



Bradford Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS PUBLIC

COUNCIL OF GOVERNORS PUBLIC



10 April 2025



16:45 GMT+1 Europe/London



Conference room, Field House, BRI

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REFERENCES

Only PDFs are attached

 CGo.4.25.0 - Council of Governors Agenda 10.4.25.pdf

Council of Governors Meeting Agenda

Date	Thursday, 10 April 2025	Time	16:45 – 17:45
Venue	Conference Room, Field House, BRI	Chair	Sarah Jones, Chair

Time	No.	Agenda Item	Lead	Outcome	Papers attached
16:45	CGo.4.25.1	Apologies for absence <ul style="list-style-type: none"> Philip Turner, Governor Ann Forster, Governor Khalid Choudhry, Governor Professor Louise Bryant, NED 	Chair	For information	Verbal
	CGo.4.25.2	Declarations of interest	Chair	For information	CGo.4.25.2
	CGo.4.25.3	Minutes of the meeting held 16 January 2025	Chair	For approval	CGo.4.25.3
	CGo.4.25.4	Matters arising	Chair	For information	Verbal
16:50	CGo.4.25.5	Holding to Account			
	CGo.4.25.5a	a. Chair's report	Chair	For assurance	CGo.4.25.5a
	CGo.4.25.5b	b. NED feedback: reports from Board	NEDs	For assurance	CGo.4.25.5b
	CGo.4.25.5c	c. Chief Executive's report	Chief Executive	For information	CGo.4.25.5c
17:30	CGo.4.25.6	Matters raised with Governors by members, patients and the public	Board Secretary	For information	Verbal
17:35	CGo.4.25.7	Governors Nominations & Remuneration Committee (NRC) report	NRC Governor (Mark Chambers)	For information	CGo.4.25.7
17:40	CGo.4.25.8	Policies and Procedures task and finish group documents for approval: <ul style="list-style-type: none"> a. Role of the Lead Governor b. Governor Induction 	Board Secretary	For approval	CGo.4.25.8
17:45	CGo.4.25.9	Any other business	Chair	For information	Verbal
	CGo.4.25.10	Review of meeting	Chair	For information	Verbal
	CGo.4.25.11	Date and time of next meeting 10 July 2025, 3.30 - 5.30pm	Chair	For information	Verbal

This meeting of the Council of Governors will take place in person. The agenda and papers are available on our website. Any Foundation Trust Member or member of the public can raise questions regarding the business of the Council of Governors. Questions should be submitted no later than 4pm on the Tuesday prior to the meeting either in writing to the Board Secretary, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ or, by email to corporate.governance@bthft.nhs.uk

REFERENCES


Only PDFs are attached

 CGo.4.25.2 - Declarations of Interest.pdf

Employee	Year	Interest Type	Date Incurred	Date Ended	Role	Interest Description (Abbreviated)	Provider	Value £'s
Aleksandra Atanaskovic	2024/25	Nil Declaration	26/11/2024		Governor			0
Andy Waller	2024/25	Loyalty Interests	02/07/2024		Governor	Son-in-law - Robert (Rob) Taylor, works as a Registrar within ENT at BTHFT.	BTHFT	0
Anne Forster	2021/22,2022/23,2023/24,2024/25	Outside Employment	18/06/2021		Governor	Employee University of Leeds strong links with the Stroke Association primarily providing research advice.	University of Leeds	0
Charlotte Walker	2024/25	Nil Declaration	10/03/2025		Governor			0
David Wilmshurst	2024/25	Nil Declaration	01/10/2024		Governor			0
Dermot Bolton	2021/22,2022/23,2023/24,2024/25	Outside Employment	01/02/2022		Governor	Senior Programme Manager in Frontline Digitisation. Part of NHS England Transformation Directorate	NHS England	0
Emma Fleary	2024/25	Nil Declaration	12/02/2025		Specialist Midwife			0
Farideh Javid	2024/25	Nil Declaration	06/02/2025		Governor			0
Farzana Khan	2023/24,2024/25	Loyalty Interests	14/02/2024		Consultant Accident And Emergency	Dr Amir Khan- GP partner at the Ridge Medical PracticeBrother to me.	Ridge medical practice	0
Helen Fearnley	2024/25	Nil Declaration	07/02/2025		Lead Tissue Viability ANP			0
Helen Rushworth	2024/25	Nil Declaration	12/03/2025		Governor			0
Helen Wilson	2024/25	Nil Declaration	13/11/2024		Medicines Information and Clinical Trials Manag			0
Ibrar Hussain	2024/25	Nil Declaration	18/03/2025		Governor			0
John Waterhouse	2024/25	Nil Declaration	16/10/2024		Governor			0
Khalid Choudhry	2024/25	Nil Declaration	13/11/2024		Governor			0
Kursh Siddique	2020/21,2021/22,2022/23,2023/24,2024/25	Loyalty Interests	08/02/2021		Governor	trustee	MAPA	0
Kursh Siddique	2024/25	Outside Employment	01/08/2024		Governor	CEO of Pie Squared Consultants Limited.	Pie Squared Consultants Limited	0
Kursh Siddique	2022/23,2023/24,2024/25	Loyalty Interests	28/11/2022		Governor	Employee Awais Siddique is my Nephew.	BTHFT	0
Mark Chambers	2020/21,2021/22,2022/23,2023/24,2024/25	Outside Employment	01/08/2020		Governor	COO	Emmanuel Schools Foundation	0
Mark Chambers	2021/22,2022/23,2023/24,2024/25	Outside Employment	01/10/2021		Governor	trustee/director	North Star Academies Trust	0
Philip Turner	2024/25	Nil Declaration	08/08/2024		Governor			0
Ruth Houghton	2023/24,2024/25	Outside Employment	10/03/2024		General Manager Adult OPD CPBS and Med Rec	Domestic Abuse Charity	Trustee of Staying Put	0
Sharon Taylor	2024/25	Nil Declaration	28/10/2024		Governor			0
William Martin	2024/25	Outside Employment	01/05/2024		Governor	Dean, Faculty of Health Studies	University of Bradford	0

REFERENCES

Only PDFs are attached

 CGo.4.25.3 - Unconfirmed DRAFT COG minutes.pdf

Unconfirmed Minutes - Council of Governors Open Meeting

Date	Thursday, 16 January 2025	Time	15:35-17:25
Venue	Inspire Bradford Business Park, Newlands House One, Newlands Way, Bradford, BD10 0JE	Chair	Sarah Jones, Chair
Present	<ul style="list-style-type: none"> - Sarah Jones, Chair (SJ) - Aleksandra Atanaskovic, Public Governor, Shipley (AA) - Dermot Bolton, Public Governor, Bradford West (DB) - Mark Chambers, Patient Governor and Lead Governor (MC) - Ruth Houghton, Staff Governor, All Other Staff Groups (RW) - Ibrar Hussain, Public Governor, Bradford West (IH) - Dr Farideh Javid, Public Governor, Bradford South (FJ) - Dr Farzana Khan, Staff Governor, Medical & Dental (FK) - Raquel Licas, Staff Governor, Nursing & Midwifery (RL) - Kursh Siddique, Public Governor, Bradford East (KS) - Philip Turner, Public Governor, Keighley (PT) - John Waterhouse, Public Governor, Bradford East (JW) - Andy Waller, Public Governor, Rest of England and Wales (AW) - David Wilmshurst, Public Governor, Shipley (DW) - Helen Wilson, Staff Governor, AHP (HW) - Sharon Taylor, Public Governor, Bradford South (ST) 		
In attendance	<ul style="list-style-type: none"> - Zafir Ali, Non-Executive Director (ZA) - Bryan Machin, Non-Executive Director (BM) - Karen Walker, Non-Executive Director (KW) - Sughra Nazir, Non-Executive Director (SN) - Altaf Sadique, Non-Executive Director (AS) - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer (SA) - Renee Bullock, Chief People & Purpose Officer (RB) - Professor Karen Dawber, Chief Nurse (KD) - David Moss, Director of Estates & Facilities (DM) - Paul Rice, Chief Digital and Information Officer (PR) - Mark Hindmarsh, Director of Strategy & Transformation (MH) - Ben Roberts, Chief Finance Officer (BR) - Dr Ray Smith, Chief Medical Officer (RS) - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) <p>Attending to present specific agenda items:</p> <ul style="list-style-type: none"> - Kez Hayat, Catherine Shutt, Georgi Dyson, Assistant Directors of HR: Review of Recruitment, HR Policies & Career Progression with an EDI & OD Lens, CGo.1.25.9 - Nazzar Butt, Moving to Outstanding Lead and, Byron Johnson, Senior Quality Governance Lead: 15 Steps Challenge, CGo.1.25.10 		
Observers	<ul style="list-style-type: none"> - Eight members of the public 		

No.	Agenda Item	Actions
CGo.1.25.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - Khalid Choudhry, Public Governor, Keighley (KC) - Professor Anne Forster, Partner Governor, University of Leeds (AF) - Professor Louise Bryant, Non-Executive Director - Julie Lawreniuk, Non-Executive Director (JL) - Mohammed Hussain (authorised absence), Non-Executive Director <p>LP confirmed the arrangements and conduct of the meeting. A number of questions had been submitted by members of the public ahead of the meeting. The questions were not about the business of the Council of Governors meeting and therefore would be responded to separately. This had previously been communicated to those who had raised questions.</p> <p>Naz Shah MP requested to address the Council. SJ advised that this Council of Governors meeting was a 'meeting held in public' and not a public meeting, and as such they would not be able to address the meeting. A local councillor disputed this citing that they were public representatives and should have the right to speak. SJ reiterated that this was 'a meeting held in public' and advised that the meeting would now move to discuss the business of the Council of Governors.</p>	
CGo.1.25.2	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
CGo.1.25.3	<p>Minutes of the meeting held on 17 October 2024</p> <p>The minutes were accepted as a correct record.</p>	
CGo.1.25.4	<p>Matters Arising</p> <p>SJ referred to the action log appended to the minutes. The Council noted and agreed the outcomes to the following actions.</p> <ul style="list-style-type: none"> - CG23006; Recruitment timescales. This item was included as part of the wider presentation to be delivered under agenda item CGo.1.25.9 at this meeting. - CG2409; Item on the BTHFT Summary Hospital-level Mortality Indicator (SHMI) data to be presented at a future CoG meeting. The date was yet to be confirmed. - CG2410; Data to be provided to Council on completion rates of FTSU training for Board members. The Council was advised that all Board members (Executives and Non-Executives) had completed the FTSU training. <u>Action closed.</u> - CG2411; item on Freedom to Speak Up for the Council. The date was yet to be confirmed. 	
CGo.1.25.5	<p>Holding to Account</p> <p>a. Chairs Report</p> <p>SJ presented a summary of her report. The following key points were noted.</p> <ul style="list-style-type: none"> • Following the close of governor nominations recently one vacancy remained in Keighley. This seat would be run again during the next election cycle. 	

