

Council of Governors public

Thu 15 January 2026, 15:30 - 17:30

Conference Room, Field House, BRI

Agenda

15:30 - 15:30 Agenda

0 min

Chair

 CGo.1.26.0 - Council of Governors Agenda - 15.1.26.pdf (2 pages)

15:30 - 15:31 CGo.1.26.1 - Apologies for absence

1 min

Information

Chair

15:31 - 15:32 CGo.1.26.2 - Declarations of Interest

1 min

Information

Chair

 CGo.1.26.2 - Declarations of Interest.xlsx (1 pages)

15:32 - 15:33 CGo.1.26.3 - Minutes of the meeting held 9 October 2025

1 min

Approval

Chair

 CGo.1.26.3 - Unconfirmed COG minutes 9.10.25.pdf (8 pages)

15:33 - 15:35 CGo.1.26.4 - Matters arising

2 min

Information

Chair

15:35 - 16:10 CGo.1.26.5 - Holding to account

35 min

Assurance

Chair

CGo.1.26.5a - Chairs report

Assurance









Chair

 CGo.1.26.5a - Report from the Chair.pdf (3 pages)

CGo.1.26.5b - NED feedback: reports from Board

Assurance

NEDs

-  CGo.1.26.5b - NED Feedback (reports from the Board) (cover).pdf (1 pages)
-  CGo.1.26.5b - Appendix 1 Chair of the Quality Committee Oct 25.pdf (2 pages)
-  CGo.1.26.5b - Appendix 2 Chair of the Quality Committee Nov 25.pdf (3 pages)
-  CGo.1.26.5b - Appendix 3 Chair report F and P Committee Oct and Nov 25.pdf (3 pages)
-  CGo.1.26.5b - Appendix 4 Report from the Chair of the People Academy Oct 2025.pdf (2 pages)
-  CGo.1.26.5b - Appendix 5 Report from the Chair of the People Academy Nov 25.pdf (2 pages)
-  CGo.1.26.5b - Appendix 6 Report from the Chair of the Audit Committee Nov 25.pdf (2 pages)
-  CGo.1.26.5b - Appendix 7 Report from the Chair of the Charitable Funds Committee Nov 25.pdf (1 pages)

CGo.1.26.5c - Chief Executive's report

Assurance

Chief Executive

Maurice-Jacqueline
08/01/2026 18:54:19

16:10 - 16:40 CGo.1.26.6 - Five Year Plan

30 min

Information Associate Director of Performance

CGo.1.26.6 - Five Year Plan.pdf (1 pages)

16:40 - 16:45 CGo.1.26.7 - Code of Conduct NEDs/Governors

5 min

Approval Associate Director of Corporate Governance/Board Secretary

CGo.1.26.7 - Code of conduct (cover).pdf (2 pages)

CGo.1.26.7 - Appendix 1 - Code of conduct DRAFT.pdf (8 pages)

16:45 - 16:55 GGo.1.26.8 - Process for Managing Concerns

10 min

Approval Associate Director of Corporate Governance/Board Secretary

CGo.1.26.8 - Managing concerns process (cover).pdf (2 pages)

CGo.1.26.8 - Appendix 1 - Process for managing concerns - DRAFT.pdf (7 pages)

16:55 - 17:00 CGo.1.26.9 - Governors Nominations and Remuneration Committee Report

5 min

Assurance NRC Governor - Mark Chambers

CGo.1.26.9 - Governors NRC Report.pdf (2 pages)

17:00 - 17:10 CGo.1.26.10 - Communications headlines

10 min

Assurance Strategic Communications & Engagement Lead

17:10 - 17:25 CGo.1.26.11 - Digital Strategy

15 min

Assurance Chief Digital & Information Officer

CGo.1.26.11 - Digital and Data Transformation Strategy Update.pdf (4 pages)

17:25 - 17:30 CGo.1.26.12 - Matters raised with Governors by members, patients and the public

5 min

Information Associate Director of Corporate Governance/Board Secretary

17:30 - 17:30 CGo.1.26.13 - Any other business

0 min

Information Chair

17:30 - 17:30 CGo.1.26.14 - Review of meeting

0 min

Information Chair

17:30 - 17:30 CGo.1.26.15 - Date and time of next meeting

0 min

Information Chair

17:30 - 17:30 CGo.1.26.16 - Resolution to move into private meeting

0 min

Approval Chair

Maurice-Jacqueline
08/01/2025 18:19:11

Council of Governors Meeting Agenda

| | | | |
|--------------|---------------------------|--------------|--------------------|
| Date | Thursday, 15 January 2026 | Time | 3.30pm to 5.30pm |
| Venue | MS teams | Chair | Sarah Jones, Chair |

| Time | No. | Agenda Item | Lead | Outcome | Papers attached |
|--------|-------------|---|---|-----------------|-----------------|
| 3.30 | CGo.1.26.1 | Apologies for absence | Chair | For information | Verbal |
| | CGo.1.26.2 | Declarations of interest | Chair | For information | CGo.1.26.2 |
| | CGo.1.26.3 | Minutes of the meeting held 9 October 2025 | Chair | For approval | CGo.1.26.3 |
| | CGo.1.26.4 | Matters arising | Chair | For information | Verbal |
| 3.35 | CGo1.26.5 | Holding to Account | | | |
| | CGo.1.26.5a | a. Chair's report | Chair | For assurance | CGo.1.26.5a |
| | CGo.1.26.5b | b. NED feedback: reports from Board | NEDs | For assurance | CGo.1.26.5b |
| | CGo.1.26.5c | c. Chief Executive's report | Chief Executive | For assurance | CGo.1.26.5c |
| 4.10 | CGo.1.26.6 | Five year plan | Chief Operating Officer / Associate Director of Performance | For information | Presentation |
| 4.40 | CGo.1.26.7 | Code of Conduct NEDs/Governors | Associate Director of Corporate Governance/Board Secretary | For approval | CGo.1.26.7 |
| 4.45 | CGo.1.26.8 | Process for Managing Concerns | Associate Director of Corporate Governance/Board Secretary | For approval | CGo.1.26.8 |
| 4.55 | CGo.1.26.9 | Governors Nominations and Remuneration Committee Report | NRC Governor (Mark Chambers) | For assurance | CGo.1.26.9 |
| 5.00 | CGo.1.26.10 | Communications headlines | Strategic Communications & Engagement Lead (Shak Rafiq) | For assurance | Presentation |
| 5.10 | CGo.1.26.11 | Digital Strategy | Chief Digital & Information Officer | For assurance | CGo.1.26.11 |
| 5.25 | CGo.1.26.12 | Matters raised with Governors by members, patients and the public | Associate Director of Corporate Governance/Board Secretary | For information | Verbal |
| | CGo.1.26.13 | Any other business | Chair | For information | Verbal |
| | CGo.1.26.14 | Review of meeting | Chair | For information | Verbal |
| | CGo.1.26.15 | Date and time of next meeting tbc April 2026, 3.30pm - 5.30pm | Chair | For information | Verbal |
| 5.30pm | CGo.1.26.16 | Resolution to move into private meeting | Chair | 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

Maurice-Jacqueline
08/01/2026 18:19:19

| Employee | Year | Interest Type | Date Incurred | Date Ended | Role | Interest Description (Abbreviated) | Provider |
|------------------|---------------------------------|------------------------------|---------------|------------|---|---|------------------------------------|
| Andy Waller | 2024/25 | Loyalty Interests | 02.07.2024 | | Governor | Son-in-law - Robert (Rob)Taylor, works as a Registrar within ENT at | BTHFT |
| Anne Forster | 2021/22,2022/23,2023/24 | Outside Employment | 18.06.2021 | | Governor | Employee University of Leeds strong links with the Stroke | University of Leeds |
| Charlotte Walker | 2024/25 | Nil Declaration | 10.03.2025 | | Head of Business Management | | |
| Dermot Bolton | 2021/22,2022/23,2023/24 | Outside Employment | 01.02.2022 | | Governor | Senior Programme Manager in Frontline Digitisation. Part of NHS | NHS England |
| Emma Fleary | 2024/25 | Nil Declaration | 12.02.2025 | | Specialist Midwife | | |
| Emma Fleary | 2022/23 | Outside Employment | 06.02.2023 | | Specialist Midwife | Midwifery expertise for medicolegal cases | Kelly Parker Medicolegal Midwifery |
| Farideh Javid | 2024/25 | Nil Declaration | 06.02.2025 | | Governor | | |
| Fiona Thompson | 2015/16 & before | Outside Employment | 01.01.2010 | | Governor | The UK's expert quality body for tertiary education. | Quality Assurance Agency |
| Fozia Shaheen | 2024/25 | Nil Declaration | 31.03.2025 | | Governor | | |
| Helen Fearnley | 2024/25 | Nil Declaration | 07.02.2025 | | Lead Tissue Viability ANP | | |
| Helen Rushworth | 2024/25 | Nil Declaration | 12.03.2025 | | Governor | | |
| Ibrar Hussain | 2021/22,2022/23,2023/24 | Loyalty Interests | 08.06.2021 | | Governor | Trustee of charity | Save the Mothers Trust (SMT) |
| Ibrar Hussain | 2023/24 | Nil Declaration | 04.03.2024 | | Governor | | |
| Ibrar Hussain | 2024/25 | Nil Declaration | 18.03.2025 | | Governor | | |
| John Waterhouse | 2024/25 | Nil Declaration | 16.10.2024 | | Governor | | |
| Kameel Khan | 2019/20 | Shareholdings and other own | 01.01.2020 | | Physician Associate | Co-owner | Pareto Revision Ltd |
| Mark Chambers | 2020/21,2021/22,2022/23,2023/24 | Outside Employment | 01.08.2020 | | Governor | COO | Emmanuel Schools Foundation |
| Mark Chambers | 2021/22,2022/23,2023/24 | Outside Employment | 01.10.2021 | | Governor | trustee/director | North Star Academies Trust |
| Mark Chambers | 2022/23 | No Change to existing declar | 12.04.2022 | | Governor | | |
| Mohammed Ellam | 2025/26 | Nil Declaration | 26.06.2025 | | Governor | | |
| Mohammed Osman | 2025/26 | Nil Declaration | 03.07.2025 | | Governor | | |
| Philip Turner | 2024/25 | Nil Declaration | 08.08.2024 | | Governor | | |
| Ruth Houghton | 2023/24 | Nil Declaration | 17.08.2023 | | General Manager Adult OPD CPBS and Med Records - Acce | | |
| Ruth Houghton | 2023/24,2024/25 | Outside Employment | 10.03.2024 | | General Manager Adult OPD CPBS and Med Records - Acce | Domestic Abuse Charity | Trustee of Staying Put |
| Sharon Taylor | 2024/25 | Nil Declaration | 28.10.2024 | | Governor | | |
| William Martin | 2024/25 | Outside Employment | 01.05.2024 | | Governor | Dean, Faculty of Health Studies | University of Bradford |

Maurice-Jacqueline
08/01/2026 18:19:19

Unconfirmed Minutes - Council of Governors Meeting in Public

| | | | |
|----------------------|--|--------------|--------------------|
| Date | Thursday, 9 October 2025 | Time | 15:30-17:15 |
| Venue | MS teams | Chair | Sarah Jones, Chair |
| Present | <ul style="list-style-type: none"> - Sarah Jones, Chair (SJ) - Dermot Bolton, Public Governor, Bradford West (DB) - Mark Chambers, Patient Governor, and Lead Governor (MC) - Imran Ellam, Public Governor, Bradford East (IE) - Helen Fearnley, Staff Governor, Nursing & Midwifery (HF) - Emma Fleary, Staff Governor, Nursing & Midwifery (EF) - Professor Anne Forster, Partner Governor, University of Leeds (AF) - Ibrar Hussain, Public Governor, Bradford West (IH) - Dr Farideh Javid, Public Governor, Bradford South (FJ) - Dr William Martin, Partner Governor, University of Bradford (WM) - Osman Rafiq, Public Governor, Keighley (OR) - Sharon Taylor, Public Governor, Bradford South (ST) - Philip Turner, Public Governor, Keighley (PT) - Charlotte Walker, Staff Governor, All other staff groups (CW) - Andy Waller, Public Governor, Rest of England and Wales (AW) - 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) - Justine Andrew, Non-Executive Director (JA) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - John Bolton, Chief Medical Officer (JB) - Chris Danson, Deputy Director of Estates (CD) (representing David Moss, Director of Estates and Facilities) - Professor Karen Dawber, Chief Nurse (KD) - Faeem Lal, Director of HR (FL) - Vikki Lewis, Chief Digital & Information Officer (VL) - Mel Pickup, Chief Executive Officer (MP) - Altaf Sadique, Non-Executive Director (AS) - Chris Smith, Deputy Director of Finance (CS) (representing Ben Roberts, Chief Finance Officer) - Tim Swift, Non-Executive Director (TS) - Karen Walker, Non-Executive Director (KW) - Sue Franklin, Freedom to Speak Up Guardian (SF) – for agenda item CGo.10.25.10 - Shak Rafiq, Strategic Communications & Engagement Lead (SR) - Cat Shutt, Assistant Director of HR / Head of Organisational Development (CSh) – for agenda item CGo.10.25.6 - Nicola Wright, External Auditor, Deloitte (NW) – for agenda item CGo.10.25.8 - Debbie Earnshaw, Corporate Governance Manager (DE) - Jacqui Maurice, Head of Corporate Governance (JM) - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) | | |
| Observers | <ul style="list-style-type: none"> - Daniel Balaz, Connecting Roma | | |

| No. | Agenda Item | Actions |
|-------------|--|----------------------------|
| CGo.10.25.1 | Apologies for Absence <ul style="list-style-type: none"> - Aleksandra Atanaskovic, Public Governor, Shipley - Ruth Houghton, Staff Governor, All Other Staff Groups - Helen Jepps, Staff Governor, Medical & Dental - Helen Rushworth, Partner Governor, Healthwatch - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - | |
| CGo.10.25.2 | Declarations of Interest There were no declarations of interest. | |
| CGo.10.25.3 | Minutes of the meeting held on 10 July 2025 The minutes were accepted as a correct record. | |
| CGo.10.25.4 | Matters Arising LP referred to the action log appended to the minutes. The Council noted and agreed the outcomes to the following actions: <ul style="list-style-type: none"> - <u>CGo2509 Role of Lead Governor</u>: No expressions of interest received, if council members are interested, they should contact LP or MC to discuss the opportunity for shadowing. <u>Action closed.</u> - <u>CGo2508 Communication Headlines</u>: Item added to the agenda. <u>Action closed.</u> - <u>CGo2507 Communication Headlines</u>: COG work plan updated. <u>Action closed.</u> - <u>CGo2506 Holding to Account: CEO Report</u>. Regarding the Supreme Court ruling on the Equality Act 2010 definition of 'sex' and the Trust's policy in relation to transgender patients and staff, and the work undertaken by the Trust to maintain the dignity of all. KD advised that the parliamentary process is ongoing. NHSE guidance is being reviewed and will be aligned to statutory guidance when available. The Trust will adopt the guidance when statutory guidance is published. No complaints have been raised at the Trust to date. The Head of Equality, Diversity and Inclusion had provided a written briefing which would be circulated to Governors. <u>Action closed.</u> - <u>CGo2501 Inclusion of Healthwatch in QC meetings</u>: Suggested that Healthwatch could be a member of the Trust's Quality Committee. Arrangements to be discussed with the new NED Chair. <u>Action to remain open.</u> - <u>CGo2409 NED feedback Quality Committee</u>: Update received on SHMI. <u>Action closed.</u> - <u>CGo2411 NED feedback People Academy</u>: FTSU item included on agenda. <u>Action closed.</u> - <u>CGo2408 Council of Governors Work Programme</u>: Under review by Polies and Procedures Task and Finish group. <u>Action closed.</u> - <u>CG23006 Recruitment timescales</u>: Improvement information to be reviewed at the People Academy are reports provided through the People Academy Chair report. <u>Action closed.</u> | Board Secretary CGo2511 |
| CGo.10.25.5 | Holding to Account <ol style="list-style-type: none"> Chairs Report. SJ presented a summary of her report and highlighted the following. <ul style="list-style-type: none"> • <u>Strategic Advisory Forums</u>: The first topic is 'population health' and the NHS | |

