

Council of Governors Meeting Agenda

Date	Wednesday, 15 April 2026	Time	15:30 – 17:30
Venue	Seminar Room, Wolfson Centre for Applied Health Research, BRI	Chair	Karen Walker, Acting Chair

In attendance:

- 16:25 to 16:45: Byron Johnson, Associate Director of Quality - CGo.4.26.7 Quality Account Improvement priorities.

Time	No.	Agenda Item	Lead	Outcome	Papers attached
15:30	CGo.4.26.1	Apologies for absence <ul style="list-style-type: none"> • Ruth Houghton, Staff Governor • Emma Fleary, Staff Governor • Imran Ellam, Public Governor • Osman Rafiq, Public Governor 	Chair	For information	Verbal
	CGo.4.26.2	Declarations of interest	Chair	For information	CGo.4.26.2
	CGo.4.26.3	Minutes of the meeting held 15 January 2026	Chair	For approval	CGo.4.26.3
	CGo.4.26.4	Matters arising	Chair	For information	Verbal
15:35	CGo.4.26.5	Holding to Account			
	CGo.4.26.5a	Chair's report	Chair	For assurance	CGo.4.26.5a
	CGo.4.26.5b	NED feedback: reports from Board	NEDs	For assurance	CGo.4.26.5b
	CGo.4.26.5c	Chief Executive's report	Deputy Chief Executive	For assurance	CGo.4.26.5c
16:20	CGo.4.26.6	Matters raised with Governors by members, patients and the public	Board Secretary	For information	Verbal
16:25	CGo.4.26.7	Quality Account Improvement Priorities	Associate Director of Quality	For assurance	Presentation
16:45	CGo.4.26.8	Communications headlines	Strategic Communications & Engagement Lead	For assurance	Presentation
17:05	CGo.4.26.9	Governors Nominations & Remuneration Committee (NRC) report	Lead Governor	For information	CGo.4.26.9
17:10	CGo.4.26.10	NED and Chair Appraisal Process	Board Secretary	For approval	CGo.4.26.10
17:15	CGo.4.26.11	COG Effectiveness Review	Board Secretary	For approval	CGo.4.26.11
17:25	CGo.4.26.12	COG work programme	Board Secretary	For approval	CGo.4.26.12
	CGo.4.26.13	Any other business	Chair	For information	Verbal
	CGo.4.26.14	Review of meeting	Chair	For information	Verbal
	CGo.4.26.15	Date and time of next meeting 1 July 2026, 15:30 – 17:30	Chair	For information	Verbal
17.30	CGo.4.26.16	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

Employee	Year	Interest Type	Date Incurred	Date Ended	Role	Interest Description (Abbreviated)	Provider	Value E's
Andy Waller	2025/26	Nil Declaration	15.01.2026		Governor			0
Anne Forster	2021/22,2022/23,202	Outside Employment	18.06.2021		Governor	Employee University of Leeds strong links with the Stroke Association primarily providing research advice.	University of Leeds	0
Charlotte Szpara	2025/26	Nil Declaration	09.03.2026		Head of Business Management			0
Dermot Bolton	2021/22,2022/23,202	Outside Employment	01.02.2022		Governor	Senior Programme Manager in Frontline Digitisation. Part of NHS England Transformation Directorate	NHS England	0
Emma Fleary	2022/23	Outside Employment	06.02.2023		Specialist Midwife	Midwifery expertise for medicolegal cases	Kelly Parker Medicolegal Midw	0
Farideh Javid	2025/26	Nil Declaration	30.03.2026		Governor			0
Fiona Thompson	2015/16 & before,201	Outside Employment	01.01.2010		Governor	The UK's expert quality body for tertiary education.	Quality Assurance Agency	0
Fozia Shaheen	2024/25	Nil Declaration	31.03.2025		Governor			0
Helen Fearnley	2025/26	Nil Declaration	06.03.2026		Nurse Consultant - Tissue Viability			0
Helen Rushworth	2024/25	Nil Declaration	12.03.2025		Governor			0
Ibrar Hussain	2021/22,2022/23,202	Loyalty Interests	08.06.2021		Governor	Trustee of charity	Save the Mothers Trust (SMT)	0
Ibrar Hussain	2025/26	Nil Declaration	09.03.2026		Governor			0
John Waterhouse	2025/26	Nil Declaration	10.03.2026		Governor			0
Kameel Khan	2019/20	Shareholdings and other own	01.01.2020		Physician Associate	Co-owner	Pareto Revision Ltd	0
Mark Chambers	2020/21,2021/22,202	Outside Employment	01.08.2020		Governor	COO	Emmanuel Schools Foundation	0
Mark Chambers	2021/22,2022/23,202	Outside Employment	01.10.2021		Governor	trustee/director	North Star Academies Trust	0
Mohammed Ellam	2025/26	Nil Declaration	26.06.2025		Governor			0
Mohammed Osman	2025/26	Nil Declaration	03.07.2025		Governor			0
Ruth Houghton	2023/24,2024/25,202	Outside Employment	10.03.2024		General Manager Adult OPD CPBS and Med Rec	Domestic Abuse Charity	Trustee of Staying Put	0
Sharon Taylor	2025/26	Shareholdings and other own	11.03.2026		Governor	I have made an investment in a family member's start up business based outside of Yorkshire. The company is called All Roads Restaurants Ltd.I have no sh	All Roads Restaurants Ltd	0
William Martin	2024/25,2025/26	Outside Employment	01.05.2024		Governor	Executive Dean, Faculty of Health and Social Care	University of Bradford	0

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13/04/2026 08:30:55

Unconfirmed Minutes - Council of Governors Meeting in Public

Date	Thursday, 15 January 2026	Time	15:30-17:15
Venue	Conference Room, Field House, BRI	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) – via MS teams - Imran Ellam, Public Governor, Bradford East (IE) – via MS teams - Helen Fearnley, Staff Governor, Nursing & Midwifery (HF) - Emma Fleary, Staff Governor, Nursing & Midwifery (EF) – via MS teams - Professor Anne Forster, Partner Governor, University of Leeds (AF) - Ruth Houghton, Staff Governor, All Other Staff Groups (RH) – via MS teams - Ibrar Hussain, Public Governor, Bradford West (IH) - Kameel Khan, Staff Governor, Allied Health Professionals & Scientists (KK) - Dr William Martin, Partner Governor, University of Bradford (WM) - Helen Rushworth, Partner Governor, Healthwatch (HR) - Sharon Taylor, Public Governor, Bradford South (ST) - Fiona Thompson, Public Governor, Shipley (FT) - Philip Turner, Public Governor, Keighley (PT) - Andy Waller, Public Governor, Rest of England and Wales (AW) - John Waterhouse, Public Governor, Bradford East (JW) 		
In attendance	<ul style="list-style-type: none"> - Mel Pickup, Chief Executive Officer (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - John Bolton, Chief Medical Officer (JB) - Professor Karen Dawber, Chief Nurse (KD) - Mark Hindmarsh, Director of Strategy and Transformation (MH) - David Moss, Director of Estates and Facilities (DM) - Ben Roberts, Chief Finance Officer (BR) - Faeem Lal, Director of HR (FL) - Vikki Lewis, Chief Digital & Information Officer (VL) - Justine Andrew, Non-Executive Director (JA) - Geoff Hall, Non-Executive Director (GH) - Bryan Machin, Non-Executive Director (BM) - Altaf Sadique, Non-Executive Director (AS) - Karen Walker, Non-Executive Director (KW) - Jacqui Maurice, Head of Corporate Governance (JM) - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Carl Stephenson, Associate Director of Performance (CS) for agenda item CGo.1.26.6 only - Shak Rafiq, Strategic Communications and Engagement Lead (SR) for agenda item CGo.1.26.10 only 		