No.	Agenda Item	Actions
	<ul style="list-style-type: none"> The Operational Planning Guidance had yet to be published by NHS England. Once this was available a briefing session would be scheduled for governors which would include the opportunity for Governors to raise questions. Governor volunteers were being sought to join the External Auditor Appointment task and finish group. Those interested should notify the Head of Corporate Governance. Governors were asked to note the upcoming site tours (to which all Governors and NEDs were invited and not just the most recently appointed Governors). The tours would cover our Education Service and include the launch of our new five year Education Strategy. A tour of the Bradford Institute for Health Research would also take place providing a good opportunity to hear about the applied research taking place and learn more about the other phenomenal work the Institute is involved in. <p>b. NED feedback (reports from Board)</p> <ul style="list-style-type: none"> <u>Quality Committee</u>: KW presented a detailed summary of the report. SN raised a query regarding the degree of confidence held regarding the Summary Hospital Level Mortality Indicator (SHMI) data captured in the system. PR advised that the coding recovery programme was now underway. This now needed to work through the system as SHMI was dependant on a 12 month rolling average. PR cautioned however that this one figure should not be used to determine the quality of care. <p>SN advised that a family had been in touch with her and asked about the process in place for informing families of babies with MRSA but were non-symptomatic. KD advised that all babies admitted to the Neonatal unit are swabbed and, if positive, the parent/guardian would be informed. KD was not aware of any MRSA positive babies that had gone on to develop the bacteraemia. KD requested that SN share the details so she could investigate appropriately.</p> <p>MC stated that as a governor he was assured by the reports provided by the meeting Chairs. He noted that assurance had been sought by a NED in this forum rather than within the Committee meeting itself. SJ confirmed that the committees of the Board had been running as scheduled however SN had not attended.</p> <ul style="list-style-type: none"> <u>Finance and Performance Committee</u>: ZA presented a detailed summary of the report. The Council noted the contents and had no further questions. <u>People Academy</u>: KW presented a detailed summary of the report. A discussion took place regarding the low uptake of the Flu Vaccine. There are reports of low take up at other NHS Trusts and RB stated that we compare about the same or better than other Trusts. AW raised a concern regarding the impact on Trust colleagues. KW confirmed that this was disappointing even though the Trust had made every effort to provide ease of access to the vaccine. KW confirmed that she had requested more granular data encompassing age, gender and ethnicity to support further analysis and inform the next campaign 	

No.	Agenda Item	Actions
	<p>moving forward.</p> <ul style="list-style-type: none"> <u>Audit Committee</u>: BM presented the key highlights from the report. The Council noted the contents and had no further questions. <u>Charitable Funds</u>: AS asked for the report to be taken as read. The Council noted the contents and confirmed they had no further questions. <p>c. Chief Executive's Report:</p> <p>MP advised of a correction to paragraph 1 of her report (performance) as there was an omission in relation to the national constitutional Emergency Care Standard of 95% which we are not achieving, but we are achieving the 2024/25 operational target set by NHS England of 78%. When compared to colleagues in West Yorkshire, our performance is high and we are in the top 10 percent nationally.</p> <p>MP advised that there was an item not included in her report due to timing. This covered the announcement by the Secretary of State that the NHS would receive an operational framework next year. Trusts should expect to sign up to an elective reform programme to get back to the position pre-Covid where patients were seen and treated within 18 weeks. MP added that at BTHFT the commitment is to achieve the 92% target by March 2029. Linked to this was the recent opening event for the St Luke's Day Case Unit (DCU). There had been an investment of £20m to improve our facilities. It is expected the DCU will be operational by early February and is expected to provide an additional 500 operational procedures.</p> <p>DW referred to the West Yorkshire local transport plan and raised a concern about the lack of a direct bus route from Shipley to BRI. DM confirmed the trust was working with the local Council on these issues whilst also ensuring that we take account of the sustainability agenda.</p> <p>IH asked if there were any concerns following the alarming experience at Oldham where a nurse had been stabbed. MP stated that we had seen an escalation in instances of violence and aggression towards colleagues in A&E. The department was designed to accommodate 240 patients when it was built 30 years ago; now we experience over 500 patients a day. This leads to over-crowding and frustrations. The Trust invested significantly in security solutions which included body worn cameras on senior clinical staff. This is made known to patients and incidences have alleviated a little. FK referred to the improvement programme currently underway in A&E. The Trust would have a strong case should any capital funding become available to improve the department.</p> <p>The Council noted the updates received, and the assurance provided.</p>	
CGo.1.25.6	<p>Matters raised with Governors by members, patients and the public</p> <p>LP advised that 25 questions had been submitted by five people prior to the meeting. The questions refer to wider processes and governance matters. As they do not refer to any of the specific agenda items at today's meeting they will be responded to outside of the meeting, and this had previously been communicated to those who had raised questions. LP</p>	

No.	Agenda Item	Actions
	<p>added that the Council can request discussion of the matters raised at future meetings.</p> <p>DB, stated, that having reviewed the Constitution, he noted there was nothing written which prevented the Council from hearing from members of the public at their public meetings. He felt that due to a Member of Parliament being present today, that they should be afforded the opportunity to address the Council. KS stated that he agreed with DB's statement.</p> <p>IH stated that he wanted to ensure that the Council is open and transparent and felt concerned that a member of parliament had raised issues in relation to openness and transparency and as such they should be afforded the opportunity to speak given that the Constitution allows that.</p> <p>SJ stated that this meeting is not a public meeting but a meeting of the Council of Governors being held in public. There was a published agenda for the meeting setting out the matters for discussion, and SJ requested cooperation and respect for the formalities and processes in place.</p> <p>There were further interruptions from members of the public questioning the rationale behind restricting members of the public from asking questions in public meetings.</p> <p>SJ again reiterated that it is not a public meeting, but a meeting held in public. LP reiterated the definition of a meeting held in public which allows members of the public to attend and observe and there aren't any rights given for the public to speak at the meeting.</p> <p>Further interruptions continued and it became apparent that an observer was recording the proceedings on their mobile phone which was immediately objected to by some governors. Due to the constant interruptions preventing the meeting from being able to deal with the business of the agenda, SJ was left with no alternative but to adjourn the meeting.</p>	
CGo.1.25.7	<p>Governors Nominations & Remuneration Committee (NRC) report Not discussed due to the disruption to the proceedings</p>	
CGo.1.25.8	<p>NED appraisal process Not discussed due to the disruption to the proceedings</p>	
CGo.1.25.9	<p>Update: Review of Recruitment, HR Policies & Career Progression with an EDI & OD Lens Not discussed due to the disruption to the proceedings</p>	
CGo.1.25.10	<p>15 Steps Challenge Not discussed due to the disruption to the proceedings</p>	
CGo.1.25.11	<p>Policies and Procedures Task and Finish Group documents for approval Not discussed due to the disruption to the proceedings</p>	

No.	Agenda Item	Actions
CGo.1.25.12	Any other business Not discussed due to the disruption to the proceedings	
CGo.1.25.13	Review of meeting Not discussed due to the disruption to the proceedings	
CGo.1.25.14	Date and time of next meetings Not discussed due to the disruption to the proceedings	
CGo.1.25.15	Resolution to move into private session Not discussed due to the disruption to the proceedings	

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Actions from the Council of Governors meeting held 16 January 2025

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
28.4.23	CG23006	CGo.4.23.5	Summary of pre meeting with NEDs DW raised a concern around the length of time it takes to recruit staff in the early stages. FL agreed to note the discussion and examine the process	Acting Director of HR	April 2025	16.01.25 - Included on the January meeting agenda. Item unable to be discussed due to the suspension of the meeting. <u>Item deferred to a later date – to be confirmed.</u> 23.10.24 – Update to be provided in January 2025 to allow for the outcome of the reviews to be presented to the People Academy. 18.7.24 – RB agreed to provide a briefing note at the October COG meeting in relation to the three reviews taking place on policies, recruitment process and progression.
17.10.24	CG2409	CGo.10.24.6	NED feedback – Quality Committee An update on SHMI data progress will be presented to a future COG.	Chief Medical Officer/QC Chair	April 2025	<u>Date to be confirmed</u>
17.10.24	CG2411	CGo.10.24.6	NED feedback – People Academy SJ suggested Sue Franklin is invited to a future COG meeting to do a deep dive on FTSU.	Board Secretary	April 2025	<u>Date to be confirmed</u>
18.7.24	CG2408	CGo.7.24.12	Council of Governors work programme This item was deferred to allow for actions from the Governor Policy & Procedure task and finish group to be incorporated into a revised workplan.	Head of Corporate Governance	April 2025	<u>Item deferred to July</u>

A. CHAIR'S REPORT

REFERENCES

Only PDFs are attached

 CGo.4.25.5a - Chair's report.pdf

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	CGo.4.25.5a

Report from the Chair

Presented by	Sarah Jones, Chair		
Author	Jacqui Maurice, Head of Corporate Governance		
Lead Director	Sarah Jones, Chair		
Purpose of the paper	This report provides an update to the Council of Governors on key items since my previous report provided in January 2025		
Key control	N/A		
Action required	For Information		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	

Situation

1. Engaging with Partners and Stakeholders

Regional & National Networking

During March I attended the NHS England meeting on behalf of the Trust to hear from the incoming new Chair and Interim CEO about their priorities. The session was comprehensive and clear about expectations.

It was during the meeting that the news that NHS England is to be abolished was announced.

Bradford District and Craven

Discussions between the three NHS Trust Chairs continue. One idea being discussed is if a joint session with all three Council of Governors would be helpful.

2. Key updates

- Update on regulation**

As previously reported, I continue to attend regular Integrated Quality Improvement Group (IQIG) meetings with NHS England and our Integrated Care Board (ICB), as part of our agreed enforcement undertakings and additional licence conditions. Colleagues continue to express their assurances on the progress the Trust is making.

3. Council of Governors

- Governor Elections**

I am pleased to advise that we have the following new Governors who have now joined our Council

- Helen Fearnley, Staff Governor Nursing and Midwifery
- Emma Fleary, Staff Governor Nursing and Midwifery
- Charlotte Walker, Staff Governor All Other Staff Groups

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	CGo.4.25.5a

- Dr William Martin, Dean of the Faculty of Health Studies, University of Bradford

I would like to take this opportunity to express my sincere thanks to Raquel Licas, former Staff Governor Nursing and Midwifery and to Farzana Khan, Staff Governor Medical and Dental for their contributions to the Council during their tenures. Raquel has now stood down from the Council and, Farzana will complete her term on 25 May 2025.