| No. | Agenda Item | Actions |
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| | <p>10 Year Health Plan. Governors were encouraged to join this first forum scheduled for Friday, 24 October 2025.</p> <ul style="list-style-type: none"> • <u>NED Appointments</u>: Justine Andrew and Tim Swift, new Non Executive Directors have now formally taken up their posts. A nomination for the University of Leeds Non-Executive Director representative would be presented to the private part of the Council of Governors meeting. • <u>Brilliant Bradford Awards & EDI Conference</u>: Governors were asked to note these two key events and were encouraged to attend where diaries permit. <p>b. NED feedback (reports from Board)</p> <p>Quality Committee: KW presented the following key highlights from the committee meeting reports held since the last Council of Governors meeting:</p> <ul style="list-style-type: none"> • Summary Hospital-level Mortality Indicator (SHMI) data and clinical coding. • Maternity and Neonatal services. In particular it was noted the Trust will be included in the National Maternity & Neonatal Investigation. A comprehensive report had been shared with the local authority's Health Overview and Scrutiny Committee (HOSC) covering the improvement and assurance journey of the service from 2018 to date including the current challenges and future plans. KD provided an update on the peer review 'Saving Babies Lives' data and the 'Five times more Black Maternity Experiences' report along with the actions being undertaken. • Health Equity & Inequalities and the key projects underway. • Martha's Rule and the excellent progress being made in implementing the national recommendations. <p>DB referred to the update on Martha's Rule and queried what arrangements were in place to review the impact on the organisation as a result of the recommendations. KD advised that steps had been taken to raise awareness with staff and that there had been no negative feedback from patients and family members. JB noted that Martha's Rule had required medical staff to re-think practice and that national grant funding had recently been received by the research team to understand the impact of implementing it.</p> <p>JW referred to the recent maternity case that had been reported in the press and asked if actions had been taken in respect of the maternity assessment. KD confirmed the nature of the case which had involved a late miscarriage and advised of the steps taken by the Trust.</p> <p>DB referred to the issues related to clinical coding and VL provided an update on the current position.</p> <p>Finance and Performance Committee: ZA presented the following key highlights from the committee meeting reports held since the last Council of Governors meeting:</p> <ul style="list-style-type: none"> • Closing the gap. • High-level Risks. • Capital spend year to date. • Enhanced operational performance reporting. • Green Plan. • Forecasting. <p>JW asked if the Trust was forecasting to deliver on budget at year end. CS</p> | |

| No. | Agenda Item | Actions |
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| | <p>advised that the Trust was formally forecasting delivery of the financial plan but there were risks to this and mitigations were being identified.</p> <p>People Academy: KW presented the following key highlights from the committee meeting reports held since the last Council of Governors meeting:</p> <ul style="list-style-type: none"> • Sickness absence. • Healthcare worker flu vaccination plan. • GMC survey feedback. • Talent progression within the Trust. • International Medical Graduates (IMGs). <p>PT advised that he had observed the People Academy meetings which he felt had been well chaired with good discussion and challenge.</p> <p>Audit Committee: ZA presented the following key highlights from the committee meeting reports held since the last Council of Governors meeting:</p> <ul style="list-style-type: none"> • Internal Audit reports. • Internal Audit recommendations. • Annual audit of draft Charity Accounts 2024/25. <p>DW referred to the cyber security audit and ZA explained that the Audit Committee was assured in relation to the actions taken controls that were in place.</p> <p>In response to the limited assurance report received in respect of Discharge Management, SA explained the rationale behind the findings and that he had supported a follow up audit in year. The Internal Auditor would at that time conduct further field work, to provide a robust understanding of the position. DB queried the timings for the recommendations to be followed up and reported to the Audit Committee. ZA advised that the audit was due to be repeated by the end of the financial year.</p> <p>Charitable Funds Committee: AS presented the key highlights from the committee meeting reports held since the last Council of Governors meeting. The items covered:</p> <ul style="list-style-type: none"> • Home from Home programme. • Receipt of the largest donation ever negotiated for the charity in the form of a gift agreement with the Harry and Mary Foundation. • Historic issues being addressed regarding the staff lottery. <p>c. Chief Executive's Report: MP covered the following key points from her report:</p> <ul style="list-style-type: none"> • <u>Publication of National League Tables for Hospitals</u> - The Trust had received guidance explaining how provider capability will be assessed following launch of the NHS Oversight Framework (NOF). The Trust is in segment three of the framework, along with a number of other trusts, due to a financial deficit. The Trust's segmentation score for Q1 2025/26 is a ranking of 37 out of 134 trusts, and the scores against each metric were detailed in the report. • <u>CQC unannounced inspections of core services</u> – The recent inspections covered maternity services, urgent and emergency care, and St Luke's Hospital Outpatients department. Formal feedback letters are awaited, with some positive initial feedback received from the inspectors and some areas for improvement. | |

| No. | Agenda Item | Actions |
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| | <p>DB referred to the introduction of league tables and queried the Trust's view on this and any potential impact. MP noted that league tables created a competitive environment as well as acting as a source of assurance to the Secretary of State and emphasised that any trust that has a financial deficit cannot achieve anything better than segment 3.</p> <p>The Council received and noted the reports.</p> | |
| CGo.10.25.6 | <p>Staff Survey Results</p> <p>CSh provided a presentation on the Trust's staff survey results and accompanying action plan. CSh covered the following key areas:</p> <ul style="list-style-type: none"> • An overview of the national picture and the trust's key achievements. • A focus on the areas for action and development which included career progression, discrimination, recognition, quality of appraisals. <p>The actions taken to date were identified and the Council was asked to note that the staff survey had launched for 2025 and closes on 28 November. CSh drew attention to the demographics of the Trust workforce. She advised that sharing of good practice and benchmarking had taken place with other acute trusts with similar characteristics which shows that the Trust is not an outlier. FL added that the Trust had seen year on year improvements and increased levels of engagement in the survey.</p> <p>The Council noted the update provided.</p> | |
| CGo.10.25.7 | <p>Communications headlines</p> <p>SR provided an overview of the communications headlines since the last meeting of the Council which included the following:</p> <ul style="list-style-type: none"> • March 2025: Significant announcements impacting on the structure of NHSE and ICBs. • ICBs: The deadline to meet the Q3 point for reduction in staffing resources will not be met due to a lack of clarity on how redundancy payments will be covered. • Primary care announcements: There was a possible impact on the Trust following 'Jess's rule' which was announced following the passing of Jessica Brady. The 'three strikes' before a rethink of the same symptoms and concerns could lead to more referrals to acute services. • Appointments: GP practices are to ensure that patients can book appointments through online services throughout the day with some risks highlighted to the A&E department. • Baroness Amos maternity review: The associated press release is available on the Trust website. • West Yorkshire Place Integrated Neighbourhood Health Programme: Bradford is one of 43 implementation sites to support the shift from hospital to community and supports the national 'health on the high street' model. <p>The Council noted the update provided.</p> | |
| CGo.10.25.8 | <p>External Auditor Report (annual report and accounts)</p> <p>Nicola Wright (NW), External Auditor, presented the Trust's Auditor's Annual Report 2024/25 and provided an overview of the approach taken and recommendations made against the National Audit Office domains. The Trust had one recommendation related to financial sustainability and it was recommended</p> | |

| No. | Agenda Item | Actions |
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| | <p>that the Trust closely monitor the Closing the Gap programme to ensure opportunities are identified and savings achieved. A significant weakness was identified in relation to governance and had also been reported in the previous year. Improvements had been made but it was felt appropriate for this to remain in the audit report as it covered the 2024/25 financial year. SJ praised NW for her report and advised the Council that the Board had fully accepted the recommendation made.</p> <p>NW advised she would work closely with the Trust in 2025/26 and thanked the finance team who had worked well with the auditors to ensure the 2024/25 accounts were submitted on time.</p> <p>The Council received the Trust's Auditor's Annual Report 2024/25.</p> | |
| CGo.10.25.9 | <p>Digital Strategy</p> <p>Item deferred to the next meeting.</p> | <p>Chief Digital & Information Officer CGo2512</p> |
| CGo.10.25.10 | <p>Freedom to Speak up</p> <p>SF delivered a comprehensive presentation on Freedom to Speak Up (FTSU).</p> <p>Key points covered included:</p> <ul style="list-style-type: none"> • The total number of FTSU concerns had risen year on year since 2021/22. • The top category is 'inappropriate attitudes and behaviours.' • Findings from FTSU concerns link to results of the staff survey and specific questions. • Three national key changes were identified in 2024 to ensure improvements are made, including embedding a culture of listening and action, greater accountability for leaders of organisations, and strengthening and standardising the guardian role. • The Trust FTSU Policy is produced using guidance from the national team and is accessible via the Trust intranet FTSU page. • There are three modules available on the Trust's E-learning platform and the 'Speaking Up' module is now mandated for all staff. <p>JW recalled a FTSU concern involving the Council of Governors and asked if this was resolved. SJ confirmed that this was not yet closed and an outcome still needs to be identified. SF as FTSU Guardian is providing advice and supporting the colleague who raised the concern.</p> <p>The Council noted the update provided.</p> | |
| CGo.10.25.11 | <p>Policy and Procedure Task and Finish Group</p> <p>LP provided a summary of the report. She requested that any governors interested in joining the task and finish group should contact JM or herself by 16 October 2025. The Council noted the report and the request for governors to join the Policy and Procedure Task and Finish Group.</p> | <p>Board Secretary CGo2513</p> |
| CGo.10.25.12 | <p>Community Engagement</p> <p>LP referred to feedback received from the Black Health Forum and the summary of the Trust's response which had been provided to the Council.</p> <p>ST thanked the Board for the responses provided and confirmed that she would share them with her contact at the Black Health Forum. She felt that it would be</p> | |

| No. | Agenda Item | Actions |
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| | helpful to arrange a meeting with the Trust as suggested. SJ confirmed that the Board would be happy to support engagement with stakeholders and would be willing to attend and host visits. | |
| CGo.10.25.13 | Any other business SJ advised that this was the last meeting for David Wilmshurst as Public Governor for Shipley. SJ formally thanked David for all his hard work and input over the past 9 years. MC also thanked David for his support to him in his role as Lead Governor and, for his contributions in his previous role as Vice Chair of the Council of Governors. This was echoed by the other Governors present. | |
| CGo.10.25.14 | Review of meeting No feedback was received. | |
| CGo.10.25.15 | Date and time of next meeting 15 January 2026 3.30pm – 5.30pm | |
| | Resolution to move into private session The Council approved the resolution to move into private session, by reason of the confidential nature of the business to be transacted. | |

DRAFT

Maurice-Jacqueline
08/01/2026 18:19:19

| Date of Meeting | Action log ID | Agenda Item | Required Action | Lead | Timescale | Comments/Progress |
|-----------------|---------------|--------------|---|-------------------------------------|--------------|---|
| | CGo2514 | | Next number in sequence | | | |
| 9.10.25 | CGo2511 | CGo.10.25.4 | Holding to Account – CEO Report The Head of Equality, Diversity and Inclusion had provided a written briefing which would be circulated to Governors | Board Secretary | January 2026 | |
| 9.10.25 | CGo2512 | CGo.10.25.9 | Digital Strategy Item deferred to January 2026 meeting | Chief Digital & Information Officer | January 2026 | Item included on January 2026 agenda. <u>Action closed</u> |
| 9.10.25 | CGo2513 | CGo.10.25.11 | Policy and Procedure Task and Finish Group LP requested that any governors interested in joining the group should contact JM or herself by 16 October 2025 | Board Secretary | January 2026 | Farideh Javid and William Hall volunteered. <u>Action closed</u> |
| 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 | October 2025 | 9.10.25 – suggested that Healthwatch could be a member of the Trust's Quality Committee with arrangements to be discussed with the new NED Chair – <u>action to remain open</u> LP and SJ agreed to discuss with HR at Healthwatch, outside of the meeting |

Maurice Jacqueline
08/01/2026 18:19:19

| COUNCIL OF GOVERNORS PUBLIC | | | | |
|---|---|---|---|--------------------------------------|
| Meeting Date: | 15/01/2026 | Agenda Reference: | CGo.01.26.5a | |
| 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 checked="" type="checkbox"/> | Action <input type="checkbox"/> (review/discuss/ comment) | Information <input 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 July 2025. The report covers</p> <ul style="list-style-type: none"> Engagement with Partners / Stakeholders Reference to key updates Governor elections Strategic Advisory Forums NHS Oversight Framework and performance dashboards Feedback to Governors following the Board meeting in September Next meeting of the Board of Directors Key communications | | | |
| 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 |
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1. Engaging with Partners and Stakeholders

There have been several engagement opportunities with our key partners over recent weeks including the WY Health Partnership Board, The Bradford District & Craven Place Board, The BD&C Integrated Collaboration Committee, as well as the attendance of many of our partners at the CQC launch presentation at BRI at the start of our Well Led Inspection. This continuing closer working and engagement is being positively received by all stakeholders.

2. Key updates

Mid-Year appraisals have been conducted with all our existing NEDs with valuable feedback being received from Board and Governors. For the new NEDs, objectives have been set, and their inductions are ongoing.

3. Governor elections update

Elections in two of our constituencies concluded on Friday 21 November. These took place in Bradford West and 'All other' Staff Groups (Admin & Clerical, Estates & Ancillary and, Additional Clinical Services).

Ruth Houghton has been re-elected for a third term to represent the 'All other' Staff Groups and, Dermot Bolton has also been elected for a third term to represent our public membership constituency of Bradford West.

Since my last report to the Council, unfortunately our staff governor representing the Medical and Dental group has, regrettably, stood down from the Council of Governors. An election process will therefore formally launch on 16 January for the following vacancies on our Council.

- Staff Governor Medical and Dental
- Public Governor Shipley
- Patient Governor (Out of Bradford)

The schedule for this election process is included below

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|---|----------------------------|
| Notice of Election published / nominations process open | Monday, 26 Jan 2026 |
| Nominations deadline | Monday, 23 Feb 2026 |
| Summary of valid nominated candidates published | Tuesday, 24 Feb 2026 |
| Final date for candidate withdrawal | Thursday, 26 Feb 2026 |
| Notice of Poll published | Monday, 16 Mar 2026 |
| Voting packs despatched | Tuesday, 17 Mar 2026 |
| Close of election | Thursday, 9 Apr 2026 |
| Declaration of results | Friday, 10 Apr 2026 |

I would be grateful if governors would share news of these vacancies amongst their own networks and encourage self-nominations to these roles.

4. Strategic Advisory Forums

The first of our 'Strategic Advisory Forum' sessions for our Board and Council of Governors aimed at providing opportunities to participate in discussions about different topic areas and guide our work, took place on Friday 24 October. The topic for this session was Population Health. Participants heard from two of our Governors, Mohammed Ellam and Helen Rushworth with experience in this space. Our Governors were joined by partners from the Bradford District & Craven Health and Care Partnership and the local

authority. This was a great opportunity for members of the Board and our Council of Governors to meet together, outside of the formal meeting structures. This proved to be an extremely engaging and interactive session. The papers and presentations from the meeting have been circulated under separate cover to our Board members and Governors.

Mark Hindmarsh, Director of Strategy and Transformation, is leading on shaping the future sessions within this programme with our next session scheduled for Thursday 5th February from 9.30am to 11.30am. This session will cover 'Anchor Institutions'. Our Partner Governor Bradford University, William Martin, is working with Mark Hindmarsh and his team to develop the forum programme. I look forward to seeing our governors there, if diaries permit.

5. NHS Oversight Framework and performance dashboards

Thank you to those Governors able to attend this engaging session on 2 December delivered by Saj Azeb, Chief Operating Officer/Deputy Chief Executive and Ben Roberts, Chief Finance Officer. The session was in response to the publication of NHS England's oversight framework and performance dashboards and aimed to provide governors with clarity on what the information is communicating. This information is now routinely placed in the public domain. I do hope those governors not in attendance have accessed the recording of the session which has been made available to the full Council.

6. Feedback to the Council following Board of Directors meetings

Also on 2 December, I provided a comprehensive update on items discussed and outcomes from our November Board meeting. I will be sharing feedback with Governors from the January Board meeting on 3 February from 4pm to 5pm. Our Interim Associate Director of Quality and, the 'Moving to Outstanding Lead' will now be joining us at that session (postponed from November) to provide an overview of the Trusts '15 Step Challenge' programme'. I would be grateful if governors would confirm if you are able to attend.

7. Next meeting of the Board of Directors

As a reminder, the next meeting of the Board of Directors is scheduled for 29 January 2026. This will be held in the Conference Room, Field House, Bradford Royal Infirmary from 9.30am to 12.30pm. As is the usual practice, the agenda and meeting papers will be published on our website [here](#)¹ in advance of the meeting. Governors are encouraged to observe the meeting where their schedules permit.

8. 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 December 2025 is now available online [here](#)². Key communications also continue to be shared with Governors so that they you can 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.

