



Bradford Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS PUBLIC

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10 July 2025



15:30 GMT+1 Europe/London



MS teams

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REFERENCES

Only PDFs are attached

 CGo.7.25.0 - Council of Governors Agenda 10.7.25.pdf

Council of Governors Meeting Agenda


Date	Thursday, 10 July 2025	Time	15:30 – 16:45
Venue	MS teams	Chair	Sarah Jones, Chair

Time	No.	Agenda Item	Lead	Outcome	Papers attached
15:30	CGo.7.25.1	Apologies for absence <ul style="list-style-type: none"> Philip Turner, Public Governor Helen Jepps, Staff Governor Mohammed Ellam, Public Governor Ibrar Hussain, Public Governor 	Chair	For information	Verbal
	CGo.7.25.2	Declarations of interest	Chair	For information	CGo.7.25.2
	CGo.7.25.3	Minutes of the meeting held 10 April 2025	Chair	For approval	CGo.7.25.3
	CGo.7.25.4	Matters arising	Chair	For information	Verbal
15:35	CGo.7.25.5	Holding to Account			
	CGo.7.25.5a	a. Chair's report	Chair	For assurance	CGo.7.25.5a Presentation
	CGo.7.25.5b	b. NED feedback: reports from Board	NEDs	For assurance	CGo.7.25.5 presentation
	CGo.7.25.5c	c. Chief Executive's report	Chief Executive	For information	CGo.7.25.5c
16:10	CGo.7.25.6	Communications headlines	Strategic Communications & Engagement Lead	For assurance	Presentation
16:20	CGo.7.25.7	Matters raised with Governors by members, patients and the public	Board Secretary	For information	Verbal
16:25	CGo.7.25.8	Appointments to Governors NRC	Board Secretary	For approval	CGo.7.25.8
16:30	CGo.7.25.9	Annual Members Meeting proposal	Board Secretary	For decision	CGo.7.25.9
16:40	CGo.7.25.10	Role of Lead Governor	Board Secretary	For approval	CGo.7.25.10
16:45	CGo.7.25.11	Any other business	Chair	For information	Verbal
	CGo.7.25.12	Review of meeting	Chair	For information	Verbal
	CGo.7.25.13	Date and time of next meeting 9 October 2025, 3.30 - 5.30pm	Chair	For information	Verbal
	CGo.7.25.14	Resolution to move into private session	Chair	For approval	Verbal

This meeting of the Council of Governors will take place virtually. 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.7.25.2 - Declarations of Interest.pdf

Employee	Year	Interest Type	Date Incurred	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	2021/22,2022/23,202	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	Head of Business Management			0
David Wilmshurst	2024/25	Nil Declaration	01/10/2024	Governor			0
Dermot Bolton	2021/22,2022/23,202	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
Fozia Shaheen	2024/25	Nil Declaration	31/03/2025	Governor			0
Helen Fearnley	2024/25	Nil Declaration	07/02/2025	Lead Tissue Viability ANP			0
Helen Jepps	2024/25	Nil Declaration	03/12/2024	Consultant Paediatrics			0
Helen Rushworth	2024/25	Nil Declaration	12/03/2025	Governor			0
Ibrar Hussain	2021/22,2022/23,202	Loyalty Interests	08/06/2021	Governor	Trustee of charity	Save the Mothers Trust (SMT)	0
Ibrar Hussain	2024/25	Nil Declaration	18/03/2025	Governor			0
John Waterhouse	2024/25	Nil Declaration	16/10/2024	Governor			0
Mark Chambers	2020/21,2021/22,202	Outside Employment	01/08/2020	Governor	COO	Emmanuel Schools Foundation	0
Mark Chambers	2021/22,2022/23,202	Outside Employment	01/10/2021	Governor	trustee/director	North Star Academies Trust	0
Mark Chambers	2022/23	No Change to existing declar	12/04/2022	Governor			0
Mohammed Ellam	2025/26	Nil Declaration	26/06/2025	Governor			0
Philip Turner	2024/25	Nil Declaration	08/08/2024	Governor			0
Ruth Houghton	2023/24,2024/25	Outside Employment	10/03/2024	Med Records - Access CBU	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.7.25.3 - Unconfirmed public COG minutes - 10.4.25 chair approved.pdf

Unconfirmed Minutes - Council of Governors Open Meeting

Date	Thursday, 10 April 2025	Time	16:45-17:45
Venue	Conference Room, Field House, BRI	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) - Helen Fearnley, Staff Governor, Nursing & Midwifery (HF) - Emma Fleary, Staff Governor, Nursing & Midwifery (EF) - Dr Farideh Javid, Public Governor, Bradford South (FJ) - Dr Farzana Khan, Staff Governor, Medical & Dental (FK) - Ruth Houghton, Staff Governor, All other staff groups (RH) - Ibrar Hussain, Public Governor, Bradford West (IH) - Dr William Martin, Partner Governor, University of Bradford (WM) - Helen Rushworth, Partner Governor, Healthwatch (HR) - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - Kursh Siddique, Public Governor, Bradford East (KS) - Sharon Taylor, Public Governor, Bradford South - Charlotte Walker, Staff Governor, All other staff groups (CW) - John Waterhouse, Public Governor, Bradford East (JW) - David Wilmshurst, Public Governor, Shipley (DW) 		
In attendance	<ul style="list-style-type: none"> - Zafir Ali, Non-Executive Director (ZA) - Julie Lawreniuk, Non-Executive Director (JL) - Bryan Machin, Non-Executive Director (BM) - Altaf Sadique, Non-Executive Director (AS) - Karen Walker, Non-Executive Director (KW) - 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) - Mark Hindmarsh, Director of Strategy & Transformation (MH) - David Moss, Director of Estates & Facilities (DM) - Paul Rice, Chief Digital and Information Officer (PR) - 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) 		
Observers	<ul style="list-style-type: none"> - 4 members of the public 		

No.	Agenda Item	Actions
CGo.4.25.1	Apologies for Absence <ul style="list-style-type: none"> - Mark Chambers, Patient Governor and Lead Governor - Professor Anne Forster, Partner Governor, University of Leeds - Khalid Choudhry, Public Governor, Keighley - Philip Turner, Public Governor, Keighley - Andy Waller, Public Governor, Rest of England and Wales - Helen Wilson, Staff Governor, AHP (HW) - Professor Louise Bryant, Non-Executive Director 	

No.	Agenda Item	Actions
	<p>- Mohammed Hussain, Non-Executive Director (authorised absence)</p> <p>SJ invited SA to address all those present.</p> <p>SA confirmed that the meeting was scheduled to discuss the business of the Council of Governors in accordance with the published agenda. He explained that the meeting is chaired by the Trust Chair who will invite governors and officers of the Trust to speak on any of the agenda items.</p> <p>SA clarified that anyone attending as a member of the public, and not as a governor or an officer of the Trust, are permitted to attend the public part of this meeting as an observer and but are not permitted to participate in the meeting. Several questions were submitted by members of the public ahead of the meeting. The questions did not concern the business of the Council of Governors meeting and therefore would not be discussed at this meeting.</p> <p>SJ thanked everyone in advance for their co-operation, and respect for the Trust's formalities and processes.</p>	
CGo.4.25.2	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
CGo.4.25.3	<p>Minutes of the meeting held on 16 January 2025</p> <p>The minutes were accepted as a correct record subject to an amendment to page 5, CGo.1.25.6 Matters raised with Governors by members, patients and the public (see italics below):</p> <p>"Further interruptions continued and it became apparent that an observer <i>appeared to be</i> recording the proceedings on their mobile phone which was immediately objected to by some governors."</p>	
CGo.4.25.4	<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"> - <u>CG23006; Recruitment timescales</u>. This item was unable to be delivered at the January meeting. To be considered for future meeting. <u>Item to remain open.</u> - <u>CG2409; Item on the BTHFT Summary Hospital-level Mortality Indicator (SHMI) data</u>. To be presented at a future CoG meeting. The date was yet to be confirmed. <u>Item to remain open.</u> - <u>CG2411; Item on Freedom to Speak Up for the Council</u>. The date was yet to be confirmed. <u>Item to remain open.</u> - <u>CG2408; Council of Governors work programme</u>. Deferred to July to allow actions from the task and finish group to be incorporated into a revised work plan. <u>Item to remain open.</u> 	
CGo.4.25.5	<p>Holding to Account</p> <p>a. Chairs Report</p> <p>SJ presented a summary of her report and the following key points were noted:</p>	

No.	Agenda Item	Actions
	<ul style="list-style-type: none"> Helen Fearnley, Staff Governor Nursing & Midwifery, Emma Fleary, Staff Governor Nursing & Midwifery, Charlotte Walker, Staff Governor, All other staff groups, and Dr William Martin, Partner Governor, University of Bradford were all welcomed to their first meeting of the Council of Governors. Thanks were expressed to those Governors who are stepping down - Dr Farzana Khan, Staff Governor Medical & Dental and, Raquel Licas, Staff Governor Nursing & Midwifery. Thanks were also expressed to governors Philip Turner and Ruth Houghton for their participation in the task and finish group in support of the appointment of the External Auditor. The Council had received a supportive letter from a delegation of senior medical consultants at the Trust. ST asked what efforts were being made to allay public concerns regarding perceptions of the Trust in terms of racism. SJ stated that an external investigation was being conducted on behalf of the Trust is focused on race inequality and victimisation (RIV). The findings are awaited and will be shared with the Board and the Council of Governors once received. Any issues raised will be addressed in an action plan. The importance of demonstrating that patient feedback is both listened to and acted on was acknowledged. AS shared that he has been absent from the Board for several months, and due to recent conversations with the senior leadership he is assured and satisfied that the Board has the correct processes in place regarding the ongoing investigations. SJ referred to the recent announcement by the Prime Minister that NHSE will be abolished. The timeframe and transition period for the key functions to be moved into the Department of Health & Social Care are yet to be announced. SJ reassured the Council that this has not had an impact on any of our Trust regulatory meetings to date. <p>b. NED feedback (reports from Board)</p> <ul style="list-style-type: none"> <u>Quality Committee</u>: KW and JL provided an overview of the February and March meetings respectively. The Council noted the update provided. HR suggested the inclusion of a member of staff from Healthwatch Bradford at the Quality Committee meetings. This is already the case for system and place meetings and it would be beneficial for providers too. JL agreed to discuss this further with SJ and would confirm with HR. <u>Finance and Performance Committee</u>: JL presented a detailed summary of the report which was noted. DW referred to the slippage to the Endoscopy Unit build at BRI and what lessons could be learned from the business case audit. JL confirmed that the two are not linked however there were some lessons to be learned from the audit. Work has been undertaken by both the Finance and Estates teams to learn lessons from the previous financial year relating to project delays. The delays experienced this year were caused by some external delays with the contractor 	<p>Board Secretary (LP) CGo2501</p>