Helen Jepps, Paediatric Consultant, has been elected as the Staff Governor for Medical and Dental and I am pleased to let you know that Helen will formally take up her role on 26 May 2025.

Due to unforeseen circumstances, the nominee elected unopposed to our Patient Governor seat is now unable to take up the position. Fortunately, we do have another election process now underway which commenced on 10 March and this vacancy has been incorporated into that search. We are seeking nominations for the following three public/patient seats:

- Bradford East
- Keighley
- Patient

Please note that the election is being held in line with the following schedule.

Nominations deadline	Monday, 7 Apr 2025
Final date for candidate withdrawal	Thursday, 10 Apr 2025
Voting packs despatched	Thursday, 1 May 2025
Close of election	Wednesday, 28 May 2025
Declaration of results	Thursday, 29 May 2025

• **Task and Finish Group: External Auditor Appointment**

I would like to thank our two Governors, Philip Turner and, Ruth Houghton for volunteering to participate in the task and finish group in support of the appointment of the External Auditor. As a reminder, the Council of Governors is responsible for approving a recommendation from the Chair of the Audit Committee regarding the appointment. The meetings have started now and are progressing well. The Council of Governors will have a recommendation for appointment from the Chair of the Audit Committee presented to them in July for approval.

• **Governor Induction Programme: Site tours**

The induction programme for our new Governors is currently being arranged. This will include site visits to understand more about the work of Bradford Institute of Health Research, our Trust's Education Service (including the Simulation Centre) and our Estate in terms of site usage and our capital programme. Once these dates are scheduled invitations will be extended to our Non-Executives who may wish to accompany governors on these visits. Although these are primarily being arranged around the availability of our newer Governors, I would like to encourage our other Governors to join them if able.

• **Special Invitations**

All Governors will be in receipt of invitations to the following two key events:

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	CGo.4.25.5a

- Bradford Hospitals launch of our Capital Appeal for a new 'Home from Home' for families with a baby in the neonatal unit. This takes place on Wednesday 7 May from 5pm to 7pm
- BTHFT Thrive Leadership Conference on Thursday 15 May 2025, 8.50am-4.30pm. This year's theme is "For the Leader in Everyone: Belonging Throughout the Ages – Past, Present, and Future"

As advised, places are limited for so if you would like a place please can you email corporate.governance@bthft.nhs.uk no later than Wednesday 9 April.

• **Key communications**

Our members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. The latest edition is available [here](#).

Key communications continue to be shared with governors so that they remain in touch with developments at our Trust. Governors also continue to have access to Let's Talk (staff newsletter) and global emails containing a range of updates to staff.

Recommendation

The Council of Governors is asked to note this report.

REFERENCES

Only PDFs are attached

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-  CGo.4.25.5b - Appendix 2 - Report from the Chair of the Quality Committee - March 2025.pdf
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-  CGo.4.25.5b - Appendix 7 - Report from the Chair of Audit Committee - February 2025.pdf
-  CGo.4.25.5b - Appendix 8 -Report from the Chair of the Charitable Funds Committee - February 2025.pdf

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	CGo.4.25.5b

NED feedback (reports from the Board)

Presented by	Committee/Academy Chairs	
Author	Sheridan Osbourne, Corporate Governance Officer	
Lead Director	Committee Chairs	
Purpose of the paper	To provide the Council with the 'AAA' Chair reports from the Committee and Academy Chairs	
Key control	Holding the NEDs accountable for the performance of the Board	
Action required	For assurance	
Previously discussed at	Board of Directors March 2025	
Previously approved at:	Academy/Group	Date
Situation		
<p>The reports from the Chairs of the Academy/Committees provided to the Board are attached as follows:</p> <ul style="list-style-type: none">• Appendix 1 - QualityCommittee Chair report (February 2025)• Appendix 2 - Quality Committee Chair report (March 2025)• Appendix 3 - Finance & Performance Committee Chair report (February 2025)• Appendix 4 - Finance & Performance Committee Chair report (March 2025)• Appendix 5 - People Academy Chair report (February 2025)• Appendix 6 - People Academy Chair report (March 2025)• Appendix 7 - Audit Committee Chair Report (February 2025)• Appendix 8 - Charitable Funds Committee Chair Report (February 2025) <p>The reports are written by the Academy / Committee Chairs themselves to provide an overview of how the meeting ‘felt’ including the quality of debate, quality of papers, quality of reassurance/assurance provided, rather than providing a summary of the meeting (which is the purpose of the minutes).</p>		
Recommendation		
<p>The Council of Governors is asked to note the reports for assurance.</p>		

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 20 February 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – January saw 149 adult inpatient deaths, a reduction following December 24's two year high, with the SHMI data reducing from 123.12 to 116.84. There was an issue with the submission of historical coding data and the backlogs have now been eliminated and the SHMI data reflects this. There was a spike in flu related deaths, with respiratory issues prevalent. Readmissions data trended upwards and the Trust is higher than others in the region but this can be attributed to the coding of patients brought back for a planned follow up following an initial non-elective spell. There is work to do on the accuracy of coding and there is a balance to be struck between a speedy discharge and in-patient care. There is an upward trend of pressure ulcers with an increase in Cat 2 ulcers but a decrease in Cat 3, with a link to the amount of time patients are spending in A&E. Quality improvement support has been offered to the relevant areas and the Tissue Viability Nursing team are spending time in A&E. There is a big focus on education, training and the completion of timely skin assessments and documentation. The pressure ulcer policy has been updated and approved. The Academy also received an update on action to prevent falls, following a recent spike that has started to reduce again. There is a new falls alarm system, heat mapping of areas, focused ward work, and in the Emergency Department, there is a new initiative called the yellow bag project which includes a yellow blanket and socks for those at risk of falls to make them very visible to all staff.

Advise:

Risks –there are two new risks relevant to the Committee 1) an increase in harms associated with hospital acquired pressure ulcers and 2) issues with the Maternity Early Warning Score on EPR. The maternity staffing risk has been closed and the risk relating to the deterioration of the condition of the pharmacy aseptic unit facility and equipment has been reduced. The Committee was assured that all risks have been identified and are being managed appropriately.

Q3 Insights Report – the report brings together all data relating to claims, litigation, inquests and CQC reports and triangulates it with the Trust's data on incidents, PALS and complaints to provide assurance, learning and improvement. In Q3, 16 claims were closed with 10 settled with damages. The 10 claims settled with damages totalled just under £308k. Three of the claimants had contacted PALS or formally complained and these claims related to diagnosis and treatment, falls and skin staining through the leaking of an iron infusion. The remaining cases involved reported safety incidents – 2 maternity intrauterine deaths, a needlestick injury, a fall, a medication error, an information governance breach and an iron infusion issue. There are currently 55 open inquests. Analysis of inquests concluded in Q3 evidenced 4 deaths due to circumstances in the Trust and 15 due to

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circumstances external to the Trust. There were 20 enquiries from the CQC relating to 16 cases, all ad hoc, with 12 from anonymous sources. A thematic review found 5 cases related to care and treatment, 4 of which have been closed by the CQC. 5 cases related to external agency reports, all of which the Trust has responded to but are awaiting closure by the CQC. 2 cases related to safeguarding of vulnerable adults in the community where the quality of care from the Trust was rated as 'good care'. 2 cases related to workforce issues and the Trust has responded and is awaiting closure by the CQC. The last case was referred to the CQC by the Trust. The Committee was assured by the level of reporting, analysis, learning and improvement in each of the cases.

Assure:

Data and Digital Transformation Strategy – the draft 2025-30 strategy was shared with an ambition to become a clinically driven, digitally outstanding Trust. The strategy focuses on 5 strategic objectives relating to people, professional standards, data driven care and decisions, digital works and clinical optimisation interoperability. The strategy contains a series of activities to exploit digital and data tools, methodologies and services to support clinical, operational and corporate outcomes. It's ambitious, exciting and strives to support the Trust's people, patients, place and partners.

EDS 2022 Domain 1 – the Trust has competed its annual assessment against the Equality Delivery System 2022, assessing evidence against Domain 1 - Patients and Service Users. Covering Adult Palliative Care, Children and Young People Palliative Care and Pennine Breast Cancer Screening, the Trust has made significant progress over the last 12 months and retained its 'achieving' rating for Domain 1 and an overall 'achieving' rating across the organisation. CSU local EDI action plans, Equality Impact Assessments of key policies and services, and mandatory EDI training for managers contributed to the rating. The Trust and its Equality and Diversity Council are focused on tackling health inequalities, with a Board development session on workforce and population health Inequalities taking place in October 24. Health equity has been added to the induction and the Trust have implemented training to improve understanding of disability and neurodiversity. There was recognition of the work done and progress made but improvements needed to funding levels, communication between primary and secondary care and awareness and access to services.

Report completed by:

Karen Walker, Interim Quality Committee Chair and Non-Executive Director,
20th February 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.8

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 20th March 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – the Chief Medical Officer highlighted to the Committee that there had been an increase in falls with harm over the last few months. A discussion took place on how learning from the falls was taking place.

Advise:

Risks - No new risks had been added to the register; none had been closed and no changes in score had been made. The Committee was assured that all risks have been identified and are being managed appropriately. The Chief Nurse advised the Committee that future risk reports will include a synopsis of the risks.

Quality Oversight Profile – 14 safety incidents were escalated from the CSUs and discussed at SEG between January and February. 4 of the ones discussed at SEG were escalated to QuOC. The Committee was assured by the level of reporting, analysis, learning and improvement in each of the cases.

Maternity and Neonatal Services – Quality Committee were asked to note that the LMNS Assurance visit took place in February and received positive feedback. In February there were 0 stillbirths and 3 neonatal deaths. The Committee were assured by the contents of the report.

Learning from Deaths and Mortality – the paper focused on mortality during December 2024 (the highest number of deaths since 2022) and analysed the causes of death, patient medical histories and backgrounds of those who passed in the month. The report concluded that the increase in deaths can be attributed to a much older population of patients, who had an increased number of life-limiting co- morbidities, who were increasing described as frail from old age, dying from respiratory infections (particularly influenza) and serious cardiac causes. The Committee were assured by the Quality of Care these patients had received.

Research Activity – The Committee were pleased to see the great research work and activity that has taken place over the last few months. The entrance extension for the institute has now been completed and was open for use on the 7th of November.

Developing our Strategic Framework - the Director of Strategy and Transformation updated the Committee on the development of the strategy and the engagement that had taken place within the organisation to further develop the strategy. A discussion took place about the reporting metrics that will be to measure progress against delivering the strategy. The Framework and supporting metrics will be shared with the Board at their next meeting.