¹ Board of Director meeting papers are available here <https://www.bradfordhospitals.nhs.uk/our-trust/bod-meetings/>

² Membership news for December is available here <https://www.bradfordhospitals.nhs.uk/our-trust/membership-news/e>

| PUBLIC COUNCIL OF GOVERNORS | | | | |
|---|--|---|---|--------------------------------------|
| Meeting Date: | 15 January 2026 | Agenda Reference: | CGo.1.26.5b | |
| Report Title: | NED Feedback (reports from the Board) | | | |
| Presented by: | Committee/Academy Chairs | | | |
| Executive Lead: | Committee/Academy Chairs | | | |
| Author: | Debbie Earnshaw, Corporate Governance Manager | | | |
| 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 held in October and November 2025 provided to the Board of Directors on 27 November 2025 are attached as follows:</p> <ul style="list-style-type: none"> • Appendix 1 - Quality Committee Chair report (Oct 25) • Appendix 2 - Quality Committee Chair report (Nov 25) • Appendix 3 - Finance & Performance Committee Chair report (Oct and Nov 25) • Appendix 4 - People Academy Chair report (Oct 25) • Appendix 5 - People Academy Chair report (Nov 25) • Appendix 6 - Audit Committee Chair Report (Nov 25) • Appendix 7 - Charitable Funds Committee Chair Report (Nov 25) <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, papers, 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: | N/A | | | |
| Link to Priority Initiatives 2025/26: | N/A | | | |
| Implications | | | | |
| Risk: | | | | |
| Legal/Regulatory: | | | | |
| Quality & Patient Safety: | | | | |
| Equality, Diversity and Inclusion and Health Equity: | | | | |
| Resources: | | | | |
| Environmental sustainability: | | | | |
| Assurance Route | | | | |
| Meetings where content has been discussed previously: | Committee/Academy meetings and Board of Directors | | | |

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| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.8a |

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Committee

Date of meeting: 15th October 2025

Key escalation and discussion points from the meeting

Alert:

- **Increase in Flu and Covid Cases:** The Trust is seeing an earlier than expected increase in Flu and Covid cases, which is causing operational issues as national modelling suggested increased numbers would be seen later in the year. Challenges remain in isolating patients, as this is proving difficult due to the lack of side rooms in the hospital's estate.
- **Emergency Department (ED) Overcrowding Risk:** The Committee reviewed the High Level Risk Register and noted that Risk 2604 (ED Overcrowding) has been re-opened. This risk, with a current score of 20, relates to the ED exceeding its designed capacity and available resources, posing a risk of major or catastrophic harm to patients.
- **Risk Mitigation Dates:** Details of risks that have had their mitigation dates changed will be submitted to the Board of Directors. Risk 2604 (ED Overcrowding), Risk 2667 (Insufficient Radiation Protection Advisor/Medical Physics Expert), and Risk 2677 (Respiratory Inpatient Capacity) were showing as past their mitigation dates in the report.

Advise:

- **Digital and Data Transformation Strategy:** The Committee received an update on the Trust's five-year digital and data transformation strategy approved by the Board in May 2025. The strategy focuses on Electronic Patient Record (EPR) optimisation and clinical engagement. The Trust is beginning a workflow optimisation exercise for EPR, informed by learning from a peer Trust. To strengthen clinical governance, a Hunter Healthcare review has been commissioned to assess EPR governance, documentation, and the relationship with the provider, Oracle Health. This strategy, and its potential impact on efficiency and resources, should be noted particularly by the Finance and Performance Committee.
- **Anchor Institution Role:** The Committee approved the action plan developed following a self-assessment of the Trust's role as an Anchor Institution. This work aligns with the NHS 10 Year Plan, emphasising the Trust's commitment to social value and leveraging its influence for the socioeconomic development and wellbeing of the local community. The Director of Strategy and Transformation will chair an oversight group for the action plan delivery.

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Assure:

- Mortality Metrics and Clinical Coding:** The 12-month rolling Summary Hospital-level Mortality Indicator (SHMI) rate continues to fall (reduced to 111.80), reaching its lowest level since March 2023, meaning the Trust is no longer an outlier. The crude mortality rate (1.95%) remains lower than regional comparators. This provides assurance on the quality of care, noting that the Trust's patient population is generally more unwell than the national average.
- Medicines Management Metrics:** The Committee was assured by the commitment to introducing a more robust suite of metrics for Medicines Management. These changes aim to provide greater scrutiny over high-risk, high-incident areas (e.g., time-critical medicines) and medicines reconciliation in urgent care, ultimately serving to reduce harm and length of hospital stays.
- Internal Audit (Nursing Assessments and Care Plans):** Positive progress was noted in the action plan responding to the Internal Audit Limited Assurance Report (BH/43/2024). Eight of the nine recommended actions have been completed, with continued focus on Electronic Patient Record (EPR) optimisation to improve the recording of care plans.
- EXCEL Programme (AED):** The Accident and Emergency Department (AED) EXCEL Programme continues its strategic approach, emphasizing system-wide collaboration (including with Yorkshire Ambulance Service and primary care teams) to improve patient and staff experience. Achievements include introducing language devices for interpreting in the ED, which has received overwhelmingly positive feedback, demonstrating a commitment to health equity.
- Compliance with National Food Standards:** Whilst the Trust is in the main compliant with the National Standards for Healthcare Food and Drink there are some areas reporting partial compliance which are being addressed. The overall improvements are largely due to the imminent implementation of a digital menu ordering system. Compliance with Regulation 14 (Nutrition and Hydration) is also progressing, with no RAG rated non-compliant areas.
- Adult Inpatient Survey:** The 2024 survey results showed that the Trust performed about the same on 39 questions compared to other Trusts nationally. The Trust achieved a significant improvement in the area of sleeping/sleeping environment (due to the 'Good Night, Sleep Tight' campaign) and in the public's perception of nurse staffing.
- Palliative Care Annual Report:** The specialist palliative care team confirmed that 80% of patient visits occurred within the target time. Staffing issues reported in the previous period have been resolved, and there is now daily Consultant presence. The team is proactive in research and innovation, including the successful implementation of the electronic Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form.

Report completed by:

Tim Swift, Committee Chair and Non-Executive Director, 19th November 2025.

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| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.8a |

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Committee

Date of meeting: 19th November 2025

Key escalation and discussion points from the meeting

Alert:

- **Corporate Risk Profile Deterioration:** We currently have 28 open high-level risks (scoring 15 or over). This is the **highest total** reported on the register in the last three years (2023/24 to 2025/26). Furthermore, no risks have reduced in score since the last report. I am drawing this to the Board's attention as it reflects the scale of the pressures being managed across a range of services.
- **Respiratory Risks and Service Backlogs:** Secondly, I want to highlight a range of risks relating to this area.
 - The meeting discussed a new High-Level Risk 2764 (Respiratory RTT Backlog): This risk scores **15** and involves a backlog of 670 unbooked Respiratory RTT patients, including 177 TB latent patients. The risk is compounded by a significant increase in the number of flu cases identified in October and November 2025.
 - This is in addition to two existing risks, TB Backlog (Risk 2628), which is past its target mitigation date of 31 October 2025, and Systemic Demand Risk 979 (Surge in Respiratory Illness): This risk requires continuous daily/hourly monitoring, noting pressures on the Respiratory High Dependency Unit (HDU).

Recommendation: Given this cluster of identified risks, it is proposed that the Quality Committee carries out a 'deep dive' into this area and reports back to the Board on further support and action that may be required.

Advise:

- The Board is aware but should continue to be advised of the pressure facing ED, with high level risks relating to Overcrowding and Long AED Waits. Persistent Emergency Department (ED) Failures
- **Maternity Safety and MNSI Findings:**
 - The Trust is currently at risk of non-compliance with the Maternity Incentive Scheme (MIS) Year 7 due to a delayed Perinatal Mortality Review Tool (PMRT) case completion, pending a response regarding mitigation.
 - The Committee received a report on a completed MNSI investigation (MI-041225) which highlighted a number of issues, particularly that the care provided to the complex patient lacked coordinated oversight. We were reassured that a comprehensive action plan is in place to address the issues raised by this case.
- The Infection Prevention and Control (IPC) Board Assurance Framework (BAF) highlights two key areas scoring Partially Compliant (2):

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- Antimicrobial Stewardship (AMS): There is no formal lead for AMS currently in post with allocated hours and a job description.
- Ventilation Systems: Not all areas are compliant with Health Technical Memorandum (HTM) standards for ventilation.
- Patient Feedback Spike: The total number of formal complaints received during Q1/Q2 2025/26 increased significantly. Surgery and Digestive Diseases have been requested to provide a deep dive to the next Patient Experience Group meeting due to elevated numbers.
- Maternity Training Compliance: The Maternity Service remains at a moderate to high risk of failing to achieve the required 90% compliance rate for mandatory PROMPT and Fetal Monitoring training for obstetric and anaesthetic doctors by the 30 November deadline.
- Clinical Outcomes Audit Concern: The Trust has been flagged as an outlier in the National Prostate Cancer Audit. This has prompted an internal review to determine whether the finding is due to the Trust being "penalised for safety netting patients" or whether it indicates an "unnecessary procedure" is being performed.

Assure:

- Maternity and Risk Progress: The Committee was fully assured relating to the Maternity and Neonatal Services activity for October 2025. Compliance with the Saving Babies Lives Care Bundle Version 3 has increased from 88% in Q1 to 94% in Q2. The risk concerning the Neonatal Video laryngoscope (Risk 2770) has mitigation in place, as the kit has now been ordered and delivery is scheduled.
- Clinical Mortality Performance: Crude mortality remains below the national average and below Trust peers. Summary Hospital-level Mortality Indicator (SHMI) rates are improving following coding adjustments.
- High-Risk Closure and Learning: The Haematology Blood Bank risk has been successfully removed from the High-Level Risk Register, following the blood banks going 'live,' noted as a great initiative for patient safety. Furthermore, the Trust was commended for collaborating with a supplier following a no-harm incident concerning blood transfusion packaging, resulting in an ACE report (Acknowledging Continuing Excellence) submitted to SHOT and the manufacturer reinstating the correct packaging.
- Policy Approvals: The Quality Committee approved the amendments and changes to the Management of Patient Feedback Including Complaints and Concerns Policy (v13) and the Accessible Information Standard (AIS) Policy. The updated New Clinical Procedures Policy, which incorporates robotic procedures and Artificial Intelligence (AI) use, was ratified.

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- Safety Culture: The total number of Freedom to Speak Up (FTSU) concerns raised (26 in Q2) is consistent for the period, and charts show an increase in the number of concerns over time, suggesting increasing staff awareness and confidence to speak up safely. Falls recorded were down to 78 in July 2025, the lowest figure since January 2020.

Report completed by:

Tim Swift, Committee Chair and Non-Executive Director, 25th November 2025.

Maurice-Jacqueline
08/01/2026 18:19:19

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| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.14a |

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Dates of meetings: 15 October 2025 and 19 November 2025

Key escalation and discussion points from the meetings

Alert:

Financial position

At both meetings, the Committee gave full consideration to detailed written and verbal reports from the Chief Financial Officer. However, at November's meeting the reported income and expenditure position, with associated cash risk, highlighted a risk that the previously reported position may not be met, and the Trust may need to forecast a variation from the planned deficit agreed with the ICB. The situation is complex and influenced by a change of reporting approach required by NHE England Regional colleagues, the impact of additional activity and unmitigated shortfalls in Closing the Gap savings. It is not proposed to provide detail here, as the CFO will report the position at the Board on 27 November, and Board members will have the opportunity for a full discussion at that meeting. Although, no Finance and Performance Committee is scheduled in December, it may be necessary for members to meet, if the position requires it.

High Level Risks

The October meeting considered the detail of the one new high level risk relevant to the Committee; the risk of capacity in the Emergency Department being insufficient to meet demand with the associated risk of overcrowding impacting on the quality of care. This risk is also relevant to other committees and will remain on the High Level Risk Report to Board on 27 November.

Three new high level risks were noted at the November meeting; loss of Nuclear Medicine Service, unbooked respiratory patients, and the financial position

The Chief Operating Officer provided an overview of the first two risks: the potential impact and the actions being taken. The Chief Financial Officer noted that his report on the financial position, as described above, would cover the new high level financial risk. Each of these risks will be included in the Board high level risk report on 27 November.

Operational Performance

Both Committee meetings received updates on the KPI performance exceptions and 'early warnings.' As performance is ongoing, I will only report on matters reported to the November meeting, other than to note that the October Committee was advised that a particular 'cancer return' had not been submitted on time, could not be newly submitted until December and that it was unclear what the impact on the Trust NOF score would be.

The Board will receive the Operational Performance report at its November meeting, but the Committee received a report and analysis of the KPI exceptions:

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- Diagnostic 6 week waits – two months of improvement but recovery to 95% not yet assured.
- Elective activity – deviation from plan due to capacity challenges in Plastics and Pain management, alongside the delay to opening the DCU.
- Outpatient transformation - follow up activity has increased whilst new appointments are static.

Advise:

Operational Performance

At it's November meeting the Committee was advised of the following in month exceptions / early warnings:

- Cancer 28 day – performance impacted by deterioration in Skin and continuing challenges across key tumour groups. Recovery plan is currently forecast to deliver pass against the target due to improvements in Gynaecology and Urology during October.
- Cancer 62 day – again, performance in Skin impacting although improvement in other areas is slower than hoped for. In October, the Committee had received a 'deep dive' presentation on the Cancer and Diagnostics Performance Improvement Plan, and elements of this work are currently expected to support delivery of the plan by the financial year end.
- 18 weeks incomplete referral to treatment – the Committee was advised that performance had been expected to dip due to reduced activity levels over the summer but that by continuing to deliver activity and productivity with clock stops and prioritising the longest waits, the plan should be achieved
- Referral to Treatment Total Waiting List – the previous negative trend is now reversing which it is hoped to sustain with overall RTT recovery.

The Board will receive the detail underpinning these 'in month exceptions / early warnings' at its November meeting and can expect the Finance and Performance Committee to continue to scrutinise whether the reported work to deliver the planned performance is successful.

Water and Ventilation Compliance

In October, the Committee received a report on Water and Ventilation Compliance as part of a developing process to provide assurances on the operation of the Trust estate. The Committee found the report informative and noted the concerns and risks in the paper, mostly as a result of the very aged estate and significant backlog maintenance. However, the Committee also noted the Trust team is well informed as to the areas requiring most attention, is skilled to meet compliance testing and maintenance to mandated requirements and is supported by external assessments through Authorised Engineers.

Estates and Facilities

The Water and Ventilation report is a specific, detailed example of reports seeking to provide assurances on the management of estates and facilities in the Trust. Over the last two months the Committee has received a suite of reports that have provided a vast amount of information providing assurance, identifying risks, improvement plans and operational performance information. The Committee has welcomed this information and the commitment to continuing to develop and refine it.

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In November, the Committee received two key reports on the Trust's response to two mandated reporting requirements, the Premises Assurance Model (PAM) and the Estates Returns Information Collection (ERIC). Both are significant pieces of work containing a wealth of self-assessed performance and data.

The Committee noted the significant financial cost of delivering full improvement against the PAM but recognised that resources would be constrained and the Trust estate was not conducive to piecemeal improvements even if financial resource was fully available.

The Committee was assured, and will continue to monitor, how the information presented informs the prioritisation of improvement spend.

The Committee welcomed the news of work to develop an up to date Estates and Facilities Strategy.

Assure:

The Committee has received two detailed presentations on improvement work in the Trust in October and November; the **Cancer and Diagnostics Performance Improvement Plan** referred to above and the **Operational Improvement Plan – Urgent and Emergency Care**. Both presentations highlighted the work being done, the improvements in care and performance actually delivered and the challenges remaining. The Committee welcomes these reports as providing an opportunity to learn whilst receiving assurance about the skilled and diligent approaches being taken to some, often difficult, challenges.

Health and Safety

The Director of Estates and Facilities reported on the work of the Health and Safety Committee. Whilst acknowledging that the health and safety journey is never complete, he felt that the Committee continued to improve its work. The Finance and Performance Committee was assured by the report.

Medium term Planning

The Committee was assured by the level of planning and work being done to support the work required by NHS England. The Board will receive a similar presentation.