No.	Agenda Item	Actions
CGo.1.26.1	<p>Apologies for Absence SJ welcomed KK and FT to their first Council of Governors meeting since being elected.</p> <p>Apologies were noted from: Dr Farideh Javid, Public Governor, Bradford South - Osman Rafiq, Public Governor, Keighley</p>	

No.	Agenda Item	Actions
	<ul style="list-style-type: none"> - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - Charlotte Szpara, Staff Governor, All other staff groups 	
CGo.1.26.2	<p>Declarations of Interest No interests were declared.</p>	
CGo.1.26.3	<p>Minutes of the meeting held on 9 October 2025 The minutes were accepted as a correct record.</p>	
CGo.1.26.4	<p>Matters Arising LP referred to the action log appended to the minutes. The Council noted and agreed the outcomes to the following actions:</p> <ul style="list-style-type: none"> • <u>CGo25011 Holding to account: EDI briefing.</u> In relation to the UK Supreme Court judgment on 16 April 2025 regarding the legal definition of a ‘woman’ for the purposes of the Equality Act 2010 and a query raised regarding implications for the Trust, a briefing has been provided to the Governors by the Head of Equality, Diversity and Inclusion. JW noted that the briefing stated that the Equality and Human Rights Commission (EHRC) <i>would</i> submit a draft Code of Practice to the Government, however the draft Code had in fact already been submitted on 4 September 2025. It was agreed that this would be confirmed with the Head of Equality, Diversity and Inclusion. <u>Action to remain open.</u> • <u>CGo2512 Digital Strategy.</u> Added to January 2026 agenda. <u>Action closed</u> • <u>CG02513 Policy & Procedures task and finish group.</u> Following call for governor volunteers, William Martin and Farideh Javid had joined the group. <u>Action closed.</u> 	
CGo.1.26.5	<p>Holding to Account</p> <p>a. Chairs Report SJ presented a summary of her report highlighting the following key points.</p> <ul style="list-style-type: none"> • <u>Reference to key updates:</u> All existing NEDs have had a mid-year appraisal. • <u>Governor elections update:</u> SJ congratulated those governors that had been re-elected since the last Council meeting. The Council thanked Helen Jepps who has stepped down as Staff Governor - Medical & Dental for her contribution on the Governors NRC and the Council of Governors meetings. An election process will formally launch on 16 January 2026 for a Staff Governor - Medical & Dental, Public Governor – Shipley, and a Patient Governor. • <u>Strategic Advisory Forums:</u> The next session is scheduled for 5 February and will cover ‘Anchor Institutions’. • <u>NHS Oversight Framework and performance dashboards:</u> A session was delivered to Governors on 2 December 2025 and a recording of the session made available to the full Council. SJ confirmed that for future Council meetings the key elements will be reported. <p>b. NED feedback (reports from Board)</p> <ul style="list-style-type: none"> • Quality Committee: JA presented the following key highlights from the committee meeting reports: <ul style="list-style-type: none"> - <u>Respiratory risk and service backlogs:</u> Work is ongoing to mitigate the risks. - <u>Clinical mortality performance:</u> Performance is below average in comparison with other Trusts. - <u>ExCEL programme (AED):</u> Work is ongoing to mitigate the risks in terms of 	

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	<p>working with partners to reduce demand and working with staff in relation to risks around AED. The clinical mortality performance is below the average across other Trusts which is an indication of the quality of care that we provide.</p> <ul style="list-style-type: none"> - <u>Adult inpatient survey</u>: Work has been undertaken to address the findings from last years survey in relation to patients getting a good night's sleep. The programme put in place is showing improvements. <p>WM asked how the Quality Committee is assured on historic issues in AED and the medium-term plan to address these. JA confirmed that the medium-term plan is a significant element of the discussions taking place at the Quality Committee as it encompasses capital investment and workforce improvements within AED. The data is triangulated across the Finance and Performance Committee and the People Academy. SA added that the key programmes that form the ExCEL programme correlate with national priorities in terms of the Urgent and Emergency Care Strategy. The Trust continues to monitor its AED performance and ranks in the top 10 nationally and the top 4 within the region.</p> <ul style="list-style-type: none"> • Finance and Performance Committee: BM presented the following key highlights from the committee meeting reports: <ul style="list-style-type: none"> - <u>Financial position</u>: BM highlighted the level of concern around the financial position and the steps undertaken by the committee to understand the position and the Trust response. - <u>Operational Performance</u>: The report highlights areas that the committee needs to be sighted on and these are reviewed in detail to understand where the mitigations are and the plans in place to ensure improvements. - <u>Estates and Facilities</u>: Assurance has been sought that the estate is operationally safe and this has been provided in the key documents and action plans presented at the committee. - <u>High level risks</u>: JB provided an update on high-level risk relating to the potential loss of Nuclear Medicine Services. An action plan is in place to mitigate the risk, and the last component of the new installation is being delivered imminently. There would be a 6-8 week period of re-commissioning before the machine can be used. <p>DB stated that the November report suggests the 'committee notes the discussion in relation to the Digital & Data Strategy.' DB asked if BM had given any consideration to this and if it is being factored into the planning around Finance & Performance. BM confirmed that this would be included on the agenda for the January committee meeting. JW asked about the Trust's cash position. BR stated that regular updates are provided to NHS England and provided further detail on the various cash streams and the deficit plan.</p> <ul style="list-style-type: none"> • People Academy: KW presented the following key highlights from the committee meeting reports: <ul style="list-style-type: none"> - <u>Medical appraisal and revalidation</u>: KW reported that compliance is high with no unapproved missed appraisals reported. These positive results were backed up by the significant assurance internal audit report. - <u>Voluntary services annual report</u>: The first Voluntary Services Annual Report (since 2011) was shared and demonstrated good recruitment practice across our Place, how volunteers were made to feel valued and connected to our Trust and how the collection of demographic data had been developed to ensure a diverse group of volunteers across our Trust. 	

