024 through a Board Development Session, where the Board agreed the Trust's Well Led ambition to support this work, it is:
We have an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use our services, wider communities and ensuring health equity.

All our leaders and colleagues share this. Leaders proactively support colleagues to collaborate with partners to delivery care that is safe, collaborative, person-centred and sustainable.

Once the Trust strategy is approved by the Board, the Well Led framework will be updated.

3 Trust process

The Well Led Development Plan is the Trust's tool to monitor and receive assurance on the delivery of agreed improvement actions. The actions are linked to corporate governance; CQC Well Led framework; NHS Code of Governance; and the Healthy NHS Board.

The NHS England framework for Insightful Board, and Leadership Competency framework is also considered.

Actions are identified by internal and external reviews, this can include independent Well Led review and the annual effectiveness reviews.

The new process was created to support an integrated approach to ensuring 'good governance, effective oversight and accountability'. Recognising that the Trust has a number of existing processes in place to test existing processes. The Plan will not duplicate action management already taking place, such as Internal Audit. It will act as a home for management agreed actions relating to the areas outlined above in support of triangulation of improvement work and an integrated approach.

*some actions will be completed for phase 1 only, when this is appropriate, this will be confirmed by the SRO.

3.1 Theming and prioritisation

To develop this work further, theming will be introduced. This is in support of integrated development work and focus.

An exercise will take place to review all existing actions and theme them. This will take place during Summer 2026 for the existing actions. Following this, the actions will be reviewed in support of prioritisation.

Going forwards, any new actions will be themed and prioritised at the point of them being accepted by management.

4 Two Phase approach

Colleagues are reminded that this work has two phases, they are:

- Phase 1: delivery of the originally agreed action
- Phase 2: ensuring the actions are embedded

Whilst this approach will be in place for the Plan, it is noted that a two-phase approach might not be applicable for all actions. It will be for the responsible officer for the action to decide if phase 2 is applicable or not. They will then notify the Corporate Governance team so that the monitoring spreadsheet can be updated.

Phase 1 is delivery against the action that was agreed by management.

Phase 2 is following the action being delivered, a new due date and plan for how it will be become embedded.

As all actions have different delivery dates, phase 1 and 2 will be monitored and reported on simultaneously. The performance monitoring will be updated to reflect this now that some actions are listed as complete for phase 1, based on the approvals received in the May and June oversight meetings.

5 Assurance rating

Performance of the Well Led Development Plan will be monitored quarterly, with improvement updates to the process presented as required in between. The actions will be scored using the 4 assuring ratings, which will be tracked throughout the year and included within the report.

As the work continues to be delivered and evidence provided for each phase, a tracking system will support colleagues understanding how the work for each action and the actions within each quality statement, progressing to ‘high’ assurance. Colleagues are asked to note that ‘high’ assurance will be achieved at full completion of the action being delivered. For most actions, this will be at the end of phase 2, to show that evidence has been received for the embedding part. The 4-point assurance ratings are outlined below.

Assurance Level	Definition
High (Strong)	High assurance can be given that there is strong evidence that this ambition is being achieved and is embedded within usual practice. There are examples of outstanding practice and/or innovation in this area which can be evidenced.
Significant (Good)	Significant assurance can be given that there is good evidence that this standard is this ambition is being achieved across the majority of areas / reviews undertaken. Whilst there may be some gaps, these are infrequent and there is evidence these are mitigated / responded to rapidly and appropriately.
Limited (Improvement Required)	Limited assurance can be given as whilst there is evidence that some elements of the ambition are being achieved across some areas, there are areas that require improvement in order to bring them up to the required standard.
Low (Weak)	Low assurance can be given as there is weak or no evidence that the ambitions are being achieved. There are significant gaps with little evidence of effective plans to address and significant works needs to be undertaken to bring these areas up to standard.

5.1 Assurance calculation

As this is an ongoing monitoring process, it should be noted that each performance report (presented quarterly), will show a picture at that point in time on the progress being made.

Tracking features within the performance report to allow for tracking to take place.

It is a 2 stage process for reporting performance linked to the assurance rating.

Stage 1:

The following calculation is applied to each action, at the reporting period (this will change as the actions progress, actions can move up and down the assurance categories):

Low = Action overdue / action requesting extension

Limited = Actions not due yet, from phase 1 or phase 2.

Significant = Actions that have completed phase 1 within the agreed due date

High = Actions that have completed phase 1 and do not require to go through phase 2

Or, actions that have completed phase 1 and phase 2

Stage 2

Following each action being rated at that point in time, as above, a total assurance rating will be applied for all actions grouped together within the Quality Statement.

The performance rating is a total picture of all actions within the Quality Statement that shows the current position. This is to allow for a total picture to be presented taking into consideration the total number of actions in that Statement and the progress made on each of them.

The calculation is made on a percentage ratio based on all actions within the Quality Statement, which is:
0% - 40% low progress
41% - 70% limited progress
71% - 100% significant

All actions will be consider as having high assurance when they have completed phase 1 and phase 2, as appropriate.

An example of this is:
5 actions within the Quality Statement
2 of them have been completed for phase 1 (**significant** assurance X2)
2 of them have requested an extension for phase 1 (**low** assurance X2)
1 is not due yet (**limited** assurance X1)
This as a group of actions within the Quality Statement would equal = 'limited assurance'

6 Annual effectiveness reviews

Good governance stipulates that it good practice to undertake regular effectiveness reviews. This ensures that the work undertaken by the Committee continues to be meaningful and effective. Where changes to how the Committee is operated are recommended, these would result in changes to the Terms of Reference for the Committee if appropriate. Undertaking this practice is outlined within the Constitution, Terms of Reference, and within the NHS Code of Governance. The Corporate Governance team facilitate delivery of this annual exercise during quarter 4.

Following the findings being reviewed and themed, individual actions have been suggested. An exercise has taken place to cross-reference the suggested actions against the existing actions within the Well Led Development Plan. Colleagues are reminded that any new actions, or those that further build on existing Well Led actions, will be considered by management as new. At appendix 1 is the findings from the exercise. All new actions are presented to the Senior Responsible Officer for consideration, the management accepted actions will be added to the Well Led Development Plan and tracked from September onwards.

7 Next steps

The Council of Governors – meeting held in Public is asked to

- note the update provided and give feedback on this evolving process
- be assured on the process being iterative and co-produced with Board colleagues

- note that an effectiveness review of the process will take place
- be assured that the findings from the annual effectiveness reviews have been processed.

Fran Stead
Trust Secretary
July 2026

Action	Committee	Existing Well Led Action	Comments
Health equity: One respondent felt the committee does not yet proactively consider health equity or include it visibly in the work plan.	CFC FPC MHLC PCC CoG	QS4 and QS5.15	Considered current well led actions and confirmed that there is an existing action that relates to this.
Visibility of Board assurance on member knowledge: One person was unsure whether the Board ensures sufficient member knowledge of the Trust. CFC	CFC, COG	QS5.10	Considered current well led actions and confirmed that there is an existing action that relates to this.
Induction & training: Some members feel onboarding and support for new members could be strengthened.	CFC PCC FPC MHLC PCC CoG	QS5.10 & QS5.5	Considered current well led actions and confirmed that there is an existing action that relates to this.
Agenda pressure: Full agendas sometimes limit discussion time; meeting focus could be sharpened further. Most common issue. Discussion time is squeezed, leading to rushed scrutiny.	FPC MHLC QSC PCC	QS5.12	Considered current well led actions and confirmed that there is an existing action that relates to this'.
Cross committee links: Mixed views on whether interaction is sufficient - opportunity to formalise connections.	FPC MHLC PCC	QS5.11	Considered current well led actions and confirmed that there is an existing action that relates to this.
Learning from your experience suggestion to add a "learning from experience" standing item.	FPC	QS6.6	***NEW*** Completion date set for 31/12/2026
Work plan needs refreshing: Seen as repetitive; requires update due to changes in mental health legislation; difficulty finding leads for some items.	MHLC	QS5.3	Considered current well led actions and confirmed that there is an existing action that relates to this.
Report format consistency: A few comments that report content/format is inconsistent or incomplete. **Papers:** Occasionally too many papers; some variation in format and quality.Need clearer templates, expectations, and more concise presentations. Presenters sometimes over-explain instead of highlighting key points.	FPC MHLC QSC PCC	QS5.13	Considered current well led actions and confirmed that there is an existing action that relates to this.
Role clarity: Hospital Managers and Patient Advocates' roles need clearer support and definition.	MHLC	QS5.10	Considered current well led actions and confirmed that there is an existing action that relates to this.
Minutes: The production timeline for minutes was met; however, delays in the approval process meant that some minutes were issued alongside subsequent meeting papers or later than planned.	PCC	QS5.8	Considered current well led actions and confirmed that there is an existing action that relates to this.
Variable contribution in meetings: Some members speak less, despite opportunities given	QSC	QS5.14	Considered current well led actions and confirmed that there is an existing action that relates to this.
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.	CoG	QS6.2	Considered current well led actions and confirmed that there is an existing action that relates to this.
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.	CoG	QS5.13	Considered current well led actions and confirmed that there is an existing action that relates to this.
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.	COG	QS5.31	***NEW*** Completion date set for 31/12/2026

NHS
Bradford District Care
NHS Foundation Trust

Council of Governors – Public Meeting

29th July 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:	☐ For approval ☒ For information ☒ 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 this report is to present the Council of Governors with the Trust's revised Integrated Strategic Performance and Quality Report for June 2026, providing an integrated view of performance, quality, workforce, finance, productivity and strategic assurance. The report brings together key metrics, risks, mitigations and committee assurance to support oversight, enable triangulated discussion on areas of strong performance and areas requiring further improvement, and seek approval of the ISPQR as the Trust's primary integrated assurance report.

Executive Summary

This paper presents the first revised Integrated Strategic Performance and Quality Report (ISPQR), bringing together performance, quality, workforce, finance and productivity metrics into a single assurance framework aligned to the Trust Strategy, Board Assurance Framework (BAF), NHS Oversight Framework and Insightful Board principles.

The report provides assurance that the Trust remains operationally stable, continues to deliver high-quality care in several key areas and has improved its NHS National Oversight Framework (NOF) position from Sector 3 to Sector 2. The Quarter 4 NHS National Oversight Framework position was published in June 2026. The average indicator score was 2.23 (2.84 for Q1, 2.74 for Q2, 2.59 for Q3). A data quality improvement plan is in place and focussing on improvement across a number of the indicators.

Performance remains strong in several national measures, including elimination of community 52-week waits, urgent crisis response standards, mandated public health nursing contacts, low agency utilisation and a number of patient safety indicators.

However, challenges remain relating to access, workforce, delivery of efficiency programmes and a number of emerging NOF indicators that will influence future National Oversight Framework assessment.

Whilst the overall position is stable, the report identifies four priority areas requiring continued Board oversight:

1. **Access and Flow**
    - CYP waiting times remain significantly above trajectory, particularly those waiting over 104 weeks – Data Quality issue with improvement plan in place across 26/27
    - Inpatient flow and out-of-area placement pressures continue to impact operational performance and financial sustainability.
    - Community Dental Services performance remains materially below target owing to workforce and theatre capacity constraints – however positive benchmark when compared to peers
2. **Quality and Outcomes**
    - New NOF outcome measures relating to paired clinical outcome measures – Data quality and technical application/reporting alongside clinical practice

- Whilst patient safety indicators remain broadly stable, improvement activity continues in relation to restrictive practice, CQC feedback actions and compliance monitoring.

3. **Workforce**
    - Sickness absence remains above target and continues to impact operational resilience, temporary staffing expenditure and productivity.
4. **Financial Sustainability and Productivity**
    - The Trust remains forecast to achieve a breakeven position.
    - Delivery of the Cost Improvement Programme (CIP) remains the most significant financial risk.
    - Bank staffing expenditure and inpatient flow continue to present material financial pressures requiring active management.

Assurance levels (the Board Assurance Framework)
The Strategic Assurance Framework, previously part of the ISPR, is to become a separate more detailed report in its own right from September 2026. The Committees have reviewed performance against the relevant Board Assurance Framework risks.

The levels of assurance of this month using the historical framework are as follows:
Being the Best Place to Work

- Theme 1 – Looking after our People
    - Confirmed assurance level by delegated Committee – **High**
- Theme 2 – Belonging to our Organisation
    - Confirmed assurance level by delegated Committee – **High**
- Theme 3 – New Ways of Working and Delivering Care
    - Confirmed assurance level by delegated Committee – **Significant**
- Theme 4 – Growing for the Futures
    - Confirmed assurance level by delegated Committee – **High**

Delivering Best Quality Services

- Theme 1 – Access & Flow
    - Confirmed assurance level by QSC – **Limited**
    - Confirmed assurance level by FPC – **Low**
- Theme 2 – Learning for Improvement
    - Confirmed assurance level by delegated Committee – **Significant**
- Theme 3 – Improving the experience of people who use our services
    - Confirmed assurance level by QSC – **Limited**
    - Confirmed assurance level by MHLC - **Significant**

Making Best use of resources

- Theme 1 – Financial Sustainability
    - Confirmed assurance level by delegated Committee – **Low**
- Theme 2 – Our Environment & Workspaces
    - Confirmed assurance level by delegated Committee – **Low**
- Theme 3 – Giving back to our communities

- Confirmed assurance level by delegated Committee – **Limited**

Best partner – measures & metrics to be agreed

Good Governance - Confirmed assurance level - **Significant**

The detail and decision regarding each committees confirmed assurance level is included in each committee AAA+D report.

Key Assurance Messages for Governors

- **Workforce and culture:** There are positive indicators in staff engagement, turnover and appraisal compliance. Governors should note that targeted work continues to improve experience and outcomes for protected groups.
- **Access and flow:** This remains a key area of limited assurance. Improvement is required in waiting times, length of stay and flow through inpatient and community pathways, with continued oversight through Quality and Safety Committee and Finance and Performance Committee with strategic programmes driven by Care Trust Way in place to support improvements.
- **Quality and safety:** Patient experience remains strong overall. Stable patient safety indicators with no indicators currently demonstrating special cause deterioration there remains a focus on clinical risk management, harm reduction and timely access to care.
- **Resources and sustainability:** Financial sustainability is an area remains subject to active executive and Board-level oversight, grip and control. CIP delivery being the material risk.
- **Governance and oversight:** Governance arrangements are well embedded, with performance reviewed through the relevant Board Committees and escalated through AAA+D reporting. The revised performance framework should further strengthen transparency, triangulation and accountability.

Key Risks, Mitigations & Actions

Committees maintain focused oversight of:

- Improvement programmes to support access and waist to include data quality improvement programme supporting the roll out and embedding of Paired Outcome measures
- Workforce Wellbeing – targeted interventions, oversight and leadership support with complex cases, optimisation of wellbeing offers
- CIP delivery and productivity programme implementation - Additional mitigation plans, increased cadence of executive review and productivity programme oversight
- Adult Mental Health flow improvement programme (Purposeful & Productive) targeted and prioritised PMO and Improvement & Innovation Team support
- System Collaboration

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	☒ **Yes**. The report includes indicators relevant to equality, diversity and inclusion, including workforce experience, WRES, WDES, gender pay gap and service access. These areas are monitored through the relevant Board Committees and inform targeted improvement actions. ☐ **No**

Recommendation(s)	
The Council of Governors is asked to: • note the current performance position, including areas of strong assurance and areas requiring further improvement;	• take assurance that performance is subject to oversight through the relevant Board Committees and AAA+D reporting routes; • seek any further assurance from Non-Executive Directors on the areas of limited or low assurance, particularly access and flow, waiting-related harm, financial sustainability and estates/environment risks; and • note the transition to the revised Integrated Strategic Performance and Quality Report from July 2026 and the planned Trust-level Strategic Performance Report from September 2026.

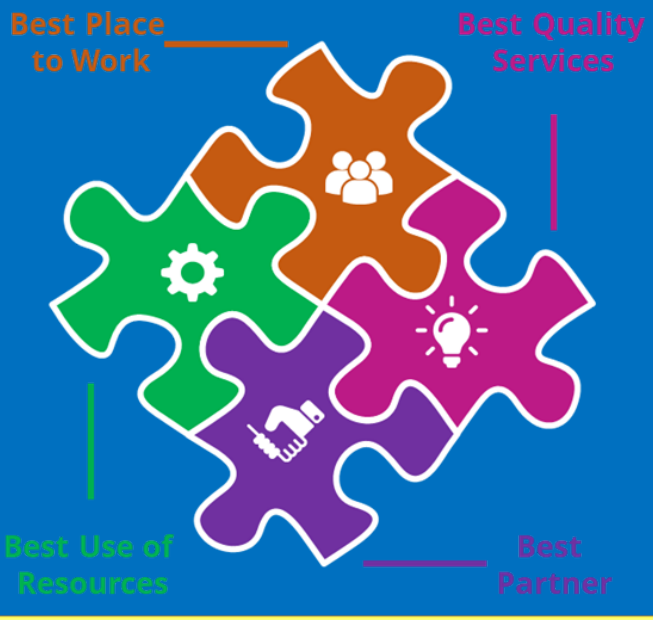
Links to the Strategic Organisational Risk register (SORR)	The work contained within this report links to the following corporate risks identified on the SORR. These risks reflect the areas where sustained Board and Committee oversight is required due to the potential impact on quality, safety, performance, finance and service user experience: • 2609: Organisational risks associated with out of area bed use (finance, performance and quality) • 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. The report supports the Trust's ability to demonstrate effective oversight of performance, quality, access, workforce, finance and leadership in line with national regulatory expectations:

	• The NHS Oversight Framework describes how NHS England oversees NHS trusts, foundation trusts and integrated care boards. Oversight metrics are used to identify potential issues, prompt further investigation of support needs and assess delivery across the national themes of quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability. The revised performance reporting approach strengthens the Trust's ability to evidence oversight, escalation and improvement against these domains.

NHS
Bradford District Care
NHS Foundation Trust

Integrated Strategic Performance And Quality Report

June 2026 (May data)



Contents

Introduction

Bradford District Care NHS Foundation Trust's Integrated Strategic Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust against its strategic priorities, and key performance areas, based on the latest information available. It includes reporting on actions being taken to address any issues and concerns with progress to date.

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 10 Year Plan, the National Oversight Framework, Adult Social Care Outcomes Framework, Integrated Care Systems (ICS), and the Insightful Board as well as local contracting and partnership arrangements.

This report presents the following sections:

- Performance Data Against a Range of Metrics
- Performance is aligned to the strategic priorities, key themes and the strategic metrics which are defined in the trust's strategy, better lives, together. This will also include indicators with a key national focus, including those identified in the National Oversight Framework.

This document contains a suite of dashboards and narrative covering all areas of the Trusts delivery, Mental and Physical Health, and Corporate Services.

The content of this report will be reviewed on a regular basis to ensure current indicators and challenges remain the focus.

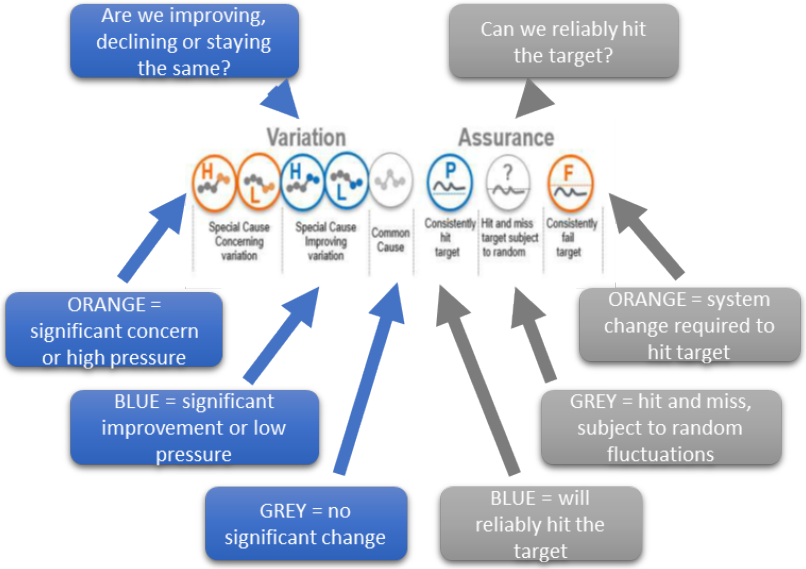
Definitions

SPC Definitions

Within this data pack there has been a 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 in this graphic.



Executive Summary – KPI Assurance Grid (General, Excluding NOF)

The following matrix shows how each indicator is performing its target or objective, at a high level. It also includes which sector the indicator was in previously.