Other matters

Over the last two months the Committee was assured by the quality of the work presented on a range of important issues:

- The Trust's role as an anchor institution – further update agreed for July 2026
- Car parking report – an update in the form of a post implementation review of the business case for the new arrangements agreed for April 2026
- The Emergency Preparedness, Resilience and Response submission
- Budget setting
- Pathology Joint Venture finances
- Post implementation review of business cases

Maurice Jacqueline
08/01/2025 18:19

Report completed by:

Bryan Machin

Committee Chair and Non-Executive Director, 19 November 2025

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| Meeting Title | Board of Directors | | |
| Date | 27.11.25 | Agenda item | Bo.11.25.11a |

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 8 October 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – the HR Director shared the dashboard highs and lows which showed a decreased appraisal rate at 76.3%, absence at 6.1% and turnover at 9.6%. The development of dynamic conversations and manager support should remove the barriers to appraisal completion, the absence action plan has been revised and presented to the Executive Management team for support and turnover is strong and stable. The discussion on the metrics was robust with suggestions to help improve the Trust's performance in appraisals and absence. The Education dashboard shows an improved mandatory training rate at 93%.

Advise:

Health and Safety/Violence Prevention and Reduction – the Board asked that both the Health and Safety report and the Violence Prevention and Reduction report were shared at the People Academy as well as the Finance and Performance Committee for assurance. There will be six monthly and annual updates relevant to the remit of the Academy. The Academy agreed with this approach to ensure the people impacts of health and safety and violence were adequately considered.

Assure:

Leadership staff story – the Academy heard from Ward Manager Chanel Robinson, who shared the positive impact of attending the Leading at a Higher Level course on her role and that the course led to her applying for the Elizabeth Garrett Anderson Programme at Liverpool University to further develop her leadership skills. The course focuses on the importance of leadership in shaping culture and how strong leadership leads to safer, kinder, more effective care. The course aligns to the CQC well led framework and the NHS Leadership and Management framework and addresses the people survey feedback that manager confidence and capabilities need to improve.

Medical Appraisal and Revalidation – the Chief Medical Officer shared the annual Compliance Statement outlining the Trust's performance against the medical staff appraisal and revalidation requirements. 92.95% had outcome measure 1 (recommended for revalidation) and 7.05% had outcome measure 2 (approved missed appraisal). There were no unapproved missed appraisals. These positive results were backed up with a significant level of assurance in a review of the process by Audit Yorkshire. The Academy was assured and approved the report for submission to the CEO and then NHSE.

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Voluntary Services – the Academy previously invited the Voluntary Services lead to be a regular Academy attendee to acknowledge the valuable work of the service. The first Voluntary Services Annual Report (since 2011) was shared and demonstrated good recruitment practice across place, how the volunteers were made to feel valued and connected to the organisation and how the collection of demographic data had been developed to ensure a diverse representation of volunteers across the Trust. The Academy was impressed with the value the service added to the Trust’s patients and people and suggestions were offered on recruiting young volunteers and engaging those communities who struggled to find work with the potential for accessing volunteering roles.

Karen Walker
People Academy Chair and Non-Executive Director
08 October 25

Maurice-Jacqueline
08/01/2026 18:19:19

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| Meeting Title | Board of Directors | | |
| Date | 27.11.25 | Agenda item | Bo.11.25.11a |

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 12 November 2025

Key escalation and discussion points from the meeting

Alert:

Sickness – absence was 6.62% for September and seasonal viruses will likely push absence to above 7% for November, with winter illness hitting the Trust's patients and people earlier than expected. The flu vaccination campaign is not driving increased uptake. The HR team continue to explore the long and short term absence reasons to target interventions and the Executive team have been challenged by the Chair to refresh the flu vaccination campaign.

Job matching and evaluations – at July's People Academy, a paper was presented to provide assurance that the Trust's local job matching and evaluation processes have clear Board ownership and are being implemented in line with the Secretary of State's expectations. The Board should have been sighted on this paper but it was not presented at the relevant Board meeting. Please note the attached Job Matching and Evaluation paper and that the People Academy took assurance from this.

Advise:

Maternity Incentive Scheme Year 7 Safety Action 4 – the Consultant Neonatologist and Consultant in Obstetrics and Gynaecology presented the neonatal medical and nursing staffing data to demonstrate an effective system of clinical workforce planning to the required standard. The Trust is currently compliant with the standard but there are ongoing challenges with the neonatal medical workforce - gaps on the medical rota due to reduced numbers of resident doctors, difficulties developing the Advanced Care Practitioner (ACP) cohort, non-compliance with the British Association of Perinatal Medicine (BAPM) airways standards due to this requiring 24/7 consultant or Tier 2 ACP cover (on risk register) and an ophthalmology consultant gap linked to prematurity (also on risk register). The neonatal nursing workforce has steady and positive recruitment with acceptable staffing levels and retention. There are updated action plans for the medical and nursing workforce and the Academy took assurance from these.

Senior leader engagement visit – the NHSE Workforce Training and Education Yorkshire and Humber team conducted a visit in July (report received September) and noted since their last visit the Trust had improved its education strategy, expanded partnerships, and created innovative training programmes such as the laparoscopic course, which is the only one outside of London, and the organ donation simulation. They noted that multiprofessional training is thriving, the Safe Learning Environment Charter is embedded within Maternity, simulation use is creative, other learner initiatives enhance engagement and feedback, and the Trust's commitment to Equality, Diversity and Inclusion (EDI) and health equity is evident. Workload pressures continue to

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| Meeting Title | Board of Directors | | |
| Date | 27.11.25 | Agenda item | Bo.11.25.11a |

challenge training quality and the sustainability of expansion efforts and this will need continued focus.

Freedom to Speak up (FTSU) – there were 26 concerns raised via the FTSU route in Q2, which is consistent with previous quarters, with 15 relating to worker safety or wellbeing. This category covers risks to or adverse impacts on people. Usually, most concerns relate to inappropriate attitudes and behaviours. There is a cluster of concerns from one area reporting worker wellbeing as a problem. Changes to work from home practices and sickness practices appear to have prompted the concerns and the HR team are supporting with the resolution of these.

Assure:

Pharmacy – the Director of Pharmacy shared the progress the Pharmacy team has made on engaging its people. The team previously struggled with high absence, turnover and vacancy rates and low appraisal completion rates. The culture was poor and job satisfaction was low, FTSU concerns were high and there were estates and equipment challenges. The team has focused on engagement, meeting all new starters, increasing communications via one to one, huddles and team meetings and pharmacy team briefings to determine KPIs and share performance. They hold robust governance meetings which include HR type agenda items and use data to inform their decisions. They have improved recruitment processes, created a local induction programme and supported leadership development. Absence has reduced from 11.5% to 5.5%, still too high but the team is focused on resolving long term absence issues which sit at 8.5%. Return to work conversations were recorded in 18% of cases but this is now 45%; again, this needs to further improve but good progress has been made. Turnover has reduced from 17% to 6% and the fill rate is now up at 89%. Appraisal rates are at 80% from below 65% and there is work underway to improve this further. The Director of Pharmacy stated that the team had owned the problems, drawn on support from others, signposted managers to skills and support, introduced local induction and slicker recruitment and created the ‘big conversation’ which sets out the vision, strategy and plans to engage the team. The Academy was assured by the learning and improvement evidenced and acknowledged the importance of leadership and setting the tone from the top.

Leadership development – the Head of OD updated the Academy on the leadership development strategy and plans which include targeted invites for Bands 5+ to the Leading at a Higher Level programme, the development of a proposed Shadow Board, a pilot Leading Teams at a Higher Level course for the AED Excel programme and the development of further courses on attendance management, finance and digital skills. The Academy took assurance that leadership development was focused on addressing the Trust’s people related risks and issues.

Karen Walker

People Academy Chair and Non-Executive Director

12 November 25

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| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.20 |

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Audit Committee

Date of meeting: 18th November 2025

Key escalation and discussion points from the meeting

Alert:

There are no issues to report in this section

Advise:

Internal Audit – Absence Management. The Committee received the Internal Audit report on **Absence Management** which provided a **Significant Assurance**. The main rationale for the overall auditor's opinion was that the Trust had demonstrated that it largely has *adequate arrangements*, which are operating as designed to support the effective management of staff sickness absences. The Committee did however note that overall, the Trust is not meeting the absence target set by the Foundation Trust.

Internal Audit – Delivering Operational Excellence. This review concluded with a **Significant Assurance** in that the necessary controls are in place such as a robust Operational Performance & Accountability Framework with good evidence of engagement, scrutiny and support at all levels including Board. However, the report stated that despite having the necessary controls in place performance reporting continues to highlight that the original aspiration to achieve top decile national performance for all 9 NHS constitutional standards has not been achieved and a few did not meet national targets, reflecting challenges faced by most Trusts. Management explained to the committee that the upcoming planning round should mean a reassessment of the targets going forward.

Internal Audit – Data Quality: Depth of Coding. A **Significant Assurance** was provided by the auditors based on evidence that the Clinical Coding Team has made notable progress in several areas from the plans to improve the Depth of Clinical Coding with the October 2025 Summary Hospital-Level Mortality Indicator report confirming that depth of coding was within tolerance. However, management explained to the Committee that although the Coders were doing a timely/quality task, they were reliant on Clinicians inputting timely information into the system and that management was looking into actions to address the underlying issues.

Root Cause Analysis of emerging themes from the internal audit work had identified *oversight/accountability* and *governance/strategy* as some key themes from the audit findings thus far this year. Management assured the committee that this information was being disseminated/discussed with the Executive and CSU colleagues and used effectively for preventative measures.

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|---------------|--------------------|-------------|-------------|
| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.20 |

Assure:

Internal Audit

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

| Report No | Report | Final | Draft | Opinion |
|------------|---|-------|-------|-------------|
| BH/13/2026 | Implementation of actions following external report (PwC) | ✓ | | Significant |
| BH/14/2026 | Absence Management | ✓ | | Significant |
| BH/15/2026 | Delivering Operational Excellence | ✓ | | Significant |
| BH/16/2026 | Data Quality; Depth of Coding | ✓ | | Significant |
| BH/17/2026 | Salary Overpayments Benchmarking | ✓ | | N/A |

The internal audit progress report and the follow up of recommendations update provided by the Associate Director of Corporate Governance both detailed the number of overdue recommendations and **the Committee noted that the volume of overdue recommendations continues to gradually reduce due to the direct intervention of the Chief Finance Officer.**

Other matters

All other matters considered by the Committee provided appropriate assurance (or approval):

- Annual external audit performance review
- Verbal report from External Auditor
- Counter Fraud Progress Update Report
- Scheme of Delegation/Standing Financial Instructions (proposed changes approved by the Committee)
- Standing Orders of the Board of Directors (proposed changes approved by the Committee)
- Schedules of Losses and Special Payments, and review of single source tenders
- Compliance with the 'Policy for the development and management of Trust Policies

Report completed by:

Zafir Ali, Audit Committee Chair and Non-Executive Director, 19 November 2025

Maurice-Jacqueline
08/01/2026 18:19:19

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| Meeting Title | Board of Directors | | |
| Date | 27 November 2025 | Agenda item | Bo.11.25.21 |

Committee Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: Tuesday 4 November 2025

| Key escalation and discussion points from the meeting |
|---|
| <p>Alert:</p> <p>Bradford Hospitals Charity Website Urgent Review</p> <p>The Chairity team's new Head of Communications and Marketing has carried out an audit on the existing communication and marketing channels and noted that the charity website doesn't meet the Web Content Accessibility guidelines, in the main due to a low colour contrast, missing alternative text and images, inaccessible link labels and small/closely spaced touch targets.</p> <p>The Director of Strategy and Transformation will take the proposal to the Charitable Operational Committee to discuss the functionality required and legal ramifications.</p> |
| <p>Advise:</p> <p>Finance Report</p> <p>It was good to see the full Charity team in-situ. I queried if discussions around keeping the budgets on track were being had. The Deputy Director of Finance confirmed that the financial position is regularly reported to the team and the Charity Operational Group. The Finance and Charity teams also work closely together to understand operational costs and forecast plans. Key Performance Indicators detailing the operating days and reserve amount will be included in the finance report going forward.</p> |
| <p>Assure:</p> <p>Charity Operational Committee Report</p> <p>Key to note was the relaunch of the 100 Club. A successful event was held at the St Luke's Hospital Orthodontics & Facial Reconstruction Unit showcasing innovation and the impact of the charity.</p> <p>Lottery Policy</p> <p>This new policy was written as a result of the historic staff lottery anomalies, which have since been rectified. There is a plan to move towards the Big Health Lotto early next year, which is an NHS Charities initiative that can be expanded to include members of the public. The existing policy will remain in place once the Charity becomes independent.</p> |

Report completed by:

Altaf Sadique, Charitable Funds Committee Chair and Non-Executive Director, 25/11/2025

| Council of Governors Open | | | | |
|---|--|---|---|--------------------------------------|
| Meeting Date: | 15 January 2026 | Agenda Reference: | CGo.01.26. | |
| 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, Personal Business Manager to the CEO and, Head of Corporate Governance | | | |
| 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: | The report provides the Council with a summary position regarding our Patients, People, Place and Partners since the last report to the Council in October 2025. | | | |
| Recommendation/s: (including any decision/approval required) | The Council of Governors is asked to 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 – 27 November 2025 | | | |

| Report content |
|--|
| <p>1. Patients</p> <p>As a Trust we have continued to benchmark positively against the Emergency Care Standard (ECS), with our current position remaining in the upper decile of Acute Trusts in England. The continued utilisation of patient streaming provides the necessary resilience to manage periods of high demand, ensuring timely care for patients who would previously have experienced delays due to hospital pressures despite not requiring admission to a hospital bed. Alongside improvements within the Emergency Department (ED) the Trust is also working on initiatives to reduce overall bed occupancy and improve the ability to maintain adequate patient flow through the system. The impact of this will be improved patient experience throughout their time with the Trust and reduced frequency of long stays in ED which is a national priority.</p> |

Collaborative work with Yorkshire Ambulance Service (YAS) continues and both handover and crew clear times are improving as a result. Handover times are significantly improved compared to the same period last year following the implementation of the Transfer of Care Standard Operating Procedure (SOP) which requires crews to handover patients to the Ambulance Assessment Area (AAA) clinician after 45 minutes. The aim is to reduce delays for 999 callers by freeing up ambulance crews waiting at hospitals, improving response times, community safety, and patient experience.

Significant effort has been placed on planning for winter. This is an iterative process with the current plan based on attendance and admission modelling. Sustaining improvements in Urgent and Emergency Care (UEC) performance will be challenging during the winter period, particularly with the need to ensure financial balance, but daily oversight is in place to support timely response to pressures as they emerge. We have started to experience an earlier than expected increase in hospital attendance and admissions associated with Influenza, which has impacted on flow and overall bed capacity. We continue to highlight the importance of vaccinations and have issued several communications to colleagues across the organisation on the importance of getting vaccinated to protect themselves and our patients.

Outpatient Transformation is being coordinated by a programme of work which utilises the model for improvement at a service and pathway level whilst enabling processes and our digital offer is also modernised. This work aligns with the Trust's Strategic Framework and NHSE planning frameworks. The aim is to deliver outpatient services where patients can be seen more quickly and can access and interact with services in a way that better suits their lives. The Clinical Lead for this programme presented the aims, objectives, and overall approach at the most recent Hospital Management Group and clinical engagement with the case for change, which will remain a priority whilst we also scale up the concepts that have been evidenced as effective.

The Referral to Treatment (RTT) waiting list has increased during summer but this trend has been reversed with performance tracking towards planned levels. This is a positive step towards the national ambition of achieving the 92% standard by 2029. Work to improve productivity, particularly within theatres, is progressing in support of this ambitious target. The number of waits over 52 weeks is already better than the national target of 1% of total waits set for 2025/26 and improved further this month. The delay in handover of St Lukes Day Case Unit continues to impact on our ability to deliver the planned level of activity, weekend lists are in place to help to mitigate the impact of the delay.

Improving the time to inform patients of whether they have cancer or not in no more than 28 days remains a priority. Performance for the related Faster Diagnosis Standard (FDS) measure is being sustained at levels above national and peer average. Treatment time remains below the 75% requirement time for patients being treated within 62 days. All tumour group improvement plans are being assessed as part of our response to the planning framework and recovery actions are being tracked weekly for the most challenged tumour groups. Schemes to be prioritised include NSO development, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation.

Diagnostic performance against the 6-week standard remains below planned levels, however improvement work that we have been undertaking has resulted in a 10% increase in performance during September and a further 5% improvement in October. Work is ongoing within Audiology and Neurophysiology to increase capacity further and bring Trust recovery to the 95% target we were set.

The Q2 position for the NHS Oversight Framework (NOF) has not yet been published. Performance for the indicators utilised by NHSE have been relatively stable in this period, and where data is available our benchmarked position has remained consistent. Boards were asked to undertake a provider self-assessment whereby to assess their organisation's capability against a range of expectations across 6 areas derived from The Insightful Provider Board. These areas cover strategy, leadership and planning; quality of care; people and culture; access and delivery of services; productivity and value for money; and financial performance and oversight. This was completed in line with expectations and provided insight to Board though it's completion that will support the organisations ongoing development.