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	<ul style="list-style-type: none"> - <u>Sickness absence</u>: Whilst the flu vaccine uptake rate for this year is 43% (11% increase on last year) this has had an impact on sickness absence which was 6.62% for September. The HR team continue to explore long and short-term absence reasons to target interventions. - <u>Pharmacy team development</u>: The team previously struggled with high absence, turnover and vacancy rates, and low appraisal completion rates. The Outstanding Pharmacy Programme was created to tackle some of the issues within the department. Progress has been reported to the Academy which was assured by the learning and improvement detailed. KW felt that the practices adopted should be rolled out Trust wide. <ul style="list-style-type: none"> • Audit Committee: BM presented the following key highlights from the committee meeting report: <ul style="list-style-type: none"> - <u>Absence management Internal Audit Report</u>: Whilst significant assurance was provided in terms of the management of this area; the Trust is not meeting the absence target set. A further internal audit deep dive has been requested. - <u>Internal audit recommendations</u>: The volume of overdue recommendations continues to gradually reduce due the direct intervention of the Chief Finance Officer. • Charitable Funds Committee: AS presented the key highlights from the committee meeting: <ul style="list-style-type: none"> - <u>Full Charity team in-situ</u>: A full complement of staff was now in place allowing the team to focus on the business plan delivery and the move to independence. - <u>Relaunch of the 100 club</u>: A successful event was held at the St Luke's Hospital Orthodontics & Facial Reconstruction Unit showcasing innovation and the impact of the charity. This was an opportunity to meet with old and new members of the 100 club. - <u>Charity website review</u>: A recent audit carried out noted that the charity website does not meet the Web Content Accessibility guidelines. A proposal will be taken to the Charitable Operational Committee to discuss the functionality required and the potential legal implications. <p>c. Chief Executive's Report MP covered the following key points from her report:</p> <ul style="list-style-type: none"> • The recent industrial action by BMA resident doctors and the plans the Trust had in place to mitigate the impact of their absence by filling rotas and avoiding any cancellations to patients. • A series of unannounced CQC inspections that had taken place in Maternity, Outpatients, Community services, AED and Well Led. The Maternity report was rated as 'good' with the reports for the other areas expected within the next 6 weeks. On 1 and 2 December the maternity and neonatal teams met with the Baroness Amos inspection team. Further data has been requested along with scheduled interviews with staff planned. A generic interim report has been received relating to the 12 Trusts that have been visited. A report specifically relating to Bradford is awaited but it was noted that this would not necessarily contain any recommendations. <p>AW referred to a presentation at a recent patient experience meeting relating to 'Health on the High Street' and asked if this could be shared with governors.</p> <p>MP suggested that colleagues could be invited to attend a future Council of</p>	<p style="text-align: right;">Director of Strategy & Transformation on CGo2601</p>

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	<p>Governors meeting to provide an update on progress on the integrated neighbourhood health workstream. SJ further suggested that it might be beneficial to combine this with a visit to the relevant services, for example at the Broadway centre.</p> <p>The Council received and noted the reports.</p>	<p>Board Secretary CGo2602</p>
<p>CGo.1.26.6</p>	<p>Five-year plan</p> <p>Carl Stephenson (CS) joined the meeting to present an update and next steps. He provided an overview of the National Planning Framework published in September 2025. The aim is to move from a one-year planning cycle to a five-year planning cycle for submitting strategic plans. He referred to the Medium-Term Planning Framework, published in October 2025, which sets out the plan for this year 2025/26 and the planning expectations and strategic priorities. CS provided further detail on the targets and expectations and the updated set of metrics for Acute Providers. CS further advised that support for each of the Trust Clinical Service Units (CSUs) and departments is in place to understand the ask and test the process. The Council noted that a revised governance structure has been implemented with the aim of aligning this with partnership and internal processes that are needed to support it. CS drew attention to the engagement plan and the various meetings these feed into. The current position is that a plan was submitted in December 2025 along with the Board Assurance Statements.</p> <p>CS provided an overview of the planning timeline for Q4 which works in parallel to develop the details for the 5-year plan with partners, the Board and CSU leadership teams taking account of any further guidance received from NHSE. The next version of the three-year plan and the five-year narrative plan is due to be submitted to NHSE on 12 February 2026. Formal feedback on the previous return is due during the week commencing 19 January 2026. Formal structures are in place to track progress against the planning commitments made.</p> <p>PT asked what the Council of Governors briefing papers, referred to in the engagement plan, would look like. CS confirmed that the content would be a high-level briefing paper presented at future Council meetings.</p> <p>The Council noted the update provided.</p>	
<p>CGo.1.26.7</p>	<p>Code of Conduct NEDs/Governors</p> <p>LP advised that 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. The draft has been informed by codes of conduct from other NHS trusts as well as our governance advisors. The Council was asked to note that the process for managing potential breaches of the Code has been removed from the code of conduct and is set out in the separate 'managing concerns' process rather than within the code itself.</p> <p>FT felt that the inclusion of the word 'gender' within the document is problematic and could lead to confusion and suggested that this is replaced with sex and gender re-assignment.</p> <p>DB felt that there were some definitions that needed to be clarified in both the Code and the Process for Managing Concerns documents. SJ advised that these documents have been reviewed by a wide group of people along with our governance advisors and felt that if the documents were overly prescriptive, they</p>	

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	<p>could become unwieldy to manage, and there was also a need to rely on professional judgement. She was of the view that the framework provided clarity of expectation, and both an informal and formal process for managing concerns which was a step forward from the previous version which only included a formal process.</p> <p>AW felt that the Code of Conduct could benefit from more clarity in certain areas. It was agreed that he would provide his suggested changes to LP. HR also felt that there were some grey areas specifically relating to governors who had external jobs which might conflict with their governor role.</p> <p>LP agreed to make the changes discussed and circulate an updated version via email.</p> <p>The Council of Governors approved the Code of Conduct in principle, subject to the changes noted above.</p>	<p>Andy Waller CGo2603</p> <p>Board Secretary CGo2604</p>
<p>CGo.1.26.8</p>	<p>Process for managing concerns A combined discussion took place at agenda item CGo.1.26.7.</p> <p>HF asked about the process concerning registrants and how this would affect staff who were also staff governors. LP agreed to include a section in the process.</p> <p>The Governors approved the Process for Managing Concerns in principle, subject to the changes also noted at CGo.1.26.7 above.</p>	<p>Board Secretary CGo2605</p>
<p>CGo.1.26.9</p>	<p>Governors Nominations and Remuneration Committee report MC provided an overview of the paper. The Council was asked to note that the item relating to Non-Executive Director and Chair remuneration will be discussed at today's private Council of Governors meeting.</p> <p>The Council noted the update provided.</p>	
<p>CGo.1.26.10</p>	<p>Communications headlines SR joined the meeting to provide an overview of the communications headlines since the last meeting of the Council. The Council noted the following.</p> <ul style="list-style-type: none"> • A revised Women's health strategy will be published in summer 2026. Locally a women's health movement was launched in February 2025. • The Government launched the Men's Health Strategy for England on 19 November which includes £3.6 million investment over the next three years specifically for suicide prevention projects. • Andy's Man Club will be running a one-hour session, on 19 January, 12-1pm, Sovereign Lecture Theatre, BRI. All are welcome to attend. • The Mental Health Act 2025 has received Royal Assent, making changes to the Mental Health Act 1983. • On 3 December 2025, the government launched an independent review into mental health conditions, ADHD, and autism. The findings will be published in summer 2026. • On 16 October, the Prime Minister announced measures to tackle antisemitism and other forms of racism in the NHS. These issues have already been discussed at our Board meeting on 27 November 2025 on the work the Trust is doing on anti-racism. • A voluntary redundancy scheme was launched as part of the organisational 	