No.	Agenda Item	Actions
	<ul style="list-style-type: none"> • <u>People Academy</u>: KW presented a detailed summary of the report and the Council noted the contents. A 'Thrive' conference is planned for 15 May which is aligned to the Bradford City of Culture status. A number of places have been offered to governors. <p>DB referred to the recruitment figures and asked if there was a target for the time taken to recruit and if so, how this is measured. KW confirmed that the process starts from the date of the advert to when the applicant starts. There is no target due to the differences in processes across the Trust for varying job check requirements. Once results are received in relation to the action plan, specific areas will be targeted.</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. He advised that a small number of governors had attended the Neonatal appeal launch event in May. <p>DB asked for further clarification on the expenditure plan as it may be that vacancies and changes within the Charity team have had an impact on donations and other income. AS advised that the usual annual income is approximately £750k however this year there is a shortfall of approximately £500k but, as acknowledged, the team was in transition to independence. AS advised that the figures are monitored closely by the Chief Finance Officer, Director of Strategy & Transformation, and the Charity Director at regular meetings.</p> <p>c. Chief Executive's Report: MP asked for the report to be taken as read. As well as the announcement about the abolition of NHSE, there was another announcement about the reduction in Integrated Care Board (ICB) running costs which will apply to West Yorkshire and all ICBs. MP explained that this also relates to a 30% reduction in running costs that was applied in the year 2023/24 which means there is quite a significant change to come in relation to the configuration of ICBs. MP added that there is also a reduction requested on the corporate running costs of all NHS providers based on the growth in those costs between 2018/19 and 2024/25. There is an expectation that NHS provider organisations reduce those costs, either by a reduction in costs or headcount, or a combination of both.</p> <p>The Council noted the updates received, and the assurance provided.</p>	
CGo.4.25.6	<p>Matters raised with Governors by members, patients and the public</p> <p>LP advised that several questions had been submitted by members of the public prior to this meeting, however these 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 not be responded to here. This has been communicated to those who raised the questions.</p> <p>DB questioned if the response to the questions raised by members of the public at the 16 January 2025 meeting had been circulated to governors,</p>	

No.	Agenda Item	Actions
	<p>and SJ confirmed these had been emailed to all governors.</p> <p>Interjections at the meeting were made by the observers present. SJ refused to take questions (as per the previous statement provided), adding that a letter had been sent to Naz Shah MP on 9 April offering a meeting with SJ and MP and also an offer to meet with the Council of Governors at a future date.</p> <p>IH referred to the letter circulated by the clinicians, and a second letter which has been sent by Naz Shah MP to the Secretary of State raising significant concerns. IH felt that that governors should be able to invite external persons to speak at their discretion as these issues were out in the media. If there is a strong feeling amongst governors that they would like the MP to address the meeting his view was there should be a vote on that.</p> <p>SJ referred to her earlier statement regarding the letter sent to Naz Shah MP. She explained further that additional items could be added to future agendas and these would need to be brought forward by governors. SJ further re-iterated that the items for discussion today were those included on the agenda. Following further interruptions by Naz Shah MP, SJ reiterated that arrangements will be made for her to have the opportunity to speak to the Council of Governors (as per her letter sent on 9 April) as it is not appropriate at this forum. It was agreed that a copy of the letter sent to Naz Shah MP would be circulated to governors.</p> <p>The Council noted the verbal update.</p>	<p>Board Secretary CGo2502</p>
CGo.4.25.7	<p>Governors Nominations & Remuneration Committee (NRC) report</p> <p>The report was noted.</p>	
CGo.4.25.8	<p>Policies and Procedures Task and Finish Group documents for approval:</p> <p>LP provided an overview of the membership and role of the task and finish group as detailed in the paper.</p> <p>a. Role of the Lead Governor</p> <p>The Council noted the optional duties and minor amendments proposed presented at Appendix A. LP advised that Mark Chambers, Lead Governor, had some further suggested changes and as such it was proposed that this paper be brought back to the July COG meeting for final approval.</p> <p>b. Governor Induction</p> <p>The Council noted the minor amendments proposed at Appendix B and approved the changes. FK advised that Huddersfield & Calderdale Trust had a Vice-Chair role as part of their Council of Governors and she suggested it might be beneficial for our Council to reinstate this role to offer support to the Lead Governor. SJ agreed to consider this proposal.</p>	<p>Board Secretary CGo2503</p> <p>Chair CGo2504</p>
CGo.4.25.9	<p>Any other business</p> <p>SJ advised that Ray Smith, Chief Medical Officer and, Paul Rice, Chief</p>	

No.	Agenda Item	Actions
	<p>Digital & Information Officer would step down from their roles at the end of May. Ray Smith would be partially retiring and would return to clinical duties at the Trust. Paul Rice would be leaving to take up a new and significant role as CDIO for Northern Ireland. SJ thanked both for their unswerving support of the Trust and significant contributions to the Board.</p> <p>DB shared that he had recently attended the HSJ Partnership Awards in London and noted the representations from the Trust Rheumatology team and Palliative Care Team where both teams won awards.</p>	
CGo.4.25.10	<p>Review of meeting No feedback was received and the meeting was closed following confirmation of the date of the next meeting.</p>	
CGo.4.25.11	<p>Date and time of next meeting 10 July 2025, 3.30pm</p>	

Actions from the Council of Governors meeting held 10 April 2025

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
	CGo2506		<i>Next number in sequence</i>			
10.4.25	CGo2501	CGo.4.25.5	Holding to account – NED feedback Quality Committee HR suggested the inclusion of a member of staff from Healthwatch Bradford join the QC meetings. JL agreed to consider this further and confirm with HR.	Board Secretary	July 2025	To be discussed with HR.
10.4.25	CGo2502	CGo.4.25.6	Matters raised with Governors by members, patients and the public KS asked if a copy of the letter sent to Naz Shah could be circulated to Governors and SJ agreed to action.	Board Secretary	July 2025	Letter circulated on 17.04.25. <u>Action closed.</u>
10.4.25	CGo2503	CGo.4.25.8	Policies and Procedures Task and Finish Group documents for approval – Role of Lead Governor LP noted that MC had some further suggested changes and it was proposed that this paper be brought back to the July COG meeting.	Board Secretary	July 2025	Included on agenda. <u>Action closed.</u>
10.4.25	CGo2504	CGo.4.25.8	Governor Induction FK advised that Huddersfield & Calderdale Trust had a Vice-Chair role as part of their Council of Governors and she suggested it might be beneficial for our Council to reinstate this role to offer support to the Lead Governor. SJ agreed to consider this proposal.	Chair	July 2025	Calderdale & Huddersfield NHS FT have a Deputy Lead Governor rather than Vice Chair. Consideration to be given to informal arrangement for governors to 'shadow' lead governor.
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	October 2025	Item deferred to October 2025.
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	October 2025	Item deferred to October 2025.
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	Head of Corporate Governance	October 2025	Item deferred to October 2025.

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
			be incorporated into a revised work plan.			
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	October 2025	10.07.25 – Item deferred to October 2025. 16.01.25 - Included on the January meeting agenda. Item unable to be discussed due to the suspension of the meeting. Item deferred to a later date – to be confirmed. 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.

A. CHAIR'S REPORT

REFERENCES

Only PDFs are attached

 CGo.7.25.5a - Report from the Chair.pdf

COUNCIL OF GOVERNORS PUBLIC				
Meeting Date:	10/07/2025	Agenda Reference:	CGo.7.25.5a	
Report Title:	Report from the Chair			
Presented by:	Sarah Jones, Chair			
Executive Lead:	Sarah Jones, Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input checked="" type="checkbox"/>
Summary of Key Issues/Highlights:	<p>This report provides an update to the Council of Governors on key items since my previous report provided in January 2025. The report covers</p> <ul style="list-style-type: none"> • Engagement with Partners • Reference to key updates • Update on recent Governor elections • Departing Governors • EDI & Recruitment Training for Governors • Governor site visits (in support of the governor induction programme) • Quality Account 2024/25 • Annual Report and Accounts 2024/25 • Next meeting of the Board of Directors • Key communications shared with our Foundation Trust members and our Council of Governors 			
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to note the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	N/A			

Report from the Chair

1. Engaging with Partners and Stakeholders

Airedale NHS FT have appointed a new Chair who will commence in role on 1 August 2025. The current interim Chair is Dr Andy Withers. At the present time the name of the new Chair has not been released. I hope to be able to share with you at our meeting on 10 July.

Leeds Teaching Hospitals have also announced the appointment of a new Chair, Antony Kildare (Tony). The current Chair, Linda Pollard is retiring at the end of this month after a long career in the NHS which included being the chair of our Trust during 1996 to 1999.

2. Key updates

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.

To provide some external assurance to the IQIG, the Trust has commissioned a review by ANHH Consulting, who have worked with the Trust previously. The Team will be working with us through July and August.

3. Governor elections update

Voting in our Bradford East Public constituency concluded on 28 May and I am very pleased to welcome [Mohammed Ellam](https://www.bradfordhospitals.nhs.uk/doctors/mohammed-ellam/)¹ as our new Public Governor for Bradford East. [Helen Jepps](https://www.bradfordhospitals.nhs.uk/doctors/helen-jepps/)², Staff Governor Medical and Dental, formally joined the Council on 26 May and has already taken part in a few Governor related activities and so has already met some members of the Council. Unfortunately, both Helen and Mohammed have tendered their apologies for our July meeting but will be attending their first formal Council meeting in October.

We are still awaiting finalisation of the required checks regarding our new Keighley Governor. Once these are complete Council members will be notified and a virtual introduction made.

4. Our departing Governors

Since our last meeting, Khalid Choudhry, Public Governor Keighley, Kursh Siddique, Public Governor Bradford East and Dr Farzana Khan, Staff Governor Medical and Dental have now concluded their terms of office. Helen Wilson, Staff Governor, Allied Health Professionals and Scientists (AHP&S) also stood down as a Governor in June. I have shared with Khalid, Kursh, Farzana and Helen personal notes expressing thanks for their contributions to the Council during their tenures and our appreciation for their insights and support for the Trust. The Staff Governor AHP&S vacancy will form part of our elections process which opens in September 2025.

¹ Profile information for Mohammed Ellam is available here <https://www.bradfordhospitals.nhs.uk/doctors/mohammed-ellam/>

² Profile information for Helen Jepps is available here <https://www.bradfordhospitals.nhs.uk/doctors/helen-jepps/>

5. Feedback to the Council following Board of Directors meetings

I held a session with Governors on 3 June 2025 providing a comprehensive update on items discussed and outcomes from our May Board meeting. I will be sharing feedback with Governors from our 31 July meeting on Wednesday 6 August.