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Health Inequalities – the paper provided an update on the Tackling Health Inequalities Program as at March 2025. The keys topics included Equality of Access, Maternity and Health Inequalities, Launch of the Make Every Contact Count Program, Enhancing Digital Inclusion through Library Services, Population Health Fellowship and Health Quality at Staff Induction. A discussion took place about how we might use some high-level indicators to measure progress against this important program.

Assure:

Bereavement Policy – the Committee approved the latest refresh of the policy; changes have been made to include the latest medical legislation.

Internal Audit Reports – the Committee were assured to receive 5 internal audit reports relevant to the Committee. All had received significant assurance.

Committee Effectiveness Review – the Committee used SLIDO to complete our effectiveness review. Results will be collated, and a meeting is planned to discuss the feedback and see how best it can be used to improve our effectiveness. An update will be shared at our April meeting. Two additional Committee members volunteered to support the effectiveness review process.

Quality Account Production Schedule – the Head of Corporate Governance shared with the Committee the process for completing this year's Quality Account. The Quality Committee will keep oversight of the report.

Report completed by:

Julie Lawreniuk, Interim Quality Committee Chair and Non-Executive Director,
23rd March 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.16a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 19th February 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – The Trust is reporting being online with the £0.2m deficit plan for the month of January but remains £4.2m behind the planned £14m deficit plan. The Trust is still formally reporting to achieve its plan but there is a realistic present risk of not achieving the planned £14m deficit position, This is in the main due to the shortfall in forecast savings delivered through the closing the gap programme, an increase in the underlying position at month 10 and delays to the opening of St Lukes.

If this position remains unchanged following the month 11 results the Trust is likely to report an off plan forecast to NHSE. Board approval will be required if this risk materialises.

Closing the Gap – The current best case forecast is delivery of £33.5m of efficiencies which would result in a £5.4m shortfall against the required £38.9m of financial improvements.

Work continues on the 25/26 closing the gap plan.

Advise:

National Cost Collection – The Chief Finance Officer updated the Committee on the 2023/24 collection. The National Cost Index measures the relative efficiency of each Trust, in this submission the Trust achieved an index score of 94 which was the equal best score in the West Yorkshire Association of Acute Trusts (WYATT).

Treasury Management Update (cash position) –The Committee were advised that cash support will not be needed this financial year, in the main due to slippages in capital spend. Cash support will be required next year, and a paper was shared with the Committee on the process and implications for requesting cash support. A discussion took place about the risk of requiring cash support but not receiving the full amount requested.

Operational Improvement Plan Referral to Treatment – Given the number of important items on the agenda the Committee agreed to take this paper as read noting the continued improvement work continuing in this area.

Financial Plan /NHSE Operational Plan Submission – The Committee received a detailed presentation on the plan submission, recognising that work will continue on the plan with a further update being shared with the Committee at their March meeting prior

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to it being submitted for approval to Board. The Committee were pleased to see that the latest internal audit report on operational planning guidance had received high assurance.

New Strategic Framework and Trust Strategy Update – the Director of Strategy and Transformation shared a set of slides with the Committee to support the approach of the strategy framework. The Committee were happy with the approach suggested and will see a more worked up version of the framework at their meeting in March before it goes to Trust Board later in March.

Assure:

Draft Internal Audit Plan – The plan was presented to the Committee for review and comment prior to its submission for final approval to the Audit Committee. NEDS and executives had already had a chance to comment and a few changes incorporated into the plan as a result of those conversations.

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. The major improvements in the HFAST program were noted recognising the continued challenges with partners on our ability to discharge patients.

Procurement, review of process for extending contracts – Following concerns raised at last months Committee, an update was shared on work that has been carried out to strengthen the process.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and one risk relating to the pharmacy unit had reduced in score. The Committee were assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director
13th March 2025

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Date	26 March 2025	Agenda item	Bo.3.25.16a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 19th March 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – The Trust has received £9m of additional non recurrent revenue funding in month 11 from NHSE and the WYICB. As a condition of accepting these funds the Trust must formally improve its I and E plan by £4.3m moving from a planned £14m deficit to a planned £9.7m deficit. In addition, the ICB has requested BTHFT over-achieves by a further £4.7m by year end to assist with delivering the system aggregate position. These changes mean BTHFT must deliver a deficit of £5m, an improvement of £9m which is commensurate with the addition funding received.

The Trust is now reporting a delivery of the £5m deficit position, this is reliant on additional non recurrent measures in month 12.

A discussion took place about the messaging associated with this improvement and the CFO reminded the Committee about the importance of the cash position being the real measure of the Trust's underlying position.

Closing the Gap – The closing the gap program is forecast to deliver £33m of efficiencies by year end, inclusive of £8m ERF over- recovery.

Capital – The capital plan has seen further slippage in spending, with £27.1m being spent year to date against a planned spend of £39.5m, the slippage is in the main due to unforeseen delays with the new Endoscopy Unit. To deliver the plan the Trust needs to invest £19.2m during month 12, mitigating actions are in place to deliver the plan.

Advise:

Treasury Management Update (cash position) –The Committee were advised that cash support will not be needed this financial year, in the main due to slippages in capital spend.

Operational Improvement Plan Cancer and Diagnostics – the Committee were pleased to see the continuing improvement initiatives underway to further improve our performance against the cancer standards and enhance patient care.

Financial Plan /NHSE Operational Plan Submission – The Committee received a further presentation on the plan submission, recognising that work will continue on the plan with a further update being shared with Board at their next meeting. In the data that was shared it was clear that we are aiming to continue to improve performance over the next 12 months, but this may change given the significant financial deficit that will need managing next year.

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New Strategic Framework and Trust Strategy Update – Following on from last month’s meeting, the Director of Strategy and Transformation updated the Committee on the engagement that had taken place within the organisation to further develop the strategy. The Committee approved a set of reporting metrics to measure progress against delivering the strategy. The Framework and supporting metrics will be shared with the Board at their next meeting.

Act as One Update – The ICB Director of Transformation shared with the Committee the program of work currently being managed under our system Act as One Program, the Committee discussed whether given the additional responsibilities of the Committee if this was still the right place for this work to be shared. It was agreed that a discussion would take place as part of the effectiveness review to agree where best these updates should be provided.

Violence Prevention and Reduction Standard, Accommodation Update – Because of time pressures these two items were deferred until the March meeting.

The meeting – given the number of items including the effectiveness review the meeting felt rushed and a number of items needed to be deferred to make sure there was time to discuss them appropriately at the next meeting. As part of the effectiveness review, we will need to agree how we manage this going forward.

Assure:

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance. Our Urgent Care performance was ranked as being in the top decile in January resulting in an additional capital funding pot of £2m being awarded to the Trust. Although this will not be enough to do the full refurbishment that is being designed for the Emergency Care Department it will be used to improve some of the facilities.

Committee Effectiveness Review – the Committee used SLIDO to complete our effectiveness review. Results will be collated, and a meeting is planned to discuss the feedback and see how best it can be used to improve our effectiveness. An update will be shared at our April meeting.

High Level Risks Relevant to the Academy – No new risks had been added to the register; none had been closed and no changes in score had been made. The Committee were assured that all relevant key risks had been identified, reported, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director
21st March 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.12a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 12 February 2025

Key escalation and discussion points from the meeting

Alert:

Nothing to alert.

Advise:

Recruitment and Retention – The HR team updated the Academy on the plan to improve the overall time to hire, recruitment experience and retention, covering their achievements and next steps. In July 23, the time to hire was over 120 days due to overly complex processes. This included internal and returner recruitment. By January 25, this had decreased to 78 days. Closer monitoring of each stage of the process and better transparency, consistency and communication have resulted in the team identifying and resolving the bottlenecks. The improvements to the onboarding and recruitment processes and enhanced job satisfaction and improved wellbeing have resulted in a decrease in turnover to 9.5% in December 24 and reduced the reliance on temporary staffing. Despite the improvements, July 24's model hospital data placed the Trust in the 4th quartile for time to hire, mid to low quartile for recruitment staff costs and the lowest quartile for advertising costs suggesting the size of the team and advertising spend is making it more difficult to recruit in a timely way, or there are still efficiencies to be made across the processes. The Academy shared ideas on further improvements and the team shared future plans to train people on Trac, upskill and make efficient use of recruitment resources, improved communications and candidate pack, standardised processes and an enhanced welcome experience. The Academy thanked the HR team for the update, and asked that regular updates are provided to the Academy to ensure the time to hire continues improve at pace.

Dashboard – staff turnover continued to improve at 9.57% in December, down from 9.81% in November. December's absence was 6.71%, with year to date absence at 5.8%, a slight increase on November. Additional Clinical Services and Estates and Facilities continue to have the highest absence. The non-medical appraisal rate continues to improve but is still below the 85% target at 77.62% and will be discussed in depth at the March Academy. Core mandatory training continues to be above the 85% target.

Freedom to Speak Up – the Chief Nurse updated the Academy on the Q3 results. There were 27 concerns raised, taking the ytd to 85. Only 2 were raised anonymously. Most concerns raised were about bullying and harassment and inappropriate attitudes and behaviours. No cases related to patient safety or quality. There were no reports of

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detriment as a result of speaking out. Most concerns came from Estates and Facilities staff. The data shows an increase in concerns raised year on year as FTSU awareness increases and people feel safe to speak up. The Trust's data is comparable to the national FTSU data but some Trusts raise more concerns than BTHFT. FTSU is, of course, just one of the channels for raising complaints.

Assure:

Equality Delivery System (EDS 2022) – implementation of the EDS is an NHS providers requirement and is the foundation of equality improvement within the NHS. In 2022, NHSE produced a new version of the EDS and the Trust is required to collect evidence and assess itself against 3 domains 1) commissioned or provided services (Patients and Service Users), 2) workforce health and wellbeing (Workforce) and 3) inclusive leadership (Workforce). The Head of EDI shared an assuring update on domains 2 and 3 (with domain 1 going to the Quality Committee). The Trust held a staff engagement event showcasing evidence and insights in January and the Trust's people were asked to complete a survey, marking the Trust against a set of measures and sharing feedback. These initiatives showed the significant progress the Trust has made over the last 12 months and was assessed as 'achieving' for domains 2 and 3, and achieving as a Trust overall. People acknowledged the work done in this space over the last few years, the high level of support for staff and the senior leadership team's involvement in the EDI agenda and asked that the inclusive culture and a focus on psychological safety continue, that timely support for people experiencing conflict in the workforce is strengthened, security presence is increased to deter anti-social behaviour and that effort to improve communication is renewed. The Trust's assessment was peer assessed and approved by colleagues at Airedale Hospitals NHS Foundation Trust.