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	<p>changes taking place at NHS West Yorkshire ICB. More details on the proposed structures will follow in due course.</p> <p>LP agreed to circulate the communications headlines slide pack to the Council.</p> <p>The Council noted the update provided.</p>	<p>Board Secretary CGo2606</p>
<p>CGo.1.26.11</p>	<p>Digital Strategy</p> <p>VL provided an overview of the paper which articulated the five strategic objectives agreed as part of the Digital & Data Transformation Strategy in May 2025. VL confirmed that the strategy is aligned with the NHS Long Term Plan. With the appointment of key leadership positions (notably the Associate Director of Data, Analytics and AI in September 2025), progress across all strategic objectives has begun.</p> <p>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. To further build the team’s capabilities, VL confirmed there was a commitment to fully using the learning and development budget throughout the financial year. Digital Advocates are in place across the CSUs, who can engage with the IT team. An initial 3-way meeting has taken place with Airedale, BTHFT and Bradford District Care Trust to discuss how to support some of the corporate review work, to draw on the capacity and capability that exists across Bradford District and Craven.</p> <p>DB asked which elements of the digital strategy VL expects to deliver the most tangible productivity gain over the next 6-12 months. VL stated that key elements would be recognising the Trust’s income position through the clinical coding work being undertaken, and the use of Microsoft Copilot within clinical administration. Work is ongoing regarding the use of virtual appointments and how these link into the Airedale digital hub.</p> <p>As part of the long-term plan, DB asked how the alignment between productivity and workforce sustainability is being translated in Bradford. DB agreed to email VL with his questions so she could provide a comprehensive response.</p> <p>DB queried what the Trust’s capacity is to be able to deliver on the strategy. VL confirmed that capacity is currently challenged particularly due to the vacancy freeze in place at present. The IT team are working together to work smarter on the optimisation work. VL felt that the Trust needs to build further on strategic partnerships in relation to digital.</p> <p>HR asked how patient experience and views are being included within the digital transformation work. VL stated that the ExCEL programme has worked with communities and further discussion needs to take place as to where the Patient and Public Involvement Forum fits in. HR agreed to email VL the recent Healthwatch report on digital.</p> <p>The Council noted the update provided.</p>	
<p>CGo.1.26.12</p>	<p>Matters raised with Governors by members, patients and the public</p> <p>No matters were raised.</p>	

No.	Agenda Item	Actions
CGo.1.26.13	<p>Any other business AW provided an update on his recent site visit to St Lukes Hospital (SLH) on 5 January 2026. He raised some issues that he encountered, and DM provided an overview of work ongoing at SLH in relation to understanding what estate is viable for the future and what can be disposed of, within the limitations of listed buildings. RH added that a recent site visit had taken place involving members of the Executive Team who walked the site and discussed site issues with staff. She felt that there was greater Executive oversight and confirmed that improvements had been made.</p>	
CGo.1.26.14	<p>Review of meeting No feedback was received.</p>	
CGo.1.26.15	<p>Date and time of next meeting 15 April 2026 3.30pm – 5.30pm</p>	
CGo.1.26.16	<p>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.</p>	

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Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
	CGo2607		<i>Next number in sequence</i>			
10.4.25	CGo2501	CGo.4.25.5	Holding to account – NED feedback Quality Committee HR suggested the inclusion of a member of staff from Healthwatch Bradford join the QC meetings. JL agreed to consider this further and confirm with HR.	Board Secretary	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, outside of the meeting.
15.1.26	CGo26001	CGo.1.26.5	Holding to account – Chief Executive's Report AW referred to a presentation at a recent patient experience meeting relating to 'Health on the High Street' and asked if this could be shared with governors.	Director of Strategy & Transformation	April 2026	
15.1.26	CGo26002	CGo.1.26.5	Holding to account – Chief Executive's Report MP suggested that colleagues could be invited to attend a future Council of Governors meeting to provide an update on progress on the integrated neighbourhood health workstream. SJ further suggested that it might be beneficial to combine this with a visit to the relevant services, for example at the Broadway centre.	Board Secretary	April 2026	
15.1.26	CGo26003	CGo.1.26.7	Code of Conduct NEDs/Governors AW felt that the Code of Conduct could benefit from more clarity in certain areas. It was agreed that he would provide his suggested changes to LP. HR also felt that there were some grey areas specifically relating to governors who had external jobs which might conflict with their governor role.	Governor (AW)	April 2026	Changes made and updated version circulated via e-mail. <u>Action closed.</u>
15.1.26	CGo26004	CGo.1.26.7	Code of Conduct NEDs/Governors LP agreed to make the changes discussed and circulate an updated version via email.	Board Secretary	April 2026	Changes made and updated version circulated via e-mail. <u>Action closed.</u>
15.1.26	CGo26005	CGo.1.26.8	Process for managing concerns	Board Secretary	April 2026	Reference added to process for

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			HF asked about the process concerning registrants and how this would affect staff who were also staff governors. LP agreed to include a section in the process.			managing concerns. <u>Action closed.</u>
15.1.26	CGo26006	CGo.1.26.10	Communications headlines LP agreed to circulate the communications headlines slide pack to the Council.	Board Secretary	April 2026	The slide pack was uploaded to Admincontrol. <u>Action closed.</u>

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Council of Governors				
Meeting Date:	15 April 2026	Agenda Reference:	CGo.4.26.5a	
Report Title:	Report from the Acting Chair			
Presented by:	Karen Walker, Acting Chair			
Executive Lead:	Karen Walker, Acting 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 the previous Chair Report provided in January 2026. The report covers:</p> <ol style="list-style-type: none"> 1. Interim changes to NED responsibilities 2. Beyond Councils of Governors 3. Governor elections 4. Annual Members Meeting 5. CQC inspection reports 6. Strategic Advisory Forum: Anchor Institution 7. Selection Panel Team of the Month Award 8. 15 Steps Challenge 9. Feedback to the Council following Board of Directors meetings 10. Key communications 			
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to derive assurance from 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 Acting Chair

1. Interim changes to NED responsibilities

Welcome to my first report to the Council as Acting Chair in the absence of Sarah Jones. You will be aware that during this interim period, Bryan Machin (our Senior Independent Director) has also taken on some additional duties, and that Justine Andrew has taken on the role of Chair of the People Academy. I have attached at Appendix 1 an updated committee/academy membership chart for our Trust which I hope you will find useful.

2. Beyond Councils of Governors

NHS Providers have shared a series of resources that I would like to draw your attention to. These have been prepared in response to the government's intention to remove the requirement (from forthcoming health legislation) to have Councils of Governors. I urge all Governors to read the report published by NHS Providers, available here: [Navigating uncertainty around Councils of Governors](#). This report focuses on how foundation trusts can sustain Councils of Governors with a focus on compliance, cost-effectiveness and sustaining morale.

Some key points from the report are included below:

- On 3 July 2025 the government published a 10-year health plan for England (10YHP). Page 81 said the following: "**We will remove the requirement for FTs to have governors.** While governors have provided helpful advice and oversight for some FTs, we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. This should include systematic measures of patient reported experiences and outcomes, as we detail in chapter 6."
- This unexpected announcement created understandable disquiet among governors and those who work with them. Since July, it has become clear that the legislation required to implement this proposal is being developed to a timetable that will allow it to become law by 1 April 2027.
- There has been no further information made available to Foundation Trusts (FTs) or to governors themselves following the announcement. This is in part because the change is dependent on passing legislation, which is not a certainty, and timescales cannot be guaranteed.
- If the forthcoming health Bill is passed, the statutory powers of governors will be removed, and all references to governors will be deleted from statute. The powers and functions of councils of governors will either be transferred elsewhere (most likely to DHSC / NHS regional teams) or deleted entirely.
- Councils of governors retain their legal functions and powers until the new law comes into force, and so routine activities such as elections, council meetings, inductions for new governors, essential governor training, and communications between the council and board should continue.

I would also encourage Governors to read the following additional supporting documents, also published by NHS Providers:

[Beyond Councils of Governors: rethinking public accountability](#) (briefing)

[Event insights: Beyond councils of governors - rethinking public accountability](#) (insights, slides and recording from NHS Providers' peer learning event)

At our July Council of Governors meeting, we will have the opportunity to reflect on how our Trust will move forward, and consider some proposals regarding how we respond to this development.