The end of August saw the release of a draft Planning Framework which brings forward annual timescales, and places greater emphasis on Board involvement in the planning process. A framework to support the process for this year was then released in October, with the two asks being the production of a three-year numerical plan and a five-year narrative plan that support delivery of the three priority shifts, meet operational performance expectations, and deliver local change aligned to the needs of our population.

The Trust has implemented the governance and processes needed to deliver this and completed a self-assessment of the foundational activities with all deemed to be maturing or embedded. Work is now underway with all stakeholders to build our planning returns. These will be triangulated across strategy, finance, performance, workforce, and quality with clear alignment of digital strategy. Quality of care and patient outcomes will remain at the heart of these plans, and they will align to the wider plans across West Yorkshire, as well as the local Neighbourhood Health Plans as these develop.

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

Unfortunately delays in the final sign off process associated with Ventilation and Water means the handover is now significantly delayed and the building is not yet ready for handover by the contractor. We continue to meet with the CEO of Darwin Group to discuss the impact of this delay. In addition, we have escalated the delay to NHSE estates colleagues who are helping broker action from the contractor to try and achieve a successful handover. In the meantime, we are using insourced capacity at weekends to mitigate impact on planned operating however this will not fully recover the planned activity.

The Endoscopy Unit build has progressed well and remains on budget. The project will run until late 2025 and support improvements in the provision of this key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

Industrial Action by BMA resident doctors – 14th to 19th November 2025

On the 23rd of October the BMA announced that the Resident Doctors would be undertaking strike action between Friday 14th November – Wednesday 19th November 2025. As per previous strike periods we have established a full command and control infrastructure with an aim to ensure that our services remain safe, and we minimise the impact on patients as much as we possibly can. Unfortunately, we do know that during these periods we end up with short notice cancellations for patients awaiting elective treatment and we offer our sincere apologies to those patients that have been affected.

On 19th November, we received a letter from the Secretary of State and NHS Chief Executive which thanked colleagues for their efforts over the past few days to keep NHS services running for patients during the latest round of industrial action. The letter will be circulated to colleagues via our global email but can also be found here: [NHS England » Thank you letter to NHS staff from the Secretary of State and the NHS Chief Executive](#).

Car Parking

At the present time the barriers in the staff and patient car parks on Smith Lane are in operation. We have seen an improved availability of spaces and a significant increase of income with 1000 extra staff permits issued since the project started, and an increase in the number of patients and visitors paying for parking. The next phase will see the barriers lowered in the maternity car park, and finally at St Lukes Hospital.

The car parking project continues to progress across several operational and strategic fronts. Security staff remain stationed at the barriers to support compliance while the system stabilises.

Parking capacity remains a challenge, particularly in Zone 3. Feasibility work is underway to explore expansion options on the maternity overflow area, including council-owned land and shuttle services from off-site locations. Environmental constraints such as tree preservation orders and drainage requirements are being factored into planning discussions.

Health on the High Street

A number of other Places have successfully implemented “Health on the High Street” models where healthcare is provided in town centres, often in former retail space. Colleagues from partner organisations across our place have visited examples in Keighley, Warrington, Runcorn and Barnsley to see if a similar model might work well locally. All four places demonstrated exemplar partnership working and community engagement which has enabled effective and innovative models of healthcare. We are now engaging partners and staff, and listening to patients and communities, to see if a “Health on the High Street” model could help reduce health inequalities in Bradford.

2. People

Flu Vaccination

The Flu vaccination programme started on 6 October with the aim of making at least a 5% improvement on last year’s vaccine uptake of 33.8% of frontline staff having had the vaccine. This year JCVI advises that frontline healthcare workers will not be eligible for COVID-19 vaccination under the national programme. There has been a downward trend in flu uptake across the Trust over the last 4 years, which reflects the national picture. Flu vaccination is being delivered by Rimmington’s pharmacy, similar to last year’s campaign. The vaccination campaign will last for 11 weeks from 6 October 2025, and the vaccine is available from static vaccination pods on the BRI main concourse and roving vaccinators visiting all wards/departments across the Trust as well as across all community hospitals and sites.

Staff Awards

This year’s staff awards ceremony was a chance to celebrate and say thank you for the incredibly hard work of our staff over the past year, helping to shine a light on colleagues who do an incredible job and go above and beyond the call of duty. A record breaking 365 nominations were sent in this year, reflecting the hard work, success and innovation of our colleagues and teams across our Trust. There was no shortage of amazing stories behind each of our nominees, and we were delighted to hear and see so many stars shining brightly throughout all our hospitals here in Bradford. Earlier in the day, our long-serving colleagues were also celebrated in a separate ceremony, recognising their fantastic contribution over many dedicated years working for Bradford Teaching Hospitals and the NHS. Almost 50 colleagues were recognised this year as having completed 30 or more years with us, receiving a big thank you for their years of dedicated service along with gift vouchers. Our long servers were treated to an afternoon tea with their fellow colleagues as a saxophonist played in the background.

EDI Conference

Our first-ever Equality, Diversity and Inclusion (EDI) Conference took place on Wednesday, 22 October at Cedar Court Hotel in Bradford with the theme of Belonging at BTHFT: Thriving on Inclusion. Over 230 colleagues from across the Trust (including some external partners) heard from a range of speakers and joined in with insightful, interactive sessions throughout the day. I was delighted to welcome Professor Habib Naqvi MBE, Director of the NHS Race and Health Observatory, who spoke eloquently and powerfully about the ongoing and deeply engrained health inequalities especially those that are caused by race and racism. It was a sobering reminder to us all that, despite what we may have seen or heard over the summer, there are stark inequalities affecting our communities and these inequalities disproportionately affect those from ethnically and culturally diverse communities.

Professor Naqvi spoke about wider inequalities that face people because of their gender, their sexuality or those with disabilities. He shared several examples to highlight how the NHS Race and Health Observatory are helping to make a difference through evidence led reviews.

We heard from our staff network chairs, who shared their own lived experience and shared their challenges, hopes and aspirations that can make our Trust an exemplar to others. An interactive drama-based session was delivered by Collingwood Learning which provided live action interactive theatre encouraging colleagues to explore common experiences of discrimination in the workplace and how we can create more inclusive cultures.

Yorkshire Women's Forum, led a creative workshop, asking colleagues to create colourful 'Mandalas of Belonging', a creative activity inviting everyone to pause, reflect and express what belonging means to them. The final designs will be displayed on the BRI concourse as a lasting visual.

NHS England Request for action on racism and antisemitism

The Secretary of State for Health and the Prime Minister issued strongly worded statements on alleged antisemitism and other forms of racism in the NHS. This has been followed up by a letter sent by NHS England to all ICBs, NHS Trusts and Commissioning Support Units on Friday 17 October 2025.

[NHS England » Request for action on racism including antisemitism](#)

The letter outlined the actions that are being readied by NHS England and the Department of Health and Social Care, including those that are subject to a rapid review being carried out by Lord Mann. As well as outlining a number of points for consideration by the by NHS Trusts and ICBs. We communicated the across the organisation following receipt of the letter acknowledging the letter. Bradford Teaching Hospitals NHS Foundation Trust has a long-standing commitment, backed up by visible actions, to tackle racism and any other form of hate and discrimination. This is either done by the Trust as a sovereign organisation or through our role as a key system partner at place or within the ICB/ICS. We have outlined below examples of actions we have taken and are ongoing work in this space.

- The theme of belonging has been the focus for our internal facing events and communications. Our Thrive Conference, held in May 2025, invited guest speakers and our own colleagues to share their stories of belonging and how everyone can be actively involved in making our Trust inclusive to our colleagues and the communities we serve.
- The theme of belonging has been carried through to our first ever equality, diversity and inclusion conference aimed specifically for Trust colleagues. This included interactive arts-based activities to bring the topic to life as well as a keynote by Professor Habib Naqvi, Director of NHS Race and Health Observatory (RHO). Our Trust is adopting the RHO's [seven anti-racism principles](#) (link opens as a YouTube video).
- We have recognised our national and global events are affecting our colleagues and the need for reflection and togetherness. Every Tuesday we have created a safe, non-judgmental space for colleagues to come together in reflection – 'Pause for Peace'.
- We have developed a diversity calendar, highlighting key cultural, religious and events of historical significance. This has been updated for 2026, and we will continue to invite feedback.
- In response to national and international events, we have regularly issued strong statements on inclusion, discrimination and the importance of constructive dialogue.
- We have an award winning SPaRC and EDI team that are focussed on making sure our services to patients and colleagues are inclusive and responsive.
- The Trust set up the Strategic Equality and Diversity Council (EDC) which is chaired by the Trust's CEO, the wider vision of the council is to advance workforce equality and tackle wider population health inequalities within the district, the wider role and remit of the EDC is to enable the Trust Board to identify its responsibilities for the Diversity and Inclusion agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and inclusion across the Trust with sharp focus on the national and regional EDI priorities
- We have reviewed and refreshed our face-to-face EDI training for managers including our approach to Civility in the workplace.
- We have continued to work collaboratively with colleagues in each of our four staff equality networks to celebrate the diversity of our workforce and raise the profile of EDI across the Trust. This includes International Women's Day, National Staff Equality Networks Day, South Asian Heritage Month and Black History Month.
- There has been significant work developed in terms of our fourth strategic equality objective 'Promoting Inclusive Behaviours' Our EDI team continue to work closely with teams and departments across the Trust to offer bespoke training around workplace civility, dignity and respect. The training provides colleagues with an opportunity to reflect on our own behaviours and the behaviours that we experience in the workplace, ensuring we can all contribute to a better workplace culture for the future.

- Supporting our Muslim colleagues during Ramadan – we take a proactive approach to creating an inclusive workplace. Once again, the Trust's SPaRC team joined forces with Bradford Hospitals Charity to get its hospitals Ramadan-ready with the multi award winning Ramadan Experience @ BTHFT.
- Diversity Targets: At 44% we continue to exceed the target set by our Trust Board in 2017 of having an ethnically diverse workforce that is representative of the local community by 2025
- We continue to engage with CSU's/departments with focus on working with them to develop local EDI action plans aligned to our Trust EDI Strategy. This will ensure that all CSU's/departments have a proactive EDI plan in place that will advance EDI for both our patients and the wider workforce.

At a Place level we have and continue to be involved in the following activities:

- A place-based anti-racist programme (currently referred to as a charter) is being co-developed with wider statutory and voluntary sector partners.
- We have been involved in consultation sessions leading to a new community cohesion strategy developed by Bradford Council.
- We have been signatories to place-based messaging and actions in response to national and international events.
- We have a senior leader level representation at key events to mark events of historical or national significance.
- Colleagues from the Trust have been involved in place, regional and national anti-racism programmes and taskforces.
- Bradford has developed [its own definition of Islamophobia](#) which we support and share.

We await further policy guidance from NHS England.

Staff Survey

The staff survey nationally on Monday, 29 September and will remain open until Thursday the 28th of November. The survey is an official statistic, run independently by the Picker Institute on behalf of NHS England, ensuring confidentiality and accuracy. Its purpose is to capture staff experiences across the NHS, aligned to the NHS People Promise, and inform improvements in working conditions, wellbeing, and patient care. This year introduces new questions on socio-economic background to better understand diversity and inclusion. We expect the result of the survey to be made available in the early part of the new year and these will be shared across the organisation, with Board through the People Academy and the results will be made publicly available by NHS England.

3. Place

ICB running cost reductions and organisational change

As part of the national restructuring of the NHS, NHS West Yorkshire ICB continues to take forward the actions required to meet expectations around cost reduction and structural reform. The ICB has now received and reviewed the *Model Region Blueprint*, which clarifies the purpose and core functions of regional teams and sets the framework for how ICBs will operate as strategic commissioners.

At system level, provider partnerships in each place are expected to take on service contracts by April 2027, with provider collaboratives continuing to operate across West Yorkshire. Local authorities and Health and Wellbeing Boards will have a stronger role in place leadership, while the ICB focuses on commissioning for value, reducing bureaucracy and ensuring safety and quality through a more streamlined operating model.

ICB staff were informed in November that, following national direction and funding decisions, plans for the NHS West Yorkshire ICB restructure are now moving forward at pace. It is expected that a voluntary redundancy scheme will open very soon, with formal staff consultation on future structures beginning in January. The aim is to achieve the nationally mandated 50% reduction in running costs by 1 April 2026, with colleagues leaving through both voluntary and compulsory redundancy during the coming months.

West Yorkshire Health and Care Partnership Activity:

Children's asthma and housing ambitions

West Yorkshire Health and Care Partnership has launched new ambitions to tackle the impact of poor housing on childhood asthma. The work takes a "health in all policies" approach, bringing together clinicians, housing teams and local authorities to improve conditions in homes and reduce respiratory illness among children.

New hypertension guideline

A new West Yorkshire-wide hypertension guideline has been introduced to save lives and reduce inequalities linked to cardiovascular disease. It supports earlier diagnosis, lower blood pressure targets and greater consistency in clinical practice across primary care, pharmacy and community services.

Together we can stay well this winter

West Yorkshire Health and Care Partnership has relaunched its *Together We Can* campaign to encourage people to look after themselves, their loved ones and NHS services during the colder months. The campaign focuses on five simple steps everyone can take to stay well this winter: getting vaccinated, choosing the right service, washing hands regularly, keeping warm, and checking in on others. It also highlights the importance of supporting vulnerable people who may be more affected by cold weather or isolation. The campaign aims to reduce pressure on urgent and emergency services while helping people remain healthy and independent at home.

Strategy Delivery Groups

The three Strategy Delivery Groups continue to make steady progress in shaping and delivering shared priorities across the partnership.

The **Integrated Acute Delivery Group** is advancing several collaborative improvement initiatives. Recent workshops have identified opportunities for efficiency savings and greater alignment across pharmacy, gastroenterology and endoscopy services. Work is also underway to develop a single non-site-specific cancer service and to review ophthalmology pathways to bring care closer to home. A plastics list pilot will begin at Airedale Foundation Trust in early November.

The **Integrated Neighbourhood Health and Care Group** has completed a review of its work programme and identified key areas for development. Bradford District and Craven was well represented at the National Neighbourhood Health Implementation Programme event in Manchester, where the PACT model was showcased as an example of good practice. Plans for organisational development workshops involving Primary Care Networks and Community Partnerships are progressing, alongside work to establish an integrated learning disability team and strengthen primary care leadership within the programme.

The **Integrated Corporate Services Group** is developing its delivery approach following the appointment of PwC through a competitive procurement process. Funding contributions have been agreed across providers, with additional external funding being explored. Governance arrangements and the approval process for new roles are being refined, and a consolidated list of priority "difficult decisions" is now being evaluated to guide the next phase of work.

Neighbourhood health programme

Bradford District and Craven has been chosen as one of the National Neighbourhood Health Implementation Programme (NNHIP) pilots. The support from NNHIP will accelerate the vision to deliver care within neighbourhoods, helping people live longer in good health.

Putting people's voices at the centre of integrated neighbourhood health

This West Yorkshire-wide project is enabling Integrated Neighbourhood Teams (INTs) to embed people's voices at the heart of neighbourhood health. Through self-assessment, peer learning and tailored support, each INT will develop a plan for involving local people and staff in shaping care around what

matters most to their communities. Funding is being channelled via VCSE infrastructure organisations to reduce barriers to participation and strengthen collaboration. The project will create a flexible, sustainable approach to community involvement across all neighbourhoods, building on existing ways of working and good practice at place and supported by shared learning across West Yorkshire.

Bradford Council adult social care rated good by CQC

Bradford Council's adult social care service has been rated *Good* by the Care Quality Commission – a significant achievement that reflects the dedication and compassion of staff and strong leadership within Bradford council. The inspection found that people receive effective, person-centred support and that services are well connected with health, housing and community partners to meet local needs.

Cancer screening saves lives campaign launched

In September 2025, Bradford District & Craven Partnership launched its Cancer Screening Saves Lives campaign to raise awareness of the importance of early cancer detection and screening uptake. The initiative focuses on boosting levels of breast, cervical and bowel screening across the district, with targeted outreach in communities where participation has lagged.

For more information please see - [Cancer screening saves lives - Bradford District and Craven Health and Care Partnership](#)

4. Partners

WYAAT Programme Executive Meeting, 7th October 2025 and 4th November 2025

I attended the WYAAT Programme Executive meeting on 7th October at which we heard updates from Trusts and the system, received an update on NSO and on the transfer of the WYH Cancer alliance, and reviewed the recommendations from Medical Directors in relation to the Health Innovation Network. We also received an update on the financial position including the acute services review and deconstructing the block, and the usual collaborative report. The Board capability assessment was discussed, and we reviewed all our system risks.