6. Equality, Diversity and Inclusion (EDI) & Recruitment - training for Governors

Thank you to those Governors who confirmed they were available to participate in the on-line training session scheduled on 3 July 2025. The session is in support of our NED appointment process. A link to the session will be circulated to those Governors who have expressed an interest in the training but not available at the date scheduled. Once the session has been viewed, please contact corporate.governance@bthft.nhs.uk to confirm. You will then be eligible to participate within the NED interview process if required and, your training record will be updated.

7. Governor Induction Programme: Site tours

Site tours in support of our Governor induction programme have been scheduled for 8 October 2025. As a reminder, these site visits enable our new Governors 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. The full programme runs from 9am to 4pm and is an excellent opportunity to understand more about our Trust. All Governors and our Non-Executive Directors are welcome to join our new Governors on these site tours and diary invitations have been circulated. Please decline the invite if you are unable to join so that we can keep a track of attendees.

8. Quality Account 2024/25

I am pleased to advise that the Trust's Quality Account was approved by the Board on 26 June and is now published on our website. The document is available [here](#)³ and provides an exceptional overview on our approach to Quality during 2024/25. I would strongly recommend that Governors read this report.

9. Annual Report and Accounts 2024/25

I am also pleased to advise that the Board approved our Annual Report and Accounts 2024/25 at our meeting in June. The report will now be 'laid before Parliament' in line with our regulatory requirements. Once the document has been 'laid' we will be permitted to share it with our Council of Governors, our members and the public. Our Annual Report and Accounts 2024/25 will formally be presented to our members and the public at our Annual Members Meeting later this year.

10. Next meeting of the Board of Directors

As a reminder, the next meeting of the Board of Directors is scheduled for 31 July 2025. This will be held in the Conference Room, Field House, Bradford Royal Infirmary from 9.30 to 12.30pm. As is the usual practice, the agenda and meeting papers will be published on our website [here](#)⁴ in advance of the meeting. Governors are encouraged to observe the meeting where their schedules permit.

³ Quality Account 2024/25 is available here <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2025/06/Final-Approved-BTHFT-Quality-Account-2024-25-with-signatures.pdf>

⁴ Board of Director meeting papers are available here <https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/>

11. Key communications










Our Foundation Trust members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. The most recent communication for June is now available online [here](#)⁵ and includes a write up on the soon to be launched BTHFT Emergency Department **EXCEL** improvement programme (**E**nhancing patient and staff **eX**perience, **reduC**ing waiting times and **rE**ducing **L**ength of stay). Key communications also continue to be shared with governors so that they remain in touch with developments here 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.

July 2025

⁵ Membership news for June is available here <https://www.bradfordhospitals.nhs.uk/our-trust/membership-news/e>

REFERENCES

Only PDFs are attached

-  CGo.7.25.5b - NED Feedback (reports from the Board) (cover).pdf
-  CGo.7.25.5b - Appendix 1 - Report from the Chair of the Quality Committee - April 2025.pdf
-  CGo.7.25.5b - Appendix 2 - Report from the Chair of the Quality Committee - May 2025.pdf
-  CGo.7.25.5b - Appendix 3 - Report from the Chair of the Finance & Performance Committee - April 25.pdf
-  CGo.7.25.5b - Appendix 4 - Report from the Chair of the Finance & Performance Committee - May 2025.pdf
-  CGo.7.25.5b - Appendix 5 - Report from the Chair of the People Academy - April 2025.pdf
-  CGo.7.25.5b - Appendix 6 - Report from the Chair of the People Academy - May 2025.pdf
-  CGo.7.25.5b - Appendix 7 - Report from the Chair of Audit Committee - 14 May 2025.pdf
-  CGo.7.25.5b - Appendix 8 - Report from the Chair of the Charitable Funds Committee May 2025.pdf

PUBLIC COUNCIL OF GOVERNORS				
Meeting Date:	10/07/2025	Agenda Reference:	CGo.7.25.5b	
Report Title:	NED Feedback (reports from the Board)			
Presented by:	Committee/Academy Chairs			
Executive Lead:	Committee/Academy Chairs			
Author:	Sheridan Osbourne, Corporate Governance Officer			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input checked="" type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<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 – Quality Committee Chair report (April 2025) • Appendix 2 - Quality Committee Chair report (April 2025) • Appendix 3 - Finance & Performance Committee Chair report (April 2025) • Appendix 4 - Finance & Performance Committee Chair report (May 2025) • Appendix 5 - People Academy Chair report (April 2025) • Appendix 6 - People Academy Chair report (May 2025) • Appendix 7 - Audit Committee Chair Report (May 2025) • Appendix 8 - Charitable Funds Committee Chair Report (May 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/s: (including any decision/approval required)	The Council of Governors is asked to note the reports for assurance			
Link to Strategic Objective:				
Link to Priority Initiatives 2025/26:				
Implications				
Risk:				
Legal/Regulatory:				
Quality & Patient Safety:				
Equality, Diversity and Inclusion and Health Equity:				
Resources:				
Environmental sustainability:				
Assurance Route				
Meeting/s where content has been discussed previously:	Committee/Academy meetings and Board of Directors			

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 17th April 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – the Committee was assured by the improving dashboard data. The focus was on falls and pressure ulcers but the other dashboard data shows 115 adult inpatient deaths, a reduction on the previous 3 months as we exit the winter period. We continue to see low levels of crude mortality despite the high Summary Hospital-level Mortality Indicator (SHMI) value and the number of pressure ulcers and falls resulting in harm have reduced. Due to the concerning falls and pressure ulcer data over the winter, the Committee requested an in-depth review of both areas:

Falls – the Falls Improvement Lead Nurse and Deputy Director of Nursing shared that the Trust has seen a reduction of 332 falls and a reduction of 2 fractured neck of femur incidents over the last 12 months. Moderate harms have also reduced. A deep dive revealed the top three reasons for falls which changes frequently and the team shared the improvement action plan. Assurance was taken from the Matron and Falls Lead oversight, Clinical Service Unit (CSU) engagement in the falls improvement group and ward assurance meetings.

Pressure ulcers – the Nurse Consultant updated the Committee on the challenges, issues and good practice associated with pressure ulcers. The increased attendance at the emergency department (ED) and patient flow, increase length of stay which in turn increases the number of incidents requiring skin and pressure ulcer risk assessments. The team is focused on good practice and addressing learning needs as well as improving visual cues, patient information, and ongoing education and audits.

The Committee was assured by the learning and improvement taking place to improve outcomes for patients and will continue to monitor the progress made against the dashboard data.

Advise:

Mothers and babies – the Consultant Neonatologist and Perinatal Palliative Care Coordinator presented the MMBRRACE data from 2023 (Mothers and babies: reducing risk through Audits and Confidential Enquiries). The data covers babies born at BRI, at 24 weeks gestation and over, who died at 28 days of life or earlier. 15 babies were born meeting the criteria, each of whom had a perinatal mortality review (PMRT) and the cause of death was discussed with the Medical Examiner. 4 of the deaths occurred outside of the Neonatal Unit (NNU). Of the 11 who died on the NNU, 3 had congenital anomalies and 8 died from either early infections, Necrotising enterocolitis (NEC), prematurity or Hypoxic-ischaemic encephalopathy (HIE). The Committee was assured by the detailed review and learning process for each death, and that there were no grade C or D cases, meaning there were no care issues identified that would have changed the outcome for the babies.

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.8a

Quality oversight and assurance profile Q4/annual report – the report shows 1425 incidents reported on the IRIS system, with a steady increase in incident reporting. 13 incidents were escalated to the Safety Escalation Group and 6 of these were escalated to the Quality of Care panel. Two of the cases escalated to the Quality of Care Panel (QuOC) relate to the Neonatal unit and the IRIS data differs from the Maternity and Neonatal data presented during the Maternity and Neonatal Services update during the meeting – this is being investigated. The Committee received a thorough update on safety incidents, formal investigations, external reporting, regulatory enquiries, central alerting, claims and inquests and was assured by the level of reporting and the level of organisational learning from the incidents.

Quality Account Improvement Priority update Q4 – the Associate Director of Quality and Head of Improvement reminded the Committee of the four improvement priorities for 24/25, and gave an in-depth view of priority 1 – ‘improving the management of deteriorating patients including the implementation of Martha’s Rule’. The Patient Wellness Questions (PWQs) initiative has been implemented in 17 of 27 BRI wards with the PWQs evolving from the learning and showing positive impacts on detecting subtle signs of deterioration resulting in early interventions and improved patient outcomes. The Quality Improvement team has moved to report to the Strategy and Transformation team and so the continued implementation of Martha’s rule, a priority in the refreshed corporate strategy, will be supported by additional resource and expertise. The Committee was assured by the quality improvement approach and the positive progress to date.

Assure:

Maternity and Neonatal Services update – the Committee was assured by the reporting and learning on Maternity and Newborn Safety Investigations (MNSI) investigations, PMRT compliance with the Maternity Incentive Scheme and the progress made on Saving Babies Lives. It was noted that the service had received confirmation of meeting its compliance with the Maternity Incentive Scheme Year 6 submission. The update on the methicillin resistant staphylococcus aureus (MRSA) ‘outbreak’ was very positive with the last 3 cases not linked to the outbreak. The UK Health Security Agency (UKHSA) has now withdrawn from the fortnightly monitoring and assurance meetings and gave the Trust the feedback that the management and approach to the outbreak should be celebrated as a success story and an example of good practice that will be shared elsewhere. Observation, monitoring and controls will continue with Trust IPC colleagues.

Quality Committee effectiveness – attendees shared their feedback on the Committee’s effectiveness at the March meeting and the results were shared. Overall, the Committee has improved over the last 12 months and attendees believe it achieves the right mix of assurance, learning and improvement. Feedback relating to further improvements are being implemented and include occasional in person meetings, an increased focus on learning and improvement with an invitation to CSUs to deliver their learning and improvements to replace the CSU to Academy sessions, less reliance on presentations to make time for richer discussions and ensuring the Committee is getting the appropriate assurance from its sub-groups.

Report completed by:

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.8a

Karen Walker, Interim Quality Committee Chair and Non-Executive Director,
17th April 2025

Meeting Title	Board of Directors		
Date	26 May 2025	Agenda item	Bo.5.25.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 22nd May 2025

Key escalation and discussion points from the meeting

Alert:

Advise:

Blood stocks and Increasing Numbers in A and E – the CMO (Chief Medical Officer) advised the Committee under matters arising that there was an amber warning in place from NHS Blood and Transplant (NHS BT) around the availability of blood stock, and that this could move to red over the next few days. The Committee was advised that a mitigation plan was in place to mitigate risks should this happen.