3. Governor elections

The election process formally launched on 26 January for one governor vacancy in each of the following seats:

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

Following the deadline for nominations we received one nomination each for our public and patient constituencies. These were from Daniel Balaz and Zulfiqar Hussain respectively and they have been elected unopposed. Both Daniel and Zulfiqar are currently undergoing our usual pre-appointment checks. Once complete they will formally be welcomed and inducted into the Council.

There were no nominations received in respect of our Medical and Dental staff group.

4. Annual Members Meeting

Thank you to those Governors who attended the Annual Members Meeting on Tuesday 24 March which covered our 2024/25 year. My thanks to Mark Chambers for his (pre-recorded) delivery of the Governors and Membership presentation and to Mel Pickup and Ben Roberts for their presentations. The presentations along with other supporting information is now available on the trust website [here](#). I would strongly recommend that those Governors who were unable to attend the AMM ensure they review the published information.

5. CQC inspection reports

At the AMM, I referred to the list of CQC inspections undertaken through 24/25 and into 25/26 for which we have the inspection reports. These covered:

- Neonatal Services - rated as 'Outstanding' towards the end of 2024.
- Medical Care (including older people's care) - rated as 'Good' also in 2024.
- St. Luke's Hospital Outpatient Services - rated as 'Good' in 2025
- Community Health Inpatient Services (covering Westwood Park and Westbourne Green) - rated as 'Good' in 2025 and,
- Maternity Services also rated as 'Good' in 2025.

I am also pleased to advise that we now have our CQC rating for 'Well Led' and this is also 'Good'. The report was published on 27 March 2026 and is available [here](#).

6. Strategic Advisory Forum: Anchor Institution

Our second 'Strategic Advisory Forum' covering 'Anchor Institutions' took place on Thursday 5 February, 9.30am to 11.30am at the University of Bradford. William Hall, our Partner Governor from the University of Bradford was instrumental in helping to develop the session which focussed on education and the role BTHFT must play in supporting the population of Bradford to higher levels of educational achievement, particularly those aged 16+, and supporting people through alternative routes into healthcare roles. The agenda focussed on:

- Anchor institutions and why they are important
- Our Trust apprenticeships and social mobility
- 16+ Education and alternative routes into healthcare/university
- The University of Bradford - Social Mobility Champions

Key individuals from community organisations / institutions also attended. Following the session William and his team at the University very kindly hosted a tour of the University's simulated learning spaces.

You will recall these sessions are scheduled to provide an opportunity for members of the Board and our Council of Governors to meet outside of the formal meeting structures. As with the previous event held in October, this was an extremely engaging and interactive session. Mark Hindmarsh, Director of Strategy and Transformation is now co-ordinating our third forum, scheduled for Thursday 7 May, 9.30 to 11.30am. This will cover 'Digital tech and innovation'. Further details will be published nearer the time. I would like to encourage Board members to attend where their diaries permit.

7. Selection Panel Team of the Month Award

Our Public, Patient and Partner Governors have responded favourably to an invitation to join the selection panels which have been taking place monthly since mid-January 2026. This is a good opportunity for our Governors to get to know more about our Trust. The next sessions will be taking place during April, May and June. Thank you to all those Governors who have volunteered their time.

8. 15 Steps Challenge

The schedule for these visits has now been finalised and circulated to all Governors (and Board members). Please can I request that Governors undertake at least one visit per year in support of the programme. As a reminder, Governors were provided with a presentation on the programme in December of 2025 at the 'Chair briefing session' (following November Board) from the Trusts 'Moving to Outstanding lead', Nazzar Butt. Nazz discussed opportunities for Governor involvement.

9. Feedback to the Council following Board of Directors meetings

I held my second feedback session with the Council on 2 April 4pm to 5pm where I shared key items from the recent Board meeting held on 31 March 2026.

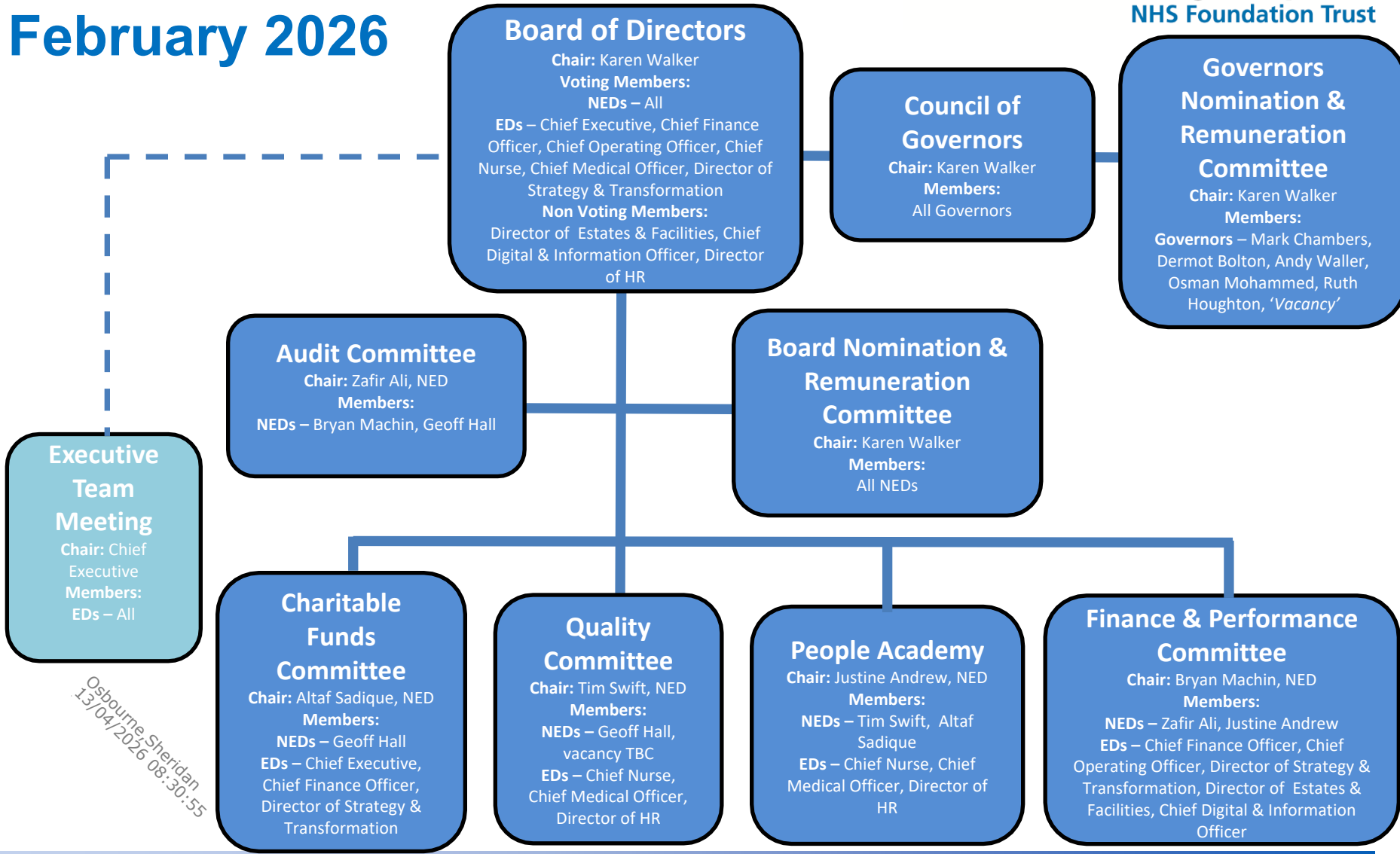
10. Key communications

The most recent communications to our Foundation Trust members (and the public) is available online [here](#). Key communications also continue to be shared with Governors so that they remain in touch with developments here at our Trust. Governors also continue to have access to Let's Talk (staff newsletter) and global emails containing a range of updates to staff.