Under Target / Consistently Under Target	Domain	Last Report	Achieving / Consistently Achieving	Domain	Last Report	Achieving / Consistently Achieving	Domain	Last Report
Consultant-led waiting times - Community Dental Services	ATS	-	0-19 - Antenatal Contact	ATS	-	No Force first - Prone Restraint	QPS	-
Return to work interview after sickness absence	P	-	0-19 - New Birth Visit	ATS	-	No force first – Seclusion	QPS	-
Performance Against CIP Plan	FP	-	0-19 - 6 to 8 Week Contact	ATS	-	No force first – Segregation	QPS	-
Performance against bank cap limit	FP	-	0-19 - 12 Month Review	ATS	-	Pressure ulcers: Total	QPS	-
Capital Performance YTD	FP	-	0-19 - 2 to 2.5 Year Review	ATS	-	Falls – Total reported	QPS	-
Proportion open CYP MH related waits over 104 weeks	ATC	-	% of Ward occupancy delayed for Acute Wards	EXC	-	Pressure ulcers: ulcers moderate or above with omissions	QPS	-
% of people accessing MH services with 2 or more contacts and a paired outcome	ATS	-	Level of bank staffing	P	-	% Red Shifts	QPS	-
Variable Performance	Domain	Last Report	Level of agency staffing	P	-	Safer Staffing - % of hours utilised for enhanced obs.	QPS	-
Inappropriate OAP bed days	EXC	-	Vacancy Rate	P	-	Capital Performance Forecast	FP	-
Labour Turnover	P	-	Variation from budgeted establishment	P	-			
Time to fill a vacancy	P	-	Clinical supervision	P	-			
Number of employee relations cases (open cases at time)	P	-	Mandatory training	P	-			
Appraisal compliance	P	-	Forecast outturn against plan	FP	-			
Talking Therapies Reliable Recovery (NOF for 26/27)	EFC	-	Performance against agency cap limit	FP	-			
Talking Therapies Reliable Recovery (NOF for 26/27)	EFC	-	Cash ratio	FP	-			

Red indicators have been under target for 3 or more periods. Those that have dipped under target for one or two periods will remain Amber.

Domain Key:

ATS = access to services, **QPS** = quality and patient safety, **EFC** = effectiveness of care, **EXC** = experience of care, **P** = people, **FP** = finance and productivity

Executive Summary – KPI Assurance Grid (National Oversight Framework)

The following matrix shows how each NOF indicator is performing its target or objective, at a high level. It also includes which sector the indicator was in previously.

NOF Reporting Period = **Quarter 4 2025/26**

NOF Score 4 Latest Quarter	Domain	Last Quarter Score	NOF Score 3 Latest Quarter	Domain	Last Quarter Score	NOF Score 2 Latest Quarter	Domain	Last Quarter Score	NOF Score 1 Latest Quarter	Domain	Last Quarter Score
Sickness Absence	People and Workforce	3 ↓	% Change in no. of CYP (under 18) Accessing NHS funded Services	Access to Services	3 ⇔	CQC Community MH Satisfaction Score	Experience of Care	2 ⇔	Percent waiting 52 weeks for community services	Access to services	2 ↑
			Variance YTD to Finance Plan	Finance and Prod.	1 ↓	% of IP with >60 Day LoS at discharge (Quarter)	Experience of Care	2 ⇔	% Patients in Crisis F2F Within 24 hrs	Patient Safety	3 ↑
						Urgent Community Response	Experience of Care	2 ⇔	Planned Surplus / Deficit	Finance and Prod.	1 ⇔
						NHS Staff Survey – Raising Concern Score	Patient Safety	2 ⇔			
						MNHS Staff Survey Engagement Score	People and Workforce	2 ⇔			
						Relative Difference in Costs	Finance and Prod.	2 ⇔			

Note: Scoring indicators only. Excludes contextual measures and new indicators for 2026/27 – these will be added once formally confirmed

Strategic Indicators – Access to Services – overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation to Target	Data Quality Confidence (Low/Med/High)
PH Community	NOF	Percentage of patients waiting over 52 weeks for community services Link to Slide	Quarter 4 25/26	0 NOF 1	0 (NOF 1)	On Target	Data quality confidence to be added next time
MH CYP	NOF & Planning	Proportion of total open CYP MH related waits that are over 104 weeks Link to Slide	April 2026	2865 (48%)	2450 (Apr Trajectory) 0 Mar 27 (planning)	415 off target	
MH Community	-	Community Mental Health - % of people seen within 4 weeks Link to Slide	May 2026	CMHT – 14.5% OPMH – 34.6% IOT – 50% CMHpS – 28.8%	TBC	-	
MH CYP	NOF (Yes 25/26, Out for 26/27)	% change in no. of under 18s supported through NHS funded MH with at least 1 contact in a rolling 12m period Link to Slide	Quarter 4 25/26	3.2% reduction NOF 3	25/26 – NOF ranking 1 26/27 - No Target	3.2% or more to show increased access	
MH CYP & Adults	NOF 27/27	Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages) (new measure) Link to Slide	April 26	CYP – 10% Adult – 5%	CYP >= 28% Adult >= 12% (NOF 1)		
Dental	-	Consultant-led waiting times - Community Dental Services Link to Slide	May 2026	52.1%	92%	-39.9%	

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
PH 0-19	-	0-19 Mandated Contacts - Antenatal Contact Link to Slide	Q4 25/26	81.6%	55%	26.1%	Data quality confidence to be added next time
PH 0-19	-	0-19 Mandated Contacts - New Birth Visit Link to Slide	Q4 25/26	98.2%	90%	8.2%	
PH 0-19	-	0-19 Mandated Contacts - 6 to 8 Week Contact Link to Slide	Q4 25/26	97.9%	90%	7.9%	
PH 0-19	-	0-19 Mandated Contacts - 12 Month Review Link to Slide	Q4 25/26	98.1%	90%	8.1%	
PH 0-19	-	0-19 Mandated Contacts - 2 to 2.5 Year Review Link to Slide	Q4 25/26	96.1%	85%	11.1%	

Summary Points

- Overall, access performance is mixed. Strong assurance is available for 0–19 mandated contacts and the absence of 52-week community waits at the latest NOF reporting point; however, material access risks remain in CYP mental health long waits, paired outcome reporting and community dental waiting times.
- CYP waits over 104 weeks are above the April trajectory, with 2,865 open waits reported against a trajectory of 2,450. Baselining and reporting arrangements are still being finalised in line with DQ plan to achieve the 104 week wait reduction, so Board assurance will strengthen as trajectory monitoring is embedded.
- Community mental health 4-week wait reporting is developing against a national baselining and standard rather than an agreed national or local target. The Board should note a local target is being confirmed and will support further Board assurance through future exception reporting.
- The new paired outcome score indicator is a key effectiveness and access measure for 2026/27. Current performance would place the Trust in a lower NOF category; however, a recovery plan is in place with an ambition to achieve trajectory by Q3. Board assurance will be strengthened once baseline reporting, data quality confidence and technical milestones are confirmed.
- Community Dental Services remain materially below target, with performance affected by industrial action and cancelled theatre sessions. Mitigating action is being progressed through the BDCFT-led West Yorkshire CDS Collaborative, including review of General Anaesthetic pathways. The Board should seek continued assurance that recovery actions are translating into improved waits and reduced patient impact.
- The 0–19 mandated contact indicators continue to perform above target, providing good assurance on delivery of core public health nursing contacts. Performance remains on track for Q1 2026/27 reporting.

Strategic Indicators – Quality and Patient Safety – overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
All	NOF	NHS Staff Survey raising concerns sub-score (MHPRV) Link to Slide	2025 Staff Survey	6.80 NOF 2	See narrative	N/A	Data quality confidence to be added next time
MH Crisis	NOF	Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m rolling) - safety (3.25) Link to Slide	Quarter 4 2025/26	88.3% NOF 1	80%+ (NOF 1)	8.3%	
All	-	Sexual Safety (no slide yet)	New Standard - Reporting To Be Developed				
All	-	No Force first - Prone Restraint Link to Slide	May 2026	0	No Set Target (See Note)		
All	-	No force first – Seclusion Link to Slide	May 2026	1	No Set Target (See Note)		
All	-	No force first – Segregation Link to Slide	May 2026	1	No Set Target (See Note)		
All	-	Medication Administration Errors - Total & Severity (no slide yet)	Reporting under development to add in July				
All	-	Avoidable Harm - pressure ulcers: Total Link to Slide	May 2026	191	No Set Target (See Note)		
All	-	Falls – Total reported Link to Slide	May 2026	21	No Set Target (See Note)		
PH Community	-	Avoidable Harm - pressure ulcers: ulcers moderate or above with omissions Link to Slide	May 2026	12	No Set Target (See Note)		
All	-	Safer staffing - % of hours utilised for enhanced observations (no slide yet)	May 2026	11,866	No Set Target (See Note)		
All	-	% red Shifts (Mental Health Inpatients) (no slide yet)	May 2026	0	No Set Target (See Note)		
All	-	% Black shifts Opel Rating (Physical Health services) (no slide yet)	New Standard – Reporting To Be Developed				

Close Holly 23/07/2026 09:42:36

Note: RAG rating for Quality Indicators is based on SPC chart interquartile ranges. Those below the upper quartile range are Green, this in the upper quartile range are Amber, anything above the upper limit is Red.

NHS Staff Survey raising concerns sub-score – NOF score is determined by ranking all provider scores. BDCFT are in the second-best quarter of responses so have scored a NOF 2.
Crisis Referrals Seen Within 24 Hours – we have seen a significant increase in performance throughout 2025/26, from 28% in Q1 to 88% is Q4. We are now one of the highest-ranking Trusts for this indicator.

- Overall, the quality and patient safety position provides positive assurance, with key indicators remaining within expected SPC limits and no current Amber or Red exceptions reported in the summary table. This is supported by triangulation through Positive and Proactive Care, Safer Staffing and Patient Safety Executive oversight.
- The Trust has made significant improvement in urgent crisis referrals receiving face-to-face contact within 24 hours, increasing from 28% in Q1 to 88.3% in Q4 2025/26 and achieving a NOF 1 position. This is a material patient safety improvement, particularly given the link between timely crisis response and suicide risk reduction.
- Assurance on the crisis response indicator has strengthened through the implementation of the Mental Health Crisis unit on SystmOne, improved data flows, and focused administrative and clinical leadership. Continued oversight is required to ensure this improvement is sustained and not dependent on short-term operational grip.
- Restrictive intervention indicators remain low, with prone restraint, seclusion and segregation continuing to support assurance that least restrictive practice is embedded. This is reinforced through Positive and Proactive Care governance and ongoing scrutiny of practice.
- Safer staffing indicators provide assurance that no inpatient red shifts were reported and enhanced observation demand is being managed. However, this should be triangulated with bank fill, amber shift reporting and temporary staffing reliance to ensure the Board has a complete view of workforce-related safety risk.
- Pressure ulcer reporting is subject to multidisciplinary review through PSEP, with evidence of learning being translated into prevention planning, staff training and documentation improvement. The Board can take assurance from the governance process, while recognising the need to continue monitoring themes and avoidable harm outcomes.

Strategic Indicators – Effectiveness of Care – overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
Inpatients	NOF	Adult acute admissions with no contact with mental health services in the prior year (new measure) Link to Slide	April 2026	17% (would be NOF 4)	5% and Lower (NOF 1)	-	Data quality confidence to be added next time
MH	NOF	% of acute adult discharges followed up within 72 hours (new measure) Link to Slide	April 2026	82.5%	80% (NOF 1)	2.5%	
Talking Therapies	NOF	Percentage of NHS talking therapies patients completing a course of treatment and achieving reliable recovery (new measure) Link to Slide	April 2026	49.3%	51% March 2027 (NOF1)	-1.7%	

Summary Points

- Overall, effectiveness of care shows a mixed assurance position. There is positive assurance on 72-hour follow-up and emerging improvement in Talking Therapies reliable recovery, but there is a material risk in the new adult acute admissions with no prior mental health contact indicator.
- Adult acute admissions with no contact with mental health services in the prior year is a new NOF indicator for Q1 2026/27 but for the ICB. Current performance, based on available technical guidance, would place the ICB in NOF 4. This measure will help inform any potential risk in relation to prevention, community pathway effectiveness and early intervention. A deep dive is required to understand the drivers, data quality and actions needed to improve the position, hence BDCFT noting it as a measure of importance even though it sits with ICB.
- The 72-hour follow-up indicator is an important post-discharge safety measure. Current performance of 82.5% would achieve a NOF 1 position and provides positive assurance; however, delivery remains fragile and sensitive to data quality, administrative processes and operational capacity within IHTT. Continued clinical and administrative oversight is therefore required to sustain performance.
- Talking Therapies reliable recovery is a new NOF indicator for 2026/27. April performance was 49.3%, with early May data indicating movement above 51%. This suggests an improving trajectory, but the Board should note that sustained quarterly delivery above 52% will be required to secure a NOF 1 position.
- Assurance across new NOF measures will remain limited until baselines, data quality confidence and reporting methodology are fully embedded. Future reports should therefore distinguish clearly between confirmed performance, indicative performance and areas requiring validation.

Strategic Indicators – Experience of Care - overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
Inpatients	Planning	Inappropriate OAP bed days (our spot continuity number and all OAP bed days) Link to Slide	May 2026	152 Spot 798 Block 950 Total	On / under Trajectory (906 May)	44	Data quality confidence to be added next time
Inpatients	-	% of ward occupancy delayed for Acute Wards Link to Slide	May 2026	5.3%	10% and under	-5.7%	
Inpatients	NOF	Mean length of stay for adult acute and psychiatric intensive care unit (PICU) patients (new measure) Link to Slide	May 2026	45.0 (May Only)	51 March 2027 – Planning (<=40 for NOF 1)	5.0	
Inpatients	NOF	Mean length of stay for older adult acute discharges (new measure) Link to Slide	May 2026	97.0	76 March 2027 – Planning (<=73 for NOF 1)	24.0	
Inpatients	NOF	% of Inpatients with >60 Day LoS at discharge (3m rolling) Link to Slide	Quarter 4 25/26	23.4% NOF 2	No Target Set for 26/27	Based on Rank	
PH Community	NOF	% of Urgent Community Responses within 2 hours Link to Slide	Quarter 4 25/26	73.8% NOF 2	70% (NOF 1 26/27) *	3.8%	
MH All	NOF	CQC community mental health service satisfaction rate Link to Slide	Quarter 4 25/26	As Expected NOF 2	Based on rank – TBC	Based on Rank	

Summary Points

- Overall, experience of care indicators show a mixed but manageable position. Positive assurance is available for delayed ward occupancy and urgent community response performance, while inpatient flow and out of area placement bed days remain areas requiring continued executive oversight.
- Inappropriate out of area placement bed days remain above the May trajectory, with a total of 950 bed days reported against a trajectory of 906. This creates ongoing risk to patient experience, continuity of care, family contact, and system cost. Daily oversight by service leads and the Flow Team provides operational grip, but Board-level assurance should remain focused on whether reductions are being delivered at the pace required to meet the year-end ambition.
- Delayed ward occupancy for acute wards is below the 10% threshold at 5.3%, providing positive assurance that internal discharge delay is currently within expected parameters. This should continue to be monitored alongside wider bed flow indicators to ensure that improvement is sustained.

- Mean length of stay indicators for adult acute/PICU and older adult acute services are new NOF measures for Q1 2026/27. Current monthly data suggests variable performance and should be treated as emerging rather than fully assured until reporting methodology and data quality confidence are confirmed.
- Urgent Community Response performance achieved 73.8% in Q4 2025/26. Although this scored NOF 2 under the current methodology, the 2026/27 methodology would place the Trust in NOF 1 if performance remains above 70%. Sustaining this level of delivery will be important for both patient experience and system flow.
- The CQC community mental health satisfaction measure remains in NOF 2, based on national ranking. This provides moderate assurance, but future narrative should draw out the improvement actions linked to service user feedback so that the Board can see how experience data is being used to drive change.

Strategic Indicators – People - Overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
All	NOF	NHS Staff Survey Engagement sub score - pulse survey becomes the narrative Link to Slide	2025	7.06	7.4+ (NOF 1)	-0.34	Data quality confidence to be added next time
All	NOF	Sickness absence rate (3m rolling) - add long term and short term as a narrative Link to Slide	May 26	6.5%	4% (NOF 1)	2.5%	
All	-	Labour Turnover Link to Slide	May 26	10.2%	10%	0.2%	
All	-	Level of bank staffing (slide to be developed)	May 26	24.86%	20-25%	-	
All	-	Level of agency staffing (slide to be developed)	May 26	0.71%	2%	-1.29%	
All	-	Time to fill a vacancy (slide to be developed)	May 26	10 Weeks	8 Weeks (as set by NHS England)	2 weeks	
All	-	Number of employee relations cases (open cases at a point in time) Link to Slide	May 26	31	30	1	
All	-	Vacancy Rate Link to Slide	May 26	6.5%	10%	-3.5%	
All	-	Variation from budgeted establishment Link to Slide	May 26	216.99	350	-133.01	
All	-	Appraisal compliance Link to Slide	May 26	78.70%	80%	-1.3%	
All	-	Clinical supervision Link to Slide	May 26	82.60%	80%	2.6%	
All	-	Mandatory training (slide to be developed)	May 26	90.83%	80%	10.83%	
All	-	Return to work interview after sickness absence (slide to be developed)	May 26	51.03%	95%	-43.97%	

Summary Points

Overall, workforce performance presents a mixed position, with several core indicators stable or strong, but a number of metrics require more focused intervention. Vacancy rate remains controlled at 6.5% (target ≤10%), and bank staffing levels are strong at 24.9%, indicating continued reliance on internal workforce flexibility. Agency usage is very low (0.71% vs 2% target), which is positive from a cost and quality perspective. However, time to hire remains elevated at 10 weeks (target 8 weeks).
The return-to-work interview rate is low at 51%, highlighting a missed opportunity to actively manage absence and support staff wellbeing.

Strategic Indicators – Finance and Productivity - overview of KPI's / Indicators

Service / Area	NOF / Planning / Other	KPI / Indicator	Latest Month / Period	Measure And RAG Rating	Target	Variation	Data Quality Confidence (Low/Med/High)
All	NOF	Forecast outturn against plan Link to Slide	May 26	Breakeven	On or better than plan (NOF1)	On Plan	High
All	-	Performance Against CIP Plan (no slide yet)	May 26	Forecast offtrack by £2.8m non recurrent mitigated	On or better than plan	£2.8m	High
All	-	Performance against agency cap limit (no slide yet)	May 26	Forecast Achievement	On or better than plan	On Plan	High
All	-	Performance against bank cap limit (no slide yet)	May 26	Breached by £516k	On or better than plan	£516k	High
All	-	Cash ratio (no slide yet)	May 26	YTD = 0.67 FOT = 1.62	Ratio of 1 or more	0.62	High
All	-	Capital Performance YTD (no slide yet)	May 26	Underspent by £94k	Achievement of Plan	-£95k	High
All	-	Capital Performance Forecast (no slide yet)	May 26	Forecast Achievement	Achievement of Plan	On Plan	High
All	NOF	Relative difference to cost Link to Slide	Proposed NOF indicator for 26/27		TBC	-	-

Note: current financial RAG rating (excluding NOF) is set as Green if achieving and Red if off plan. A more comprehensive RAG rating is being developed to include an Amber rating for those just off plan.

Summary Points

We are reporting slightly better than plan at Month 2 by 15k and at this early stage in the year we are forecasting to meet our planned breakeven position. CIP performance is of concern, with the main areas of variation in the Mental Health Care Group (90% of the CIP variance); Out of Area Placements continue to trend above plan, coupled with a downward trajectory in Half 2 this poses a significant risk for the Trust; Temporary staffing costs in Adult inpatients, Low Secure , Older Peoples inpatients, CAMHS Neuro and BANDS continue to trend above plan due to absence levels and acuity. The Enhanced Therapeutic and Observations of Care (ETOC) programme is underway and ward-based leadership briefing sessions are planned for June 2026 to support developing improvement plans.

Reporting Breaches

At Month 2, the Agency cap has been achieved and forecast to achieve. There is a new Bank cap this year which we have breached by £0.5m YTD and forecast to breach by £0.5m at the year end. This is driven by sickness and patient acuity.