Due to CQC presence at the Trust, I was unable to attend the meeting on 4th November, but Helen Farmer attended on my behalf. At the meeting, the reconfiguration capital for CHFT was formally noted and we had a detailed discussion around the Airedale Strategic Outline Case which was subsequently approved to progress. The meeting included an update on the additional reporting arrangements for maternity, and the collaborative report was received. The draft terms of reference for the Clinical Services Board were received and would be sent for formal approval at the next Committee in Common in January 2026.

WYAAT Committee in Common, 14th October 2025

The WYAAT Committee in Common on 14th October 2025 was hosted by our Trust and was the first of the Trust Chair's rotation as Committee Chair. During the meeting we received an update from Chair and Chief Executive's, discussed the strategy and case for change delivery including a focus on pathology, and discussed the focus for future meetings. In a change from previous such Committee's, we had a host showcase session which for BTHFT was a demonstration of the work of the Command Centre. These showcase sessions will be a feature in all future Committee meetings which will rotate around WYAAT organisations.

West Yorkshire Partnership Board, 18th November 2025

The Chair and I attended the West Yorkshire Partnership Board meeting on 18th November 2025 during which we discussed the ambition to reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population. We also had an update on the work to meet the ambition to increase early diagnosis rates for cancer.

5. National Reports

NHS England Strategic Commissioning Framework

On 4th November 2025 NHS England published the strategic commissioning framework to support all ICBs to meet the ambition for the future of strategic commissioning with the expectation that all ICBS will begin to adopt the strategic commissioning approach outlined in the framework as part of the NHS planning process for the financial year 2026/27. A strategic commissioning development programme will be in place from April 2026 to support ICBs and others who commission NHS services to develop as strategic commissioners. Key commissioning updates will continue to be provided to the Board by the Chief Operating Officer and Deputy Chief Executive.

To see the framework visit: [NHS England » Strategic commissioning framework](#)

NHS England Advanced Foundation Trust Programme – Guide for Applications Consultation

NHS England is currently inviting feedback on the Advanced Foundation Trust Programme: Guide for Applicants as part of the Advanced Foundation Trust Programme which outlines how NHS trusts and foundations trusts will be assessed for advanced foundation trust status, as well as details on the additional IHO designation assessment criteria.

As set out in the 10 Year Health Plan the Advanced Foundation Trust Programme will be a vehicle through which to reward and incentivise good performance with the intention that by 2035 all providers will have become advanced foundation trusts with freedoms including strategic and operational autonomy, a capability-based regulatory approach and greater financial flexibilities. The consultation is open from **12 November 2025 to 11 January 2026**.

To see the Advanced Foundation Trust Programme – guide for applicants visit: [NHS England » Advanced foundation trusts](#).

To see the NHS Providers Briefing visit: [Next day briefing: advanced foundation trust programme – guide for applicants](#)

NHS England - Antimicrobial resistance (AMR) Act Now: Protect our present, secure our future

The World Health Organisation has declared antimicrobial resistance (AMR) as one of the top global public health and development threats, and AMR is listed on the UK government's National Risk Register.

On 20th November 2025 NHS England published a letter to all Chairs and Chief Executives of NHS trusts and integrated care boards with a **call to action** to address the risk and threats associated with antimicrobial resistance (AMR). Organisations are urged to work with prescribers and clinical leads to make the changes required to meet the targets in the national action plan - [UK 5-year action plan for antimicrobial resistance 2024 to 2029 - GOV.UK](#)

Whilst overall antibiotic prescribing is decreasing, prescribing in secondary care is rising. Rates of Gram-negative bloodstream infections are increasing and already exceed the 2028/29 targets in most areas. In the UK, AMR is associated with **twice as many deaths annually as breast cancer**. It makes infections harder or sometimes impossible to treat, prolonging illness and increasing the risk of harm or death. AMR also drives up healthcare costs and threatens the delivery of safe and effective care across the NHS. As such, by the end of Q1 2026, organisations are asked to schedule a joint presentation to the Board from Infection Prevention and Control and Antimicrobial Stewardship teams, and to complete an assessment against the national IPC board assurance framework. By April 2026 trusts will be expected to agree and publish three priority areas for AMR improvement. Progress against the priority areas is to be reviewed quarterly, with a formal update to the Board at least annually.

| COUNCIL OF GOVERNORS PUBLIC | | | | |
|---|---|------------------------------------|---|---|
| Meeting Date: | 15/01/2026 | Agenda Reference: | CGo.1.26.6 | |
| Report Title: | Five Year Plan | | | |
| Presented by: | Carl Stephenson, Associate Director of Performance | | | |
| Executive Lead: | Sajid Azeb, Chief Operating Officer / Deputy Chief Executive | | | |
| 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>For those governors who wish to familiarise themselves with the background to our five year plan we would like to direct you to NHS England's</p> <p>Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 which is available at the following link.</p> <p>https://www.england.nhs.uk/long-read/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/</p> <p>Governors are asked to note that a presentation on the BTHFT plan will be published in advance of the Council meeting on 15 January.</p> | | | |
| 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: | Governors Nominations and Remuneration Committee – 16/12/25 | | | |

| Council of Governors | | | | |
|---|--|------------------------------------|---|--------------------------------------|
| Meeting Date: | 15 January 2026 | Agenda Reference: | CGo.1.26.7 | |
| Report Title: | Code of conduct for NEDs and Governors | | | |
| Presented by: | Laura Parsons, Associate Director of Corporate Governance/Board Secretary | | | |
| Lead: | Sarah Jones, Chair | | | |
| Author: | Laura Parsons, Associate Director of Corporate Governance/Board Secretary | | | |
| Report Summary | | | | |
| Purpose of the paper: | Decision <input checked="" type="checkbox"/> (approve) | Assurance <input type="checkbox"/> | Action <input type="checkbox"/> (review/discuss/ comment) | Information <input type="checkbox"/> |
| Summary of Key Issues/Highlights: | <p>The purpose of this paper is to present a new Code of Conduct for NEDs and Governors for approval. Currently there is a code of conduct in place for governors which was last updated in July 2023. There isn't currently a specific code of conduct for NEDs. The policies and procedures task and finish group agreed that it would be beneficial to have a joint code of conduct for both governors and NEDs.</p> <p>The draft version has been developed with input from the policies and procedures task and finish group, and was informed by codes of conduct from other NHS trusts, as well as input from our governance advisors. The process for managing potential breaches of the Code is set out in the separate 'managing concerns' process (see agenda item CGo.1.26.8), rather than within the Code itself.</p> <p>Subject to approval, all governors and NEDs will be required to sign and accept the new Code of Conduct.</p> | | | |
| Recommendation/s: (Decision/approval/ assurance required) | The Council of Governors is asked to approve the Code of Conduct for NEDs and Governors. | | | |
| Link to Strategic Objective: | N/A | | | |
| Link to Priority Initiatives 2025/26: | N/A | | | |
| Implications | | | | |
| Risk: | N/A | | | |
| Legal/Regulatory: | The Code of Conduct seeks to expand on and complement the Constitution of the Trust. | | | |
| Quality & Patient Safety: | N/A | | | |
| Equality, Diversity and Inclusion and Health Equity: | N/A | | | |
| Resources: | N/A | | | |
| Environmental sustainability: | N/A | | | |
| Assurance Route | | | | |

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|--|--|
| Meeting/s where content has been discussed previously: | Policies & Procedures Task & Finish Group – via e-mail |
|--|--|

Maurice-Jacqueline
08/01/2026 18:19:19

**DRAFT Bradford Teaching Hospitals NHS Foundation Trust
Non- Executive Directors' and Governors' Code of Conduct**

1. Introduction

This Code of Conduct seeks to outline the appropriate conduct for Non-Executive Directors (NEDs) and Governors of Bradford Teaching Hospitals NHS Foundation Trust ('the Trust'). It addresses both the requirements of office and of personal behaviour. It is considered an essential guide for NEDs and Governors, particularly those who are newly appointed or elected.

This Code seeks to expand on and complement the Constitution of the Trust. A copy of the Constitution will be provided to all NEDs and Governors on election or appointment and, during their term of office, on request.

NEDs and Governors are reminded that the Council of Governors, Board of Directors and management have a common purpose; the success of the Trust and the provision of safe and high-quality care to the community.

2. Acceptance of the Code

NEDs and Governors once appointed or elected will be required by the Chair to formally accept the Code of Conduct in all respects and confirm that, in particular, they support the [vision, objectives and values](#) of the Trust and the personal conduct statements set out in section 10 below. This must be completed within 14 calendar days of appointment or election to the Council; otherwise, the NED's or Governor's tenure of office may be terminated.

NEDs must also sign and accept their terms of appointment prior to commencing in post.

3. Participation and Contribution

NEDs and Governors have a responsibility to attend relevant meetings. When this is not possible, they should submit an apology to the Associate Director of Corporate Governance/Board Secretary ('Board Secretary') in advance of the meeting.

NEDs

In accordance with their terms of appointment, a NED's appointment may be terminated with immediate effect if they do not attend any meeting of the Trust for a period of three months, unless the Council of Governors is satisfied that the absence was due to a reasonable cause and the NED will be able to attend within such time as is considered reasonable.

Governors

If a Governor fails to attend two consecutive Council of Governor meetings their tenure of office will be terminated one month following non-attendance at the second Council meeting unless in the meantime they have satisfied the Chair that their absence was due to a reasonable cause, and they will be able to start attending meetings of the Council of Governors again within such a period as the Chair considers reasonable.

4. Induction and Training

NEDs and Governors must participate in an induction programme and undertake any training as recommended by the Board Secretary and approved by the Board and/or Council of Governors.

Induction and training are important in ensuring that NEDs and Governors understand their role, understand the Trust, the communities it serves and its regulatory regime. If a NED or Governor fails to participate in the induction programme or participates in some, but not all, of the induction programme, without reasonable cause, their tenure of office may be terminated.

If a Governor fails to attend a training session for Governors as recommended by the Board Secretary and approved by the Council of Governors by a date six months from the date of the Governor's election or appointment then their tenure in office is to be terminated six weeks from the said date unless in the meantime they have satisfied the Chair that: a) the absence was due to a reasonable cause; and b) they will be able to attend a training session within such a period as the Chair considers reasonable.

5. Reasonable adjustments

The Trust will make reasonable adjustments to enable NEDs and Governors to undertake their role. NEDs and Governors are responsible for making the Board Secretary aware if adjustments are required.

6. Confidentiality

As a Board member or member of the Council of Governors who potentially could deal with difficult and confidential issues, NEDs and Governors are required to act with discretion and care in the performance of their role.

All NEDs and Governors are required to respect the confidentiality of the information they are made privy to as a result of their role. Disclosing confidential information may result in dismissal from the Board or Council of Governors. Information provided to NEDs and Governors for meetings held in closed session is likely to be confidential. If any NED or Governor is not sure whether information they have received is confidential information, they should seek advice from the Board Secretary.

NEDs and Governors must recognise that they, along with the Trust, are bound by the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

7. Declarations of Interest

NEDs and Governors should act with the utmost integrity and objectivity and in the best interests of the Trust in performing their duties. They should not use their position for personal advantage or seek to gain preferential treatment. If a NED or Governor wishes to raise a concern or complaint in relation to their own care or treatment, this must be done via the Trust's [Patient Experience Team](#).

Any NED or Governor who has an interest in a matter which needs to be declared in accordance with the Constitution and/or, in the case of a NED, the Standing Orders of the Board of Directors, shall declare such an interest and it shall be recorded in a Register of Interests.

NEDs and Governors should declare any conflicts of interest which may arise and should not vote on any matters which are affected by the conflict of interest. If in doubt they should seek advice from the Board Secretary. It is important that conflicts of interest are addressed and are seen to be actioned in the interests of the Trust and all individuals concerned.

NEDs and Governors must declare any involvement they may have in any organisation with which Bradford Teaching Hospitals NHS Foundation Trust may be considering entering into a contract or have entered into a contract. NEDs and Governors must enter onto the Register of Interests any pecuniary and non-pecuniary interests that might create a conflict of interest as soon as they

become aware of the interest/s, and in any event within 28 calendar days. Failure to do so could result in removal from the Board or Council of Governors.

8. Qualification for Office

NEDs and Governors must continue to comply with the qualifications (where applicable) required to hold office and not meet any of the grounds for disqualification from office throughout their period of tenure. The Board Secretary must be advised of any changes in circumstances, which may disqualify the NED or Governor from continuing in office as soon as possible.

9. Board and Council of Governors Interaction

The Council of Governors may invite any or all of the Board of Directors to attend Council of Governor meetings. Such invitations must be agreed by the Chair and facilitated by the Board Secretary.

NEDS and Governors should treat each other, employees of the Trust and fellow NEDs and Governors with respect and in accordance with Trust policies, values and the Nolan Principles (see Appendix 2).

10. Personal Conduct

NEDs and Governors are required to adhere to the highest standard of conduct in the performance of their duties and in respect to their interaction with others. They are required to agree and adhere to the following:

As a member of the Board of Directors or Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust:

Behaviours

1. I will seek to ensure that no one is discriminated against because of their religion or belief, race, gender, marital status, disability, sexual orientation, age, social or economic status or national origin.
2. I will be honest and act with integrity and probity at all times.
3. I will respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies.
4. I will respect and treat with dignity and fairness the views of Board members, Governors and Trust staff. I will seek to ensure that Board members and Governors are valued as colleagues and, if required to make any judgements about colleagues, that they are consistent fair and properly founded.
5. I will conduct myself in a manner that reflects positively on Bradford Teaching Hospitals NHS Foundation Trust, acting as an ambassador for the Trust.
6. I will uphold the seven principles of public life as detailed by the Nolan Committee and the Committee on Standards in Public Life (see Appendix 2).
7. I will respect and encourage the Trust's values and vision set out above, and it is my responsibility to act in accordance with this Code.

Impartiality

8. I acknowledge that Bradford Teaching Hospitals NHS Foundation Trust is an apolitical organisation.
9. I will not make, permit or knowingly allow to be made, any untrue or misleading statement relating to my own duties or the functions of Bradford Teaching Hospitals NHS Foundation Trust.

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10. I will seek to ensure that the best interests of the public, patients, carers and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements.

Collective responsibility

11. I will actively support the vision and aims of Bradford Teaching Hospitals NHS Foundation Trust in developing a successful NHS Foundation Trust for the people of Bradford and the surrounding District.
12. I recognise that the Board of Directors and Council of Governors each exercises collective decision-making on behalf of all patients, local people, stakeholders and staff.
13. I acknowledge that, other than when I am attending meetings and events as a NED or Governor, I have no rights or privileges over any other member of Bradford Teaching Hospitals NHS Foundation Trust.
14. I will show my commitment to working as a team member by working with my colleagues in the NHS and wider community.

Personal responsibility

15. I recognise that NEDs and Governors have no managerial role within Bradford Teaching Hospitals NHS Foundation Trust.
16. I will accept responsibility for my actions.
17. I will at all times, comply with the Standing Orders and Standing Financial Instructions of Bradford Teaching Hospitals NHS Foundation Trust.
18. I will respect the confidentiality of individual patients and comply with the confidentiality policies of Bradford Teaching Hospitals NHS Foundation Trust.
19. I will respect the confidentiality of the information I receive in my role as a NED or Governor and act with integrity and objectivity and in the best interests of Bradford Teaching Hospitals NHS Foundation Trust, without any expectation of personal benefit.
20. I will attend meetings of the Board of Directors and/or Council of Governors, and training events as required in order to carry out my role.
21. I will abide by relevant Bradford Teaching Hospitals NHS Foundation Trust policies and procedures.

Relevant to Governors only

22. If I am a member of any trade union, political party or other organisation, I will not be representing those organisations (or the views of those organisations) but will be representing the interests of the constituency (public or staff) that elected me or the partner organisation who nominated me.
23. I will seek to work with the Trust to ensure that the membership of the constituency I represent is informed and provided with opportunities to influence developments.

11. Visits to Bradford Teaching Hospitals NHS Foundation Trust services

Where NEDs or Governors wish to visit the services of Bradford Teaching Hospitals NHS Foundation Trust in a formal capacity, as opposed to individuals in a personal capacity, the NED or Governor must liaise with the Board Secretary (or their nominated member of staff) to make the necessary arrangements.

When attending the Trust in a personal capacity, NEDs and Governors must not wear their Trust-issued ID badge.