Osbourne-Sheridan
13/04/2026 08:30:55

Board & Committee Structure

February 2026



Osbourne, Sheridan
13/04/2026 08:30:55

PUBLIC COUNCIL OF GOVERNORS				
Meeting Date:	15 April 2026	Agenda Reference:	CGo.4.26.5b	
Report Title:	NED Feedback (reports from the Board)			
Presented by:	Committee/Academy Chairs			
Executive Lead:	Committee/Academy Chairs			
Author:	Sheridan Osbourne, Corporate Governance Officer			
Report Summary				
Purpose of the paper:	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input checked="" type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<p>Please find attached the reports from the Chairs of the Academy/Committees held;</p> <ul style="list-style-type: none"> - In January and provided to the Board of Directors in January 2026. - In February and March and provided to the Board of Directors on 31 March 2026. <p>All documents are attached as follows:</p> <ul style="list-style-type: none"> • Appendices 1: Quality Committee Chair reports (Jan, Feb & March 2026) • Appendices 2: Finance & Performance Committee Chair reports (Jan, Feb & March 2026) • Appendices 3: People Academy Chair reports (Jan, Feb & March 2026) • Appendix 4: Audit Committee Chair Report (Feb 2026) • Appendix 5: Charitable Funds Committee Chair Report (Feb 2026) <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				
Meeting/s where content has been discussed previously:	Committee/Academy meetings and the meetings of the Board of Directors.			

Meeting Title	Board of Directors		
Date	29 January 2026	Agenda item	Bo.1.26.7a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Committee

Date of meeting: 22nd January 26

Key escalation and discussion points from the meeting

Alert:

- The executive continues to balance **financial constraints**, quality and safety across all activities. We were assured that safety remains a 'red line' in all considerations, but the board will need to consistently monitor and review decisions across all committees. We also need to consider a proportionate risk appetite as we focus on financial sustainability – for example in recruitment of clinical staff where cost needs to be balanced with increased workload and patient experience. We were assured by the CMO and chief nurse of the rigorous process where quality impacts are reviewed for all decisions.
- As previously advised, **renal capacity** remains a high-risk issue as the Trust approaches capacity. There is significant ongoing work to see what can be done in the short; medium and long term to mitigate this and reduce the risk of patients not being able to get the treatment they need. The quality committee will continue to monitor.

Advise:

- Whilst a significant amount of work is taking place, there remain ongoing **coding issues**, and a further update has been diarised for the quality committee for the clinical coding manager to provide a further update.
- There has been a higher incidence of **pressure ulcers** on some wards and the committee has asked for an update to track improvements.
- The committee continues to be assured by the transparency of **maternity and neonatal** data shared on a monthly basis; the assurance given by external reports and inspections, the significant reduction in still-births and the ongoing improvement work. There remain some gaps in middle grade clinical roles and also a consultant gap. This is being addressed with the CMO, and the committee will continue to monitor.
- Whilst we have many good examples of data analysis, there remains an ongoing requirement to **triangulate our data** better to give richer insight and also to centralise this reporting to ensure consistency. This is a common issue across all committees.

Meeting Title	Board of Directors		
Date	29 January 2026	Agenda item	Bo.1.26.7a

Assure:

- **Sophie’s Legacy:** We had a moving and impactful presentation from Charlotte Fairall, the mother of Sophie who has been campaigning to improve the experience of children in hospitals. We were assured by the Director of Estates and Facilities that Bradford is responding by taking steps to improve the quality of food available to children and providing catering facilities for parents alongside other food options.
- The committee had an overview of **Patient Safety Incident Investigation (PSII)** and also a deep dive into claims from the legal team. The committee was assured by the level of analysis that sits underneath the report and the detailed work of the QuoC (Quality of Care) panel in particular. There were some tangible examples of thematic reviews leading to changes in practice and the role of the patient safety partner was also highlighted.
- The committee received two reports on **safeguarding** covering both adults and children. The committee was assured by the detail shared and in particular by the closer working of the two teams and the collaborative work with BDCFT on mental health issues. It was noted that the increased prevalence of mental health issues across adults and children will be a key consideration for the Trust’s 5-year plan.
- As part of a presentation on quality account improvement activities the committee received a deep dive into **Martha’s Rule** implementation. This was the first time we were able to see some of the data now this has been rolled out Trust-wide. Whilst this remains and ongoing cultural change, the committee was assured both by the way it is being used and that the issues raised are dealt with appropriately, and do not raise any wider or thematic quality concerns.

Report completed by:

Justine Andrew
Non-Executive Director

24th January 26

Osbourne-Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 st March 2026	Agenda item	B.3.26.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Committee

Date of meeting: 19th February 2026

Key escalation and discussion points from the meeting

Alert:

- **Risk 2759 (Histopathology Staffing):** The service is currently operating with a 25% reduction in the consultant workforce due to vacancies, which is negatively impacting cancer turnaround times. The Committee agreed this raises important issues regarding workforce planning and has escalated it to the People Academy for further review.
- **Internal Audit – Falls (Limited Assurance):** An internal audit regarding Falls resulted in a 'Limited Assurance' opinion. The Committee was advised that historical failings in documentation and data availability are being addressed through the embedding of the Quality Committee Dashboard across wards, and the planned recruitment of a Falls Improvement Lead.

Advise:

- **ExCEL Programme Reprioritisation:** Following the recent CQC inspection, the programme is being reprioritised to focus on A&E decompression and integration with neighbourhood networks. Focused work on staff and patient experience is scheduled to commence in April 2026.
- **Maternity Homebirth Oversight:** In response to a national Prevention of Future Deaths report, the Trust is reviewing its homebirth service provision. The existing Maternity dashboard will be enhanced to include data on women transferred from home to hospital care.
- **Data Triangulation:** There is an ongoing requirement across all Committees to better triangulate data (e.g., mapping patient experience against sickness and staffing levels). This remains a manual exercise, and work with Business Intelligence is required to create a more effective dashboard of key indicators.
- **Clinical Coding:** Strategic work continues to address depth of coding issues which impact mortality (SHMI) metrics. A strategic piece of work is ongoing to improve recording in the EPR system.
- **Renal Case Reviews:** Three case reviews requested by HM Coroner following a cluster of issues on a ward in 2024 are being re-drafted as individual reports. A summary of the learning will be presented to the Committee in March.

Meeting Title	Board of Directors		
Date	31 st March 2026	Agenda item	B.3.26.8a

Assure:

- National Maternity Benchmarking:** BTHFT has been highlighted nationally for having the lowest rates of post-partum haemorrhage (PPH) and the lowest rate of pre-term births for Black, Asian, and minority ethnic women and those from deprived areas, demonstrating a decade of progress in addressing health inequalities.
- Mortality and Performance Trends:** The crude mortality rate continues to fall and remains below the national average. The Trust's strategic "Quality" progress dial indicates an overall slight improvement over the last six-month period.
- Medical Physics Achievement:** The Trust has successfully become a higher specialist training centre for doctorate-level scientists in Medical Physics, significantly reducing related workforce risks.
- Infection Prevention and Control (IPC):** An internal audit of IPC Blood Cultures resulted in a 'Significant Assurance' opinion. Overall IPC benchmarking data continues to compare favourably with national peers.
- Quality Account 2025/26:** Production is on schedule, with five meaningful improvement priorities identified for the coming year, including Learning Disability/Autism and Workforce Planning.