Mental Health Care Group – Service Area Heat Map (work in progress)

Service Area Heat Map

Service Area	Criteria									
	Sickness Absence	Labour Turnover	Temporary Staffing (% B&A)	% of Red Shifts	IREs Relating to Patient Safety	Number of Grievances	Staff Survey Engagement Score	Variance to Financial Plan	Performance Against CIP	Productivity
Data Period	May 26	May 26	May 26 No. Shifts	May 2026			2025 Survey	May 26 - Forecast	May 26 - Forecast	
Inpatients	10.91%	12.5%	A - 83 B – 1,695	0	For inclusion in future reports		6.59 (average)	£,1541k	£1,377k	Measures to be confirmed
CMHT / Adult Community	6.87%	9.97%	A - 11 B - 36	0			6.82	-£1,864k	£0	
OPMH	5.82%	8.46%	A - 19 B – 288	0			6.82	-£100k	£0	
Learning Disabilities	11.86%	8.31%	A - 0 B – 220	0			7.26		£0	
Acute Community Services	6.84%	11.9%	A - 0 B – 164	0			TBC	-£122k	£0	
Talking Therapies	6.76%	6.8%	A - 0 B – 26	0			6.42	£96k	£0	
CAMHS	4.52%	9.47%	A - 0 B - 51	0			7.11	-£330k	£217k	

Note: current financial RAG rating (excluding NOF) is set as Green if achieving and Red if off plan. A more comprehensive RAG rating is being developed to include an Amber rating for those just off plan.

Points to note raised in June

Quality: Targeted work is underway across Heather and Ashbrook to support the team with improvement in ward leadership, understanding culture and continual oversight on patient and staff experience. Recent CQC feedback from Heather and Ashbrook ward further evidenced the importance of this work, however positive feedback from service users and staff on kindness and compassion was received.

Resources: The overall position for the Care Group at Month 2 position is reporting off track by £371k and £798k forecast. The main pressure areas continue to be out of area placements and temporary staffing costs. The CIP Strategic Programmes continue to be the vehicle to address these risks with support in place from the PMO team to embed the programmes. Plans are in development to target cost reductions to support the Trust wide 3% efficiency target, at this stage the forecast assumes delivery of the savings. The financial risk modelling includes a best/ likely and worse case assessment of delivery risk.

Physical Health Care Group – Service Area Heat Map (work in progress)

Service Area Heat Map

Service Area	Criteria									
	Sickness Absence	Labour Turnover	Temporary Staffing (% B&A)	% of Black Shifts	IREs Relating to Patient Safety	Number of Grievances	Staff Survey Engagement Score	Variance to Financial Plan	Performance Against CIP	Productivity
Data Period	May 26	May 26	May 26 No. Shifts				2025 Survey	May 26 - Forecast	May 26 - Forecast	
Community Nursing - Planned	5.55%	8.04%	A – 0 B – 502	New Measure	For inclusion in future reports		7.37	£1,434k	£349k	Measures to be confirmed
Community Nursing - Unplanned	3.66%	5.75%	A – 0 B – 162				6.39			
End of Life Care	10.09%	7.29%	A – 0 B – 14				6.77	£13k	£0	
AHPs – Podiatry	2.46%	8.31%	A – 0 B – 0				6.49	-£145k	£0	
AHPs – Speech and Language	0.0%	12.17%	A – 0 B – 294				7.36			
Public Health Nursing	12.3%	8.02%	A – 0 B – 0				6.32	-£13k	£0	
Specialist - LAC / YOT / Safeguarding	0.51%	0.0%	A – 0 B – 0				7.52	-£21k	£0	
WYVIC – Vaccination and Immunisation	0.84%	13.28%	A – 0 B – 0				7.63	£15k	£0k	
Community Dental Services	8.54%	9.96%	A – 0 B – 10				6.38	-£374k	£9k	

Note: current financial RAG rating (excluding NOF) is set as Green if achieving and Red if off plan. A more comprehensive RAG rating is being developed to include an Amber rating for those just off plan.

Points to note raised in June

Quality: Adult Services - Adult Community Services reported the completion of the national safer staffing tool which identified a projected workforce gap of between 20 WTE to 30 WTE against assessed demand and complexity. This supports the ongoing reports of teams being in Business Continuity and having to reactively deploy resource on a regular basis. This is impacting and evidenced within data and intelligence in regard to deferred visits, staff wellbeing and service sustainability. Overall services are maintaining safe service delivery however this this risk can no longer be viewed solely as an operational issue and requires escalation through Clinical Executive, Community Collaborative, planning and finance routes as a system-wide risk.

People: Absence levels continue to fluctuate, across both short and long-term sickness. The management of long-term sickness absence remains a challenge for the care group, in terms of consistent advice, and access for managers to People Services support.

Resources: There is a risk of delivering 3% CIP linked to bringing in sufficient investment into services as part of left shift of community investment funding. The mitigation plan is the adult community transformation programme, focussed on improving productivity and releasing time to care.

Services: Performance across community services and their respective RTT is favourable – eliminated 52 week waits and services in scope are within the 18-week target. Where waits occur operational and clinical oversight is in place, with clinical prioritisation, waiting well initiatives all showing robust approach to minimising the harm that occurs through waiting. Public Health Nursing performance remains significantly high.

Corporate Services – Service Area Heat Map (work in progress)

Service Area Heat Map

Service Area	Sickness Absence	Labour Turnover	Temporary Staffing (% B&A)	Number of Grievances	Staff Survey Engagement Score	Variance to Financial Plan	Performance Against CIP	Productivity
Data Period	May 26	May 26	May 26 No. Shifts		2025 Survey	May 26 - Forecast	May 26 - Forecast	
People Directorate	3.10%	14.57%	A – 0 B – 7	For inclusion in future reports	6.93	£0	-£14k	Measures to be confirmed
Finance	5.19%	17.74%	A – 0 B – 0		7.52	£3k	£0k	
Estates and Facilities	3.29%	9.32%	A – 0 B – 131		7.18	£199k	£0	
Transformation Directorate	9.31%	10.82%	A – 0 B – 0		6.83	-£200k	-£64k	
Digital	4.14%	11.54%	A – 0 B – 0		5.72	£126k	£120k	
Nursing, Professions and Care Standards (Quality and Governance)	3.54%	4.78%	A – 0 B – 5		7.40	£55k	-£67k	

Note: current financial RAG rating (excluding NOF) is set as Green if achieving and Red if off plan. A more comprehensive RAG rating is being developed to include an Amber rating for those just off plan.

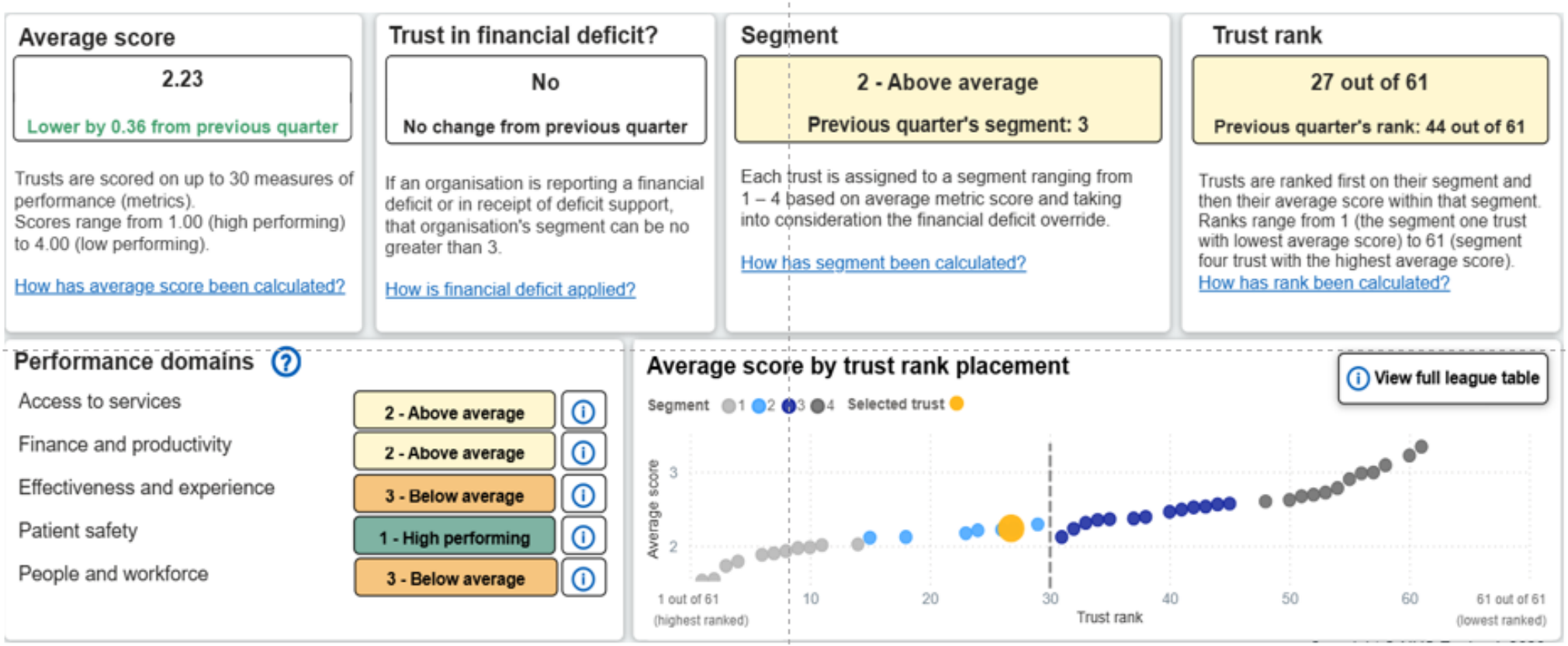
People: Sickness absence in the Finance Department is driven by a small number of absences relating to ongoing medical treatment. It is expected that this metric will improve in Quarter 3.

Resources: Estates pressures relate to catering and reactive maintenance costs in excess of plan; work is ongoing to identify mitigation plans to address the pressures. Digital services pressures relate to delivery of CIP targets for Patient Knows Best and the wider Corporate Services target. Plans are being developed and overseen by the Organisational Sustainability Programme Board (OSPB).

Risks: Corporate Services CIP plans still require developing for People Matters and Digital Services, these are being closely overseen by both EMT and OSPB. Options appraisals are being developed to assess potential difficult decisions to deliver in line with plan.

Appendix 1 – NOF Detail Slides

Overview of NOF Quarter 4 2025/26 – Latest Publication



NOF Performance Summary 2025/26 – Scoring Indicators Only

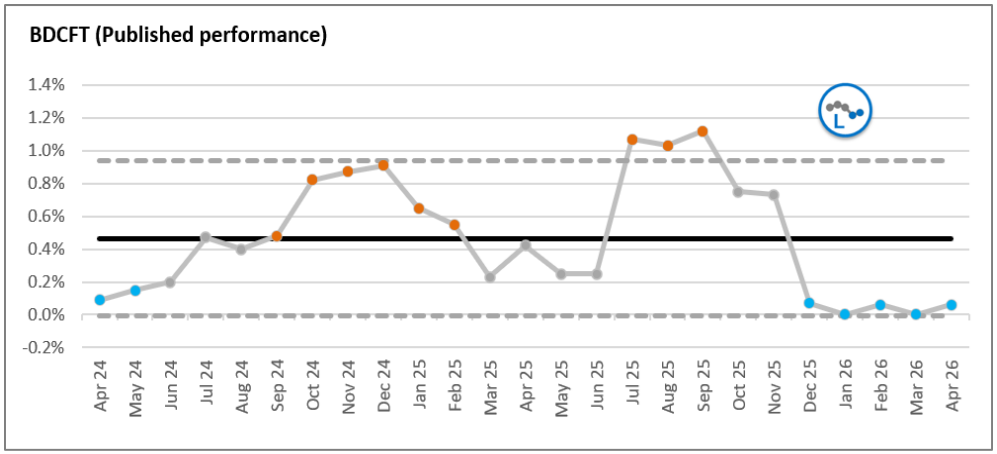
Metric Description	2025/26							
	Q1		Q2		Q3		Q4	
	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived
ACCESS TO SERVICES								
Percentage of patients waiting over 52 weeks for community services (end of quarter snapshot)	0.25%	2.15	1.12% ↑	2.66 ↑	0.07% ↓	2.15 ↓	0.00% ↓	1.00 ↓
% change in no. of under 18s supported through NHS funded MH with at least 1 contact in a rolling 12m period	-0.43%	3.55	-2.96% ↓	3.43 ↓	-4.86% ↓	3.57 ↑	-3.20% ↑	3.43 ↓
DOMAIN SCORE		**2.85 (3)**		**3.05 (4)** ↑		**2.86 (3)** ↓		**2.22 (2)** ↓
EFFECTIVENESS AND EXPERIENCE OF CARE								
National CQC community mental health survey overall experience rating	As expected	2.00	As expected	2.00 ↔	As expected	2.00 ↔	As expected	2.00 ↔
Urgent Community Response % achieving 2hr standard	79.04%	2.62	77.12% ↓	2.71 ↑	79.54% ↑	2.59 ↓	73.84% ↓	2.90 ↑
Percentage of adult discharges with a length of stay above 60 days (3m rolling)	33.33%	3.87	26.32% ↓	3.04 ↓	23.24% ↓	2.47 ↓	23.40% ↑	2.28 ↓
DOMAIN SCORE		**2.83 (4)**		**2.58 (4)** ↓		**2.35 (3)** ↓		**2.39 (3)** ↑
PATIENT SAFETY								
NHS Staff Survey raising concerns sub-score (MHPRV)	6.83	2.35	6.83 ↔	2.35 ↔	6.83 ↔	2.35 ↔	6.80 ↓	2.1 ↓
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m rolling)	28.08%	3.93	35.27% ↑	3.88 ↓	57.73% ↑	3.25 ↓	88.30 ↑	1.13 ↓
DOMAIN SCORE		**3.14 (4)**		**3.11 (4)** ↓		**2.80 (3)** ↓		**1.62 (1)** ↓

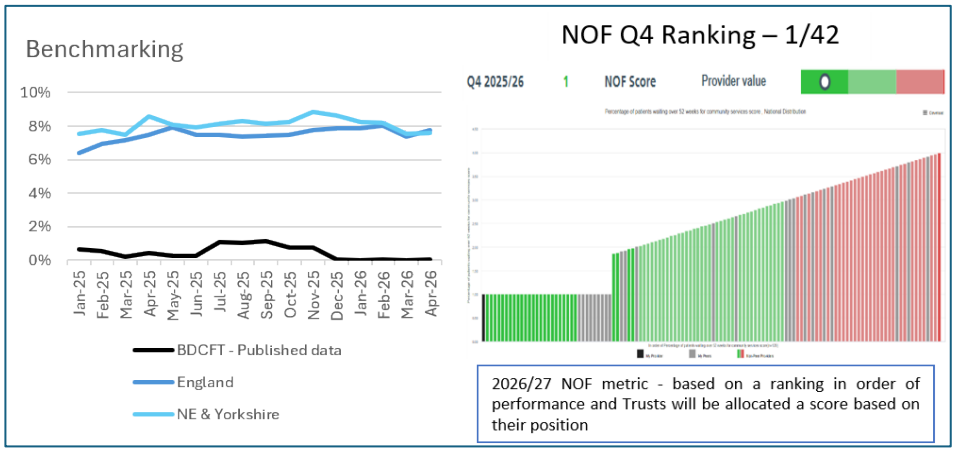
NOF Performance Summary 2025/26 – Scoring Indicators Only

Metric Description	2025/26							
	Q1		Q2		Q3		Q4	
	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived	Raw measure	Score Derived
PEOPLE AND WORKFORCE								
Sickness absence rate (3m rolling)	6.95%	3.85	6.30 ↓	3.78 ↓	6.84% ↑	3.78 ↔	7.36% ↑	3.68 ↓
NHS Staff Survey engagement sub-score (MHPRV)	7.08	2.50	7.08 ↔	2.50 ↔	7.08 ↔	2.50 ↔	7.06 ↓	2.25 ↓
DOMAIN SCORE		**3.18 (4)**		**3.14 (4)** ↓		**3.14 (4)** ↔		**2.96 (3)** ↓
FINANCE AND PRODUCTIVITY								
Planned surplus / deficit	0.0% (not published)	1.00	0.86% ↑	1.00 ↔	0.86% ↔	1.00 ↔	0.86% ↔	1.00 ↔
Variance YTD to financial plan	0.0% (not published)	1.00	0.12 ↑	1.00 ↔	0.03 ↓	1.00 ↔	0.01 ↓	1.00 ↔
Combined finance score		**1.00**		**1.00** ↔		**1.00** ↔		**1.00** ↔
Relative difference in costs	113.4	3.43	106.45 ↓	2.8 ↓	106.45 ↔	2.8 ↔	106.45 ↔	2.8 ↔
DOMAIN SCORE		**2.22 (3)**		**1.90 (2)** ↓		**1.90 (2)** ↔		**1.90 (2)** ↔
Overall Average Score/Final Segmentation	**2.84**	**4**	**2.74** ↓	**4** ↔	**2.59** ↓	**3** ↓	**2.23** ↓	**2** ↓

Appendix 2 – Detailed Description of Performance

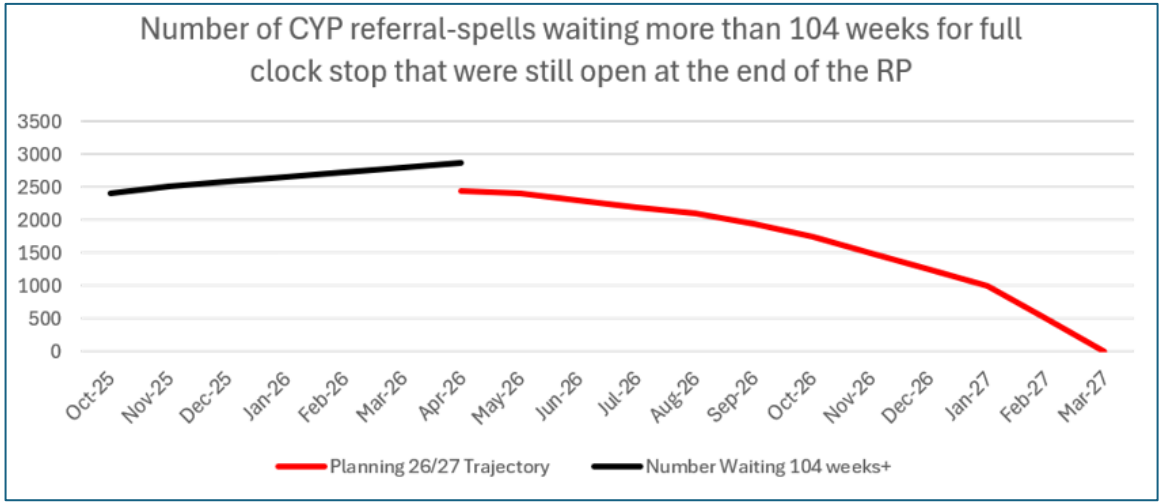
Measure: Percentage of patients waiting over 52 weeks for community services – month-end snapshot							
Domain:	Access to Services	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	0	Actual:	0 (End Q4) (NOF 1)	Data Period	Q4 25/26	DQ Assessment	TBD

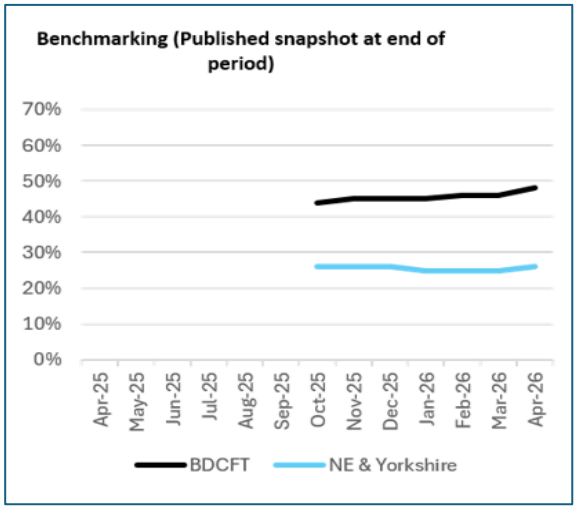




What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
We have seen a good reduction in the number if 52-week community waits since the turn of the year. There has been an increase in the position during May, however this has been recovered and expect to be back in line with the target for the end of June/Q1. The longest waiters tend to be with the CYP SLT team, particularly Dysphagia.	An agreement is being put in place with Leeds Teaching Hospital for the regular provision of a Dysphagia specialist.	The availability of a Dysphagia specialist in the CYP SLT team is one of the main risks to 52-week delivery. This is being mitigated though active list management and use of a dysphagia specialist from another Trust. An SLA is being put in place to formalise this arrangement