Aurice-Jacqueline
08/01/2026 18:19:19

12. Media and communications

NEDs and Governors must adhere to the media and communications principles attached at Appendix 1 to this Code of Conduct.

All NEDs and Governors are expected to comply with the Trust's Social Media Policy.

Under no circumstances should an individual NED or Governor publish information on matters pertaining to the Trust or their role as a member of the Board of Directors or Council of Governors without the knowledge and agreement of the Chair and the Board Secretary. This includes publishing information on social media.

13. Non-Compliance with the Code of Conduct

Any suspected breaches of this Code of Conduct will be managed under the 'Process for managing concerns in relation to the Chair, another NED or a Governor'. This may result in the suspension and/or removal of the Chair/NED/Governor concerned. Once the formal part of this process is set in train, the individual who is the subject of the process is required to have no uninvited contact with any member of the Council of Governors on the issue until the matter is resolved. The individual must direct communications only to such individuals to whom they are requested to direct communications.

14. Review of the Code of Conduct

The Code will be reviewed on an annual basis by the Council of Governors to ensure that it is kept up to date. A full review will be undertaken in consultation with the Board of Directors and Council of Governors at least every 3 years.

Code of Conduct

Bradford Teaching Hospitals NHS Foundation Trust

Name of NED or Governor _____

This Code of Conduct does not limit or invalidate the right of the NED or Governor, or Bradford Teaching Hospitals NHS Foundation Trust to act under the Constitution.

Declaration

I, _____ (print name) agree to abide by the Code of Conduct of Bradford Teaching Hospitals NHS Foundation Trust.

Signature _____

Date _____

Please keep one copy, sign the second copy and return to the Corporate Governance Office.

Maurice-Jacques
 08/01/2019 18:19:19

Appendix 1

Media and Communications - Principles for NEDs and Governors

1. This briefing is intended to provide guidance and key policy statements to NEDs and Governors about how to deal with approaches from or to the media and related matters. The Trust is keen to work proactively with NEDs and Governors to promote the work of the Trust, its staff, the Board and the Council of Governors. This briefing sets out the procedure for NEDs and Governors to follow should they receive a call from the media or wish to publicise activities associated with, or arising from, their position as a member of the Board or Council of Governors of the Trust.
2. The Trust recognises that the Board and Council has a legitimate involvement in providing information to the Trust's membership and wider public. However, to ensure such messages reflect the opinion of the whole Board or Council and are consistent with other statements made by the Trust, any statements by members of the Board or Council of Governors must be issued through the Trust's Communications Team.
3. The Communications Team ensures that the activities of the Trust are promoted in a positive manner through radio, television and the press at both local and national levels.
4. Subject to paragraph 2 above, the promotion of the work of the Board or Council through the media will be a matter for decision by the Board or the Council of Governors respectively.
5. With regard to communication from the press and media, NEDs and Governors must immediately direct all enquiries to the Chair and Board Secretary.
6. Under no circumstances should an individual member of the Board or Council of Governors discuss, publish or otherwise distribute information on matters pertaining to the Trust or their role as a member of the Board or Council without the knowledge and agreement of the Chair and Board Secretary.
7. Any documents given or shown to NEDs and Governors not already in the public domain, are to be treated as confidential and therefore NEDs and Governors must not copy, or otherwise distribute such information without the permission of the Chair and Board Secretary.
8. NEDs and Governors who receive invitations to attend functions or meetings related to their activities as a member of the Board or Council should advise the Corporate Governance team.
9. Should a NED or Governor be invited to speak then he or she is requested to clear any proposed speech with the Chair and Board Secretary.
10. For invitations to give a speech or appear publicly in their role as NEDs or Governors that come directly to the Trust, the Corporate Governance Team will draw up a list of those who are willing to represent the Foundation Trust in this way. The final determination as to who will attend will rest with the Chair and Board Secretary.
11. The Trust has a clear policy and procedures for responding to Freedom of Information (FOI) requests and should a NED or Governor receive such an enquiry this should be forwarded to the Corporate Governance team in the first instance who will ensure that the correct procedure under the Trust's FOI policy is followed.

Maureen
08/01/2026 18:19:19

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12. Finally, NEDs and Governors are of course free to make statements or give interviews in connection with any non-Trust related activities they may be involved in. However, any statements or interviews given by individual members of the Board or Council of Governors in relation to these other aspects of their personal or professional activities must not make reference to any matters pertaining to their position as a member of the Board or Council of Governors.

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Maurice-Jacqueline
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Appendix 2

Standards in Public life (Nolan Principles)

The Council of Governors and the Board of Directors will adhere to the following principles:

Selflessness

- Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

- Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

- In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability

- Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

- Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

- Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

- Holders of public office should promote and support these principles by leadership and example.

Maurice-Jacqueline
08/01/2026 18:19:19

| Council of Governors | | | | |
|--|--|------------------------------------|---|--------------------------------------|
| Meeting Date: | 15 January 2026 | Agenda Reference: | CGo.1.26.8 | |
| Report Title: | Process for managing concerns | | | |
| Presented by: | Laura Parsons, Associate Director of Corporate Governance/Board Secretary | | | |
| Lead: | Sarah Jones, Chair | | | |
| Author: | Laura Parsons, Associate Director of Corporate Governance/Board Secretary | | | |
| Report Summary | | | | |
| Purpose of the paper: | Decision <input checked="" type="checkbox"/> (approve) | Assurance <input type="checkbox"/> | Action <input type="checkbox"/> (review/discuss/ comment) | Information <input type="checkbox"/> |
| Summary of Key Issues/Highlights: | <p>The purpose of this paper is to present the new 'Process for managing concerns in relation to the Chair, another NED or a Governor' for approval.</p> <p>The new process will replace the current 'Process in the case of the proposed removal of a NED or Chair' and the process set out in the previous Governor Code of Conduct for managing non-compliance.</p> <p>The proposed process (Appendix 1) has been developed with input from the Policies and Procedures Task and Finish Group, as well as our legal and governance advisors. It is designed to take account of the learning from previous uses of the 'Process in the case of the proposed removal of a NED or Chair', and to also make the process more practical and efficient. It includes an informal process for managing concerns which are deemed to be minor, as well a formal process for managing potential breaches of conduct. The previous process only dealt with formal investigations and did not include an informal stage.</p> <p>The new process also includes an ability for the decision of the Council of Governors to be appealed, by referring the matter to an independent assessor.</p> | | | |
| Recommendation/s: (Decision/approval/assurance required) | The Council of Governors is asked to approve the 'Process for managing concerns in relation to the Chair, another NED or a Governor'. | | | |
| Link to Strategic Objective: | N/A | | | |
| Link to Priority Initiatives 2025/26: | N/A | | | |
| Implications | | | | |
| Risk: | N/A | | | |
| Legal/Regulatory: | The process is aligned with the requirements of the NHS Act 2006 (as amended) and 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 & Procedures Task & Finish Group – 02/12/25 Governors Nomination & Remuneration Committee – 16/12/25 |

Maurice-Jacqueline
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DRAFT Process for managing concerns in relation to the Chair, another NED or a Governor

1. Introduction

- 1.1 The intention of this process is that potential concerns in relation to the conduct of the Chair, another Non-Executive Director ("NED") or a Governor of Bradford Teaching Hospitals NHS Foundation Trust (the "Trust") are managed at an early stage, with a view to resolving problems informally in a fair and timely manner.
- 1.2 In circumstances where there is a need to follow the formal stages of this process, the aim is to conclude this in a timely manner and ensure that anyone who is subject to allegations about their conduct is supported to ensure their wellbeing. At each stage of the process, the individuals involved will be signposted to appropriate sources of wellbeing support and advice.
- 1.3 Both the Chair and the Senior Independent Director ("SID") are individually authorised to obtain legal advice in relation to the operation and implementation of this process.
- 1.4 Where this process refers to HR support and/or advice being sought, this is to help ensure that a fair process is followed. It should not be interpreted as meaning that any of the individuals who may be subject to this process are employees or workers of the Trust.

2. Informal discussions

- 2.1 Anyone, whether they have a role in the Trust or not, who wishes to raise a concern that the Chair, another NED or a Governor may have breached the Trust's Constitution and/or the Non-Executive Directors' and Governors' Code of Conduct ("Code of Conduct") including the Nolan Principles (and/or their terms of appointment, in the case of the Chair/ another NED) should raise this with the Chair (or the SID in the case of the Chair). The Chair may decide to address their own concerns regarding a NED or Governor (or the SID may also choose to address their own concerns in relation to the Chair). All concerns or complaints regarding the Chair, other NEDs or Governors should be passed to the Chair/SID for further review under this process.
- 2.2 If the concern is deemed by the Chair/SID to be minor, then the Chair/SID may decide that an informal discussion with the Chair/NED/Governor may be appropriate in the first instance, in order to address the concern raised. The Chair/SID may also determine that the concern has no reasonable basis and that no further action is required.
- 2.3 It will be for the Chair/SID to agree and monitor appropriate actions with the individual. These actions should be flexible and proportionate in order to cover a wide range of circumstances.
- 2.4 A brief record of the informal discussion and agreed actions should be made by the Chair/SID and kept on file by the Board Secretary.
- 2.5 If informal intervention fails, or if the issue is deemed sufficiently serious, the formal process as set out at Clause 3 shall be implemented.

- 2.6 Examples of matters that may be deemed ‘sufficiently serious’ to warrant initiation of the formal process include a breach of confidentiality, breach of Trust policies, allegations that a NED is not a “fit and proper person”, suspected fraud, violent or abusive behaviour, unauthorised public comment regarding the Trust, its employees, the Chair, other NEDs or Governors, or slander/libel (please note that this list is not intended to be exhaustive, and any concerns raised will be considered on a case by case basis).

3. Formal process

- 3.1 The individual who is the subject of the concern/s raised will be informed upon the initiation of the formal process and will be kept updated throughout. If the formal process is being initiated in respect of the Chair or another NED, the Council of Governors will be notified at the next appropriate opportunity. It is the responsibility of the Chair/SID to ensure that this happens.
- 3.2 The individual who is the subject of the process is required to have no uninvited contact with any member of the Council of Governors on the issue until the matter is resolved. The individual must direct communications only to such individuals whom they are requested to direct communications. Breach of these requirements may be deemed to be a major breach of conduct in their own right.
- 3.3 In the first instance the Chair/SID should initiate a fact-finding exercise by the Board Secretary or other senior member of staff (ensuring there are no conflicts of interest), to see if the matter can be resolved without the need for a formal investigation. The fact-finding exercise will include an opportunity for the individual who is the subject of the concern/s to provide their response to the concern/s to the Board Secretary or other senior member of staff.
- 3.4 The Board Secretary or other senior member of staff should aim to complete the fact-finding exercise within 5 working days. If this is not possible for any reason then the Chair/SID may determine that a formal investigation is required.
- 3.5 The outcome of the fact-finding exercise will be recorded in writing. Statements and comments recorded during the fact-finding process will be shared in writing with the relevant contributors so that they have a chance to comment on accuracy before being passed on to the Chair/SID. The comment will also be recorded.
- 3.6 If the results of a fact-finding process confirm that:
- 3.6.1 the Chair or another NED is disqualified from holding office under paragraph 7.3 of the Constitution; and/or
- 3.6.2 one (or more) of the factors set out in paragraph 5.2 and/or paragraph 5.3 of the NED terms of appointment are met;
- and the Chair/SID determines that a formal investigation is not required, the Chair/SID shall confirm the findings of the fact-finding process to the Chair/NED and may seek the Chair/NED’s resignation from office. This is likely to be in cases where there is a clear finding that one or more of the disqualification criteria are met, for example where the Chair/NED has been adjudged bankrupt or sentenced to

imprisonment for three months or more.

- 3.6.3 If a resignation is not appropriate or not forthcoming, the Chair/SID may convene a meeting of the Council of Governors to seek the Chair or other NED's removal from office.

- 3.7 The process relating to the disqualification of a governor is set out in paragraph 6.11 of the Constitution.

- 3.8 If a potential breach of conduct is identified, and paragraph 3.6 of this process or paragraph 6.11 of the Constitution do not apply, the Chair/SID will appoint either a Trust investigating manager or an external investigator ("Investigator") to carry out an investigation. Where appropriate, they will be supported by a senior member of the HR department.

- 3.9 In cases of potential fraud, bribery or corruption the investigation may be jointly undertaken with the Trust's Local Counter Fraud Specialist (LCFS). No investigation relating to suspected fraud, bribery or corruption should be commenced without an initial discussion with the LCFS.

- 3.10 Terms of reference will be drawn up for the investigation by the Board Secretary, supported by a senior member of the HR department, and will be approved by the Chair/SID, as the commissioner of the investigation. The terms of reference will be shared with the individual who is the subject of the allegations and the investigator. The terms of reference will not be shared with the individual/s who have raised the allegations or with any witnesses who may be interviewed.

- 3.11 The Investigator must undertake the investigation without delay and ensure that it is given priority. Whilst there is no time limit for completion of the investigation, the Investigator should strive to complete it within 20 working days of appointment and aim to submit the investigatory report within a further 5 working days. Timescales should be reviewed by the Chair/SID, ensuring that those involved in the investigation are regularly updated by the Board Secretary.

- 3.12 Witnesses required to provide statements to be used as part of the investigation should be given sufficient time to complete and agree them. Only in exceptional circumstances should witness statements remain anonymous (for example, a witness who has a reasonable belief that they may suffer harm if their identity is not protected).

- 3.13 Where the Chair/NED/Governor who is the subject of the allegations is requested to attend an investigation meeting, they will be given a minimum of 3 working days' notice in writing informing them of the details of the allegations against them and the date and time of the proposed meeting. An individual may be accompanied at an investigatory meeting by another NED (for the Chair and NEDs only) or another Governor (for Governors only), or a trade union or professional association representative. If the individual and/or their chosen NED/Governor/representative are unable to attend on the date provided, they are required to provide alternative dates within 5 working days of the original date. If the individual fails to attend the meeting, the Investigator may progress the investigation based on the information available.

- 3.14 On completion of the investigation, the Investigator will produce a report on their findings, which will make a recommendation as to whether or not there has been a breach of conduct and, if so, whether the breach has been a minor breach or a major breach. A copy of the report will be provided to the Chair/SID. The final decision as to whether there has been a breach of conduct and, if so, the severity of that breach, will be made by the Chair/SID.
- 3.15 The next steps are as follows:
- 3.15.1 If there is a finding of no breach, no further action will be taken. The report will be kept on file by the Board Secretary.
- 3.15.2 If there is a finding of a minor breach of conduct, a record will be kept on file for the duration of the individual's current and any future terms of office and a copy of the report will be shared with the individual concerned. A second finding of a minor breach of conduct during the individual's term may constitute a major breach of conduct. This will be determined by the Chair/SID.
- 3.15.3 If there is a finding of a major breach of conduct, the matter will be subject to the removal process outlined below at Clause 5 and a copy of the report will be shared with the individual concerned.
- 3.16 Some examples of what might constitute minor and major breaches of conduct are included below. Please note that these examples are not intended to be exhaustive or definitive, and the individual circumstances of each case should be taken into account.
- 3.16.1 Minor breaches of conduct
- 3.16.1.1 Treating Trust staff, volunteers or Governor colleagues without due respect (depending on the circumstances this may also be deemed a major breach of conduct).
- 3.16.1.2 Failure to comply with media/communications guidance as set out in the Code of Conduct.
- 3.16.1.3 Misuse of resources, for example unauthorised use of parking permit.
- 3.16.1.4 Being overly disruptive or dominant during meetings.
- 3.16.2 Major breaches of conduct
- 3.16.2.1 Personal conduct which could reasonably be regarded as prejudicial or as bringing the Council of Governors or the Trust into disrepute.
- 3.16.2.2 Breach of confidentiality.
- 3.16.2.3 Breach of Trust policies.
- 3.16.2.4 Stealing from the Trust, members of staff or the public or other offences of dishonesty, including fraud and/or corruption.
- 3.16.2.5 Sexual misconduct and/or violent or abusive behaviour.

3.16.2.6 Knowingly making untrue or misleading statements relating to the Council of Governors or the Trust.

3.15 In the case of a confirmed breach, the Trust reserves the right to take potential legal action where deemed appropriate.

4. Suspension

4.1 Where an investigation process is set in train by the Chair/SID, they should consider whether the Chair/NED/Governor should be suspended while the investigation is carried out.

4.2 Suspension should be a last resort that is proportionate in the circumstances having first considered other mechanisms for removing risk. However, there are circumstances where an individual may need to be suspended from Trust duties whilst an investigation is carried out.

4.3 The purpose of the suspension period would be to allow a full investigation to be carried out to establish whether there has been a breach of conduct.