Report completed by:
 Tim Swift
 Committee Chair and Non-Executive Director
 22nd March 2026

Osbourne-Sheridan
 13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 st March 2026	Agenda item	Bo.3.26.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Committee

Date of meeting: 26th March 2026

Key escalation and discussion points from the meeting

Alert:

- **Children’s ward escalation:** The committee was advised of a red-rated assurance visit to Ward 30-32. Staff pressure, high capacity and patient acuity had contributed to concerns. A number of actions are in place, including weekly support meetings and daily supportive visits from external staff. There is also an NMC inquiry regarding student placements which is being managed and responded to with care and consideration.

Advise:

- The committee was advised of two new high-level risks relating to maternity services. These concern personalised care plans and maternal antibody testing. The former is linked to the lack of a digital solution after two unsuccessful procurements, whilst the latter is being addressed through system and process improvements.
- The committee received a report on the thematic cluster of three cardiac arrest incidents on Ward 15. The incidents were linked to concerns about unexplained low blood sugars. These have been reported previously but further reports had been triggered by the coroner. Learning focused on earlier recognition of dying patients and improving communication with families.

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 remains at 94%.
- The committee received a report on the strategic shift aimed to deliver improved first-time structured coding across ED, outpatients and inpatient activity. The report included information on the significant financial implications for the Trust from inaccurate coding. Committee was assured by the work underway and will receive further reports.
- **Research and innovation update:** The committee received a comprehensive report on the Trust’s research programme, the continuing national leadership in recruitment to trials, the strength of Connected Bradford, new national collaborations, and multiple significant grants awarded. Discussions throughout the meeting emphasised how research is used to underpin and strengthen the quality of our services.
- **Quality Oversight and Assurance Profile and Patient Safety Incident Investigation Report:** The structure and presentation of this report has been improved to give the committee greater clarity and insight. Views from other Board members on the revised report would be welcomed.

Report completed by:

Tim Swift

Committee Chair and Non-Executive Director

29th March 2026

Meeting Title	Board of Directors		
Date	29 January 2026	Agenda item	Bo.1.26.12

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Date of meeting: 21 January 2026

Key escalation and discussion points from the meetings

Alert:

Financial position

The Committee was advised the forecast adverse variance to plan was in the range £15.1m (best case) to £27.1m (worst case). The liquidity position was described as “constrained” with close monitoring required for the remainder of the financial year. Detailed papers were provided in support of the reported revenue and cash position. As the Board will receive either the same or updated information at its meeting on 29 January, detail is not provided here.

The Chief Executive was in attendance for a discussion of the Financial Recovery Plan detailed in the Finance Report which outlined the actions being taken and the risks and mitigations to delivery. Committee members had the benefit of an in depth consideration of the financial challenges facing the Trust in the Private Board Meeting on 15 January in the context of planning for future years. The Committee focussed on the challenge for the remainder of 25/26 but were acutely aware of the impact on future years of the planned recovery action that have been put in place not fully delivering. The Committee particularly noted that some of the actions were “one-offs.” The Committee also explored the change in financial culture required across the Trust to address the current and future financial challenge and welcomed the observations of the Chief Executive and Chief Financial Officer on the approach being taken and initial responses they had received.

High Level Risks

The Committee noted that the two ‘red’ risks concerning capacity and length of stay in the Emergency Department were past both their review and mitigation dates. An increased risk concerning hospital haemodialysis was noted.

Operational Performance

The Committee received updates on the KPI performance exceptions:

- DM01 6-weeks: Performance for December has reduced to 79.71% following a circa 15% performance on previous months this is due to challenges in Audiology, Neurophysiology and Urodynamics. Rating remains at amber as recovery to 95% is challenging.
- Elective Activity: Deviation from plan relates to capacity challenges in Plastics and Pain Management, alongside the delay to the opening of the DCU which has only

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Date	29 January 2026	Agenda item	Bo.1.26.12

been partially mitigated. Recovery requires productivity gains and work is ongoing to accelerate this as part of the financial recovery.

- Outpatient Transformation: Follow up activity remains high whilst new appointments are static. Recording of OPPROC is being improved with service specific actions now on track. Longer term pathway transformation and an expectation that the growth in follow ups is a short-term requirement aligned to RTT waiting list reductions may reverse the trend but full recovery to plan remains difficult.

The Committee debated whether the DM01 KPI was amber or red for recovery to plan but was assured that there was continued focus on achieving the improvement required.

Advise:

Operational Performance

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

- Cancer 28-day FDS: Performance impacted by deterioration in histology reporting and ongoing challenges across key tumour groups. Year-end position remains a forecasted pass and YTD performance is above target.
- Cancer 62-day FT: Diagnostic delays are also impacting on this standard, although slower than hoped for improvement across other sites can also be noted. Recovery is a combination of tighter oversight and pathway reform (this is specific to different tumour groups).
- 18 Weeks Incomplete RTT: Performance remains below plan which will impact on two NOF metrics. Activity and productivity in terms of clock stops is improving, with efforts to ensure the longest waits are prioritised - continuing we should be able to recover to plan if these trends are sustained

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

Nursing and Midwifery Staffing Review

The Committee received a presentation from the Chief Nurse outlining the rigour of the process undertaken in this six month review. The proposed cost of the ELT supported staffing increases is £1.5m which the CFO said had been included in the 25/26 draft planning figures presented to the Private Board on 15 January. The Committee discussed how this was an immediate example of the difficult choices that the Board faced in balancing financial performance, operational performance, quality, safety, and the impact of staff.

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Assure:

Referral to Treatment improvement work

The Committee has received a detailed presentation on Referral to Treatment improvement work in the Trust. The Committee was assured by the work being done, the improvements in care and performance actually delivered whilst noting the challenges remaining.

Estates Assurance Map

The Director of Estates and Facilities presented the outcome of work to date to develop an Estates Assurance Map. The Committee welcomed the work done as a major step forward and looked forward to its continued development as a significant contribution to how the Committee could receive assurances about the Estate and improve its reporting to the Board.

Capital Plan

The Committee was assured by process and prioritisation work to develop a draft capital plan for approval by the Board. The Committee will seek assurances that the planned capital spend on the estate will address, as far as resources allow, the highest estate risks that have been reported to recent Committees.

Other matters

The Committee was assured by the quality of the work presented on a range of important issues:

- Progress against the Trust’s Green plan; a very comprehensive report was received.
- An update on progress against the Violence Prevention and Reduction Standards.
- Financial Grip and Control work – good progress against the actions in the plan.