The CMO also alerted the Committee to the continued increasing attendances in A and E over the last few weeks. Despite the increased numbers, performance in the department has remained strong.

Risks – Two new risks had been added to the register; one had been closed and two had changed in score. The Committee was updated on the new risks and those that had changed in score and was assured that all risks have been identified and are being managed appropriately.

Quality Oversight Profile – there were 1,192 incidents in total reported on the IRIS system in April 25. This is a reduction when compared with March 2025 (due to Easter holidays). It is however a slight increase in comparison to the same period in 2024 - demonstrating an improved incident reporting culture. The Committee was assured by the level of reporting, analysis, learning and improvement in cases.

Maternity and Neonatal Services – The Quality Committee was asked to note the changes to the Maternity Incentive scheme and was assured by the contents of the services update. In April there were 0 stillbirths and 3 neonatal deaths (2 expected).

Assure:

Board Assurance Framework – the Committee approved Quarter 4's Framework.

Clinical Audit Annual Report and High Priority Plan – the Committee was assured by the Annual Report and pleased to see the approach to engaging CSUs in completing this year's clinical audits.

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Date	26 May 2025	Agenda item	Bo.5.25.8a

Patient Experience Annual Report – the Committee was assured with the annual report and all the work that had been undertaken by the team in the last 12 months. In 2024/25 89% of FFT responses reported good/very good feedback.

Infection Prevention and Control Quarter 4 Report – the Committee approved the comprehensive report and were pleased to see that there had been no further cases reported in the recent MRSA outbreak. A discussion took place about how well the outbreak had been managed by the team and the wider Trust.

Getting it Right First Time (GIRFT) - the GIRFT clinical lead updated the Committee on the programme led by frontline clinicians who are experts in the areas they are reviewing. Changes have already been made because of the programme that deliver improved care and efficiencies. Some helpful suggestions were made by members of the Committee on how to improve engagement with the programme across the organisation.

Equipment Training Logs – the report assured the Committee that the low-risk strategy of improving equipment training logs is working effectively and the work the team are doing is improving our training compliance.

Internal Audit Reports – 5 internal audit reports were reported to the Committee, one had received high assurance, two had significant assurance and one had assessed as 'Moderate' through an independent self-assessment (with the confidence level in this self-assessment reported as 'high').

The 5th report was on Ward Accreditation and had received limited assurance. The Deputy Chief Nurse assured the Committee on the work that had taken place since completion of the report to meet the recommendations included.

Quality Account Production Schedule – the Head of Corporate Governance shared with the Committee the collated Quality Account 2024/25. The Committee approved the document. The next stage in its development is that the report will be circulated to external stakeholders for further assurance.

Report completed by:

Julie Lawreniuk, Interim Quality Committee Chair and Non-Executive Director,
24th May 2025

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.14a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 16th April 2025

Key escalation and discussion points from the meeting

Alert:

Financial Plan /NHSE Operational Plan Submission – The Committee received and noted a presentation on the plan submission. The plan submitted, plans a financial deficit in 2025/26 of £17m and requires delivery of a £30m closing the gap program to deliver this deficit. Further meetings will focus of progress against delivery of the Closing the Gap Programme.

Advise:

Monthly Finance Report – The Month 12 finance report showed that subject to External Audit review the Trust has delivered a £4.8m deficit for 2024/25 an improvement on the £14m planned deficit. Most of this improvement was down to the Trust receiving additional non recurrent funds from WYICB. The Committee congratulated the finance team and wider organization on delivery of this successful outcome.

The report also highlighted that the 2024/25 capital programme is in line with plan, with the Trust successfully managing slippage by approving mitigating actions and spending £46.4m. Another successful outcome.

Capital Program– The Committee approved the 2025/26 capital plan totalling £46m.

The meeting – Given the clash with the Council of Governors meeting a shortened F and P Committee took place lasting an hour. Only those agenda items that needed considering as part of the April meeting were included on the agenda. In line with feedback from our effectiveness review, papers were taken as read and time used for relevant discussions.

Assure:

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance.

Committee Governance – the Committee received results from its latest effectiveness review, these showed that 100% of participants believed that meetings had improved over the last 12 months and 83% believed the meeting mostly/definitely, included the right mix of learning, improvement, and assurance. As part of the review suggestions were made for further improvements, and several proposals were agreed by the

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Committee to deliver these improvements. The Committee also approved its annual report subject to a further paragraph included to cover a chair's review of the year.

EPRR Update – the Committee approved a Trust Evacuation Plan required as part of the EPRR framework. It was noted by the Committee that the Trust had received a hoax bomb threat in February, it was pleasing to see that valuable learning had been identified from the incident.

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 was 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
17th April 2025

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.3.25.14a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 21st May 2025

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – the income and expenditure position is better than plan by £0.5m in month, but there is a gap on the ‘closing the gap’ programme at this stage. The Trust is forecasting it will deliver the £17m deficit but work is ongoing with CSUs (Clinical Service Units) to understand the risks within this.

Closing the Gap – the ‘closing the gap’ programme is behind plan at month 1 and schemes haven’t been identified for the full £25m target yet by the CSUs. Plus £8m of central schemes which are fully identified. The programme needs to be prioritised in order to give the Trust the best chance of delivering the £17m deficit plan.

Treasury Update – as at Month 1 the cash position is as expected but there is an expectation of needing cash support later in the year.

Advise:

Operational Improvement Plan Urgent and Emergency Care – the Committee was pleased to see the continuing improvement initiatives underway to further improve our performance against the Urgent Care Standard. Arcadis have been appointed by the Trust to carry out a concept stage feasibility appraisal for the phased refurbishment of the existing A and E. The plan was shared with the Committee and is ready should funds be available to progress the development. The space requirement in the plan is three times bigger than the existing footprint.

Operational Improvement Plan Referral to Treatment - the Committee was pleased to see the continuing improvement initiatives underway to further improve our performance against the RTT standards.

Pathology Joint Venture – the Committee noted the report, and the profit generated in 2024/25, the report will be expanded in future months to include more performance data at the request of the Committee.

Off Payroll Engagement Policy – the CFO (Chief Finance Officer) shared the new policy with the Committee to ensure it was sighted on potential consequences for the Trust with non-compliance. The policy will now be uploaded to the Trust website.

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Date	29 May 2025	Agenda item	Bo.3.25.14a

Assure:

Performance Highlight Report – The Committee received and reviewed the monthly comprehensive performance report, noting the continuing strong performance.

Violence Prevention and Reduction (VPR) Standard – the report summarised work undertaken by the Trust in addressing violence and aggression through targeted security strategies. The Committee was pleased to see that body worn cameras are proving to be a significant deterrent in reducing incidents and that ED staff are reporting feeling safer and better supported. A recent internal audit of VPR received limited assurance but nine actions have been agreed and are in the process of being completed that will strengthen the Trust's compliance with the NHS Violence and Provision Standards.

Accommodation Update – the paper provided a summary of the current provision of the Trust's onsite residential accommodation and the current occupancy rates across these units. Work is ongoing to improve accommodation to support recruitment and retention and improve occupancy rates.

Water and Ventilation Compliance – the report highlighted the measures the Trust is taking to meet its obligations under these two disciplines and associated regulations.

Medical Engineering Annual Report 2024 – the report outlined progress made by the Medical Device Safety Committee and provided an update on safe management of medical devices across the Trust. A discussion took place on how quoracy at these meetings could be improved in line with the Committee Terms of Reference.

Health and Safety Committee Update – the report summarised the work of the Trust's Health and Safety Committee.

Annual Fire Safety Report – the report provided assurance that the risks arising from fires within the Trust are being effectively managed. During 2024 there were two small fires within the Trust, a reduction of 5 from the previous year. The Committee was assured that there is a robust system of fire safety management across the Trust.

Board Assurance Framework – the Committee approved Quarter 4's Framework.

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. After discussing the Estates agenda items, the Committee agreed that there were a number of Estates risks that needed aligning to Finance and Performance Committee. The Committee was 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
26th May 2025

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.10a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 09 April 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard - sickness absence is stubbornly high and has sat just below 6% against a 5.5% target for the last year. The interventions are not having the expected impact in reducing absence overall. There was acknowledgement of the health inequalities the Trust's people experience, similar to the patient population, and a challenge on whether the demographic breakdown indicated particular areas of concern that could be supported to improve. The HR team will return to the Academy in May and July with further information and actions including an assessment of how the wellbeing offer is communicated and signposted and a deep dive on the data to ensure the Academy is fully assured about the reasons for absence and that actions are targeting the right areas.

Advise:

International recruitment staff story – the Academy has previously questioned the retention of the Trust's international nurses and their experience of working in Bradford. The Trust relies on significant international recruitment to support reducing the vacancy rate and much work has been done to understand the experience. This has led to improvements to the onboarding experience with the creation of a glossary of Yorkshire slang and other initiatives to make the nurses feel at home. Of the 182 international nurses recruited over the last 10 years, 14 have left and 10 have progressed to Band 6. The work done to understand the experience revealed a wobble at 19 months and this is being addressed with greater support into the foundation year to match the support given in the preceptorship period. International nurses Fraser Mortimer and Karvita Presud joined the meeting to share their lived experience of working at the Trust, and the Academy took assurance from the smooth journey and high support both have enjoyed since joining the Trust. The biggest challenge came from their work experience from their home countries being overlooked in the OSCE (competency) process, a point the Trust is reviewing.

National Education and Training survey – The Head of Education shared the results of the NETs survey covering October/November 24. 257 respondents, 70% of whom were doctors in training and 19% undergrad Nursing, Midwifery or AHP students, gave feedback on their experience of training or placement with BTHFT. The Academy was assured by the improvement in five of ten indicators and that BTHFT achieved the highest scores in 11 of the 13 domains across WYAAT. The lower scoring areas relate to undermining, discrimination, sexual safety and wellbeing, not isolated to BTHFT, and highlights the need for a coordinated response to create a safer, more inclusive environment for all trainees and learners. Overall, the results show positive learning

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experiences and opportunities at BTHFT and trainees would recommend the Trust as a place to receive treatment.

Assure:

People Academy effectiveness review – the Academy attendees shared their views on the People Academy's effectiveness at March's meeting and the results were summarised. The Academy has improved over the last 12 months with the majority of people feeling the mix of assurance, learning and improvement is good and that the environment is safe to ask questions and challenge each other. Moving forward, the Academy will be held in person once or twice a year, there will be an increased learning and improvement focus with themed in-depth reviews of topics. More time will be given for discussion instead of presenting and attendees promised to read papers in advance to support this. We welcome more staff and patient stories to support learning and improvement.