Car parking communication plan – the Head of Business Management shared the communication plan to advise staff, patients and visitors of the changes to car parking at Bradford Royal Infirmary and St Lukes. Some of the car parks will be barrier controlled with ANPR, and public and staff parking will be segregated. The work starts in the Spring and will be done in a way that minimises disruption. The plan focuses on the key messages such as a fairer system, a change to pay on exit and increased disabled parking. The Academy were assured by the planning to minimise disruption and the strength of communications to all stakeholders.

Karen Walker

People Academy Chair and Non-Executive Director

12 February 25

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	B0.3.25.12a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 12 March 2025

Key escalation and discussion points from the meeting

Alert:

Non-clinical appraisals – Audit Yorkshire audited Non-Clinical Appraisals to provide assurance that the Trust has a robust process in place but only limited assurance was received. The audit found that while the Trust's processes and systems are adequately designed and there was some good practice, the testing identified weaknesses in adherence to them with 4 different forms, inconsistent completion, a mixed approach to one to ones and no mandatory refresher training for managers. As we know from the dashboard, the appraisal rate is below target. The Head of Organisational Development shared the plan to introduce 'Dynamic Appraisals' to complement the work on developing 'Dynamic Conversations' launching in Q1 25/26. Once a year, colleagues will have a conversation around all four themes in the Dynamic Conversations framework (health and wellbeing, performance enablement, prioritisation and aspiration and motivation) to ensure dynamic conversations are happening, provide a familiar and simple approach that keeps conversations live throughout the year, standardise the paperwork for all conversations and focus on what matters to people. There will be videos, tools and guidance to help support managers and staff. The Chief Medical Officer offered to share the successful approach to medical appraisals and revalidation with the Head of OD, who will consider this along with the other feedback provided by Academy attendees.

Gender Pay Gap – the Head of EDI shared the GPG report which shows the differences in average pay between men and women. The measures have deteriorated over the last 12 months but there were some positive changes in the data. The mean data shows a reduction from 24.4% in March 23 to 22.1% in March 24. There has been a 2.5% increase in women in the upper pay quartile, and a 2% increase in women in medical and dental roles, although still under-represented in some of the more senior medical and dental roles. On average, women do not receive the same level of bonuses as men. Analysis of the data shows that women continue to be over-represented at middle management and supervisory levels rather than senior levels, and men continue to be under-represented in Nursing and Midwifery. There are actions to address this wrapped into the EDI plan such as targeting CSUs to develop local action plans to meet specific challenges, a focus on flexible working, and raising awareness that the Trust is a menopause friendly organisation. The Gender Equality Reference Group relaunched in 2024 and has developed its own action plan to reduce the pay gap, covering women in leadership, further developing a culture of flexible working and addressing the under-representation of men in Nursing and Midwifery. The latest data will be reported later in March 25. The Trust held its annual International Women's Day event on 12 March and it was great to hear about the commitment in the Finance team to recruit more women into senior roles.

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Advise:

People Academy Effectiveness Review – the Academy completed a Slido survey to assess the Academy’s effectiveness. The results will be analysed and then shared at the April Academy.

Assure:

Thrive Conference – The Head of OD gave a sneak preview of the Thrive Conference, to be held at the Cedar Court on 15th May. The focus will be on belonging, aligned to Bradford’s City of Culture status for 25/26 as Bradford’s biggest employer. The event will celebrate the history, diversity and communities of Bradford and the past, present and future of patient care. There will be stories from patients and staff and plenty of tabletop exercises to make it interactive. Invites are due out shortly.

Karen Walker

People Academy Chair and Non-Executive Director

12 March 25

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.24

Committee Escalation and Assurance Report

Report from the: Audit Committee

Date of meeting: 25 February

Key escalation and discussion points from the meeting

Alert:

There were no issues considered at the meeting which the Board needs to be alerted to.

Advise:

Internal Audit

The Committee received the following reports and noted the range of assurances given:

Report No	Report	Final	Draft	Opinion
BH/12/2025	Closing the Gap	✓		Limited
BH/13/2025	Risk Management Strategy – CSU Focus	✓		Limited
BH/14/2025	Safeguarding Children	✓		Significant
BH/15/2025	Recruitment Controls – Vacancy approval process	✓		High
BH/16/2025	Procurement	✓		Significant
BH/17/2025	Operational Planning Guidance	✓		High
BH/18/2025	Health and Safety; Contractors	✓		Significant
BH/19/2025	Digital Strategy	✓		Significant
BH/20/2025	IT Contract and Financial Management	✓		Significant
BH/21/2025	Quality and Safety Framework – Quality and Patient Safety Academy Deep Dive	✓		Significant
BH/22/2025	Security Management including Violence Prevention and Reduction Standards	✓		Limited
BH/23/2025	Medical Records	✓		Significant
BH/24/2025	Patient experience; Complaints	✓		Significant
BH/25/2025	Business Cases	✓		Low
BH/26/2025	Clinical Appraisals	✓		Significant
BH/27/2025	Non-Clinical Appraisals	✓		Limited

The Committee was grateful for the attendance of Directorate representatives to present their perspectives on the Limited and Low assurance reports and discuss their approach to implementing the actions agreed in response to the reports' recommendations. The Committee noted that there was some commonality of findings across the Closing the Gap and Risk Management Strategy reports in that there was some weakness in delivery in these areas within the CSUs. The Committee was advised that the Executive Team had already identified this issue and were working to find the right balance between expectations, accountability and support.

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The Committee expressed its wish to see immediate improvements in the Business Case processes and heard that progress was being made and changes to approval processes would be considered.

The team at Audit Yorkshire remain on track to complete the audit programme for the year with the continued cooperation of Trust Directors and managers and expect to be able to provide a Head of Internal Audit opinion in good time for the year end closedown deadlines.

Internal Audit Plan 2025/26 / BAF audits

In a discussion about the Internal audit plan for 2025/26 the Committee sought to better understand the value of another audit of the BAF. A separate meeting will be held between the Committee members and the Associate Director of Board Governance to discuss how the BAF and the Risk Management Strategy fit together and what an appropriate audit approach would be.

The Committee agreed the Plan and reiterated its requirement to approve any changes to the plan as the year progresses.

Internal Audit Recommendation Tracking

The Committee believes there remains room for improvement in the Trust's responsiveness to internal audit recommendations but was assured that Executive Team were aware of this and, led by the Chief Financial Officer, were introducing new systems to aid responsiveness.

The Audit Committee will continue to consider referring overdue recommendations to the relevant Committee for them to assess the risk of any action not being completed by the agreed deadline.

Assure:

External Audit – the Committee was advised of changes made to the leadership of the Deloitte team, with Nicola Wright taking over as Audit Partner, and Lizzie Ferdani as Audit Manager. The Audit Partner assured the Committee that there would be consistency from previous years in the Deloitte team working directly with the Trust's Finance team on the 2024/25 audit, which will be beneficial to both Deloitte and the Trust.

She presented the external audit plan for the 2024/25 audit. The Committee noted the areas of focus, none of which were a surprise and were consistent with risk areas in previous audits. The Committee was assured by reports from the Chief Financial Officer on progress with addressing the recommendations in the 2023/24 ISA260 and on preparation for the 2024/25 Annual Accounts. Both the Deloitte team and the Trust Finance team remain committed to early discussion of any issues that arise with a view to avoiding or minimising the impact on the effective and efficient production and audit of the Accounts.

The Audit Committee noted that the Audit Partner would be endeavouring to complete the Value for Money opinion in good time and was supportive of that. The Committee provided its perspective on the governance issues that had attracted the External Auditors' comments in the 2024/25 Value for Money report and was pleased to be advised that the Audit Partner

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planned to hold meetings with the Chair and Chief Executive shortly to develop her own understanding of the issues.

Counter Fraud – the Audit Committee noted and were assured by the report from the Local Counter Fraud Specialist which provided information on strategic approaches to countering fraud and updated information of suspected frauds within the Trust.

Losses and Special Payments / Tender Waivers

The Committee was assured by the reports provided. It will continue to seek improved information for high value tender waivers.

Report completed by:

Bryan Machin

Committee Chair and Non-Executive Director

10 March 2025

Meeting Title	Board of Directors		
Date	26 March 2025	Agenda item	Bo.3.25.25

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 4th February 2025

Key escalation and discussion points from the meeting
Alert:
Advise:
<p>Finance Report</p> <ul style="list-style-type: none"> Year to date, the organisation is £164,000 behind plan due to expenditure below plan and vacancies within the team. Income is lower than planned by around £500,000 due to the vacancies and around £1 million due to the Neonatal Unit. An updated plan will be developed and presented for approval by the Committee in May. The year to date cost of raising funds is 44% against a target of 25%. An improvement trajectory will be included in the revised plan. The forecast is 51% based on increased investment into the fundraising team. <p>The key risks include a net reduction in funds this financial year, meaning some shares may need to be liquidated, resulting in a lower return on investment. This will be kept under review; the ambitious capital project of £3 million for the Neonatal Unit, meaning cashflow will need close monitoring as the organisation may be unable to fund any capital payments.</p>
Assure:
<p>The Charity Director, Laura Riach shared that the main points of the report related to the Neonatal Unit appeal and reassured the Committee that the team are working closely with the Sick Children's Trust, who are committed to the project.</p> <p>The Board meets monthly and are making good progress. The works area is currently being surveying and the MoU (Memorandum of Understanding) with the Sick Children's Trust around partnership working is awaited.</p>

Report completed by:

Altaf Sadique

Charitable Funds Committee Chair and Non-Executive Director

20/03/2025

REFERENCES

Only PDFs are attached



CGo.4.25.5c - Report from the Chief Executive (cover).pdf



CGo.4.25.5c - Appendix 1 - Specialised commissioning delegation paper for trust boards v0.1.pdf

Meeting Title	Council of Governors		
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Report from the Chief Executive

Presented by	Professor Mel Pickup, Chief Executive		
Authors	Katie Shepherd, Corporate Governance Manager		
Lead Director	Professor Mel Pickup, Chief Executive		
Purpose of the paper	The report provides the Council with a summary position with regard to our Patients, People, Place and Partners since the last report to the Council in January 2025		
Key control	N/A		
Action required	For information		
Previously discussed at/informed by	Board of Directors – 26 March 2025		
Previously approved at:	Committee/Group	Date	

Situation

1. Patients

We have continued to benchmark positively against the Emergency Care Standard (ECS) at a West Yorkshire Association of Acute Trusts (WYAAT), Regional and National level, with our current position remaining in the upper decile of Acute Trusts in England. In support of further improvements, the Outstanding UEC programme is engaging with internal and external stakeholders to devise a plan that will improve the experience of all patients, particularly those whose wait time to be admitted into hospital is longer than we would like. This will include initiatives to reduce to overall bed occupancy and improve the ability to maintain adequate patient flow through the system.