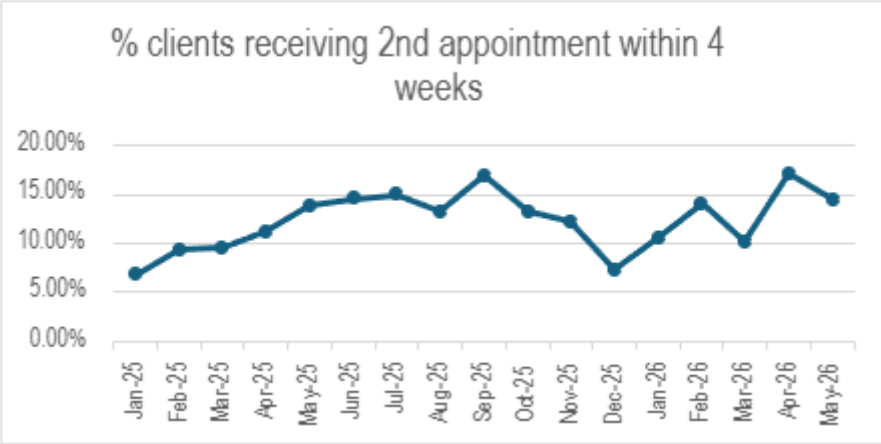
Measure: Number/proportion of CYP referral-spells waiting more than 104 weeks for full clock stop that were still open at the end of the RP							
Domain:	Access to Services	NOF:	Yes	Accountable Exec:	Kelly Barker	Author:	Raj Gohri, Chioma Obasi
Target:	0 by March 27 (2450 May)	Actual:	2850	Data Period	Q4 25/26	DQ Assessment	TBD





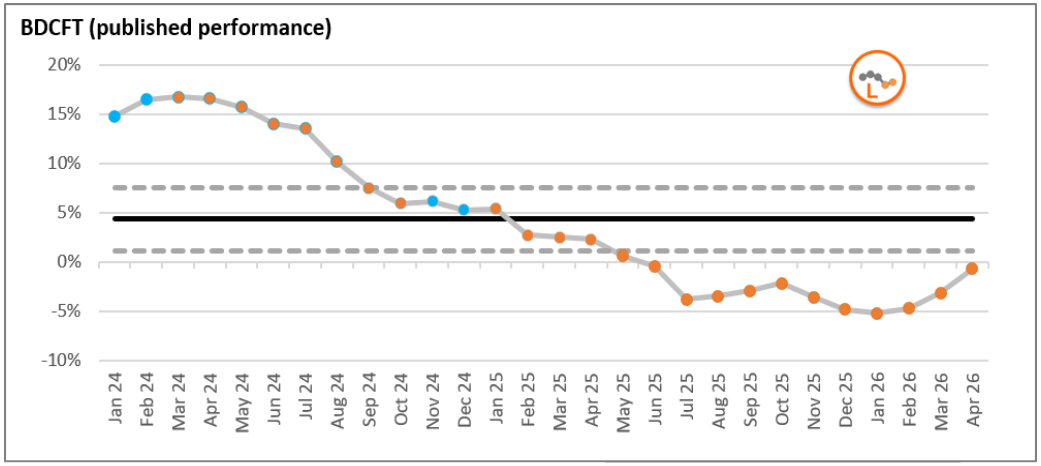
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
This is both a measure in NOF and a measure in planning. Guidance indicates that this metric will be based on fixed thresholds & defined bands. Based on this indicative score would be 4. Therefore this is a Data Quality priority to address. Given the improvement plans in place (see neighbouring box) numbers expected to stabilise from October, reduce gradually in Nov-Dec, and fall more sharply Jan-Mar.	S1 enhancements and training to include recording of outcome measures will start in July. This will be rolled out to 50 people. The aspiration is that this will support the measure being back on track during Q3 – October – December.	Risk 1 - Ops to assess resources to clear the backlog and embed BAU processes. The planning trajectory is weighted towards the latter part of 2026/27, with reductions phased into the final quarters. However, this measure will influence our NOF score from September onwards.

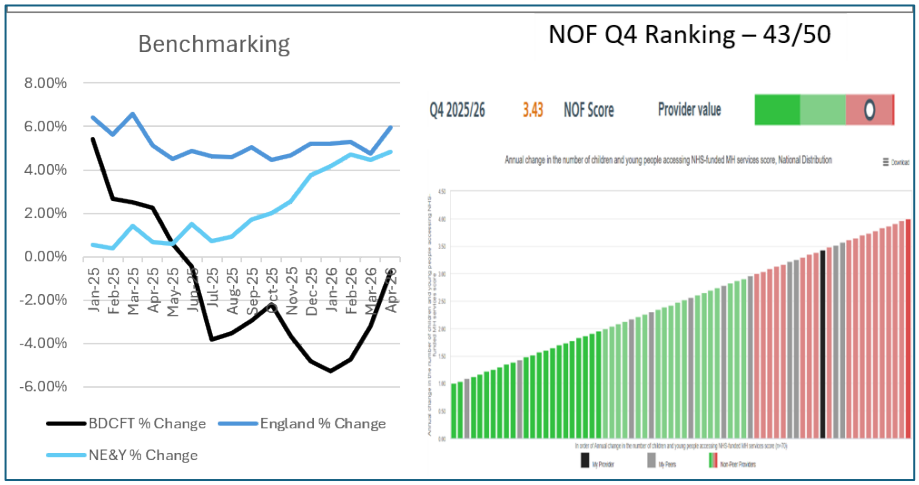
Measure: Community Mental Health - % of people seen within 4 weeks							
Domain:	Access to Services	NOF: No		Accountable Exec:	Kelly Barker	Author: Caroline Felce	
Target:	TBC	Actual:	CMHT – 14.5% OPMH – 34.6% IOT – 50% CMHpS – 28.8%	Data Period		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Trend from both referral to 1st and 2nd Appointments over the last 18 months has reduced. Had been static at average of 8 weeks with May 2026 being 7.7 weeks from referral into our organisation to a 1st Appointment with a clinician for a comprehensive assessment. The aim is for this to continue to reduce slowly with the improvements being embedded into practices. Clinical Leads and team managers are supporting the team to embrace new ways of working and to encourage them to bring new ideas/PDSA's to test.	1. New Sys1 Assessment Tool creating standardised visualisation to reduce write up time/allow MDT consistent standard /Trusted Assessment 2. Text Messages to reduce high DNA rates, (March 26 launch) 3. Fast Track triage process to route patients directly into CMHT (October 25 launch) 4.New eReferral to be rolled out end July to improve quality of referrals and reduce bounce backs to GP's + a new Pharmacy Advice pathway to allow meds advice to be sought w/out doing a full referral to CMHT 5. Outcoming Appointment work – Assessment team will be early adopters – and have identified errors in their own practices which will hopefully be reduce seeing more successful appointments being created (July 26 launch) 6. SNOMED code work – Now embedded in practices to allow better reporting 7 – Reviewing the approach to MDT meetings	Staffing in CMHT Assessment team – due to absence/leavers – recruitment underway

Measure: % change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12-month period							
Domain:	Access to Services	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	Increase on Previous Year	Actual:	Below Last Year (NOF 3)	Data Period	Q4 25/26	DQ Assessment	TBD



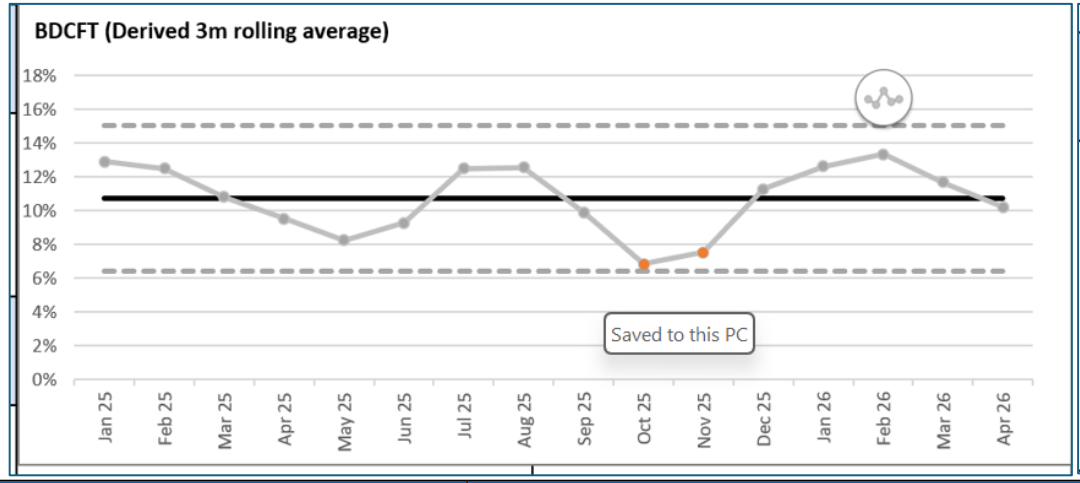


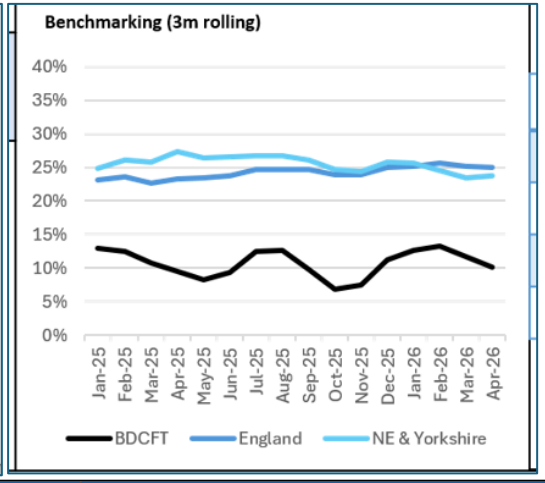
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
For the moment, this is the last time that this measure will be featured in this report as it drops out of the NOF at the end of Q4. One of the reasons for not keeping this in the report is it does not necessarily present a true picture of the services delivered. For example, it doesn't take into account VCSE activity.		

Measure: Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages) (new measure)

Domain:	Experience of Care	NOF:	Yes – 25/26	Accountable Exec:	Kelly Barker	Author:	Raj Gohri / Chioma Obasi
Target:	28% children (NOF 1), 12% adults (NOF1)	Actual:	10% children (NOF 4), 5% adults (NOF 3)	Data Period	Q4 25/26	DQ Assessment	TBD

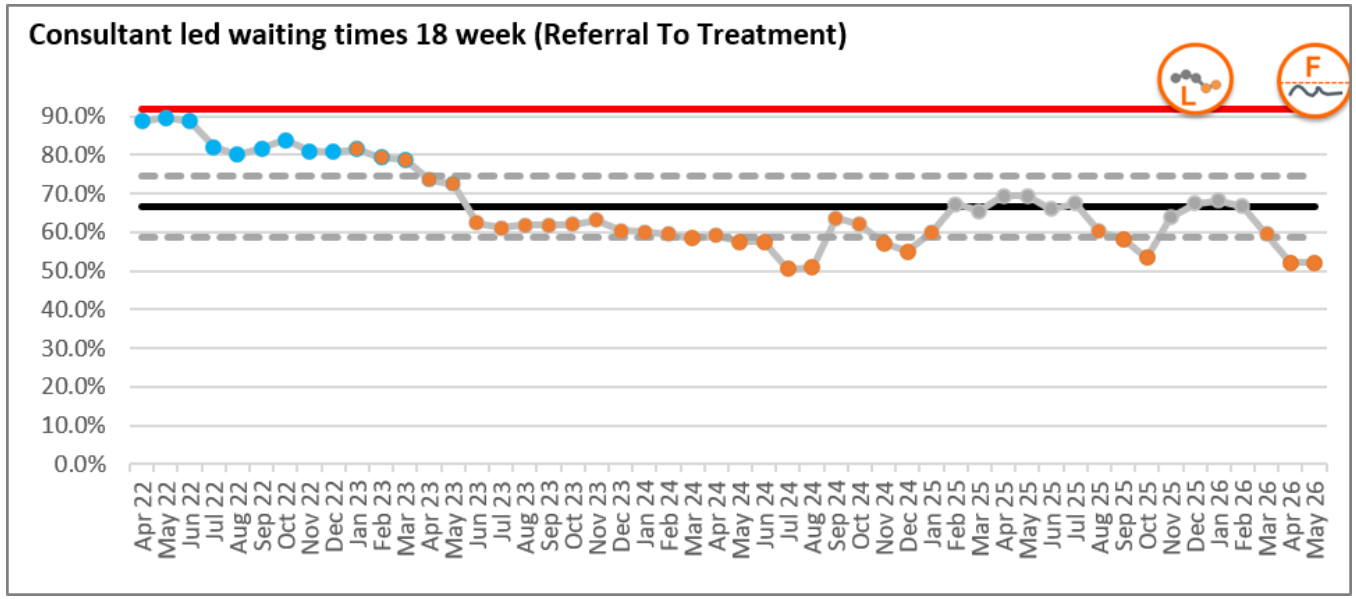
All graphs specific to children – data for adults in in development





What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
CYP: Benchmarking shows BDCFT is approximately 10% below NHSE and regional levels. Guidance indicates this metric will use fixed thresholds and defined bands. The indicative score is 4 Adult: Benchmarking shows BDCFT is approximately 8% below NHSE and regional levels. Guidance indicates this metric will use fixed thresholds and defined bands. The indicative score is 3 The overall combined indicative score is 4	Training and S1 enhancements for outcome measures, go-live July 2026. A programme focused on this 'Understanding our Patient Population and Outcomes' is being established to look to progress this work at a greater pace.	A 3% CYP improvement over three months, with no further deterioration in adult performance, could reduce the combined score to 3.

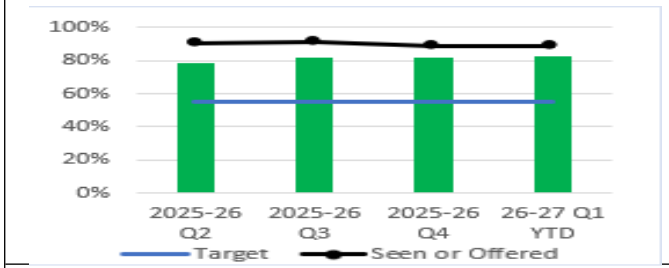
Measure: Consultant-led waiting times - Community Dental Services						
Domain:	Access to Services	NOF: No	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	92%	Actual: 52.1%	Data Period	May 2026	DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
BDCFT are the lead provider for the West Yorkshire Community Dental Service. There has period of performance heavily impacted by industrial action, sickness and availability of General Anaesthetic theatres, all impacting waiting times. The end of 2025 and start of 2026 saw a period of recovery however performance has dropped in the last two months	This is being addressed through joint working in the BDCFT led West Yorkshire Collaborative, including a review of General Anaesthetic services. Active waiting list management is also in place.	There is an ongoing risk around GA theatre availability which is being picked up with the acute providers, who provide the theatres and support staff, including anaesthetists.

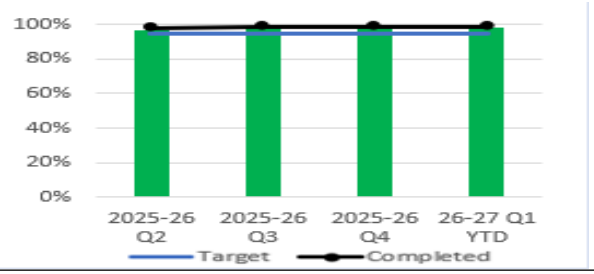
Measure: 0 – 19 metrics					
Domain:	Access to Services	NOF: No	Accountable Exec: Kelly Barker	Author:	Richard Holmes
Target:	Various	Actual: Various	Data Period: Q4 2025/26	DQ Assessment	High

Antenatal Contact

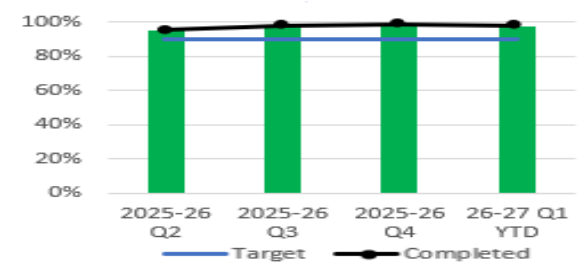


New Birth Visit

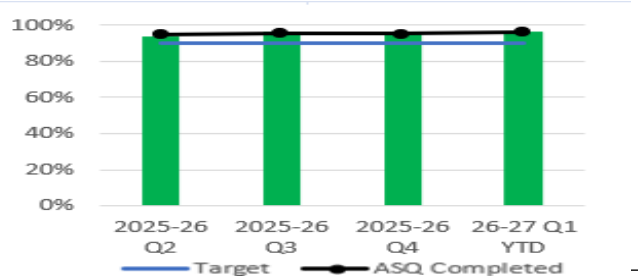
6 to 8 Week Review



12 Month Review



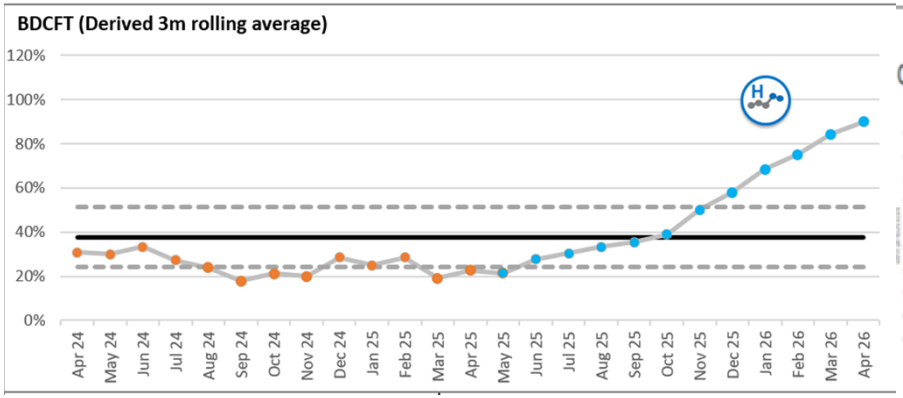
2 to 2.5 Year Review

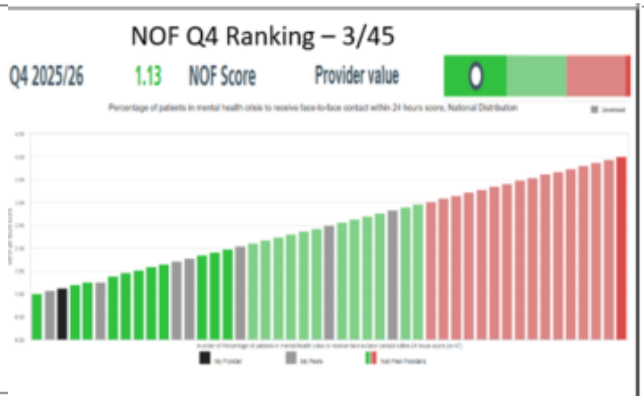


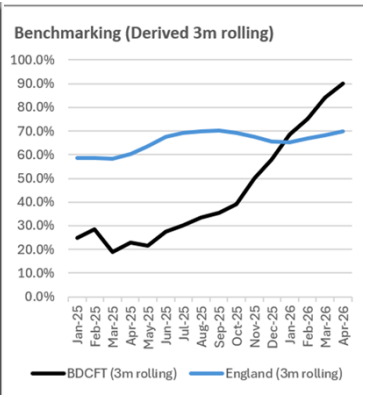
No Data Here

What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
These indicators are reported to the Local Authority as part of our Public Health Nursing quarterly submissions. For the past year reports have been consistently above target for all areas.	Weekly monitoring reports are being produced and shared with delivery teams to ensure the continued achievement of these targets. Where there are in quarter areas of underperformance recovery actions are put in place.	The main risk to the 0-19 service is the "Living Well Public Health Nursing" tender, and potential impacts to the service, depending on the outcome.