Karen Walker

People Academy Chair and Non-Executive Director

09 April 25

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.10a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 14 May 2025

Key escalation and discussion points from the meeting

Alert:

Sickness – the Academy regularly reviews and monitors the progress on reducing absence. The Assistant Director of HR shared the work and ambition to support managers to reduce absence, currently at 6.31% against a 5.5% target, and fluctuating month on month over the last two years. The refreshed action plan covers policy, skills, occupational health and wellbeing, effective support to managers and performance management, and supports the aim to hit the target by May 2026. There were challenges from the Academy - that the plan focuses on absence management rather than prevention and the team should welcome support from the OD team to develop the approach; it should address the specific concern on stress related absence; and a request was made for demographic data to support the theory that the Trust's people suffer health inequalities the same as patients, so that we know where to target support.

Advise:

Workforce Race and Disability Equality Standards – the data is reviewed regularly and the Head of EDI shared the notable improvements from the past year including a 5.5% increase in ethnically diverse Board membership, a 43% in ethnically diverse representation across the Trust's staff - albeit more challenging in senior roles, and the gap in access to non-mandatory training has narrowed between those from ethnically diverse backgrounds and white staff. Representation of disabled staff has increased by 1% point. More disabled applicants are being shortlisted for roles, disabled applicants are less likely to be bullied and harassed by their colleagues and whilst disabled people feel they have a worse experience than their able-bodied colleagues, there has been a sizeable increase in disabled people reporting issues. The EDI team are focused on positive action to improve diversity in senior roles, improving the people experience for all, embedding a Just Culture in the approach to policies and practices, improving equity in career progression and embedding the actions in the EDI strategy.

Staff survey results – the Head of OD shared a summary of the 2024 Staff Survey results which saw a 7% increase in response rate and scores above the national average in 8 of the 9 People Promise dimensions. Engagement, measured by the propensity of colleagues to recommend BTHFT as a place to work, is at 62% but 92% of colleagues feel trusted to do a good job, 88% feel they make a difference to patients and services and 82% enjoy working with their colleagues. Of the 21 sub themes, BTHFT is above average in 19. Trust wide, the team will focus efforts on recognition, career progression and flexible working and have asked CSUs to focus on areas to celebrate and improve, creating local action plans to address local areas. A deep dive has been done to better understand how people feel about discrimination and reveals a slight

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Date	29 May 2025	Agenda item	Bo.5.25.10a

increase in people who say they experience discrimination. Ethnic background, gender, age and sexual orientation fare well but religion is an outlier with Muslim staff reporting religious discrimination from patients and service users, and Christian and Sikh colleagues reporting discrimination from colleagues. Further work will be done to understand and address the issues raised.

Assure:

Education Annual Report – the Head of Education presented the report which highlights the ambitious 5 year education strategy, the positive learning experience of trainees, mandatory and statutory training compliance at over 95%, the trailblazing approach to Oliver McGowan training and the service restructure that aligns the Apprenticeship and Widening Participation team with HR and the Clinical Informatics team to improve operational efficiency and digital optimisation. In addition, the Education team met their Closing the Gap challenge of £304k in cost savings and generated over £100k revenue through course delivery. They are working on a plan to boost revenue further. Feedback around workloads continues and will be targeted for improvement. Teaching delivery is impacted by estates work. A thorough update, and the Head of Education gave a wonderful tribute to the Chief Medical Officer for his commitment and support to education.

The May People Academy was the Chief Medical Officer's last and the Academy thanked him for his contribution to and leadership of all things people.

Karen Walker

People Academy Chair and Non-Executive Director

14 May 25

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.18

Committee Escalation and Assurance Report

Report from the: Audit Committee

Date of meeting: 14 May 2025

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 – Ward Accreditation

The Committee received an Internal Audit report on Ward Accreditation that provided Limited Assurance. The Committee was grateful for the attendance of the Deputy Chief Nurse to discuss the approach to implementing the actions agreed in response to the reports' recommendations. The Committee took assurance from the actions that had already taken place and the expectation that the backlog of accreditation work would be completed by the end of May.

Internal Audit Recommendation Tracking

In her report the Internal Audit manager noted on aspect of governance that requires continued focus; updating and completing recommendations, Whilst a new process has been introduced this issue has been a continuing concern for the Audit Committee for some time and Executive colleagues are asked to pay specific attention to the timescales they agree with the auditors for recommendations to be implemented (balancing avoiding foreseeable slippage against unduly long implementation periods). Where timescales have been agreed the Committee expects actions to have been implemented with that timescale or a report to the Committee as to what progress has been made and why the deadline has not been met.

Assure:

Internal Audit

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

Meeting Title	Board of Directors		
Date	29 May 2025	Agenda item	Bo.5.25.18

Report No	Report	Final	Draft	Opinion
BH/28/2025	People Strategy	✓		Significant
BH/29/2025	Board Assurance Framework	✓		Significant
BH/30/2025	Patient Safety Incidents Response Framework (PSIRF)	✓		High
BH/31/2025	Claims Management	✓		Significant
BH/32/2025	Key Financial Controls	✓		Significant
BH/33/2025	Ward Accreditation	✓		Limited
BH/34/2025	Patient-Led Assessments of the Care Environment	✓		Significant
BH/35/2025	DSPT	✓		Moderate

Other than the Ward Accreditation report discussed above, **the Committee particularly noted the High level of assurance provided about the Patient Safety Incidents Response Framework** as well as the other Significant assurance reports.

The Committee retains a particular interest in the Board Assurance Framework and, whilst noting the Significant Assurance given in the audit report, will work with the Corporate Governance team over the coming months to improve its effectiveness in providing the Board with assurances.

The Committee discussed whether the PLACE report did provide Significant Assurance but were grateful to receive information from the observing Staff Governor who leads on the PLACE assessments that the team is actively working through the recommendations.

The Internal Audit Manager explained the Moderate rating on the DSPT (Data Security and Protection) audit report. The different rating being how the organisation self-assesses itself. The audit provides a check on the self-assessment. There is a new national model this year and it is expected that organisations will take time to achieve the levels of compliance they may have reported previously. The Internal Audit Manager confirmed that there was nothing of concern identified in her report.

The Internal Audit Manager provided an overview of the key outcomes of the work undertaken by Internal Audit which supports the organisation's Annual Report and Accounts and, specifically, the Annual Governance Statement for 2024/25. **She confirmed that Significant Assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.**

Counter Fraud Self review Tool

The Committee noted that organisations are mandated to undertake a self-assessment against the government counter fraud profession requirements on an annual basis. A review of work undertaken throughout the year takes place to measure compliance. Last year's review showed that the Trust was green in all areas apart from the requirement three relating to risk assessments. Work has been ongoing, and the organisation is now fully compliant in all 13 requirements. The Committee agreed that the self-review

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submission could now be signed off by the Chief Financial Officer and the Audit Committee Chair.

Annual Governance Statement

The Committee welcomed the Chief Executive to present the Annual Governance Statement for approval in advance of final submission to Committee and the Board. **The Chief Executive advised that she had concluded there were no significant control issues that needed to be included in the Annual Governance Statement. The Committee agree with this** and thanked the Chief Executive for her attendance,

Other matters

All other matters considered by the Committee provided appropriate assurance:

- Verbal report from External Auditor
- Agreement to provide a statement to the Council of Governors on the use of External Auditors for Non-Audit Services via this report. *There were no engagements with external auditors in 2024/25*
- Counter Fraud Annual Report
- Counter Fraud Annual Plan
- Schedules of Losses and Special Payments, and review of single source tenders

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
22 May 2025

Meeting Title	Board of Directors		
Date	28 May 2025	Agenda item	Bo.5.25.19

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 6th May 2025

Key escalation and discussion points from the meeting

Alert:

Advise:

Staff Lottery

An historic issue was brought to Committee's attention regarding the staff lottery. Approximately 30 individuals have been paying in, but not been entered into the draw. This is still being investigated and internal processes are also being reviewed. The Charity Director is in contact with the Charity Commission regarding the next steps. The Charity Commission recommended contacting the fundraising regulator. The Chairty Director is awaiting a response from the fundraising regulator. Depending on the amount in question, this may need to be logged as a serious incident, resulting in the charity needing to demonstrate the steps taken to ensure it doesn't happen again and refunds may need to be offered.

Finance report for Month 12 (subject to the final audit)

- There is a shortfall against budget of £554,000. The main reason being a reduction in income for the Neonatal Unit appeal of £668,000 and fundraising income of £181,000. This is a result of vacancies in the team and an increase is expected this financial year.
- The Neonatal Unit has been delayed into 2025/26.
- The return on investment against the 25% target is currently 61%, again due to vacancies.

This position is to be expected given the sizeable investment into the Charity Team and its activity and the subsequent gaps. The plan was made at the start of the year, then staff changes occurred and the plan wasn't altered. Going forward, the plan will be refreshed on a quarterly basis to provide a more accurate picture.

Assure:

Five Year Plan (2025/26 – 2029/30)

The Five Year Plan for 2025/26 and indicative plan for 2029/30 were approved. The aim is to make financial reporting simpler and more accessible. The Chairty Director will be working with the Deputy Director of Finance to display the figures in a more user friendly way.

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Events

Seasonal and themed events are also planned and working has been initiated with the volunteering team to provide assistance. The Neonatal Unit campaign private phase launch commenced on 8 May 2025.

Neonatal Unit

From an Estates perspective, the Neonatal Unit is on track for an Autumn 2026 opening.

Move to Independence

The independence timeline is also on track for April 2026, pending trustee recruitment.

Report completed by:

Altaf Sadique


Charitable Funds Committee Chair and Non-Executive Director

28/05/2025

C. CHIEF EXECUTIVE'S REPORT

REFERENCES

Only PDFs are attached

 CGo.7.25.5c - Report from the Chief Executive (cover) v1.pdf

Council of Governors Open				
Meeting Date:	10 July 2025	Agenda Reference:	CGo.7.25.5c	
Report Title:	Report from the Chief Executive Officer			
Presented by:	Professor Mel Pickup, Chief Executive			
Executive Lead:	Professor Mel Pickup, Chief Executive			
Author:	Executive Directors Katie Shepherd, Corporate Governance Manager			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input checked="" type="checkbox"/>
Summary of Key Issues/Highlights:	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 April 2025.			
Recommendation/s: (including any decision/approval required)	<i>The Council is asked to:</i> 1. Note the content of the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	Board of Directors – 29 May 2025			

Report content
1. Patients We continue to work with ICB and NHSE colleagues on the delivery of all annual planning objectives. The Trust completed each of the submissions in line with national timescales following triangulation across Finance, Workforce and Performance elements and work with System partners to coordinate responses. Further work is required to ensure plans are delivered against and to respond to the changing landscape of NHS governance and regulation. The Trust's Performance and Accountability Framework is being refreshed but aligns well to the consultation documents relating to contract monitoring and performance

assurance and oversight. Within the plans submitted we have committed to delivery of each national target which includes a 5% improvement in referral to treatment (RTT), 5% improvement in cancer 62-day treatment wait times, and sustaining delivery against other KPI where performance was in line with or better than national target, such as our ECS performance. The ICB is also committed to meeting a 95% target for diagnostic waiting times, which will be a stretch of over 10% for BTHFT for which we have included the related activity growth needed to deliver this.