With regards to the latter point, we continue to work across place with system partners on trying to reduce the pressures associated with social care. With strong internal processes we have minimised the impact and since launching H-Fast in July the speed of priority discharges has improved.

Collaborative work with Yorkshire Ambulance Service (YAS) is ongoing but performance for handover times remains a pressure. The revised handover process and live data sharing continues to support the deployment of YAS leads when required. An escalation protocol is also in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than one hour.

In response to the NHS Elective Reform plan which was published in January, and as part of our annual planning process there is a specific focus on Outpatient Transformation. This work aligns with the Trust's Strategic Framework and will be integral to achieving Referral to Treatment (RTT), Cancer and Diagnostic Key Performance Indicators (KPI). The primary driver for this work will be improving patient experience, including the experience whilst waiting, but the related improvements in support processes and how well we use existing or adopt new technologies will also improve the experience for our clinical teams.

The use of benchmarking and productivity data will continue to be progressed. Services have specific improvement plans aligned to "Getting It Right First Time" (GIRFT) further faster which is a national initiative against which we will continue to be monitored. Rapid reviews will be used to help enhance this process and tackle priorities areas identified through internal or external data analysis. The NHS Impact driver diagrams have been reviewed and adopted into programmes that align to our

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improvement approach, the NHS Model for Improvement. Inpatient productivity is a specific area identified by NHS England which we continue to progress using the methods described. As with previous years we are ensuring our finance, performance and workforce plans triangulate whilst also aligning to our Strategic objectives and quality priorities. This is proving particularly challenging this year given the delayed publication on the operational and financial planning guidance and the potential subsequent changes in expectations associated with the significant changeover of senior personnel at NHSE.

Efforts to reduce elective waiting times continue and whilst almost all services now have no waits over 65 weeks, there will be some in T&O (Trauma and Orthopaedics). The service is being intensively supported to recover the position as quickly as possible. Overall, the waiting list is reducing in response to increased activity, and the number of waits over 52 weeks is ahead of plan and already better than the national target of 1% of total waits set for 2025/26.

The Trust also continues to benchmark well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. The Operational Excellence plans for cancer and diagnostics have been reviewed in line with output from clinical engagement sessions as part of the cancer boards workplan. Schemes to be prioritised include NSO expansion, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.

Community Diagnostic Centre (CDC) and wider diagnostic reform is being progressed as part of the ongoing place partnership oversight of the CDC, this includes progress towards accreditation within two years of opening. An important development for 2025/26 will be the expansion of straight-to-test pathways, where we are exploring opportunities including breathlessness (bundle diagnostics), upper GI integrated dysphagia (ENT & gastro), post-menopausal bleeding cancer exclusion & further head & neck one stops.

St Luke's Day Case Unit (SLH DCU) and Endoscopy Unit (BRI)

Following the partial handover in December preparations for the first operation have progressed. Unfortunately delays in the final sign off process mean this won't be until at least April 2025, but the facility will provide much needed ringfenced capacity for our day case patients when open.

The Endoscopy Unit build has progressed to Steel Frame assembly. The project will run until late 2025 and support improvements in the provision of these key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

Upgrade of Parking Infrastructure at Bradford Royal Infirmary (BRI) and St Lukes Hospital (SLH)

The project to upgrade our parking infrastructure to barriers and ANPR cameras commenced at the BRI site on the 3 March 2025 (Smith Lane) and will complete toward the end of April/early May. Works will commence at SLH towards the end of April/early May and complete in late May/June. Following the completion of the works the Car Parks will be switched on in a phased approach to ensure that we have adequate resource to respond to any potential issues. This will deliver a much more controlled parking environment at our hospitals and improve access for our patients and enable staff with permits to park more easily. We are communicating this change to our staff and patients through various media and have been engaging with the relevant stakeholders affected by these changes.

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2. People

Development of new BTHFT People Strategy

A new five year BTHFT People Strategy will be launched in April 2025. This has been developed in collaboration with colleague networks, people surveys (completed by over 4000 colleagues), listening events and discussions with other key stakeholders. The strategy is underpinned by EDI, and focuses on creating a culture where everyone feels they belong. The key ambitions are;

- Health, wellbeing and belonging for all our people;
- Making BTHFT a great place to work;
- Our people working differently.

Launch of 'Leading at A Higher Level' development course

In March 2025 we launched our new manager development course, 'Leading at A Higher Level'. This is a two day course for anyone with line management responsibility which looks to enhance leadership capabilities and build a culture to ensure that people can speak up, listen up and drive an inclusive, diverse and equitable place to work. All participants create their own unique action plan which will be publicly displayed at the Trust. The next session will be held in April.

2024 NHS Staff Survey Results

In late February 2025, we received the NHS Staff Survey Benchmark report for 2024. This provides us with our staff survey data compared to both our previous years scores and also in comparison to the 122 other Acute and Acute Community Trusts that participated in this years' survey. This enables us to explore the data in more detail – identifying any areas we are performing particularly well or areas that we are outliers compared to other Trusts.

Key headlines are:

- We have exceeded the national response rate for Acute and Acute and Community Trusts (49%) with 3612 colleagues participating (50%);
- We have scored above the national average on eight of the overall People Promise elements and themes, with one (we work flexibly) just 0.1 under the national average;
- There are 21 sub-themes which sit under the overall People Promise elements and themes. In 19 of these we have scored above the national average, 1 is in line with the national average, and 1 slightly below the national average (flexible working);
- The main themes to celebrate are around the role of immediate line managers and colleagues responding favourably around teams and teamwork. We should also note the above average response rate (i.e. more people are using their voice to tell us about their experiences) and remaining above the national average in all areas of the People Promise apart from one as positives;
- The main themes to focus on for improvement are: career progression, access to flexible working, and recognition.

An organisational level action plan has been created to prioritise the key areas of focus. In addition, every Clinical Service Unit and Service is expected to develop their own action plan, focusing on three key priority areas.

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Equality, Diversity and Inclusion

Analysis of our March 2024 Gender Pay Gap

In March 2025 the People Academy approved our gender pay gap data and analysis from March 2024, providing assurance that we are meeting our legal and contractual duties around the gender pay gap.

Key highlights from the March 2024 data analysis include:

- We have seen a further decrease this year in our mean Gender Pay Gap, which has decreased (by 2.3%) from 24.4% in 2023 to **22.1% in 2024** (a 9.2% improvement since we began to report in March 2017).
- Women continue to make up a significant proportion of our workforce (**76.6%**) an increase of 0.2% since March 2023 and with a **1%** increase in men in some of the under-represented job roles (nursing & midwifery, admin & clerical and other professions).
- A **2%** increase of women in medical & dental job roles (**to 49%**) which is positive in terms of overall representation. Women continue to be under-represented (by 10%) in more senior medical & dental roles and with legacy inequalities remaining in the payment of bonuses (CEA) which will now only resolve with time.

We will work with our Gender Equality Reference Group members to further develop our action plan to address these inequalities and will publish our March 2024 data and analysis by the deadline of 30th March 2025.

2024/2025 Equality Delivery System review

The EDI team have been involved in implementing NHS [Equality Delivery System \(EDS\)](#), this is a contractual requirement on both NHS Commissioners and NHS Providers as a foundation for improvement aligned to the Public Sector Equality Duty as part of the Equality Act 2010

As part of our refreshed annual [Equality Delivery System](#) Review 2024/2025; the EDI team held a range of task and finish groups with key stakeholders across the organisation to gather evidence to showcase our progress around key areas, which are referred to as Domains. The domains focus on the following:

Domain 1: Commissioned or Provided Services

Domain 2: Workforce Health and Wellbeing

Domain 3: Inclusive Leadership

Two engagement events were planned and delivered, one for staff (including staff equality network members and trade union representatives) and one for the wider community including representatives from the voluntary and community sector. The team worked in collaboration with Bradford District Care NHS Foundation Trust, Airedale Hospitals NHS Foundation Trust and Bradford District & Craven Health and Social Care Partnership.

Both events provided an opportunity for the Trust to engage in discussion not only with staff, but also with patients and communities and to showcase evidence of our progress through presentations and networking. Participants were invited to provide their scores for each outcome measure (in accordance with the [EDS rating & scoring guidance](#)), along with any feedback and recommendations for improvement. The Trust was rated as '**achieving**' for each outcome measure with a rating of

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‘achieving’ overall. Actions plans have been developed for each domain with focus on moving from achieving to excelling for the next round of EDS22 which is due in February 2026.

Recruitment

Onboarding Support for Overseas Nurses enhanced

As part of our onboarding offer, the Recruitment and Workforce Innovation team has been working in collaboration with Education and the Chief Nurse team to develop additional onboarding guidance to support our overseas colleagues joining BTHFT. The additional guidance will signpost colleagues to additional help including housing, schooling, enrolling with a dentist etc. The collaboration is to improve belonging and retention, following a recent ‘listening event’. Additionally, we have approached the BTHFT volunteering team to ask for one-to-one support in signposting individuals should they need additional guidance.

Time to Hire – reduced significantly

Assurances on the improvements in time to hire have been shared with People Academy following a recruitment and retention deep dive. Over an 18-month period, time to hire has reduced by an average of 40 working days. Non-medical recruitment has seen the largest improvement, reducing to an average of 77 days and continues to improve. Medical recruitment has reduced from an average of 138.5 days down to 105 days.

There is an ambitious target to reduce time to hire further and plans are in place to realise the ambition.

3. Place Updates

Delegation of specialised commissioning functions

It is planned that from 1 April 2025 specialised services will be delegated to the NHS West Yorkshire (WY) ICB. There are 84 services to be delegated, with a financial value of £466m across WY. The portfolio of services being delegated varies considerably, from low volume services for patients with rare conditions to others that treat tens of thousands each year, as part of wider pathways spanning primary, community and other secondary care services commissioned by the ICB.

See Appendix 1 for further information.

Movement launched aimed at making women’s health a priority

A movement has been officially launched this week to tackle the inequalities and challenges faced by women in accessing care and finding trusted information about their health. Across Bradford District and Craven, women have shared the challenges they face in accessing care, finding trusted information, and being heard when they raise health concerns. The insight work presented a very clear message that ‘women’s health has been overlooked for too long’. That’s why Bradford District and Craven Health and Care Partnership launched the ‘Taking Women’s Health Seriously’ movement at a landmark event with over 200 people at University of Bradford last week. Join the movement today, visit BetterHealthWomen.co.uk.