Measure: Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours (3m Rolling)						
Domain:	Quality and Patient Safety	NOF: Yes	Accountable Exec:	Kelly Barker	Author:	Pete Garland
Target:	80% (NOF 1)	Actual:90%	Data Period:	April 26	DQ Assessment	TBD

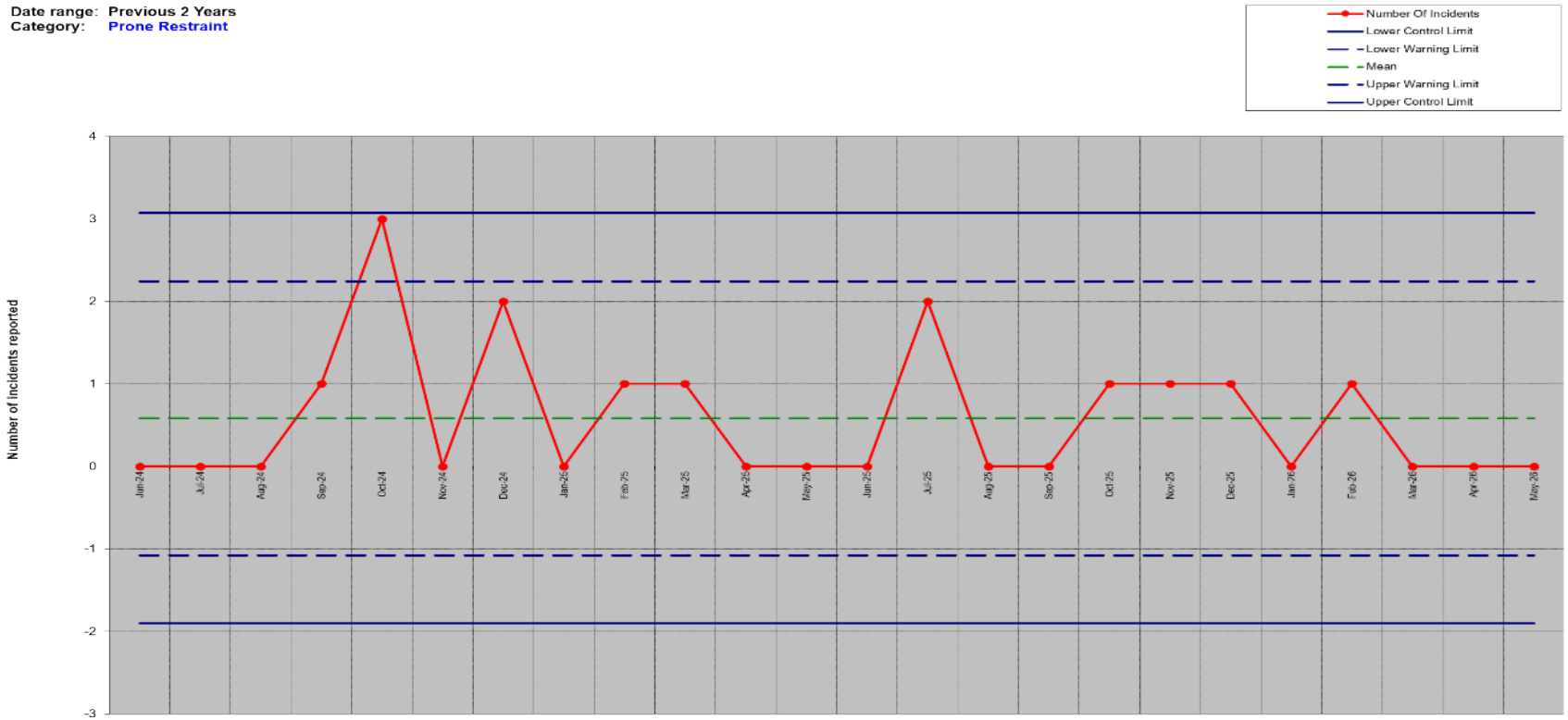






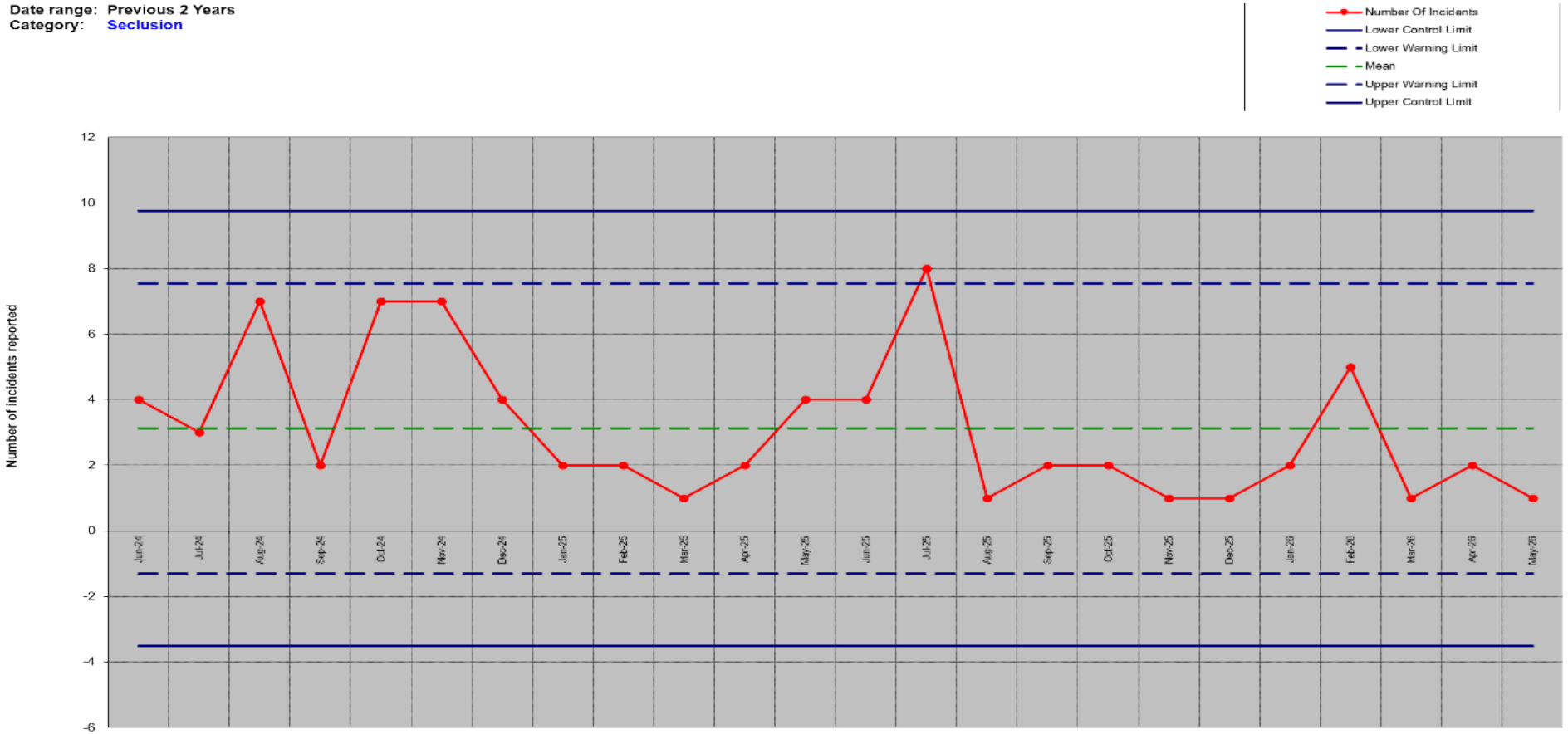
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
This indicator is designed to avoid delays in follow-up for vulnerable and at-risk service users once a need has been identified, with the overall aim of reducing suicide risk during this period. Delivery for new and out-of-hours presentations is through FRS and ALPS, with IHTT providing follow-up for cases escalated via CMHT.	Recording/reporting accuracy was identified as a high priority data quality requirement as the wrong cohorts or patient we're being identified and adversely affecting performance figures.	The introduction of the MH Crisis unit on SystmOne has improved data flow and accuracy, and with significant support from administrative services and ACS leaders, data quality issues have been addressed to ensure reporting more accurately reflects performance.

Measure: No Force first - Prone Restraint							
Domain:	Quality and Patient Safety	NOF: No		Accountable Exec:	Phil Hubbard	Author: Chris Dixon	
Target:		Actual:		Data Period		DQ Assessment	TBD



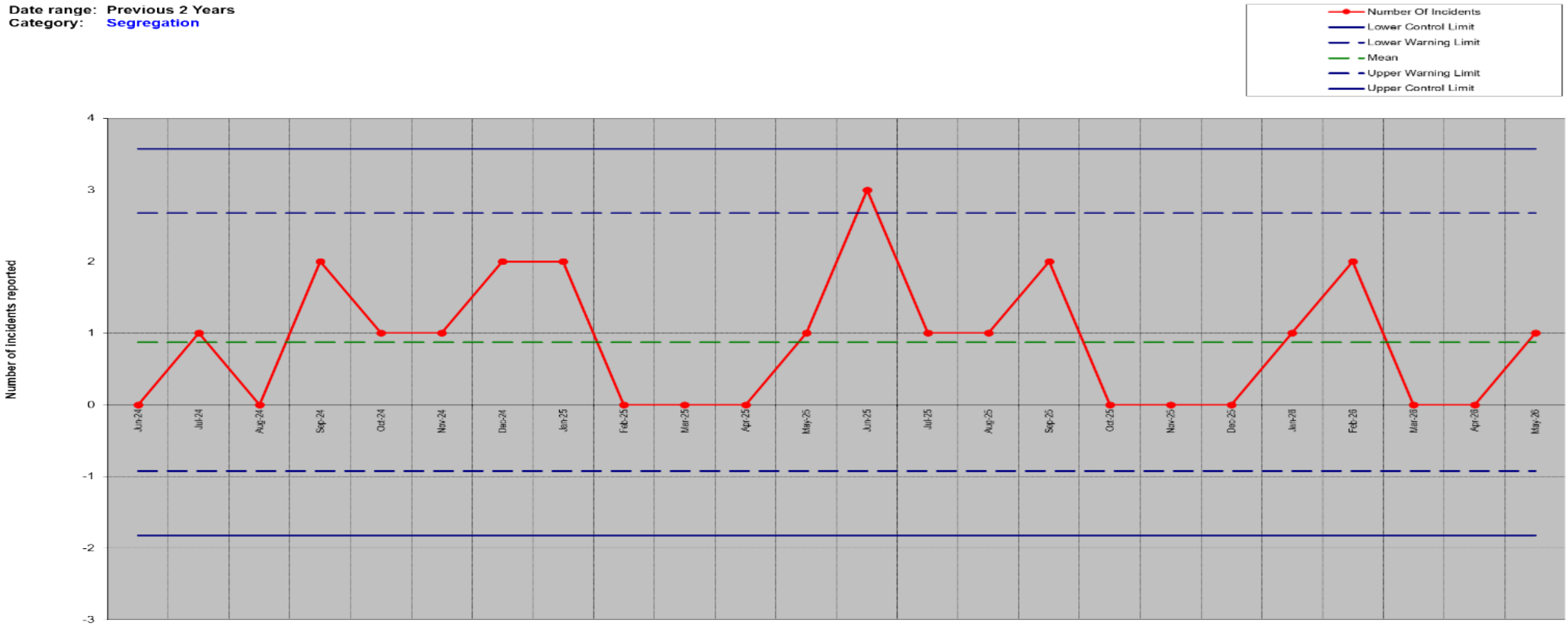
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: No Force first - Seclusion					
Domain:	Quality and Patient Safety	NOF: No	Accountable Exec:	Phil Hubbard	Author: Chris Dixon
Target:		Actual:	Data Period		DQ Assessment TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

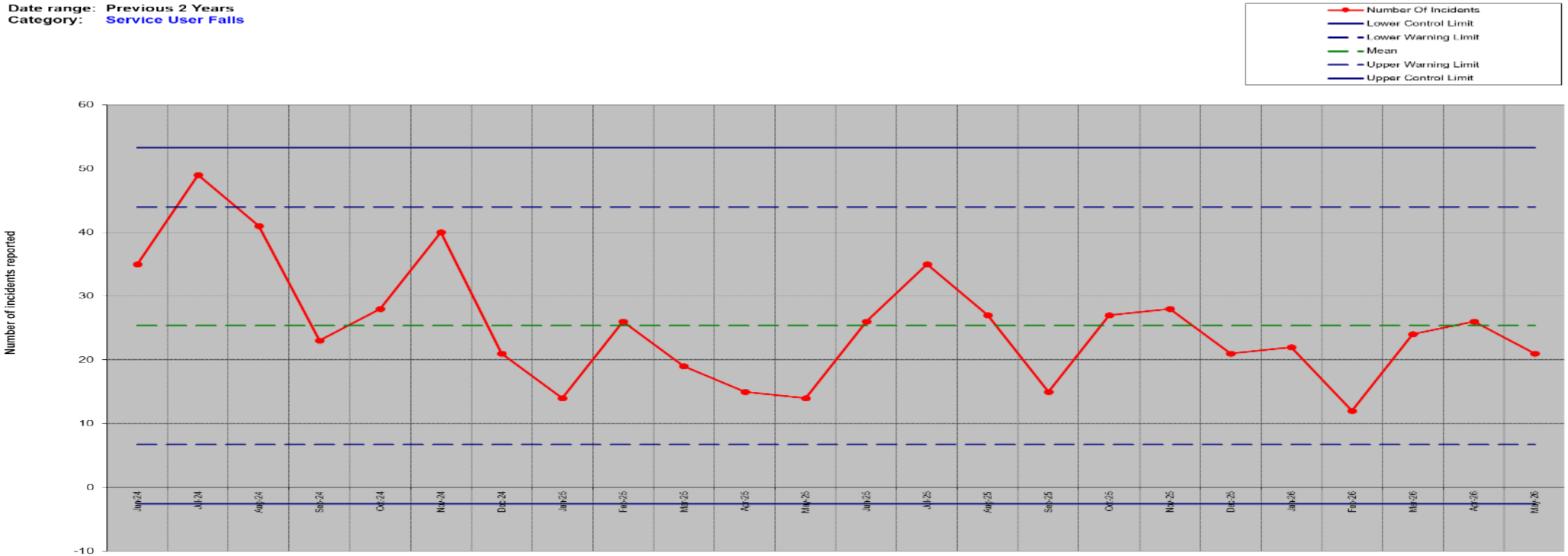
Measure: No Force first - Segregation					
Domain: Quality and Patient Safety	NOF: No	Accountable Exec:	Phil Hubbard	Author: Chris Dixon	
Target:	Actual:	Data Period		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

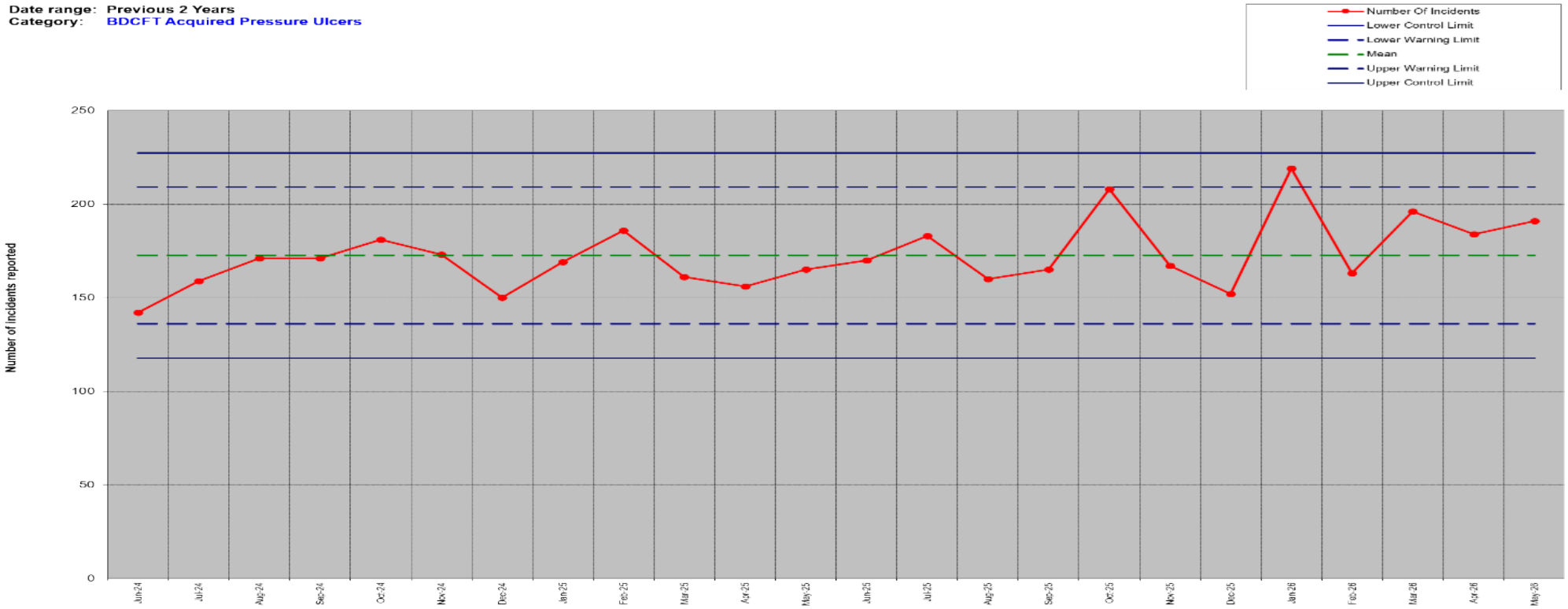
Measure: Falls – number and severity							
Domain:	Quality and Patient Safety	NOF: No		Accountable Exec:	Phil Hubbard	Author: Chris Dixon	
Target:		Actual:		Data Period		DQ Assessment	TBD

Date range: Previous 2 Years
Category: Service User Falls



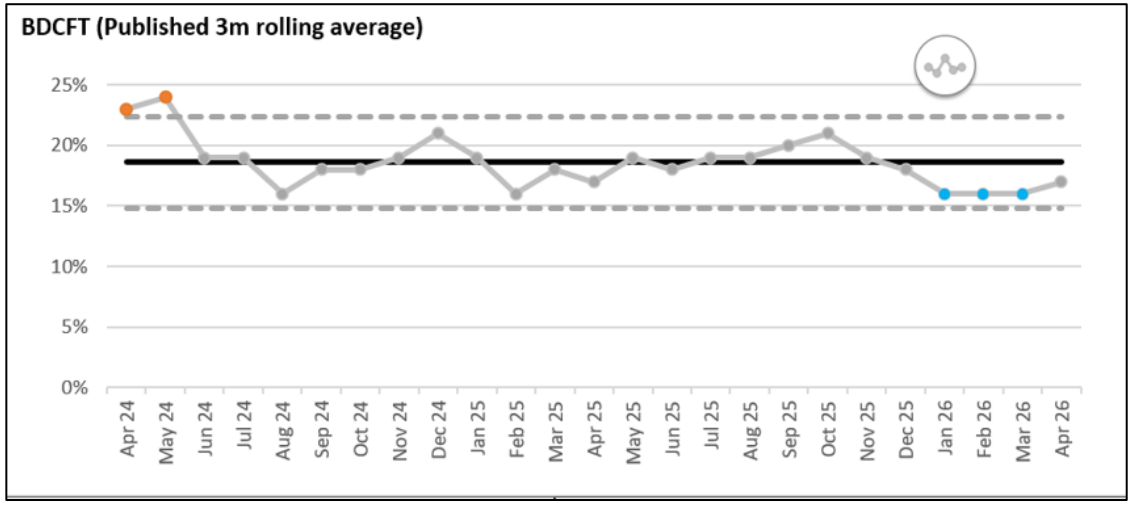
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

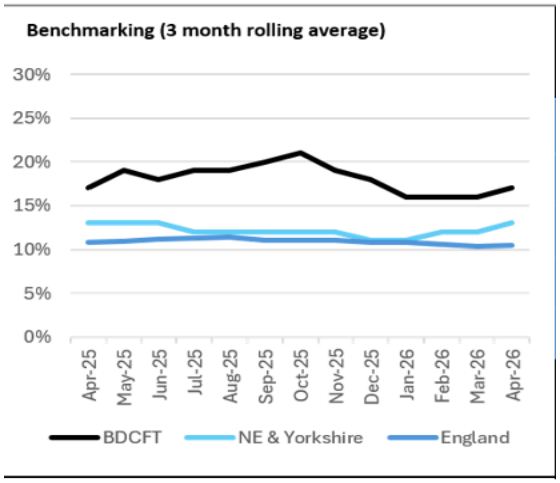
Measure: Pressure Ulcers – number and severity							
Domain:	Quality and Patient Safety	NOF: No		Accountable Exec:	Phil Hubbard	Author: Chris Dixon	
Target:		Actual:		Data Period		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

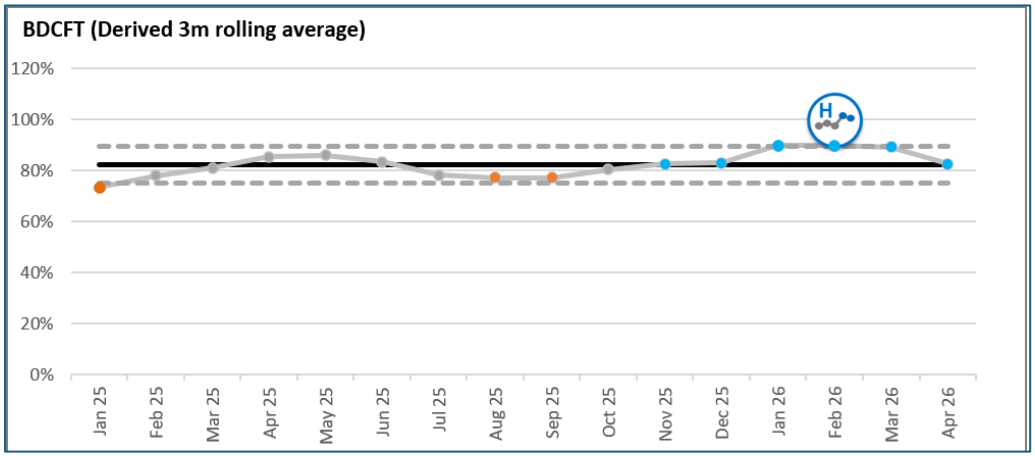
Measure: Adult acute admissions with no contact with mental health services in the prior year (new measure)						
Domain:	Effectiveness of Care	NOF: Yes	Accountable Exec:	Kelly Barker	Author:	Raj Gohri
Target:	16%	Actual: 17%	Data Period	April 26	DQ Assessment	TBD

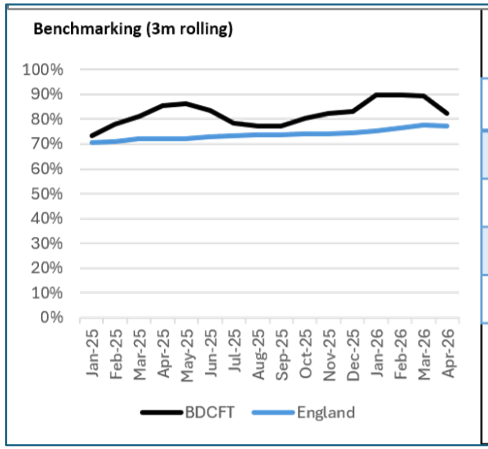




What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Please note this is a NOF ICB measure rather than a BDCFT NOF measure. Metric is based on 3-month rolling admissions for clients with no contact in the previous 12 months. Benchmarking shows BDCFT above NHSE and regional levels. Guidance confirms fixed thresholds and bands; the indicative score is 4.	A deep dive will be undertaken through the Data Quality Working Group in Q2 to better understand this metric and determine whether performance is being influenced by appointment recording practices within community services.	This is an ICB level measure, so risk currently sits with them.