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. Our overall positive performance position has seen us becoming eligible to receive a £2m bonus increase to our CDEL limit. In support of further improvements, the EXCEL programme continued to run engagement events with internal and external stakeholders to devise a plan that will improve the patient and clinician experience. The programme will begin work related to this plan in quarter one, and this will include initiatives to reduce to overall bed occupancy and improve the ability to maintain adequate patient flow through the system.

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. Total ambulance turnaround time is improving and there is a collective focus with YAS to review total turnaround times over 45 minutes, with learning incorporated into the joint improvement plan. A trial of self-handover and fit-to-sit in conjunction with YAS is also underway during May 2025.

We have continued to progress our Outpatient Transformation plans. 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. A delivery group and board are in place to oversee the programme and service level transformation plans are being progressed utilising the Model for Improvement. Rapid reviews will be used to help enhance this process and tackle priorities areas identified through internal or external data analysis, particularly related to productivity and benchmarking.

Efforts to reduce elective waiting times continue and the end of April position resulted in only two waits over the 65-week threshold, both of which were related to national issues with the availability of corneal grafts. This achievement has been as a result of co-ordinated and tight operational processes across all CSUs. 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. Overall, the waiting list is reduced during 2024/25 in response to increased activity and improved waiting list validation. Plans for 2025/26 have incorporated further improvements in both areas which will support attainment of the 5% improvement in RTT performance set by NHSE. Theatre activity levels in the current year are being impacted by the delay in opening of the St Lukes Day Case unit, work is continuing with the Darwin Group to try and ensure validation of the Ventilation and Water systems meets the required parameters.

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 July 2025, but the facility will provide much needed ringfenced capacity for our day case patients when open.

The Endoscopy Unit build has progressed well and remains on budget. Steel Frame assembly has been completed as well as concreting works with the focus for this next period on waterproofing the building and installation of the air handling units. 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.

2. People

Recruitment to Senior Roles

We have undertaken the recruitment to both the Chief Medical Officer vacancy following the retirement of Dr Ray Smith and following a thorough recruitment process which was undertaken inhouse I am delighted Mr John Bolton Consultant Urologist and Deputy Chief Medical Officer at the Trust has been appointed and will take up the position of Chief Medical Officer upon the retirement of Dr Smith at the end of May 2025. We have also recruited Vikki Lewis to the position of Chief Digital Officer following Dr Paul Rice's resignation.

We were also successful in recruiting to the Director of Collaboration which is a joint position with Airedale NHS Foundation Trust, this is an important new position that will help deliver an acute services clinical strategy across the two trusts which is complementary to the developing strategy for the Bradford District and Craven Place and for the acute sector across WYAAT, working with key stakeholders. I am pleased to inform you that Helen Farmer, Director of System Transformation at BDC Health and Care Partnership has been appointed to the role.

These positions are important strategic leadership roles and I am pleased that we have been able to successfully recruit to these with individuals of high calibre.

Supreme Court ruling on the Equality Act 2010 definition of 'Sex'

Following a challenge from a campaign group for Women Scotland, the Supreme Court has ruled that the legal definition of a woman is based on biological sex. Specifically, they ruled that the definition of sex as used in the Equality Act 2010 is "binary" and is decided by biology regardless of whether a Trans woman has legally changed their gender with a Gender Recognition Certificate.

Our primary concern is the wellbeing of our patients and staff. The Trust has already issued a system wide statement reassuring colleagues about our position in which reassurances have been provided that despite the ruling, our Trans colleagues are still protected by the Equality Act. We have also provided personal assurances to our LGBT+ staff equality network colleagues that the Trust will support them, and we want to work with them to ensure our policies and practices remain both clear and supportive.

The Equality, Diversity and Inclusion (EDI) team attended a system-wide EDI leads meeting on 30 April 2025 to discuss a collaborative approach, which we plan to share across the organisation in due course. The meeting included colleagues from across the region, including experts in Trans equality issues and the message coming from the group is to be cautious about making any immediate changes to policy or practice at this stage in response to the Supreme court ruling. We are awaiting further updates from European Human Rights Commission (EHRC) in how to interpret the ruling, and we have been advised there is also potential that the Supreme court ruling could be challenged at the European Court of Human Rights (ECHR).

Showcasing our EDI journey at the next Health & Wellbeing Board development day

As part of the system wide Equalities Group (led by Professor Udy Archibong), Kez Hayat, Head of EDI has been asked to share a presentation about our EDI journey at the next Health & Wellbeing Board Development Day on 27th May 2025. This is a valuable opportunity to showcase all the great work we are doing to meet our 5 strategic EDI objectives at BTHFT and how this aligns to our EDI priorities at system level, including our 3 place level priorities:

- Reducing Health Inequalities
- Development of an anti-racist strategy
- Diversifying representation in leadership

National Staff Equality Networks Day – 14th May 2025

The National Day for Staff Equality Networks (aka Networks Day) is the day where employee networks across the United Kingdom rise up as a community and lead the way for change in the workplace.

Launched on 10 May 2017, Networks Day has quickly become an established event in the diversity calendar. The day presents an opportunity for networks to celebrate the contribution, inspire with their stories and offer insight into the lived experiences of underrepresented colleagues and transform the organisation. Networks can be an effective voice for colleagues and work with the business to create more inclusive environment where all employees, that want to, can progress.

As part of this important day, our staff equality networks have organised a lunch time event taking place on the concourse where all four of our staff networks will be present with the aim of raising the profile of staff networks and allowing an opportunity for staff and colleagues to learn more about the role of the networks and how staff can join as members and allies. Staff will also get an opportunity to meet the Executive Sponsors for each network.

Thrive Conference 2025

In May, we held our third annual Thrive Conference. The theme of the conference was 'Belonging throughout the ages: past, present, and future' – chosen because fostering a strong sense of belonging is essential, not only for improving colleague experience and engagement but also for strengthening teamwork, collaboration, and innovation. The day included two keynote speakers, two panel discussions from existing colleagues who shared their stories and experiences, and two interactive market places, supporting colleagues to understand both our past and also our future ambitions. The conference was attended by over 280 colleagues and a further screening of the day will be held in June.

Launch of new BTHFT People Strategy

At the Conference, the new five-year BTHFT People Strategy was launched. The Strategy 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

An implementation plan accompanies the Strategy, detailing priorities and actions that will be taken in year one. This will be reported to People Academy on a quarterly basis.

3. Place Updates

National context and policy development

Merger of NHS England and Department for Health and Social Care

In March, Wes Streeting MP – Secretary of State for Health, announced that NHS England would be merged with the Department for Health and Social Care. This forms part of the government's stated aims of reducing running costs in the NHS, including reducing head counts across both bodies. At this stage, I want to ensure that place-based colleagues are aware that this work is ongoing and that we await further information on timelines and how a future merged organisation will operate. I will cover the national announcements on ICBs later in this update.

Change of leadership at NHS England

Amanda Pritchard, the previous Chief Executive of NHS England stood down from her role at the end of March 2025. From 1 April 2025, Sir James Mackey took on the role of Chief Executive for NHS England. Since taking on the role, Sir James has announced changes to the [leadership team at NHS England](#) that will support the work that happens as part of the transition to a merged organisation. Fiona Edwards has been appointed as the new Regional Director at NHS England for the North East, Yorkshire and Humber. We will keep the board updated on any further changes.

10 year health plan

The government's 10 year plan for health is expected to be published in the coming weeks. The focus will be on three key shifts – from hospital to community; from sickness to prevention and from analogue to digital. The plan has been shaped by a significant national engagement exercise. This has been the biggest ever conversation about the future of the NHS, with over 220,000 contributions from the public and health and care staff. Locally our Bradford District and Craven Health and Care Partnership's Health, Care and Wellbeing Strategy is being developed based on these three shifts.

New permanent secretary appointed to Department for Health and Social Care

Samantha Jones has been appointed as the new Permanent Secretary at the Department of Health and Social Care. Samantha is currently a non-executive director at DHSC, and the Chief Operating Officer for Xlinks, a renewable energy company. Samantha began her career as a nurse in the NHS and was a hospital Chief Executive before moving to NHS England to lead the New Models of Care programme.

Government launches call for evidence on men's health

The [12-week call for evidence](#) will gather vital insights from the public, health and social care professionals, academics and employers so the government can properly consider how to prevent and tackle the biggest issues facing men from all backgrounds. This will inform a Men's Health Strategy for England. This call for evidence closes at 11:59pm on 17 July 2025.

West Yorkshire Health and Care Partnership activity and implications for Bradford District and Craven place partnership

National direction for ICBs to reduce their running costs

NHS England has mandated that all Integrated Care Boards (ICBs) reduce their running costs by 50 per cent by the end of Quarter 3 of 25/26 as part of a broader financial and operational reset. This directive follows previous cost-cutting measures and will require significant changes across the entire health, care and NHS system, including our organisation. In all of this, a focus on quality, productivity and effective working remains. On Friday 2 May 2025, NHS England published the Model ICB Blueprint. The Blueprint has been developed jointly by NHS England and a group of ICB leaders from across the country, representing all regions and from systems of varying size, demographics, maturity and performance.

To deliver their purpose, the blueprint sets out that ICBs focus on the following core functions:

- **Understanding local context:** assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision
- **Developing long term population health strategy:** Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence
- **Delivering the strategy through payer functions and resource allocation:** oversight and assurance of what is purchased and whether it delivers outcomes required
- **Evaluating impact:** day-to-day oversight of healthcare utilisation, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

ICBs will also have governance and core statutory functions to ensure they are compliant, accountable, and safe.

As a reminder, the draft high-level timeline our ICB is working towards is as follows:

- our draft future structure and functions should be set out and shared with NHSE by the end of May 2025; and
- the new structure will need to be implemented during quarter 3 (October-December) of 2025-26.