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University of Bradford: Fee scholarship for dependents of staff working in health and social care

The University of Bradford is delighted to offer a scholarship for overseas applicants who are the dependents of staff working within the West Yorkshire Health and Social Care sector. This is also known as the West Yorkshire Integrated Care System. The scholarship is worth 50% off of all published course fees enabling study across all levels. For further information, eligibility criteria and how to apply please visit www.bradford.ac.uk/scholarships

Rap and music take centre stage at Take the Mic 2

An evening of powerful self-expression, where young voices used music and poetry to share their mental health. The event highlighted the importance of open conversations and creative outlets in supporting mental wellbeing. Take the Mic 2 was a night to remember, held the day before Time To Talk Day, February 5, at Common Space in Bradford. Hosted by Bradford District and Craven Health and Care Partnership, the event offered a powerful platform for young people to share their stories and experiences through music, poetry, and rap. With nine young performers, the evening was a true celebration of creativity and mental health awareness. [Read more...](#)

Save the date for Bradford Literature Festival 2025

2025 is an incredible year for Bradford as we proudly take centre stage as the UK's City of Culture! This year will be an amazing celebration of creativity, culture and community in our city. The exciting programme for Bradford Literature Festival 2025 is taking shape. If you haven't already, get the dates in your calendar for BLF 2025: Friday 27 June - Sunday 6 July 2025. BLF's [Creative Economic Conference](#) will also be held on Friday 27 June 2025. Stay tuned for more info.

Different is what we do

The University of Bradford has kicked off 2025 with an exciting campaign to share how they see things differently, think differently and aren't afraid to try things that have never been attempted. Our [Different is what we do campaign](#) is all about helping people to understand the difference we are making through our teaching, research and innovation.

Nominations open for BBC Make a Difference Awards

The Make a Difference Awards are your chance to say thank you and recognise those who improve lives where we live. The award nominations are now open. Winners will be selected by a panel of judges and awards will be given in each category, across each national and local BBC radio station.

Shortlisted finalists will be notified from June 2025 and our Make a Difference Award ceremonies are taking place across the UK in September 2025. [Get your nominations in!](#)

'Foluke Ajayi appointed vice-chair of the NHS Confederation

The chief executive of Airedale NHS Foundation Trust will start her role at the NHS Confederation in February 2025. The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. [Read more...](#)

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Chair stepping down at NHS West Yorkshire Integrated Care Board

Cathy Elliott will be stepping down from her role as Chair of NHS West Yorkshire Integrated Care Board (ICB) to take on a new role as Chief Executive of NHS Cheshire and Merseyside ICB. Cathy has been Chair of the West Yorkshire ICB since late 2021, working with its Chief Executive and Board to establish the ICB in summer 2022. Alongside her ICB Chair role, she is also Deputy Chair of the West Yorkshire Integrated Care Partnership. [Read more...](#)

Purchase of Cancer Support Yorkshire (CSY) Buildings

CSY and the Trust have signed the Transfer and Sale contracts, the Trust has paid the solicitors the funds for the sale. Completion and the exchange of contracts will happen imminently as of the 13/3/25.

4. Partners

WYAAT Programme Executive Meeting, 4th February 2025 (did not attend)

I unfortunately was unable to attend the WYAAT Programme Executive meeting on 4th February 2025, but Sajid Azeb attended on my behalf. Colleagues received the usual collaborative and HCP reports, heard an update on the pharmacy aseptic programme, and discussed the next steps following outline business case approval for future imaging platforms. There was also a detailed discussion on the WYAAT service review including governance and leadership, and the WYAAT role and model.

WYAAT All Executive Meeting, 4th March 2025

My executive colleagues and I attended the WYAAT All Executive session on Tuesday 4th March 2025. This was a session focused on the WYAAT service review including a review of submissions by all Trusts to identify areas of opportunity to undertake more effective working.

5. National Reports

Nothing to report.

Recommendation

The Council of Governors is asked to note this report.

Delegation of specialised commissioning functions March 2024

1. Purpose

The purpose of the paper is to provide an updated position and assurance to the Board in respect of the delegation of specialised commissioning functions from NHS England to the West Yorkshire Integrated Care Board (WY ICB) from 1 April 2025.

2. Background

The delegation of commissioning functions from NHSE to ICBs has been a clear direction of travel since the establishment of ICBs. The intention to delegate commissioning responsibility was set out in the [Roadmap for integrating specialised services within Integrated Care Systems](#) and has been discussed

It is planned that from 1 April 2025 these services will be delegated to the NHS West Yorkshire (WY) ICB. There are 84 services to be delegated, with a financial value of £466m across WY. The portfolio of services being delegated varies considerably, from low volume services for patients with rare conditions to others that treat tens of thousands each year, as part of wider pathways spanning primary, community and other secondary care services commissioned by the ICB.

The intention of delegation is to achieve the following benefits:

- Improve integration and alignment across pathways, bring closer together the services already within the ICBs portfolio with specialised services to enhance how we plan for and provide services to patients.
- Increase collaboration and integration with local providers and provider collaboratives.
- Enhance the role of local clinical leadership and engagement in service planning, design, and improvement.
- Embedding a greater focus on prevention and tackling inequalities across all services and pathways.

3. Oversight of the preparation for delegation

Whilst there has been support from the ICB and WYAAT for benefits of delegation, several risk areas were noted requiring assurance and mitigation ahead of delegation.

At the request of WYAAT, a joint specialised commissioning delegation programme board was established to oversee and manage the safe delegation. This is chaired by Professor Phil Wood (CEO, Leeds Teaching Hospitals NHS Trust) and brings together a range of partners from the ICB, West Yorkshire Association of Acute Trusts (WYAAT) and the Mental Health Learning Disabilities and Autism (MHLDA) Collaborative.

The Board has been clear in its approach and terms of reference that the delegation should be managed in two distinct phases:

1

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

- **Phase 1** – to ensure safe transition of the commissioning portfolio with clear governance, assurance, and operational processes to ensure least disruption to the provision of services to patients by the current providers by 1 April 2025.
- **Phase 2** – a reconstituted board will be tasked with developing a future model to maximise benefits to patients in West Yorkshire.

This Programme Board, on behalf of all partners in the system has been overseeing a work programme for delegation reflecting the risks and “tests” for progress that would be required to be satisfied to reach a position of assurance and sign off the delegation. This has considered both the impact for the ICB as receiving commissioner and the impact on provision of services to patients by the current trusts providing specialised commissioned services. The categories covered:

- Transition and delegation, focused on the overall management of the safe delegation process.
- Governance and decision-making, focused on the key legal and governance documents that must be produced to enact delegation, and understanding any changes required to ICB governance.
- Operating model and ways of working, focused determining the practical ways of working for the people and functions, including how they would interact with the ICB and provider collaboratives.
- Services and pathways, focused on understanding the current risks to service delivery.
- Quality, focused on ensuring adequate processes for quality monitoring and assurance, strategic quality oversight, and statutory quality duties are in place.
- Finance and contracting, focused on ensuring that all operational and strategic finance and contracting frameworks and processes are in place, as well as understanding and managing financial risks.

Based on the progress made at a report to the ICB Board in November 2024, the ICB Board approved an agreement in principle to receive delegation, subject to no major deviations arising. The NHS England Board met in December 2024 and agreed at that meeting to proceed with the delegation of specialised commissioning.

4. Assurance on delegation

In progressing towards delegation, the programme board has moved to a position of greater collective assurance that the services can be delegated safely. To support this view, working with partners in the region, the ICB has used two additional routes:

- Commissioning Hill Dickinson LLP to provide legal advice and support the drafting of key documents. This has resulted in robust and high-quality documentation, a high degree of assurance on readiness to delegate, as well as a clear view of risks and priorities that will continue into 2025/26.
- Working with the chairs of ICB Audit Committees to analyse and understand the process and risks, with two meetings of this group held. The second meeting was held on 27 January 2025, with all chairs confirming they were assured of all key requirements being met by the end of March 2025.

Substantial steps have been taken to satisfy the tests against the six categories set out in section 3. It is of particular importance for the Board to note that:

- The binding legal agreements have been drafted and agreed by Hill Dickinson LLP and all regional partners. This includes the Delegation Agreement, to be signed by the ICB and NHSE, and the Collaboration Agreement, to be signed by all ICBs.
- All other required governance processes and documents have been drafted and agreed with our regional partners to ensure standardisation. This includes an agreement to establish a Y&H Joint Committee for Specialised Commissioning and agreement to the related Terms of Reference, an amended WY Scheme of Reservation and Delegation and Operational Scheme of Delegation to support this, and an amended WY Financial Scheme of Delegation.
- An operating model has been agreed with regional partners, which describes the functioning of the team, their responsibilities, the principles by which we will operate, how this connects to ICBs, providers and provider collaboratives, and creates space to collaborate at other footprints as required. This supports operationalising the legal agreements and governance in an effective way.
- We have a satisfactory understanding of the current status of services, held jointly between the ICB and provider collaboratives, and are using this to determine the priorities for improvement and transformation in 2025/26. This recognises that service risk is live and that we will need to remain proactive in how we monitor, report, and manage this.
- The approach to national oversight and assurance of ICBs with regards to specialised commissioning functions has been clarified. This will be incorporated into the current approach, with two new domains of the oversight framework to be determined.
- Quality processes have been agreed, established, and connected to existing WY arrangements where appropriate.
- An approach to contracting, financial management and financial risk share have been agreed.
- A Data Protection Impact Assessment (DPIA) for the delegation of specialised commissioning services has been completed and approved by the WYICB Data Protection Officer (DPO) and Senior Information Risk Owner (SIRO).
- An organisational development plan is being developed by the host ICB in partnership with the team and all ICBs, which will be crucial in ensuring that the team are supported to manage the transition, and are able to effectively deliver ICB responsibilities and the benefits of delegation.

Phase 1 of the process is therefore at its conclusion, in line with the planned timescales for the delegation of commissioning responsibilities to the ICB/s on 1 April 2025.

5. Next Steps: Phase 2

Whilst significant progress has been made at pace and brings us to a position of collective confidence and assurance to deliver Phase 1, this work has prioritised the safe delegation and transfer of



commissioning responsibilities. From 2025/26 onwards, it will be critical that considerable resources are focused on the ongoing safe management, delivery, and improvement of these services. In doing so, it is important to recognise that this will require a long-term plan to derive the benefits of delegation which considers the role of ICBs, providers and provider collaboratives in this process.

To ensure that we move promptly into realising the benefits associated with delegation, we are prioritising the development of a 2025/26 priority plan for service improvement and transformation. The plan is being developed collaboratively between the ICBs, providers and provider collaboratives, and the current NHSE team. In addition to the formal Y&H governance arrangements, there will be a WY focused group of all partners to inform and deliver the agreed priorities.

In the immediate term, the following will be important:

- Managing the interim period (April to end June 2025) between commissioning responsibility being delegated to ICBs and the NHSE commissioning team transferring to the host ICB.
- Supporting the integration and development of the specialised commissioning team, acknowledging that they have undergone a period of considerable change and will require the OD support to service the work required.
- Ensuring that we identify and define a clear prioritised workplan, which balances business as usual with transformation, and work to deliver service improvement throughout 2025/26.
- Establishing a reconstituted board to oversee this work and the development of a future model to enable delivery of the benefits of delegation.