Measure: % of acute adult discharges followed up within 72 hours (new measure)							
Domain:	Effectiveness of Care	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	80%	Actual:	82.5% (NOF 2)	Data Period	April 26	DQ Assessment	TBD



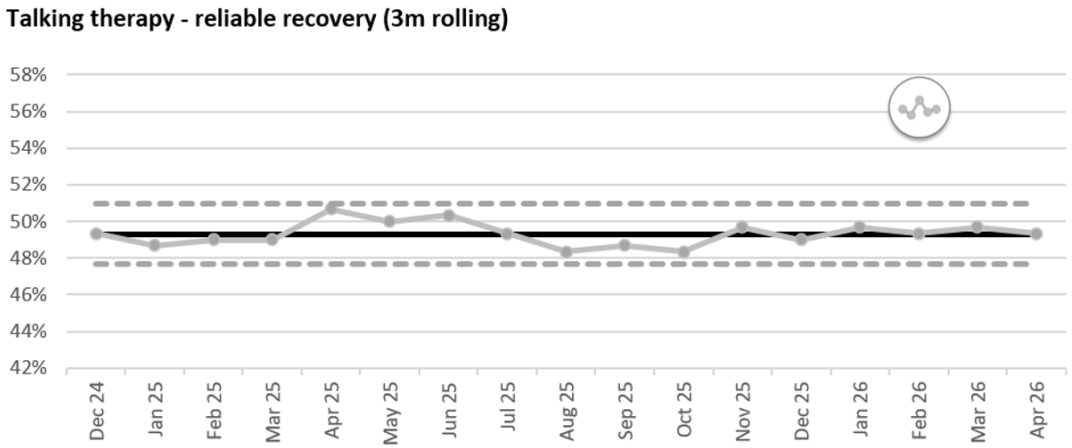


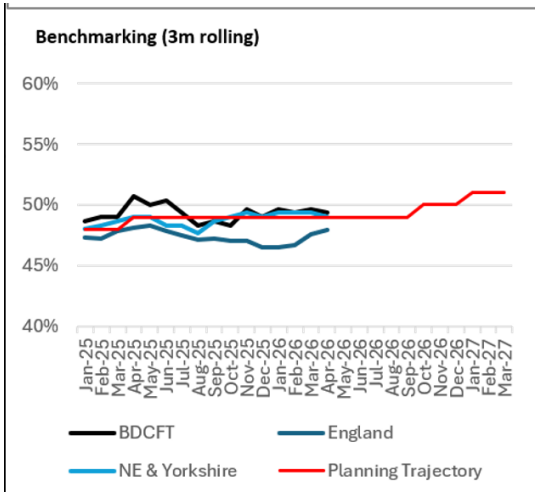
Proposed 2026/27 Thresholds

Score	Threshold	Mar 25
Score 1	**≥ 80%**	**82.5%**
Score 2	71 - 79%	
Score 3	63 - 70%	
Score 4	≤ 62%	

What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
This indicator is a key patient safety measure intended to reduce the risk of suicide following discharge from acute inpatient care, ensuring individuals are reviewed by an experienced mental health practitioner and that discharge plans remain effective. Delivery is led by IHTT. Performance has remained broadly stable at 70–80% over the past 12 months	Delivery is somewhat fragile and highly sensitive to data quality and administrative processes. This creates operational pressure for both team administrators and clinical leaders.	Mitigation includes continued focus on data quality, strengthened administrative processes, and active operational oversight to support delivery and sustain performance.

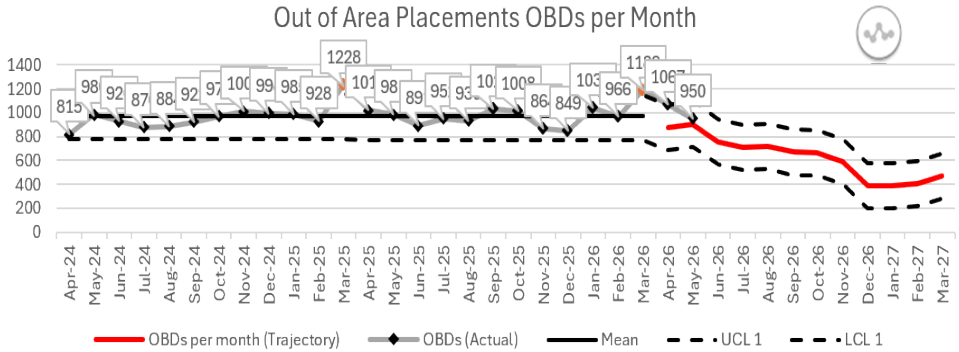
Measure: Percentage of NHS talking therapies patients completing a course of treatment and achieving reliable recovery (new measure)							
Domain:	Effectiveness of Care	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	52%	Actual:	49.3% (NOF 2)	Data Period	April 26	DQ Assessment	TBD

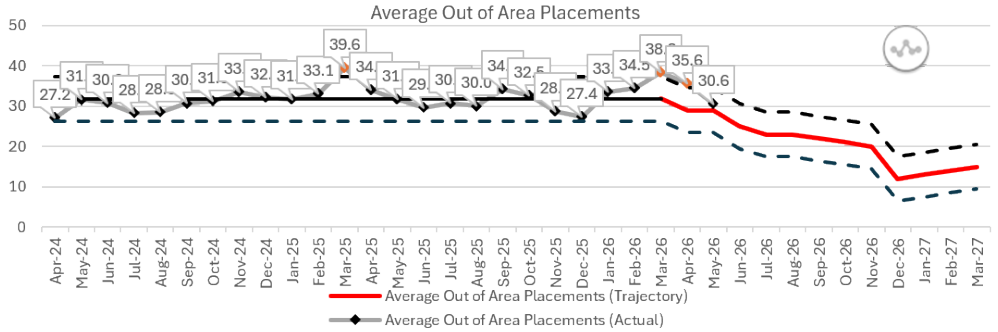




What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Inappropriate OAP bed days (our spot continuity number and all OAP bed days)							
Domain:	Experience of Care	NOF: No		Accountable Exec:	Kelly Barker	Author:	Laura Frost
Target:	On/under trajectory aim for 0	Actual:	152 Spot, 798 Block, 950 Total	Data Period	May 2026	DQ Assessment	TBD

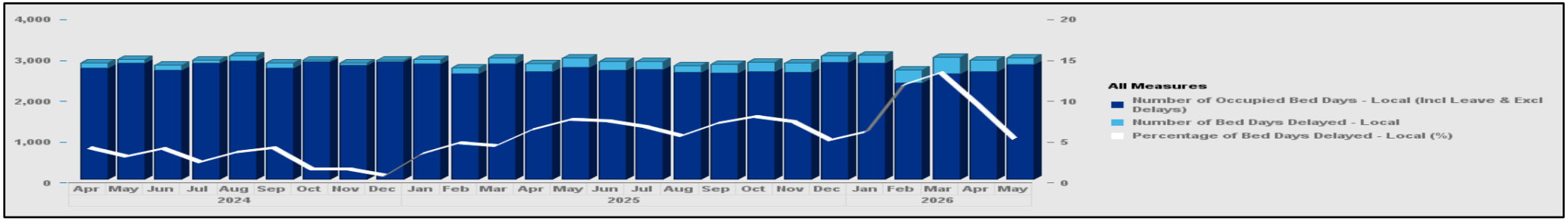




Trajectory - Out of Area Placements	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Average OOA Placements Trajectory	29.0	29.0	25.0	23.0	23.0	22.0	21.0	20.0	12.0	13.0	14.0	15.0
OBDs per month Trajectory	877	906	757	709	721	668	661	593	385	390	405	468

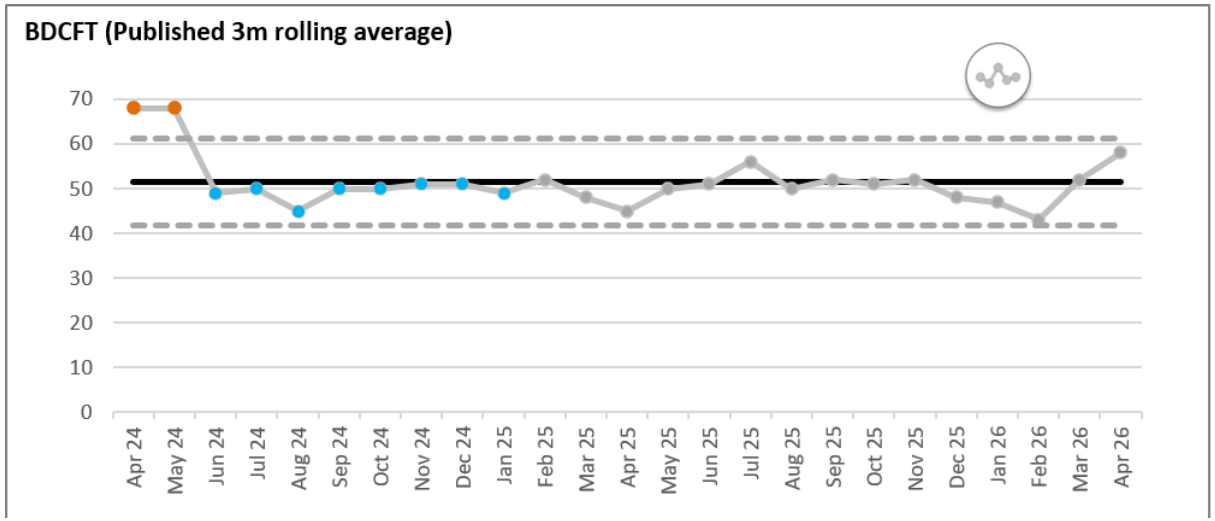
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
May's OOA trajectory was slightly exceeded. What we have learned: Ongoing work to understand trends – what we have learned – male spike during the school holidays and female spike in admissions after the school holidays. Psychology team are looking into this trend to better understand it so we can understand and address the factors that cause this. This trend has a knock on effect for our OOA placements. Therefore a dip is being experienced now with an expected increase during July.	The OSPB strategic Adult Purposeful and Productive Mental Health pathway programme includes targeted schemes to improve inpatient flow, reduce length of stay and out-of-area placements, and manage demand through CEN, CRT and shorter CMHT waiting times. Specific includes include: • making each day purposeful • reviewing the flow management SOP with a focus on the gate keeping process	• The reason behind seasonal trends. • Fluctuation between male and female demand (majority of OAPs at the moment are female)

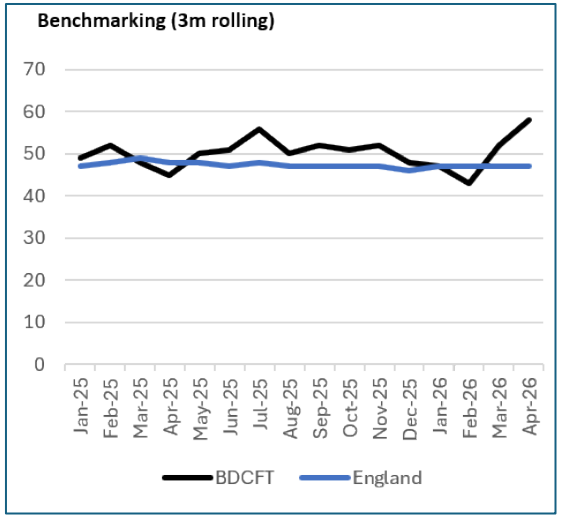
Measure: % of Ward Occupancy Delayed						
Domain:	Experience of Care	NOF: No	Accountable Exec:	Kelly Barker	Author:	Cliff Springthorpe
Target:	10% or under	Actual: 5.3%	Data Period:		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Data is not yet available on this measure therefore in the meantime we have used Discharge Delay Bed Days. The main reasons for delay are 1) Lack of access to appropriate accommodation and 2) Awaiting residential care. Many of our older adults need residential care at a much younger age than they would normally.	• Deputy Director Discharge Acceleration Cell – focused on supporting people who are delayed to be discharged. This includes system partners. • Development of a socially safe discharge check list so barriers to discharge can be identified on admission. This is based on learning and means that identifying factors for potential delay such as accommodation can be addressed whilst the patient is receiving treatment.	• Associated risk factors of patients make identifying accommodation challenging • Funding delay and agreement for accommodation • Lack of available accommodation • Delays in starting accommodation care packages mean some people are in hospital waiting whilst clinically ready for discharge.

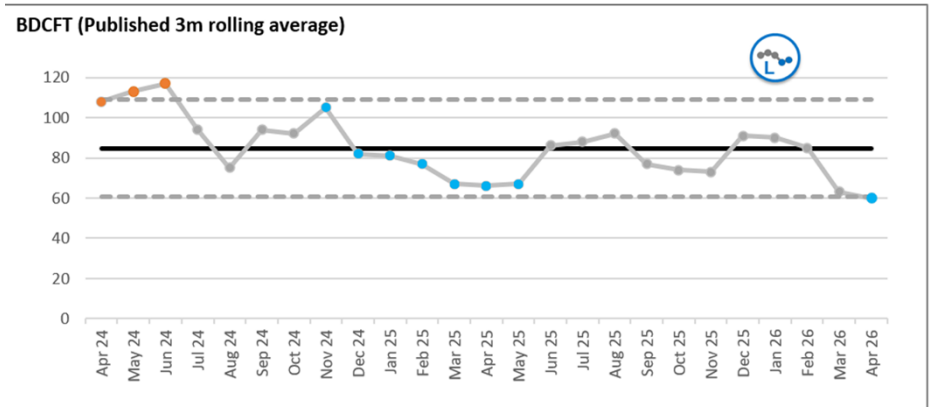
Measure: Mean length of stay for adult acute and PICU discharges (3m rolling)					
Domain:	Experience of Care	NOF: Yes	Accountable Exec:	Kelly Barker	Author:	Raj Gohri, Laura Frost
Target:	40 or under (NOF 1), 51 Planning	Actual: 45	Data Period:	April 26	DQ Assessment	TBD

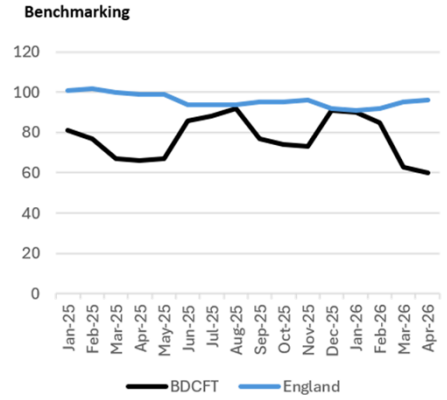




What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
National guidance confirms that this metric will be assessed using fixed thresholds and bands, with an indicative score of 3.	The OSPB strategic Adult Mental Health pathway programme incorporates targeted schemes to strengthen inpatient flow, reduce length of stay, and manage demand through CEN, CRT and reduced CMHT waiting times. The agreed trajectory is to reduce length of stay to 51 by the end of FY 2026/27.	Performance of this metric may fluctuate as efforts are made to discharge clients with long lengths of stay.

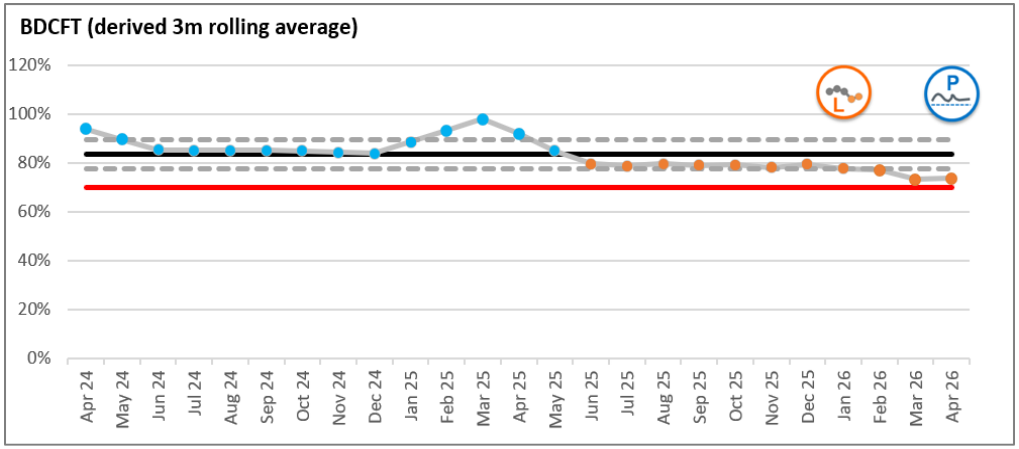
Measure: Mean length of stay for older adult acute discharges							
Domain:	Experience of Care	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	73 or below	Actual:	60 (NOF 1)	Data Period	Q4 25/26	DQ Assessment	TBD

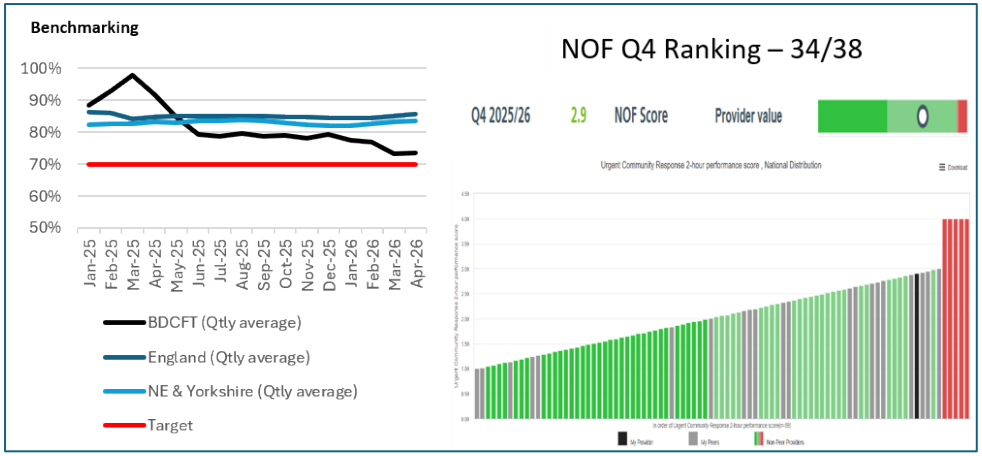




What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
National guidance confirms that this metric will be assessed using fixed thresholds and bands, with an indicative score of 1.	No detailed narrative this time	Performance of this metric may fluctuate as efforts are made to discharge clients with long lengths of stay.