At the time of writing, work on the draft future structure and functions was continuing and colleagues were working through the blueprint to understand what this means for our ICB. I will keep board members updated on progress.

Cathy Elliot appointed Chief Executive of NHS Cheshire and Merseyside ICB

Congratulations to ICB Chair, Cathy Elliott, who will be stepping down from her role at the end of May 2025 following her successful appointment to a new role as Chief Executive of NHS Cheshire and Merseyside ICB. Cathy has been Chair of the ICB since late 2021. Alongside her ICB Chair role, she is also Deputy Chair of the West Yorkshire Integrated Care Partnership (ICP). I wish her well in her new role.

Bradford District & Craven Partnership progress and issues to note

Health, Care and Wellbeing Strategy

We are developing our Health, Care and Wellbeing Strategy – 2025-2035 – to maximise the impact of our partnership, across all aspects of health and care delivery, alongside strengthening and drawing on our citizen voice to shape, take control, support and co-produce the way that services are developed, designed and delivered. Our strategy underpins our Act as One place strategy and will become a core element within both the City of Bradford Council District and North Yorkshire Council Plans. Our strategy will support developments in Craven, such as the Airedale New Hospital Programme, ensuring it aligns with wider health and council plans and services, promoting the government's three shifts, alongside local priorities.

Foluke Ajayi appointed vice-chair of the NHS Confederation

Foluke, Chief Executive of Airedale NHS Foundation Trust started 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.

Bradford initiatives showcased to Children's Commissioner for England

Bradford [played host to Dame Rachel de Souza, the Children's Commissioner for England](#), who found out how community insights, world-leading research and people's experiences are shaping services in Bradford District and Craven and across West Yorkshire. Rachel visited Miriam Lord Primary School and Farcliffe Family Hub in Manningham before meeting researchers from the Bradford Institute for Healthcare based at Bradford Royal Infirmary.

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.

Women's Health Grants awarded to community-led projects in Bradford District and Craven

Nineteen local organisations have been awarded funding through the Women's Health Grants programme, a new initiative supporting grassroots projects that will help activate a movement for women's health across Bradford District and Craven. The grants form part of the recently launched 'Together, we can make women's health a priority' movement, designed to ensure that everyone impacted by women's health gets the information and support they need.

Prestigious £4.5m Wellcome Discovery Award boosts Bradford research to tackle childhood health inequalities

The internationally renowned Born in Bradford research programme has received a prestigious £4.5m Wellcome Discovery Award to fund an ambitious eight-year study aimed at addressing childhood health and wellbeing inequalities. The new research will be carried out in partnership with local schools, families, and health professionals, and will involve more than 8,000 children and their families living in some of the city's most disadvantaged areas.

Staying Put in successful West Yorkshire pathfinder bid

Staying Put is delighted to secure and lead on the new Family Court Independent Domestic Violence Adviser (IDVA) delivery model of the West Yorkshire Pathfinder Partnership (WYPP). Since March 2022, the Pathfinder Pilot Scheme has been trialled in the family courts in North Wales and Dorset. The scheme was implemented to trial a more problem-solving approach, which is aimed to improve the court experience and outcomes for survivors of domestic abuse and to ensure that the voice of the child is the focal point in proceedings.

Innovation challenge fund to help set up two health hubs in schools

Bradford District Care NHS Foundation Trust's Better Lives charity has been awarded £199,278 to improve access to health services for local children, young people and their families. This will bring

together the Trust's community children's services, Dixons Academies Trust, Oastlers School, member of Exceed Academy Trust, Education Alliance for Life Chances and Citizens UK, The investment over two years will enable 'health hubs' to be set up at the two schools, so children and families can experience earlier and better co-ordinated support in a place near to where they live that they know and trust.

Spreading kindness: an anti-bullying Campaign transforming schools across Bradford

The kindness, compassion and understanding (KCU) anti-bullying campaign is inspiring students across Bradford to lead with kindness and stand up against bullying. Since its launch in February 2020, the KCU Anti-Bullying Campaign has been delivered to 66 schools, won two community awards, and positively impacted the lives of 19,039 pupils across the Bradford District.

Award winners

There have been some notable successes achieved by individuals, teams and organisations across our partnership which I have summarised below. Well done to everyone!

- AGH Solutions have won the award for Data, Security, Infrastructure at the 2024/25 HTN Now Awards for their RAAC management project at Airedale General Hospital.
- Airedale NHS Foundation Trust Neonatal Sister, Chloe Taylor, has received the RCN Foundation Leathersellers' Award for Outstanding Achievement in supporting children and young people's mental health.
- Airedale NHS Foundation Trust Fracture Prevention Service has achieved a Gold Star from the IOF (International Osteoporosis Foundation) Capture the Fracture programme.
- Bradford Teaching Hospitals NHS Foundation Trust picked up the 'best contribution to improving the efficiency of NHS services' gong at the HSJ Partnership Awards for its partnership work with DrDoctor on the Rheumatology Nurse Advice Line.
- A Bradford hospital porter has won an 'Outstanding Contribution to Patient Experience' prize at the prestigious national 'MyPorter' Awards. Laura Ward joined Bradford Royal Infirmary's portering team – part of Bradford Teaching Hospitals NHS Foundation Trust – in December 2023 and is currently working in the Emergency Department (ED).
- Healthwatch North Yorkshire has been recognised at the national Healthwatch Impact Awards. Healthwatch North Yorkshire set out to understand the experiences of adults accessing mental health services.
- Keighley Healthy living was awarded the GSK Impact Award for their efforts in reducing social isolation, addressing health inequalities, and improving physical and mental wellbeing in the community.

Partnership Leadership Executive Discussions – February to April 2025

The focus of our most recent PLE meetings has been on developing our Health, Care and Wellbeing Strategy. Partnership Board members should note the following decision that did take place at a PLE meeting during this period which was held alongside a Partnership Board development session.

Annual Planning Guidance

Kerry Weir (KW) advised that NHS operational and financial planning 2025/26 guidance was published on the 30 January 2025. A first high level draft was due for submission on 20 February which covered finance, total workforce numbers, high-level metrics and narrative on the delivery of the plan with a final submission due on 20 March covering more of the detailed requirements set out in the guidance. Bradford District and Craven's contribution is being submitted to NHS West Yorkshire ICB colleagues as one of the five places in West Yorkshire. KW noted that due to short timescales, it will be challenging for plans to be sighted at the various governance meetings prior to submission.

4. Partners

WYAAT Programme Executive Meeting, 8th April 2025 and 13th May 2025

I was unfortunately unable to attend the WYAAT Programme Executive meeting on 8th April so Saj Azeb, Chief Operating Officer / Deputy Chief Executive Officer, attended on my behalf. The meeting including a discussion on the outcomes of the service review including key findings, key decisions for both partnerships and WYAAT, and the Committee in Common plan and finalising the Case for Change. The meeting also included consideration of options to reduce WYAAT costs, and a discussion on the diagnostics SRO role. Attendees also received the collaborative report and HCP report, and the annual report.

The next meeting of the WYAAT Programme Executive was on 13th May of which I attended. We reviewed the service review priorities and received the feedback from the Committee in Common. We received an update on the NSO Business Case and a procurement update. We also had two visitor sessions during the meeting, the first with Rob Webster, ICB Lead for West Yorkshire, and the second with Fiona Edwards, Regional Director for NHS England.

West Yorkshire Partnership Board Meeting, 1st April 2025

I attended the WY Partnership Board meeting on 1st April where we received an update from the Partnership CEO lead, and an update on progress on the ambition to increase the years of life that people live in good health in West Yorkshire during which we supported the proposed next steps and recommendations and committed to advocate for health equity throughout future health and care system changes. We noted the key achievements in 2024/25 in relation to our ambition to reduce suicide by 10% across the area, and supported the strategic priorities for 2025/26 and beyond to maintain momentum in suicide prevention. We also noted the publication of the work and health plan for West Yorkshire, endorsed the collaborative approach to planning and programme governance for delivery and agreed to support these programmes over 2025/26 to ensure their success and delivery of our shared outcome target.

WYAAT Committee in Common, 6th May 2025

I joined the WYAAT Committee in common meeting in Leeds on 6th May, which was largely a focused strategy session on the WYAAT service review, including an overview of outputs, a discussion around priorities for 2025/26, and the implications for WYAAT and its ways of working. We also received an update from Chairs and CEOs of each organisation and received the annual report. The annual report has been published on the WYAAT website [here](#).

5. National Reports

NHS Performance Assessment Framework for 2025/26

NHS England is seeking views on the proposed approach and methodology set out in the updated NHS Performance Assessment Framework (NPAF).

This one-year framework is designed to ensure that health services are effective, efficient, and centred around the needs of patients and communities. The segmentation approach will provide a transparent view of performance across the NHS, forming the basis for how NHS England works with integrated care boards (ICBs) and providers (NHS trusts and NHS foundation trusts).

NHS England's approach to assessment is designed to evaluate and improve the performance of ICBs and NHS trusts and foundation trusts to help ensure that health services are effective, efficient, and patient-centred while supporting continuous improvement.

The consultation commenced on 12 May and will close on 30 May 2025 when all responses will be carefully reviewed and considered. A summary of feedback and the final version of the NHS Performance Framework will be published later in 2025.

For further information visit: <https://www.engage.england.nhs.uk/consultation/nhs-performance-assessment-framework/>

Working Together in 2025/26 to lay the foundation for reform

On 1 April 2025, all NHS Trust's, NHS Foundation Trust's and ICBs received a letter from the new Chief Executive of NHSE, Sir James Mackey, outlining the foundation for the reform of the NHS in England. The letter details plans to move to a different way of working in line with the 10 Year Health Plan, reverse corporate cost growth and plans to bring together NHSE and the Department of Health and Social Care to create a single aligned centre.

To view the letter visit: <https://www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/>

Letter to NHS organisations for the VSM pay framework

The very senior managers pay framework will apply to all integrated care boards (ICBs) and NHS provider trusts from the 1 April 2025.

The framework seeks to create consistency, increase transparency and offer sufficient flexibility to attract talented candidates to the most challenging roles and challenged providers. The aim is to reward successful, high-performing senior leadership and, in turn, drive performance improvements so that all patients have local access to the best standards of care. This framework was jointly produced by NHS England and Department of Health and Social Care (DHSC). The policy is owned by DHSC and has been instructed by the Secretary of State for Health and Social Care.