CGO.4.25.6 - MATTERS RAISED WITH GOVERNORS BY MEMBERS, PATIENTS
AND THE PUBLIC

CGO.4.25.7 - GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE

(NRC) REPORT

REFERENCES

Only PDFs are attached



CGo.4.25.7 - Nominations and Remuneration Committee (NRC) Report.pdf

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	CGo.4.25.7

Governors Nominations and Remuneration Committee (NRC) Report

Presented by	NRC Governor	
Author	Jacqui Maurice, Head of Corporate Governance	
Governance responsibility	Council of Governors	
Purpose of the paper	To provide the routine report to the Council of Governors on matters addressed by the Governors NRC at meetings held since the last Council of Governors meeting.	
Action required	For information	
Previously discussed at/informed by	Governors NRC held on 10 December 2024	
Previously approved at:	Committee/Group	Date
	N/A	

Background

1. Membership of the NRC

At the time of writing this report (January 2025), the NRC was comprised of the following members:

- Sarah Jones, Chair
- Dermot Bolton, Public Governor
- Mark Chambers, Patient Governor
- Farzana Khan, Staff Governor
- Raquel Licas, Staff Governor
- David Wilmshurst, Public Governor
- Helen Wilson, Staff Governor

2. Summary of the NRC meeting held 10 December 2024

The NRC reviewed and considered the draft NED appraisal process. The Chair also shared with the NRC key outcomes from the NED mid-year reviews.

Other matters considered by the NRC are included in today's private Council of Governors agenda.

Recommendation

The Council of Governors is asked to receive this report for information.

CGO.4.25.8 - POLICIES AND PROCEDURES TASK AND FINISH GROUP

DOCUMENTS FOR APPROVAL

REFERENCES

Only PDFs are attached



CGo.4.25.8 - Policies and Procedures - documents for approval (cover).pdf



CGo.4.25.8 - Appendix A - Role of Lead Governor - with track changes.pdf



CGo.4.25.8 - Appendix B - Governor induction programme with track changes.pdf

Meeting Title	Council of Governors		
Date	10 April 2025	Agenda item	Co.4.25.8

Policies and Procedures task and finish group

Presented by	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Author	Jacqui Maurice, Head of Corporate Governance		
Lead Director	Renee Bullock, Chief People and Purpose Officer		
Purpose of the paper	To provide the Council of Governors with an update on the Policies and Procedures task and finish group and two items presented for approval		
Key control	N/A		
Action required	For approval		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	
	N/A		

Background

The membership of the task and finish group is as follows:

- Sarah Jones, Chair
- Mark Chambers, Patient Governor
- Kursh Siddique, Public Governor
- Philip Turner, Public Governor
- Farzana Khan, Staff Governor
- Zafir Ali, Non-Executive Director
- Renee Bullock, Chief People and Purpose Officer
- David Moss, Director of Estates & Facilities

Since the last report to the Council in October 2024 the task and finish group met on 13 November 2025 and considered the proposed amendments to the following:

1. Lead Governor role definition
2. Code of Conduct for NEDs/Governors
3. Process for Managing Concerns (previously referred to as process in the case of the proposed removal of a NED or Chair)
4. Governors Standing Orders
5. Governor Induction Programme

The Council of Governors is asked to note that legal advice has been sought regarding the proposed amends made by the task and finish group to the following documents, which will need to be considered by the task and finish group:

- Code of Conduct NEDs/Governors
- Process for Managing Concerns
- Governors Standing Orders

It was expected that these three documents would be presented to the Council for review and approval in July 2025.

Lead Governor Role Definition

In its review, the task and finish group noted that the components of the role of lead Governor, as listed under points 1 and 2 of Appendix A, are the standard requirements of the 'role of the lead governor' as

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framed by NHS England and form our current descriptor here at BTHFT. The review has also been informed by the removal of the role of 'Vice-Chair of the Council of Governors' from our Constitution.

As well as minor amends to reflect the change in regulator (from NHS Improvement to NHS England) and updates to naming conventions; it is proposed that several optional duties are included in the role definition. These optional duties are taken from:

- The foundations of good governance: a compendium of best practice produced by NHS Providers and DAC Beachcroft, which provides practical support to those concerned with implementing the systems and processes that support good governance; and
- Suggestions made by ANHH Consulting following the development sessions held with the Board and the Council early in 2024.

These optional duties are:

- Supporting the Chair and the Trust Secretary to plan the business of the Council of Governors.
- Supporting the Chair and the Trust Secretary to ensure that the Council of Governors receives effective support, training and development.
- Promoting the work of the Council with the membership and stakeholders, including by developing and delivering an annual council of governors report.
- Leading the Council of Governors in exceptional circumstances when it is not appropriate for the Chair or another non-executive to do so.
- Acting as a point of contact and liaison for the Chair and Senior Independent Director.
- Chairing informal governor only meetings (as and when required).

The optional duties and minor amends proposed are presented in tracked changes in Appendix A.

Governor Induction programme

The task and finish group propose minor amendments that reflect in general the following:

- The standing down of the Vice-Chair role
- The inclusion of the Corporate Governance Manager in delivering the induction programme
- Embedding site visits as a core part of the induction programme

The programme is presented with tracked changes at Appendix B.

Recommendation

The Council of Governors is asked to:

- Note the update provided;
- Approve the revised Lead Governor Role at Appendix A; and
- Approve the revised Governor Induction programme at Appendix B.

Role / Duties of the Lead Governor

1. Be the key point of contact between NHS ~~Improvement England~~ (NHS~~E~~) and the NHS Foundation Trust's Council of Governors.
 - This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the Chair~~person~~ or the Trust Secretary, if one is appointed.
 - The main circumstances where ~~NHS~~-NHS~~E~~ will contact a Lead Governor are where NHS~~E~~ has concerns as to Board leadership provided to the NHS Foundation Trust, and those concerns may in time lead to the use by NHS~~E~~ of its formal powers to remove the Chair~~person~~ or Non-Executive Directors.
 - The other circumstance where NHS~~E~~ may wish to contact a Lead Governor is where, as the regulator, NHS~~E~~ has been made aware that the process for the appointment of the Chair~~person~~ or other members of the Board, or elections for Governors, or other material decisions, may not have complied with the NHS Foundation Trust's Constitution, or alternatively, whilst complying with the Trust's Constitution, may be inappropriate.
 - In such circumstances, where the Chair~~person~~, other members of the Board of Directors or the Trust Secretary may have been involved in the process by which these appointments or other decisions were made, a Lead Governor may provide a point of contact for NHS~~E~~.
2. Where required, be the key point of contact between the CQC and the NHS Foundation Trust's Council of Governors.
3. Supporting the Chair and the Trust Secretary to plan the business of the Council of Governors.
4. Supporting the Chair and the Trust Secretary to ensure that the Council of Governors receives effective support, training and development.

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5. Promoting the work of the Council with the membership and stakeholders, including by developing and delivering an annual Council of Governors report.
6. Leading the Council of Governors in exceptional circumstances when it is not appropriate for the chair or another non-executive to do so.
7. Acting as a point of contact and liaison for the Chair and Senior Independent Director.
8. Chairing informal governor only meetings (as and when required).

Governor induction programme

All Governors are required to undertake the induction programme following confirmation of their appointment after the necessary checks have been undertaken.

The programme delivered will include the following elements and attendance is mandatory (in line with the constitution).

Part 1: New Governors preliminary meet and greets

- Individual meetings with the Chairman and the Lead Governor
- Joint meeting with the Vice Chair and Lead Governor
- Assigning of a 'Governor Buddy' (ideally a governor from the same constituency)

Part 2: What does my Trust look like and, what type of information will I receive

Session delivered with Associate Director of Corporate Governance / Board Secretary and, Head of Corporate Governance / Corporate Governance Manager

Key objectives / outcomes:

- Understand what makes foundation trusts different
- Understand what our foundation trust looks like
- Find out who you will interact with and an overview of what their role (s) are
- Be clear how our trust fits into the wider NHS structure
- Familiarise yourself with some of the other NHS organisations you will hear about and how you will come across them in your role as governor
- Know what information you will receive as a minimum
- Know what other kinds of information you are likely to encounter
- Know how the trust uses information
- Know how you can use information to fulfil your role

Governor review and reflection (supported by parts 1, 2 and 5 of the NHS Providers toolkit)

- Is this what you expected?
- Is there anything else we should include?
- What did you find useful?

~~When permitted....~~

Site visits

- site visits will be scheduled to cover our Estate (BRI, SLH and Community Hospitals)
- visit to the Education service to understand our role as a teaching hospital
- visit to the Institute of Health Research to understand our role with regard to applied research

Part 3: What is my role and, how do I carry out my role

Session delivered with Chairman / Associate Director of Corporate Governance/Board Secretary / Head of Corporate Governance / Corporate Governance Manager - virtually and recorded for subsequent use.

Key objectives / outcomes

Understanding your role in terms of:

1

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- Types of governor
- ~~Vice-Chair and~~ Lead Governor
- Statutory duties
- Corporate responsibility and governance
- The role of the council
- Accountability
- Representation of members
- Appointment and Remuneration of NEDs
- Appointment of external auditors
- Approval of chief executive's appointment
- Significant transactions
- Mergers and acquisitions
- Non-NHS income
- Changes to the constitution
- Expressing a view on the board's plans
- Receiving the annual report and accounts
- Non-statutory functions

Understanding how to carry out your role in terms of:

- Learn when your council meets, how the meetings are conducted, and what sub-committees there are
- Reflect on how you will prepare for the meetings so you make an effective contribution
- Understand the importance of ~~trust policies about the~~ -code of conduct
- Consider how you will behave when representing the trust

Governor review and reflection (supported by parts 3 and 4 of the NHS Providers toolkit)

- Is this what you expected?
- Is there anything else we should include?
- What did you find useful?

Learning and development

All new governors will be required to complete the 'Core Skills' training programme from Governwell in their first year and complete the 'Skills and Knowledge Audit' to support the identification of further training and development needs.

Part 4: Executive Directors portfolios

As part of the Council of Governor meetings there will be opportunities to discuss matters including strategy, finance and performance, workforce, patients and the quality of the services provided by our foundation trust.

Notes

- A record will be kept for each individual Governor noting their attendance with regard to ~~the~~ parts 1 to 3 of the induction programme.
- All Governors will be required to complete the annual evaluation regarding the performance of the Council of Governors. A collective development programme will be developed where required.
- Annually all governors will be requested to review their skills and knowledge audit and advise of any amendments.

2

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