Measure: Urgent Community Response (UCR) Percent Achieving 2hr Standard							
Domain:	Experience of Care	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Cliff Springthorpe	
Target:	70%	Actual:	73.8% (NOF 2)	Data Period	Q4 25/26	DQ Assessment	TBD

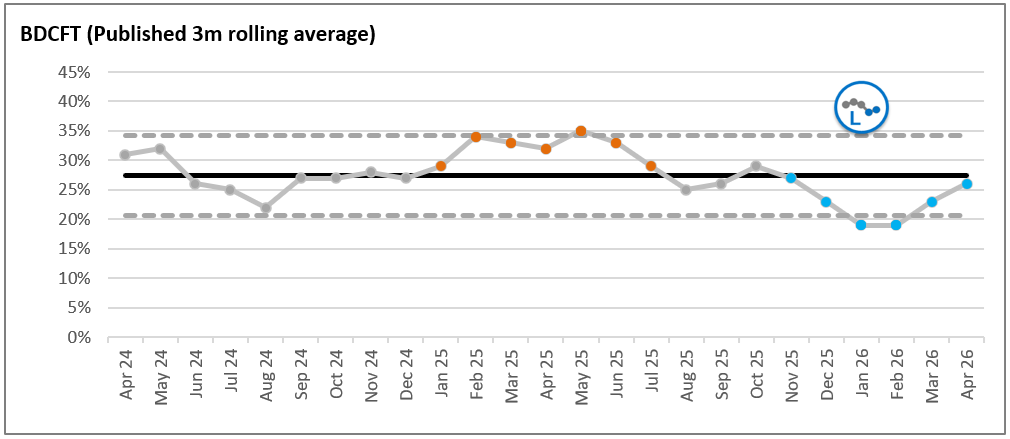


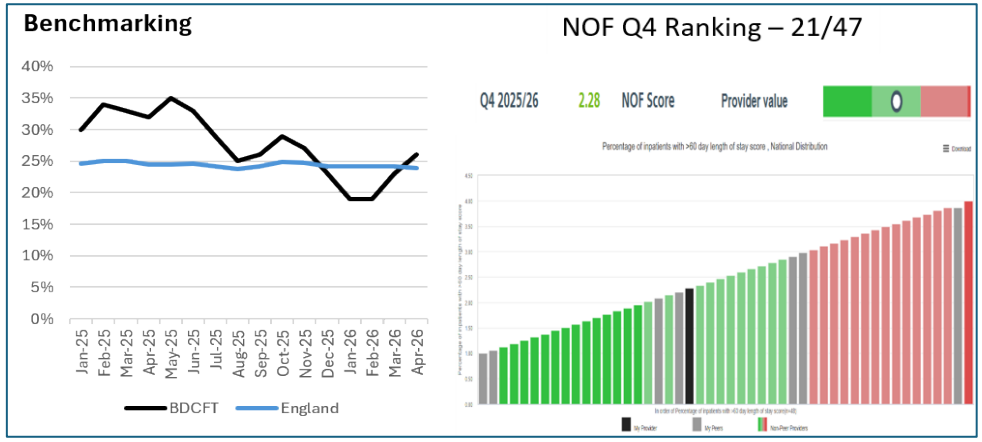


What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Urgent Community Response (UCR) performance measures the effectiveness of the unplanned	Data entry associated with UCR is currently poor.	Noting sustained attainment over the reporting period there are no current risks identified.

community nursing service in responding to patient within escalating needs that may otherwise lead to a hospital attendance or unnecessary suffering. UCR is a NOF target. The performance chart highlights that the service continuous achieves the national target.	A working group has been established to standardise reporting practice through a new SOP, deliver individual staff training and accessible performance reporting. It is expected that data quality will improve significantly from Q3 26/27.	It is noted however that operational pressures can impact on performance. Lower performance over the last 12 month likely reflects high absence rates.

Measure: Percentage of adult discharges with a length of stay above 60 days (3m Rolling)							
Domain:	Experience of Care	NOF:	Yes	Accountable Exec:	Kelly Barker	Author: Raj Gohri	
Target:	No tset (no target for 26/27)	Actual:	23.4% (NOF 2)	Data Period	Q4 25/26	DQ Assessment	TBD

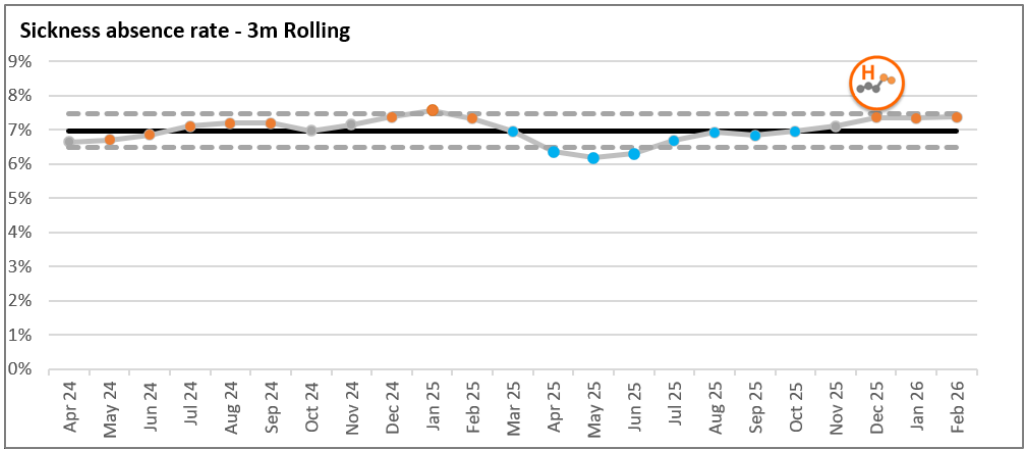


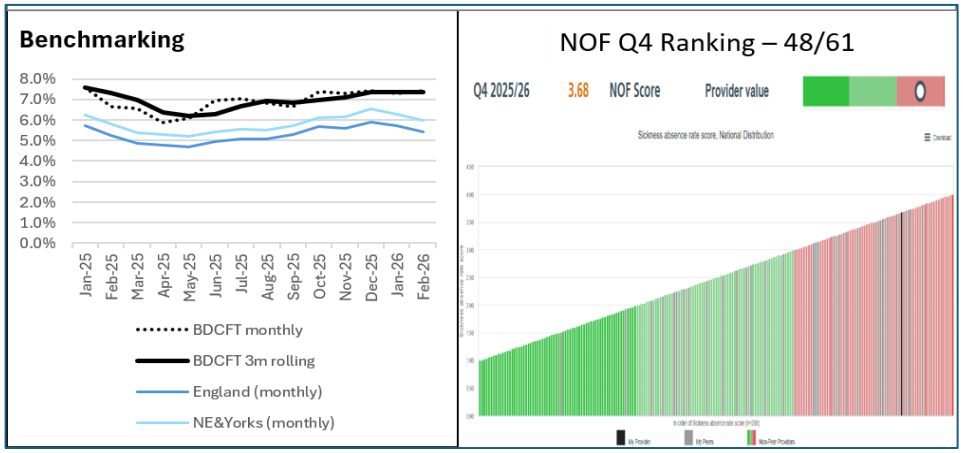


What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Close Holly 23/07/2026 09:42:36

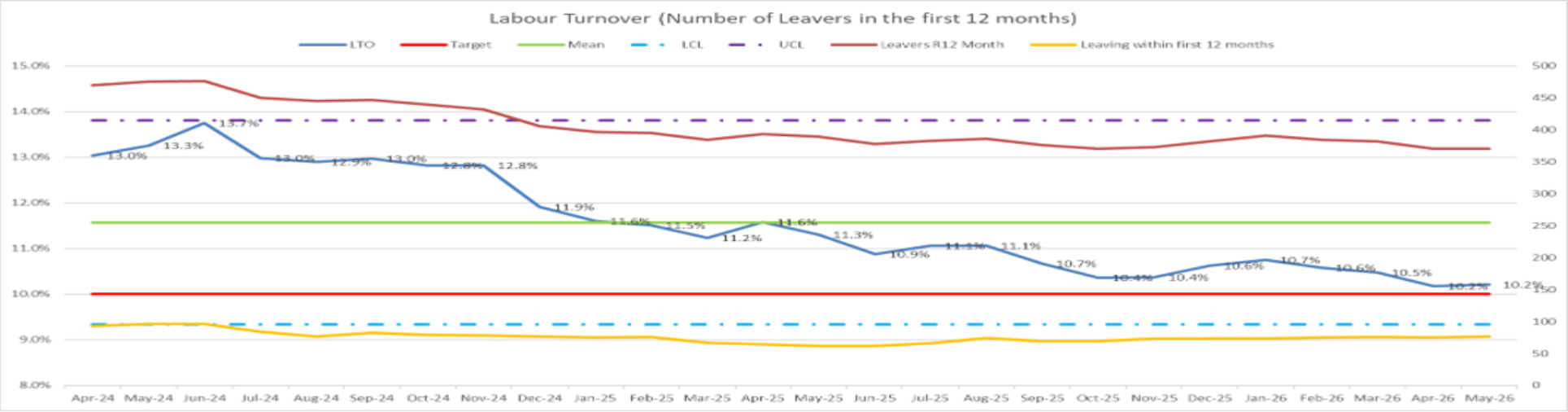
Measure: Sickness absence rate (3m rolling)							
Domain:	People	NOF:	Yes	Accountable Exec:	Bob Champion / Jo Harrison	Author: Raj Gohri / WISPA	
Target:	4%	Actual:	7.36% (NOF4)	Data Period	Q4 205/26	DQ Assessment	TBD





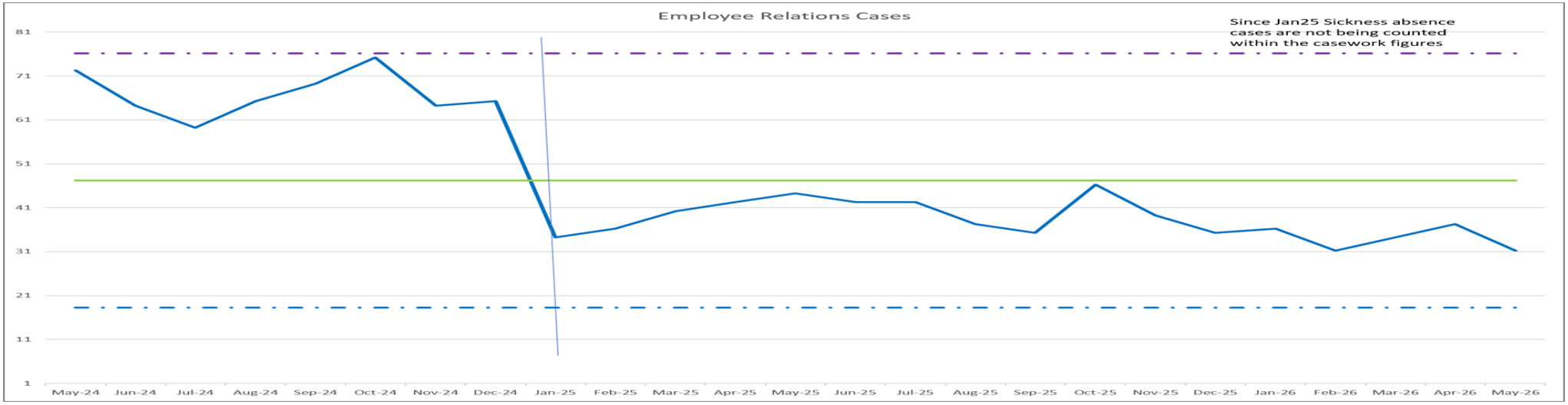
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Sickness absence remains high at 7.36% (target 4%), representing a sustained pressure on operational capacity and productivity. Some areas such as LD services in Mental Health are experiencing an increase in sickness.	The people Directorate is working with teams with high levels of sickness to identify themes and trends. The 12-week support programme providing focussed People and Workforce support to identified teams is also being continued.	High level of sickness has impacts on service provision, staff moral and the delivery of the Trusts financial position. It is being mitigated by the Workforce delivery plan and the additional support programmes.

Measure: Labour Turnover					
Domain:	People	NOF: No	Accountable Exec:	Bob Champion	Author:
Target:	10%	Actual:10.2%	Data Period		DQ Assessment TBD



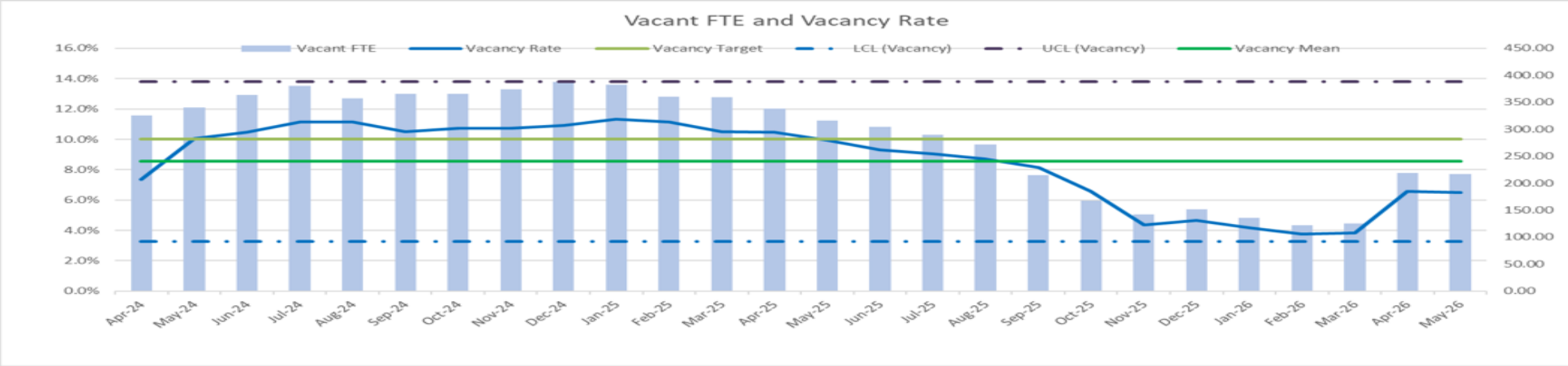
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Turnover is marginally above plan at 10.2%, indicating potential early signs of retention challenges. No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Number of employee relations cases							
Domain:	People	NOF: No		Accountable Exec:	Bob Champion	Author:	
Target:	30	Actual:	31	Data Period	May	DQ Assessment	TBD



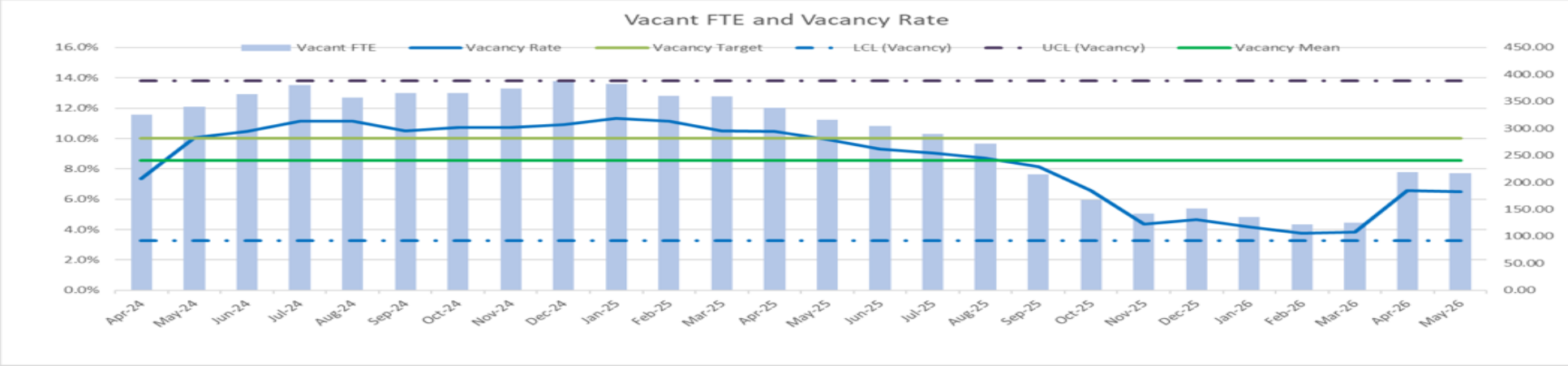
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Vacancy Rate							
Domain:	People	NOF: No		Accountable Exec:	Bob Champion	Author:	
Target:	10%	Actual:	6.5%	Data Period	May	DQ Assessment	TBD



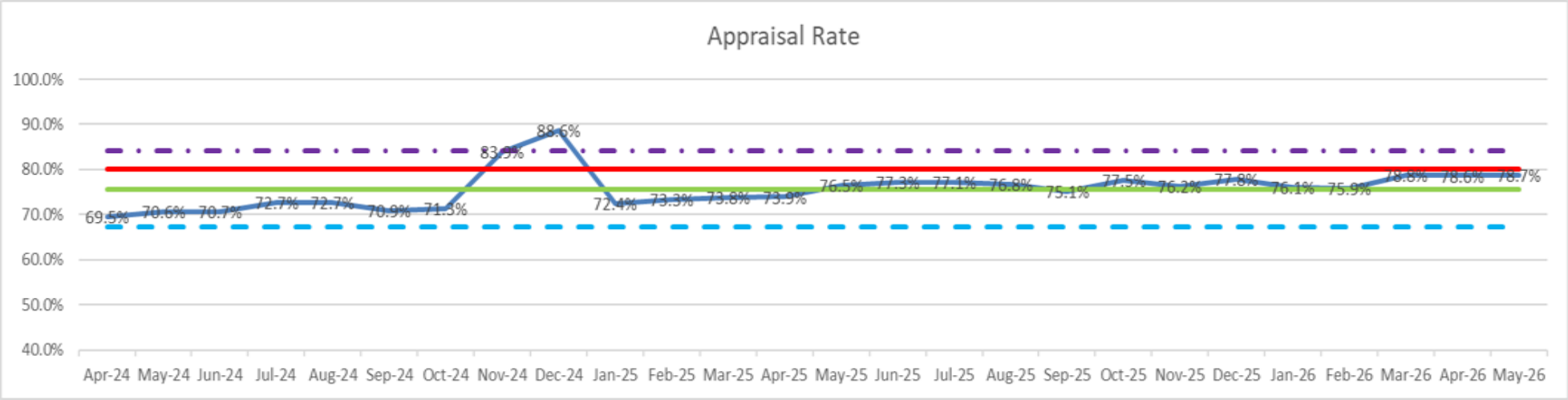
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Variation from budgeted establishment							
Domain:	People	NOF: No		Accountable Exec:	Bob Champion	Author:	
Target:	350	Actual:	216.99	Data Period	May	DQ Assessment	TBD



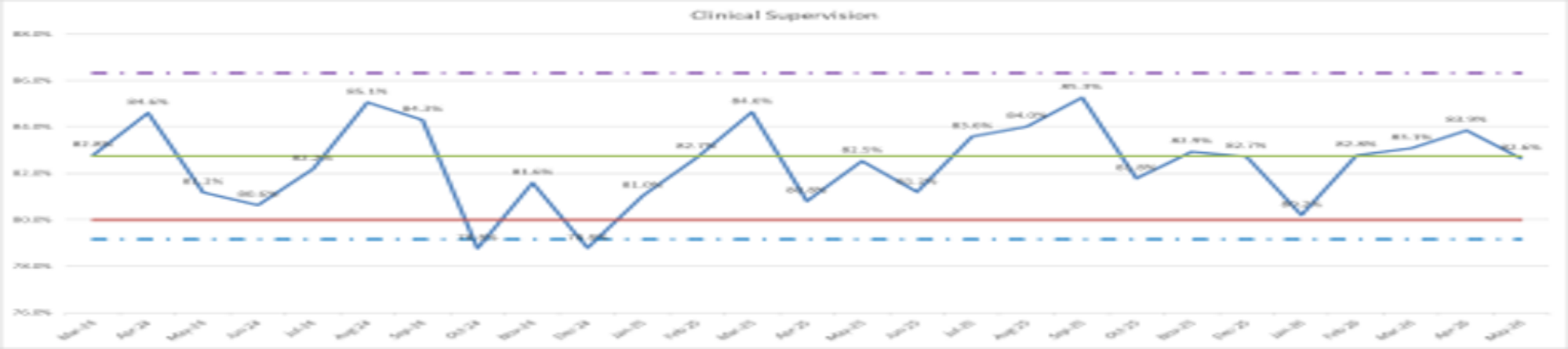
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Appraisal compliance							
Domain:	People	NOF: No		Accountable Exec:	Bob Champion	Author:	
Target:	80%	Actual:	78.70%	Data Period		DQ Assessment	TBD