For further information visit: <https://www.england.nhs.uk/leaders/vsm-pay-framework/>

CGO.7.25.7 - MATTERS RAISED WITH GOVERNORS BY MEMBERS, PATIENTS
AND THE PUBLIC

REFERENCES

Only PDFs are attached

 CGo.7.25.8 - Appointments to Governors NRC.pdf

COUNCIL OF GOVERNORS PUBLIC				
Meeting Date:	10/07/2025	Agenda Reference:	CGo.7.25.8	
Report Title:	Appointments to Governors Nominations and Remuneration Committee (NRC)			
Presented by:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary			
Executive Lead:	Renee Bullock, Chief People and Purpose Officer			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<ul style="list-style-type: none"> The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a Committee of the Council of Governors. Regarding membership, the Governors NRC Terms of Reference states: <ul style="list-style-type: none"> 3. Membership 3.1 The membership of the Committee shall consist of at least six Governors including at least three Public/Patient Governors. 3.2 Members will be appointed by the Council of Governors. The full Terms of Reference for the Governors NRC are available here. As a result of the Governor term ends of three Governors there are now three vacancies on the Governors NRC, leaving the remaining membership is as follows: <ul style="list-style-type: none"> Mark Chambers, Patient Governor (and Lead Governor) David Wilmshurst, Public Governor Dermot Bolton, Public Governor Self-nominations for membership have been sought. Four were initially received from members of the Council. Shortly before the deadline for selection by Council members, one governor withdrew their self-nomination. 			
Recommendation/s: (including any decision/approval required)	<p>The Council of Governors is asked to approve the appointment of the following three Governors (listed alphabetically) to the Governors NRC with immediate effect.</p> <ul style="list-style-type: none"> Helen Jepps, Staff Governor Philip Turner, Public Governor Andy Waller, Public Governor 			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			

Implications	
Risk:	N/A
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	N/A

REFERENCES

Only PDFs are attached

 CGo.7.25.9 - Annual Members Meeting 2025.pdf

COUNCIL OF GOVERNORS PUBLIC				
Meeting Date:	10/07/2025	Agenda Reference:	CGo.7.25.9	
Report Title:	Annual Members Meeting (AMM) 2025			
Presented by:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary			
Executive Lead:	Renee Bullock, Chief People and Purpose Officer			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<p>There is a requirement in our Trust Constitution to hold an Annual Members Meeting (which we may combine with a 'Governors meeting') to present the Annual Report and Accounts to our Governors, Foundation Trust members and the public.</p> <p>The Annual Members Meeting 2025 will take place on Monday 6 October 2025, 5pm to 6.45pm, Sovereign Lecture Theatre, Bradford Royal Infirmary.</p> <p>The agenda is prescribed and included within the report below, however we would also like to deliver a keynote presentation as part of the proceedings. The proposed keynote presentation is the 'Neonatal Home from Home Campaign' presented by our Charitable Funds team.</p>			
Recommendation/s: (including any decision/approval required)	<p>The Council is asked to:</p> <ul style="list-style-type: none"> • Support the current proposals for the Annual Members Meeting 2025 • Share any views held on the proposed keynote presentation • Note the date, time and location of the AMM and share this information with their networks and contacts. 			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	N/A			

Annual Members Meeting 2025

1. Introduction

The Trust's Constitution makes clear that the Trust is required to hold an Annual Members Meeting and a General Meeting of the Council of Governors each year with regard to both presenting to the members and receiving by the Council, the Annual Report and Accounts. The Constitution allows for the two meetings to be combined.

Last year the event was held in person and included a video featuring the neonatal unit, having recently been awarded an 'outstanding' rating by the Care Quality Commission (CQC).

All presentations from the Annual Members Meeting 2024, along with the video, are available online [here](#).¹

Governors are asked to note that the confirmed date for the Annual Members Meeting 2025 is Monday 6 October 2025, 5pm to 6.45pm, Sovereign Lecture Theatre, Bradford Royal Infirmary. It is important that Governors make every effort to attend the Annual Members Meeting for you to receive the Annual Report and Accounts 2025.

2. Proposed Agenda for the Annual Members Meeting (AMM) 2025

It is proposed that the AMM 2025 will again be an in-person event delivered from our Sovereign Lecture Theatre, Bradford Royal Infirmary

• Proposed Agenda

- | | |
|------|--|
| 5pm | Chair's address and welcome |
| 5.05 | CEO presentation of the Annual Report |
| 5.25 | Chief Finance Officer report on the Annual Accounts |
| 5.40 | Lead Governor summary report on governor activity in year |
| 5.50 | Questions and answers (<i>questions requested in advance of the meeting</i>) |
| 6.00 | Chair introduction to key-note presentation |
| 6.10 | Key-note presentation: Neonatal Home from Home Campaign |
| | (<i>20 min presentation with 10 mins for any comments/questions</i>). |
| 6.40 | Chair's closing comments |
| 6.45 | Event close |

- **Proposed supporting materials for the AMM 2025:** It is proposed that the following supporting materials are produced:
 - a summary report on a page featuring key highlights/figures from the annual report and accounts in keeping with the [report published in the previous year](#); and
 - a summary report on a page (in keeping with the [report published in the previous year](#)) featuring key highlights/figures from the Quality Account 2024/25.

¹ Information from our Annual Members Meeting 2024 is available here <https://www.bradfordhospitals.nhs.uk/2024-annual-members-meeting/>

- **Communications:** The corporate governance team will prepare a communications plan covering both internal and external communications. The team will coordinate with the trust communications team to ensure information is produced and shared with internal and external stakeholders.

REFERENCES

Only PDFs are attached



CGo.7.25.10 - Role of the Lead Governor (cover).pdf



CGo.7.25.10 - Appendix 1 - Role of Lead Governor - with track changes.pdf

Council of Governors				
Meeting Date:	10/07/2025	Agenda Reference:	CGo.7.25.10	
Report Title:	Role of the Lead Governor			
Presented by:	Laura Parsons, Assistant Director of Corporate Governance/Board Secretary			
Executive Lead:	Renee Bullock, Chief People and Purpose Officer			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<ul style="list-style-type: none"> All Foundation Trusts should have a Lead Governor in place as detailed within the Code of Governance for NHS Provider Trusts, Appendix B. The paper presented at Appendix 1 covers the proposed role definition for the Lead Governor. This includes those duties as required by NHS England, and a range of additional, optional, duties which have been added following the standing down of the role of the Vice-Chair of the Council of Governors. 			
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to: <ul style="list-style-type: none"> Approve the role of the Lead Governor as attached at Appendix 1. 			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	All Foundation Trusts should have a Lead Governor in place as detailed within the Code of Governance for NHS Provider Trusts.			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	Policies and Procedures Task and Finish Group (membership includes the Chair, Governors, Non-Executive Directors and Executive Directors)			

Report content

Lead Governor Role Definition

In its review, the Policies and Procedures task and finish group noted that the components of the role of Lead Governor, as listed under points 1 and 2 of Appendix 1, are the standard requirements of the 'role of the lead governor' as framed by NHS England and formed our current descriptor here at BTHFT. A more detailed review of the circumstances under which NHS England would engage with the Lead Governor is articulated in detail in the [Code of governance for NHS provider trusts](#) (see Appendix B: Council of governors and role of the *nominated lead governor*). The review by the task and finish group has also been informed by the recent 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 informed by:

- 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;
- Suggestions made by ANHH Consulting following the development sessions held with the Board and the Council early in 2024; and
- Other NHS Foundation Trust role descriptors for Lead Governors.

These optional duties include:

- Supporting the Chair and the Board Secretary to plan the business of the Council of Governors.
- Supporting the Chair and the Board Secretary to ensure that the Council of Governors receives effective support, training and development.
- Support the promotion of the work of the Council with the membership and stakeholders, including by contributing to the development and delivery of 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.
- Liaising with the Chair, on behalf of governors, on matters of interest or concern to governors.
- Due to the nature of their role, there may be occasions when it is necessary for the Lead Governor to become privy to confidential information. They will be expected to respect that confidentiality until such time as it is appropriate to share the information with the rest of the Council or Governors NRC. Should the Lead Governor have any queries or concerns in this regard, they should be raised with the Trust and/or NHSE as appropriate.
- As Lead Governor having a seat on the Governors Nominations and Remuneration Committee.
- Chairing informal governor only meetings (as and when required).
- Convening a regular 'Governors Forum' either online or face to face to "keep in touch" and to receive feedback from the engagement of governors with the Trust in the time since the last Council of Governors meeting.
- The Lead Governor will be the Council's representative on the National Lead Governor Association group and share information from this forum to Council as appropriate through the Governor Forum

It is further proposed to include the following additions to the Lead Governor role definition.

Appointment of the Lead Governor

- The Lead Governor will be appointed from amongst the elected public and patient governors
- Hold office for a three year period or until their term ends, whichever is sooner

- At the end of the term, there will be an open process for self-nominations to the role of lead governor, but this does not prohibit the incumbent/s from seeking a further term/s

Key relationships for Lead Governor

- Chair
- Council of Governors
- Chief Executive
- Board Secretary and other Corporate Governance team members
- Senior Independent Director
- Non-Executive Directors

The updates to the Lead Governor role definition are presented in tracked changes at Appendix 1.

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 Board Secretary, ~~if one is appointed~~.
 - The main circumstances where ~~NHS~~ NHSE 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 Board Secretary to plan the business of the Council of Governors.
4. Supporting the Chair and the Board Secretary to ensure that the Council of Governors receives effective support, training and development.
5. Support the promotion of the work of the Council with the membership and stakeholders, including by contributing to the development and delivery of 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).
9. Liaising with the Chair, on behalf of governors, on matters of interest or concern to governors.

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3. 10. Due to the nature of their role, there may be occasions when it is necessary for the Lead Governor to become privy to confidential information. They will be expected to respect that confidentiality until such time as it is appropriate to share the information with the rest of the Council or Governors NRC. Should the Lead Governor have any queries or concerns in this regard, they should be raised with the Trust and/or NHSE as appropriate.

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11. As Lead Governor having a seat on the Governors Nominations and Remuneration Committee.

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12. Chairing informal governor only meetings (as and when required).

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13. Convening a regular 'Governors Forum' either online or face to face to "keep in touch" and to receive feedback from the engagement of governors with the Trust in the time since the last Council of Governors meeting.

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14. The Lead Governor will be the Council's representative on the National Lead Governor Association group and share information from this forum to Council as appropriate through the Governor Forum.

Appointment of the Lead Governor

- The Lead Governor will be appointed from amongst the elected public and patient Governors.
- The Lead Governor will hold office for a three year period or until their term ends, whichever is sooner.
- At the end of the term, there will be an open process for self-nominations to the role of lead governor, but this does not prohibit the incumbent/s from seeking a further term/s.

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Key relationships for Lead Governor

- Chair
- Council of Governors
- Chief Executive
- Board Secretary and other Corporate Governance team members
- Senior Independent Director
- Non-Executive Directors

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July 2025

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