4.4 Suspension is not in itself a sanction and will be for no longer than is necessary.

4.5 Where the Chair/SID is considering suspension, senior HR advice must be sought and the Board Secretary must be consulted at the earliest opportunity and any necessary professional advice taken. Where possible the suspension will be notified to the Chair/NED/Governor in person, however, as the Chair/NEDs/Governors are not present at the Trust on a daily basis, suspension may be carried out via telephone or a virtual meeting, with reasons given for the suspension.

4.6 The decision to suspend will be confirmed in writing by the Chair/SID within three working days of the suspension. This will include confirmation of the terms of suspension.

4.7 The individual must not discuss the allegations or the details of the allegations with anyone other than Occupational Health, the Investigator, any trade union or professional association representative, any colleague providing them with support in accordance with paragraph 3.13 or any professional adviser.

4.8 Suspensions will be reviewed by the Chair/SID on a regular basis to determine whether the suspension should continue.

5. Removal process

5.1 Where there has been a finding of a major breach of conduct (or, where appropriate, two or more findings of minor breaches of conduct), the matter will initially be referred to the Governors' Nomination and Remuneration Committee (NRC) for their consideration of the issue, the process of investigation and the findings. The individual who is the subject of the process will not be permitted to make representations to the NRC. When satisfied that the process has been followed appropriately, the NRC shall then refer the matter on to the Council of Governors.

- 5.2 The Lead Governor shall inform the ICB and NHS England upon the instigation of this removal process and keep them up to date throughout each stage, through the Board Secretary.
- 5.3 A formal meeting of the Council of Governors shall be convened for governors to vote on the matter. The Council of Governors will receive a copy of the investigation report/s and the Chair/SID will present the report and their determination to the Council of Governors. The individual who is the subject of the process will be given the opportunity to make representations to the Council of Governors either in person or in writing.
- 5.4 Removal of the Chair or a Non Executive Director requires the approval of three-quarters of the members of the whole Council of Governors and not just three-quarters of those who attend the meeting. Removal of a Governor requires the approval of a two-thirds majority of those present and voting, excluding the Governor involved.
- 5.5 If the Council of Governors votes to remove the individual from office (in accordance with the thresholds set out in paragraph 5.4), the Board Secretary shall send notice in writing to the individual following the meeting to confirm the Council of Governors' decision to remove them from office. Such removal will take effect unless the individual notifies the Board Secretary in writing by 4pm on the third working day following the day of the notice being sent (i.e. the date of sending shall not be counted as part of the three working day period) that they wish to appeal the decision of the Council of Governors to remove them from office, and the reasons why.

6. Appeal

- 6.1 If the Council of Governors votes to remove an individual from office and the individual exercises their right to appeal that decision, the matter will be referred to an external assessor. The Trust and the individual shall try and reach agreement on the identity of the external assessor. Where agreement cannot be reached, the external assessor shall be appointed by the Trust, having consulted with the NHS England Regional Office. The Board Secretary will arrange for the external assessor to be sent the papers that were received and considered by the Council of Governors, including any written representations, or an audio recording of any verbal representations, that were made by the individual concerned in accordance with paragraph 5.3 above.
- 6.2 The independent assessor shall be asked to consider the evidence and determine whether the proposed removal of the individual from office is reasonable. If the independent assessor determines that the proposed removal is reasonable, the removal shall take effect immediately. If the independent assessor determines that the proposed removal is unreasonable, the Council of Governors' decision to remove the individual from office will be revoked.

7. What happens when NHS England takes action to remove or suspend a Governor, the Chair or another Non-Executive Director?

- 7.1 Following a breach of an NHS foundation trust's [provider licence](#), circumstances may arise that result in NHS England deciding to exercise its statutory powers to require the Trust, by notice, to suspend or remove from office a Governor, the Chair

or another Non-Executive Director. If the Trust receives notice from NHS England requiring one or more individuals to be removed from office then:

- 7.1.1.1 where such individuals are Governors, the Chair may terminate the office of those Governors on notice with immediate effect; and
- 7.1.1.2 where such individuals are NEDs (whether or not including the Chair), a meeting of the Council of Governors shall be convened to approve the removal of the relevant NEDs from office.
- 7.1.2 NHS England may exercise its statutory powers to itself suspend or remove from office a Governor, the Chair or another Non-Executive Director.
- 7.1.3 For further information on NHS England and how it may exercise its powers, Governors and NEDs can refer to the [NHS Oversight Framework 2025/26](#) or any later version of such framework and the [enforcement guidance \(December 2023\) or any later version of such guidance](#).

DRAFT

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| COUNCIL OF GOVERNORS PUBLIC | | | | |
|---|---|---|---|--------------------------------------|
| Meeting Date: | 15/01/2026 | | Agenda Reference: | CGo.1.26.9 |
| Report Title: | Governors Nominations and Remuneration Committee (NRC) Report | | | |
| Presented by: | Mark Chambers (NRC Governor) | | | |
| 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 checked="" type="checkbox"/> | Action <input type="checkbox"/> (review/discuss/ comment) | Information <input type="checkbox"/> |
| Summary of Key Issues/Highlights: | <p>To provide a report to the Council of Governors on matters addressed by the Governors NRC at their most recent meeting.</p> <p>Membership of the NRC</p> <p>The NRC is currently comprised of the following members:</p> <ul style="list-style-type: none"> • Sarah Jones, Chair • Dermot Bolton, Public Governor • Mark Chambers, Patient Governor • Philip Turner, Public Governor • Andrew Waller, Public Governor <p>David Wilmshurst and Helen Jepps are stood down as members of the NRC as they are no longer Governors. Two new members to the Governors NRC are being sought.</p> <p>Meeting of the NRC held on 16 December 2025</p> <p>Items considered by the NRC covered:</p> <ul style="list-style-type: none"> • Process for Managing Concerns. A separate agenda item is included on the Council of Governors agenda to cover this item. • Non-Executive Director and Chair Remuneration. A recommendation has been agreed by the NRC which will be presented at the private meeting of the Council of Governors for review and approval. The decision will then be confirmed at the next meeting of the Council in April 2026. • NRC Work Programme. The programme was reviewed and agreed with the NRC. <p>Next meeting of the NRC.</p> <p>The next quarterly meeting of the NRC is scheduled for 10 March 2026.</p> | | | |
| Recommendation/s: (including any decision/approval required) | The Council of Governors is asked to note the report. | | | |
| Link to Strategic Objective: | N/A | | | |

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|--|---|
| 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: | Governors Nominations and Remuneration Committee – 16/12/25 |

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| Council of Governors Public | | | | |
|---|--|---|---|---|
| Meeting Date: | 15 January 2025 | | Agenda Reference: | CGo.1.26.x |
| Report Title: | Update on BTHFT's Digital & Data Transformation Strategy (DDTS) | | | |
| Presented by: | Vikki Lewis, Chief Digital & Information Officer | | | |
| Executive Lead: | Vikki Lewis, Chief Digital & Information Officer | | | |
| Author: | Adam Griffin, Prior Deputy CDIO & CTO | | | |
| 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 checked="" type="checkbox"/> |
| Summary of Key Issues/Highlights: | <ul style="list-style-type: none"> The DDTS continues to progress across the 5 Strategic Objectives. Most progress has been achieved in the people, digital standards and optimisation domains, whilst automation and data plans continue to develop. The NHS Long Term Plan's (NHS LTP) 3 main shifts are underpinned and enabled by digital and data and therefore so shall the Trust's plans and ambitions. As articulated in the Board Assurance Framework (BAF), the pace of recruitment, capacity for change and suboptimal capabilities remain as constraints to the delivery of the strategy and underlying business plan. Digital Data and Technology (DDaT) will be undergoing a period of routine strategy refresh in recognition of the recently released detail of the NHS LTP. For external assurance, DDaT are preparing for a digital strategy progress audit, which shall be undertaken by Audit Yorkshire. | | | |
| Recommendation/s: (including any decision/approval required) | <i>The Council of Governors is asked to:</i> <ol style="list-style-type: none"> Review the progress of the business plan and strategic objectives. Note the risks towards delivery. | | | |
| Link to Strategic Objective: | Quality - To provide outstanding care for patients, delivered with kindness | | | |
| Link to Priority Initiatives 2025/26: | Digital Strategy | | | |
| Implications | | | | |
| Risk: | BAF Risk: Mitigation of cyber exploitation. BAF Risk: Delivery of the DDaT Strategy. | | | |
| Legal/Regulatory: | N/A | | | |
| Quality & Patient Safety: | Positive impact. | | | |
| Equality, Diversity and Inclusion and Health Equity: | No known impact | | | |
| Resources: | No known impact | | | |
| Environmental sustainability: | No known impact | | | |
| Assurance Route | | | | |
| Meeting/s where content has been discussed previously: | Executive Team Meeting Quality Committee Board of Directors | | | |

Report content

1. Purpose

This paper provides assurance of the progress across the 5 Strategic Objectives (SO) of the Digital and Data Transformation Strategy.

2. Executive Summary

BTHFT's new Digital and Data Transformation Strategy and Plan was approved by the Board in March 2025. Since then, progress has been made across the 5 strategic objectives. It is underpinned by a series of comprehensive business plans (in the form of objectives for our senior leaders and team members).

With the appointment of key leadership positions (notably the Associate Director of Data, Analytics and AI in Sept 25), progress across all strategic objectives has begun, which can be summarised as follows:

| Strategic Objective | | Senior Lead | Start Date | Planned Completion | Progress to date | Overall RAG |
|--|-----------------------|--|------------|---|--------------------------|-------------|
| SO1 – Our People <i>Become the best digital place to work in WYAAT by having the best digital employee proposition, culture, talent, and partnerships.</i> | | Rachel Pyrah, DDAT General Manager | Sept 2024 | Q4 25/26 | 65% Objective completion | ➡ |
| SO2 – Digital Standards <i>Become an award-winning, best-in-class Informatics service which provides quality, effective and efficient digital leadership and services.</i> | Technology Management | Adam Griffin, Dept CDIO & CTO | Sept 2024 | Q1 25/26 | 32% Objective completion | ➡ |
| | Data | Rush Miah, Associate Director of Data, Analytics & AI | Sept 2025 | Q4 26/27 | 2% Objective Completion | ➡ |
| | Change | Steve Manns, Head of Clinical Information Systems | Sept 2024 | Re-baselining underway | 7% Objective Completion | ➡ |
| SO3 – Data Driven Care & Decisions <i>Proactively impacting care delivery using data driven intelligence and analytics.</i> | | Rush Miah, Associate Director of Data, Analytics & AI | Dec 2025 | Currently in design phase whilst we establish new capabilities to achieve this objective. | | |
| SO4 – Digital Works Improving organisational performance through digital and workflow optimisation. | | Adam Griffin, Dept CDIO & CTO | Jan 2026 | Currently in design phase whilst we establish new capabilities to achieve this objective. | | |
| SO5 – Clinical Optimisation & Interoperability Improve patient care, safety and experience by introducing and optimising digital healthcare solutions in an integrated manner. | | Steve Manns, Head of Clinical Information Systems | June 2025 | Q4 26/27 | 20% Objective Completion | ➡ |

The underlying business plan for the 'Brilliant Basics' part of the strategy remains positive. The transforming element - as with the strategy in totality – requires continued focus and a refresh in recognition of the medium-term planning document recently published by NHSE.

Capacity and expertise to coordinate and deliver and focus on transformative change at the pace required by the Trust remains our overriding risk to delivery (See BAF DDAT Risk to delivery).

Further detail of progress and risks are articulated overleaf.

3. Objective Summary Progress

a. SO1 – Our People

Significant progress has been made, notably:

- The DDaT department held an away day to establish expectations and objectives. The theme for the day was Belonging and Building Brilliant Foundation. Prior to this session, the senior team undertook the two-day "Leading at a Higher Level" course. This training was then extended to key people in the department, with a focus on fostering a sense of belonging.

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- Drawing on insights from the 2024 NHS Staff Survey, we developed an action plan that included introducing dynamic appraisals. Our appraisal completion rate improved significantly, rising from 47% to 81% by the end of October 2025. This ensured that meaningful and shared objectives reached a large portion of the DDaT team.
- To further build our team's capabilities, we are committed to fully utilising our learning and development budget throughout the financial year. This investment will help our people develop the skills needed for future digital work.
- To increase reward and recognition across the department, we reintroduced annual staff awards in December last year. Alongside this we encouraged Greatix nominations and had a member of the team shortlisted at the recent Brilliant Bradford awards.

Risk to delivery: One outstanding action from our Staff Survey plan is to address office accommodation. The accommodation (Unwin Place) has been rated 'red' following an independent Estates survey, with most areas severely dilapidated, unsafe (in places) and unsuitable for continued occupation.

b. SO2 – Digital Standards

The digital standards SO is split into the following areas of focus:

- **Technology:** Progress has remained modest, yet steady. Limiting factors remain the capacity and capabilities given the specialist nature of this domain. In mitigation, new appointments are being progressed through the Trust's recruitment process. One area in need of growth is within the solution and technical architecture, and cyber domains of which the former will be resourced by December 2025, and the latter currently under review for additional resources and capabilities.
- **Data and Clinical Coding:** Key achievements include workforce development, strengthened SHMI oversight, improved activity management, enhanced documentation standards, increased team collaboration and introduction of Agile leading to an improvement in work processes.

Ongoing work focuses on aligning activity with national definitions, optimising EPR use, implementation of OPCS 4.11 and ensuring data integrity—laying strong foundations for accurate reporting, financial assurance, and long-term quality improvement. Work is in progress to introduce real time data, improve current reporting to provide insights, and support improved collaboration across the organisation.

- **Change:** This element of the strategy is undergoing a re-baselining; however, progress continues to be made through onboarding a digital PMO tool, bringing improved Portfolio wide visibility whilst supporting pipeline management of new digital change initiatives. Recruitment of 2 Business Analysts has supported the implementation of a refreshed change management process. Work is in progress to fully embed robust, consistent project documentation along with better aligning Portfolio prioritisation to Trust requirements.

Risk to Delivery: Budget and 'time-to-hire' for transformative roles remains a challenge, however DDaT continues to pursue an ambitious recruitment and capability development agenda to provide the expertise and capacity for the transformational change required by the Trust in terms of productivity and profitability.

c. SO3 – Data Driven Care & Decisions

There has been on going progress with the implementation of user-friendly dashboards with the need to provide insights using the 4 types of analytics. Introduction of data work request app allows

one route into Business Intelligence providing greater visibility and assurance of delivery of work using Agile SCRUM.

Work is in progress to establish a data dictionary and document all data feeds.

Collaboration between teams with data and the organisation has improved greatly, with Theatre work engagement sessions established with all stakeholders.

For the next period, a comprehensive resourced plan shall be presented for approval.

d. SO4 – Digital Works

This SO is still in the early stages of development and is dependent on the completion of SO2 (Digital Standards) and the enhancement of resources skilled in automation and AI. Notwithstanding that, we have seen an increase in the visibility of AI solutions across the Trust, and an uplift in skills and capabilities towards the same via the investment we have made in our people. Positively, recruitment approval has been received for an automation engineer, and technical project manager who can collectively support the achievement of this objective.

For the next period, an outline plan and approach to improve corporate and clinical productivity through automation shall be provided.

e. SO5 – Clinical Optimisation and Interoperability

Ongoing progress is being made as outlined in the following examples:

- Closed Loop Medication Administration. Rollout of barcode scanning of both patient and medication to ensure the correct drug for the right patient. This will be rolled out to all inpatient areas and include AED.
- Sepsis alerting. The alert can now be suppressed if a patient has suspected or known Sepsis. By doing this the treatment plan can be implemented without continual alerts being fired.
- Nursing documentation. Working with end users and key specialists across the three Trusts improvements have been made to the adult nursing admission form which is helping increase documentation compliance. Ward 29 will become an exemplar ward for nursing care plan completion with a targeted improvement plan due to be launch in December.
- BSOTS (Birmingham Symptom specific Obstetric Triage System). Working with end users, Oracle Health and BSOTS specialist, to redesign and build new workflow in EPR. Once piloted this will be used as model content across the Oracle Health platform.
- Clinical Engagement. The Clinical Informatics team which includes trainers regularly visit all clinical areas to understand what is working well and what we can help to improve. A digital engagement communication and engagement campaign will launch in January to include a newsletter, an 'EPR Hub' website with links to useful sites for staff embedded, and the launch of a Digital Advocates network across the Trust.

Looking forward to the next period, a consolidated programme of clinical optimisation and interoperability will be proposed, alongside supporting resources, to provide a forward view of agreed clinical change.

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