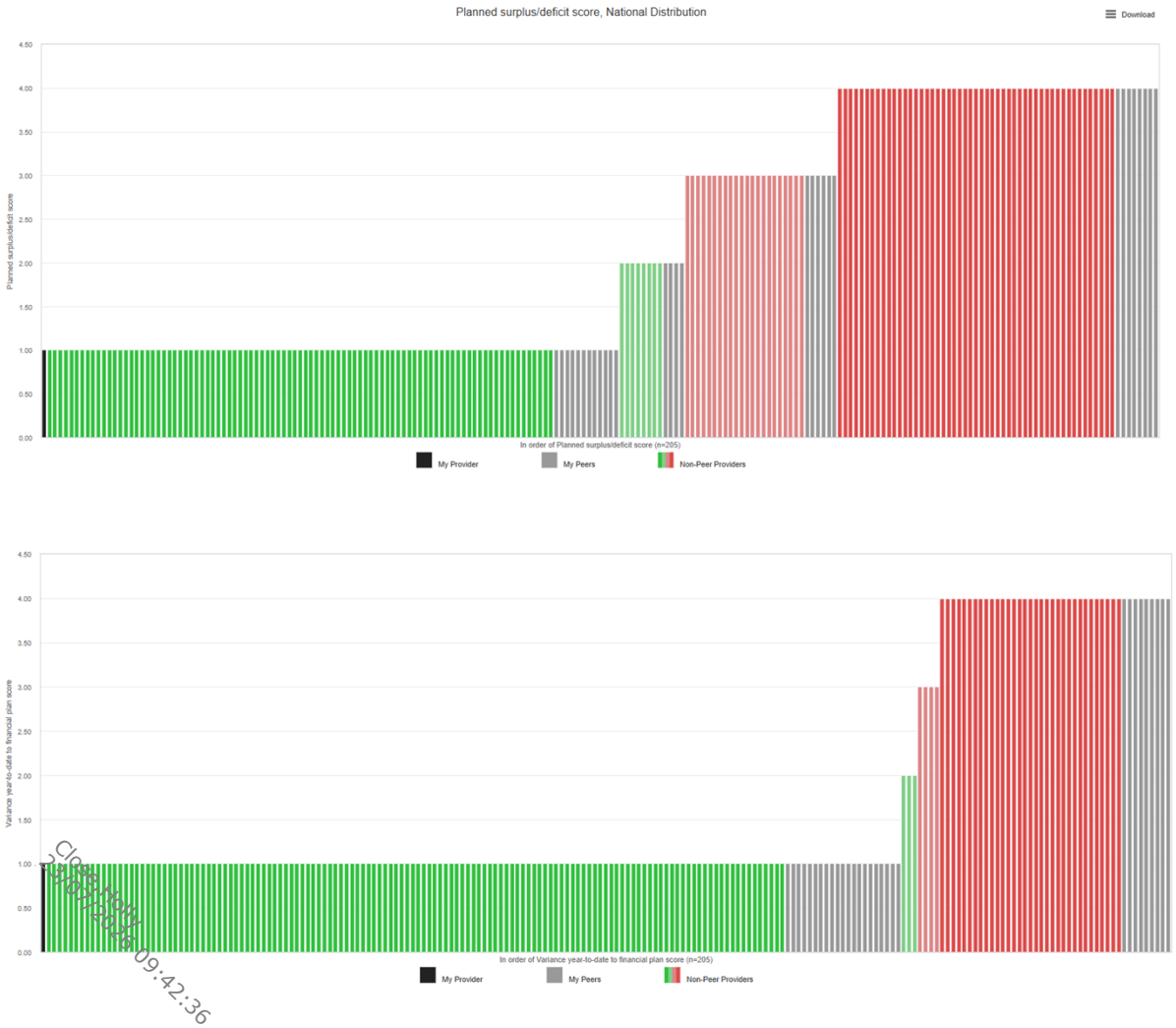
What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Mandatory training (90.8%) is exceeding targets, demonstrating strong compliance in core safety areas. No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: Clinical supervision							
Domain:	People	NOF: No		Accountable Exec:	Bob Champion	Author:	
Target:	80%	Actual:	82.6%	Data Period		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Clinical supervision (82.6%) is exceeding target, demonstrating strong compliance in core safety areas. No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure:	Planned surplus / deficit / Variance year to date financial plan						
Domain:	Finance and Productivity	NOF:	Yes	Accountable Exec:	Mike Woodhead	Author:	Anne-Marie Dewhirst
Target:	Achieve Plan for both	Actual:	0.86% (NOF1) / 0.01 (NOF1	Data Period	Q4 25/26	DQ Assessment	TBD



Key Messages

We are reporting slightly better than plan at Month 2 by 15k and at this early stage in the year we are forecasting to meet our planned breakeven position.

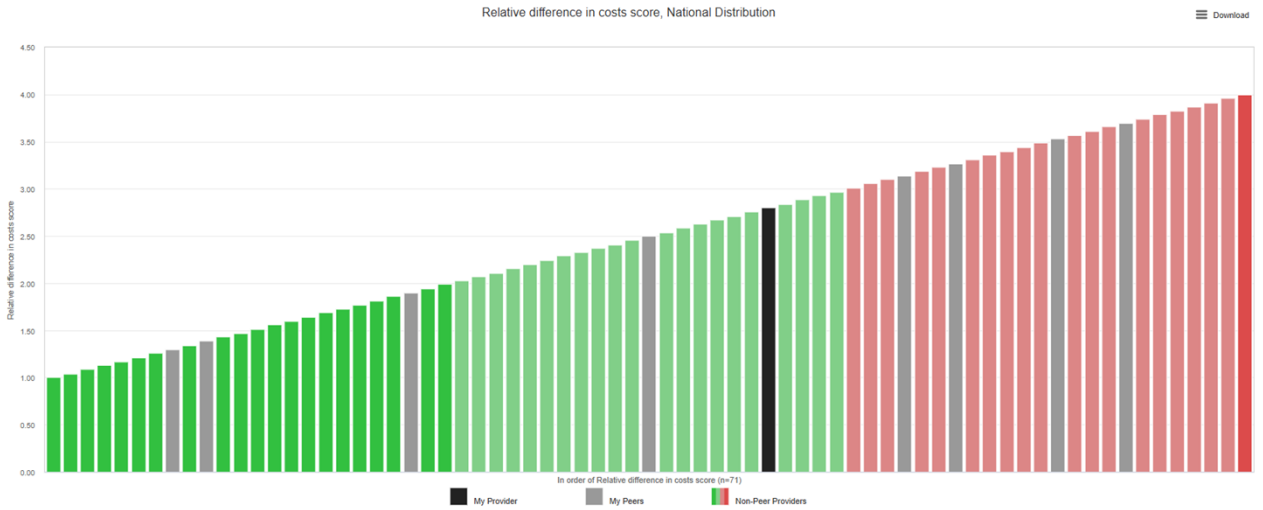
The main risk to achieving the financial plan continues to be the under-delivery of the efficiency programme.

The efficiency programme is offtrack at Month 2 by £172k and is forecast to underdeliver by £2.8m for the year.

Further risks to delivery of the efficiency programme could worsen performance by between £2.6m (best case); £4.2m (likely case) and £5.7m (worse case)– mainly in relation to the Purposeful and Productive Low Secure, the Trust wide Efficiency workstreams and programmes where plans are still in development.

The Trusts contingency has been partially deployed to mitigate under-delivery of the efficiency programme and to support the bottom-line financial position. A number of upsides are available to manage the financial risks, however at this point the likely case risk assessment highlights that a further £2.5m of mitigations are required to fully de-risk the position. This is a slight improvement on the risk assessment from Month 1 (£2.8m).

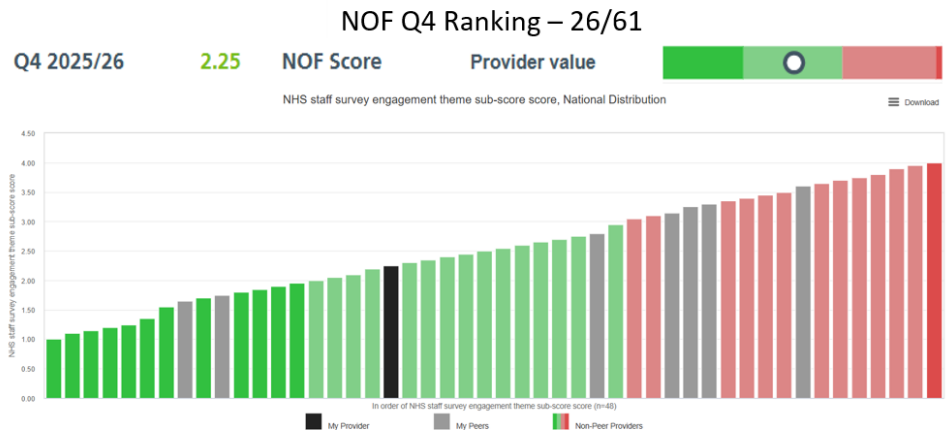
Measure: Relative difference in costs							
Domain:	Finance and Productivity	NOF:	Yes	Accountable Exec:	Mike Woodhead	Author:	Anne-Marie Dewhirst
Target:	Based on ranking	Actual:	2.8 (NOF 2)	Data Period		DQ Assessment	TBD

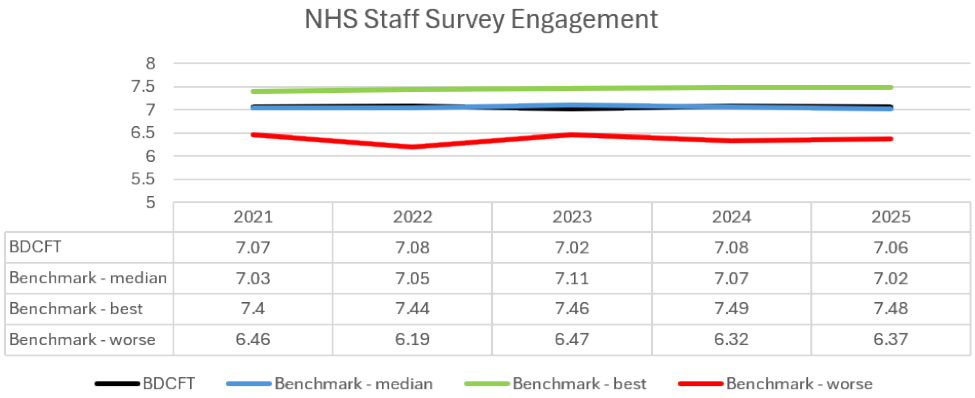


What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
Whilst at present BDCT is demonstrating a positive level of performance in this area it is an area that is particularly important due to the national direction of being paid by activity. This is based on National Cost Collection data which considers aggregated costs (the average cost of providing defined services) which is submitted annually. There are clear areas where from a BDCT perspective we can make improvements.	To ensure as an organisation we are as ready as possible to move to Activity Based costing, minimising the risk of loosing income we are: Sharing annual activity based costing data with teams Supporting teams in the development of activity plans Supporting teams in changing what they do to achieve their activity plans – a combination of better recording and more productivity. Aiming to provide data monthly to see how average activity has shifted	**Risk – Data cannot be accessed in a structured way through clinical systems** – focused work is planned to take place in areas where this is the case, for example ALPS / District Nursing **Staff are not able to be more productive** – work is ongoing to understand the 'stones in peoples shoes' to understand where changes can be made to free up time for care **Mis-alignment of activity and HR / finance information.** A programme of work is underway to address this.

Appendix 3 – Annual Measures

Measure: NHS Staff Survey Engagement Sub Score							
Domain:	People	NOF: Yes		Accountable Exec:	Bob Champoion	Author:	
Target:		Actual: 7.06		Data Period: 2025		DQ Assessment	TBD

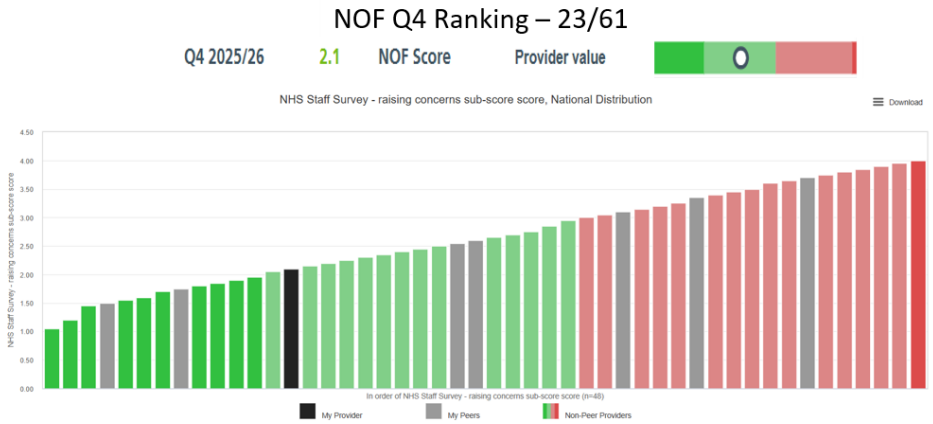


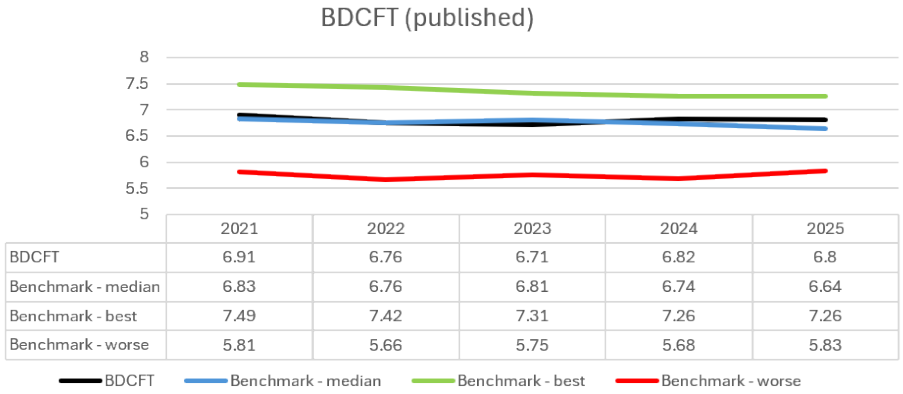


	2021	2022	2023	2024	2025
BDCFT	7.07	7.08	7.02	7.08	7.06
Benchmark - median	7.03	7.05	7.11	7.07	7.02
Benchmark - best	7.4	7.44	7.46	7.49	7.48
Benchmark - worse	6.46	6.19	6.47	6.32	6.37

What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
NHS Staff Survey engagement score is below benchmark (7.06 vs 7.4), pointing to underlying workforce experience issues that may be contributing to both absence and turnover trends.	No detailed narrative this time.	No detailed narrative this time.

Measure: NHS Staff Survey Raising Concerns Sub Score							
Domain:	Quality and Patient Safety	NOF:	Yes	Accountable Exec:	Phil Hubbard	Author: Chris Dixon	
Target:	Based on ranking	Actual:	6.8 (NOF2)	Data Period:	2025	DQ Assessment	TBD

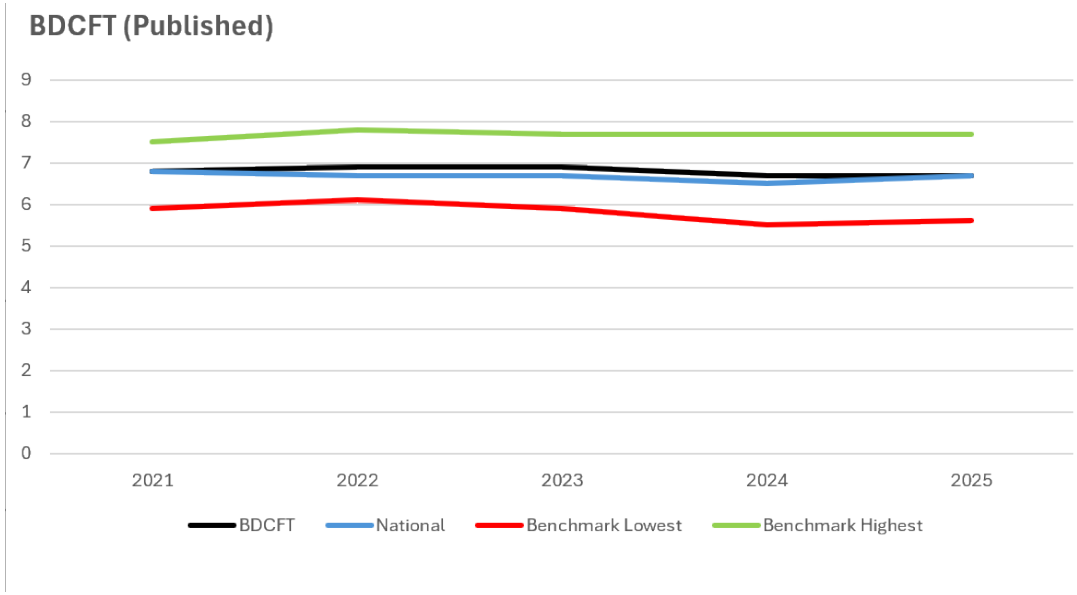




	2021	2022	2023	2024	2025
BDCFT	6.91	6.76	6.71	6.82	6.8
Benchmark - median	6.83	6.76	6.81	6.74	6.64
Benchmark - best	7.49	7.42	7.31	7.26	7.26
Benchmark - worse	5.81	5.66	5.75	5.68	5.83

What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Measure: CQC Community Mental Health Survey Satisfaction Rate							
Domain:	Experience of care	NOF: Yes		Accountable Exec:	Phil Hubbard	Author:	Chris Dixon
Target:		Actual:		Data Period: 2025		DQ Assessment	TBD



What is the trend and how do we expect this to change in future periods?	What are the actions to change this and why?	What are the risks to delivery and mitigations?
No detailed narrative this time	No detailed narrative this time	No detailed narrative this time

Name of meeting:	Council of Governors
NED Chair:	Sarah Jones
Lead Director:	Fran Stead
Secretariat:	Holly Close
Year:	2026/27

NHS
Bradford District Care
NHS Foundation Trust

Category	Agenda item	Paper author	Item presented	Lead Director	Lead PA	Public hybrid Date 13/05/2026	Public hybrid Date 29/07/2026	Public hybrid Date 11/11/2026	Public hybrid Date 10/02/2027
Good Governance	**Apologies**	Verbal	Senior Corporate Governance Officer	Chair	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**Declarations of conflicts of interest**	Verbal	Senior Corporate Governance Officer	Chair	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**Minutes of last meeting**	Senior Corporate Governance Officer	Chair	Chair	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**AMM Minutes**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)			X	
Good Governance	**Matters arising**	Senior Corporate Governance Officer	Chair	Chair	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**Action log**	Senior Corporate Governance Officer	Senior Corporate Governance Officer	FS (Trust Secretary)	HC (Senior 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 (Senior 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**	Senior Corporate Governance Officer	FS (Trust Secretary)	FS (Trust Secretary)	MH (Executive Assistant)	X	X	X	X
Good Governance	**Proposal for the Annual Members' Meeting**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)		X		
Good Governance	**Alert, Advise, Assure and Decision reporting / Assurance Report Board Sub-Committees**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**Notification of future meeting dates**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)	X	X	X	X
Good Governance	**Committee Annual Effectiveness review**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)				X
Good Governance	**Committee annual Terms of Reference review**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)			X	
Good Governance	**Committee annual Terms of Reference review - Nomination and Remuneration Committee**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior Corporate Governance Officer)	X			
Good Governance	**Council of Governors Annual Work Plan**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Senior 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 (Senior Corporate Governance Officer)			X	
Good Governance	**Governor JD Review**	Senior Corporate Governance Officer	RT (Deputy Trust Secretary)	FS (Trust Secretary)	HC (Corporate Governance Officer)	X			
Best Place to Work	**Staff Survey Update**	HF (Engagement Manager)	HF (Engagement Manager)	BC (Chief People Officer)	(Executive Assitant)	X			
Best Use of our Resources	**Finance and Performance Report**	CS (Cliff Springthorpe) & CR (Operational Director of Finance)	KB (Chief Operating Officer) & CR (Operational Director of Finance)	KB (Chief Operating Officer) & CR (Operational Director of Finance)	DJ (Executive Assistant)	X	X	X	X
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