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
22 January 2026

Osbourne, Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.12a

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Date of meeting: 17 February 2026

Key escalation and discussion points from the meetings
Alert:
<p>Financial position: The Committee discussed the latest 2025/26 year to date and forecast financial position. As the situation has moved on considerably since the February meeting it is not necessary to provide details here; suffice to say that the Committee noted that very substantial improvements would be required over the last two months of the financial year if the deficit forecast that the Board had agreed in December 2025 should be submitted to NHS England was to be achieved.</p> <p>The Committee further noted that a request for cash support had been made and that a decision was imminent.</p> <p>High Level Risks: The Committee noted one new risk relevant to its work, the risks arising from the EPR standard workflow not being used in Theatres, Anaesthetics and Critical Care. The Committee sought to understand why something that the Trust was aware of in November 2024 was only now being highlighted as a new red risk. The explanation of the new risk concerning a new awareness of alternative workarounds being used by some system users was accepted by the Committee. Prior to this the known workarounds had been mitigated by additional data quality workarounds.</p> <p>The Committee noted and agreed with the decision to increase the risk of failing to meet the revenue financial plan from 16 to 20.</p> <p>Joint Venture Governance Mechanisms: The Committee was advised that underpinning operations were working well but governance, although robust on paper, was not operating as tightly as it could. There were leadership challenges to be addressed, and the service appeared more aligned more to three separate sites than a single joint venture. A report was in preparation which the Committee would receive once it had been through due process.</p> <p>Operational Performance: The Committee received updates on the KPI performance exceptions:</p> <ul style="list-style-type: none"> DM01 6-weeks: Performance for January and December has deteriorated following the previous 15% recovery related improvement. Challenges with capacity within NOUS have worsened and its now likely recovery through insourced capacity will extend into 2026/27. Elective Activity: Q4 recovery is progressing well, although productivity gains in theatre remain a challenge. The data and productivity work-stream are progressing actions which could further improve the position.

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- Outpatient Transformation: OPPROC recording is once again being investigated. Follow up activity remains too high which negatively impacts this KPI. The data and productivity work-stream are progressing actions which could improve OPPROC and first OPA though, and Q4 targets are being met.
- Cancer 28-day FDS: Performance impacted by deterioration in histology reporting and ongoing challenges across key tumour groups. Year-end requires recovery above 80% in February in March, with forecast improvements in skin and H&N suggesting this is possible.

The Committee discussed whether an earlier financial intervention to address DM01 performance could have resulted in the target being achieved as had occurred with other KPIs. A detailed explanation was provided as to the considerations made in this regard which the Committee welcomed and accepted.

Advise:

Operational Performance: The Committee was advised of the following in month exceptions / early warnings:

- 18 Weeks Incomplete RTT: Performance remains below plan which will impact on two NOF metrics. Activity and productivity in terms of clock stops is improving, with efforts to ensure the longest waits are prioritise continuing we should be able to recover to plan if these trends are sustained.
- Cancer 62-day FT: Diagnostic delays are also impacting on this standard and whilst December is above plan, January has seen some deterioration. It remains possible that March will meet the 75% target, but 62-day backlogs are being closely managed to support this.
- G&A Bed Occupancy: Total G&A bed occupancy increased in January to 94.2% delivering above plan because of the winter pressures in elderly care beds. It is expected to fall to planned levels throughout the end of February and into March. Length of Stay and Discharge metrics are also following similar trends but not with the same variance to plan.

Whilst noting the operational performance exceptions ('alerts' above) and the in-month exceptions / early warnings the Committee was assured that overall delivery against performance indicators is understood and noted the escalation of areas of underperformance and, improvement actions in place to address these.

Capital Finance Position: The Committee noted that capital expenditure was slightly behind plan but that the Executive was not significantly concerned as robust processes existed to keep schemes on track or identify mitigations if slippage was identified. The Committee was assured that whilst a capacity gap in Estates had been identified, that gap was predominantly in design and procurement which would not impinge significantly on the end of year delivery expenditure. An emerging risk concerning the renal dialysis delivery plant becoming unsupported by the supplier in 2027, however discussions were already ongoing with NHS England for support for a replacement.

Financial Recovery: The Committee received an update from the Chief Executive on progress, noting the appointment of a Recovery Director, the messaging to the organisation and the governance structure being established. As part of a detailed

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discussion the Committee raised issues concerning workforce productivity (including addressing sickness absence rates) and the interface between day-to-day budget management and delivering required expenditure savings. These issues will remain a focus for the Committee's scrutiny of delivery of the financial recovery plan.

Estates and Facilities Dashboard: Whilst noting the ongoing to work to develop an assurance map for Estates and Facilities, the Committee sought to understand why the work to improve performance against the people KPIs did not seem to be resulting in improvements. The Committee was advised that there was a detailed action plan covering sickness absence, appraisals, and manager training. The Committee welcomed an offer of a detailed report on the issues highlighted.

Assure:

Internal Audit Plan: The Committee was assured about the level of involvement in formulating the Internal Audit Plan for 2025/26 and the coverage provided. The Committee, in conjunction with the Audit Committee and other committees will be seeking increased assurances from the audit programme that it was not just processes that were being assessed, but the outcomes being delivered by those processes.

Urgent and Emergency Care Operational Improvement Plan: The Committee received a presentation from the Deputy Director of Operations, Unplanned Care which focussed on the improvement work in UEC and the impact that had had on 2025/26 operational delivery compared to the previous year. The presentation highlighted six metrics and noted improvements across all, particularly ambulance handovers and long emergency department waits.

The Committee welcomed the informative and assuring presentation, and congratulated the Deputy Director of Operations, Unplanned Care on the improved performance he and his colleagues had delivered.

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
23 March 2026

Osbourne-Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.12a

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Date of meeting: 25 March 2026

Key escalation and discussion points from the meetings

Alert:

Financial position

Income and Expenditure: The Committee discussed the latest 2025/26 year to date and forecast financial position. Whilst some risk remained, the most likely outcome was that the revised deficit target would be delivered. The Board will receive a detailed report at its meeting on 31 March 2026.

Cash: The Committee further noted that the request for cash support had been successful and the detailed work that had been completed in the finance team to meet all the NHS England requirements. However, the cash position remained challenging moving into 2026/27.

Capital: Whilst there is risk of slippage in the capital delivery as a result of late additional allocations, the capital position is considered 'advise' rather than 'alert'.

Financial Recovery: The Chief Executive provided an update on the steps being undertaken on financial recovery in 2025/26 and how this would be continued into 2026/27. The Committee discussed the interface between the Grip and Control action plan progress, Closing the Gap delivery and monitoring, day to day budget management and Financial Recovery. Whilst the Committee is minded to monitor Financial Recovery as a separate agenda item, the interrelationship between each of these pieces of work is significant and the Committee will work with ELT to develop streamlined, effective scrutiny.

2026/27 Planning

The Committee was advised of the latest position on the 2026/27 plans. The Board will receive updated information on or before 31 March 2026

High Level Risks

The Committee noted that updated information about the risks arising from the EPR standard workflow not being used in Theatres, Anaesthetics and Critical Care would need to be presented to the Board meeting on 31 March 2026.

Operational Performance

The Committee received updates on the KPI performance exceptions:

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Date	31 March 2026	Agenda item	Bo.3.26.12a

- 18 Weeks Incomplete RTT: The Committee heard that it had been hoped that RTT performance would improve to meet the out-turn plan of 66.7% during Q4. Unfortunately, it had not been possible to run all the additional clinical sessions due to service specific delays in recruitment and lower than anticipated uptake of additional clinics. There has also been increased leave during February which reduced the activity run rates expected. Overall, the impact has been a gap to plan of c.2% which will need to be recovered in 2026/27 on top of 5% planned improvement.
 - The Committee discussed whether the increased leave could have been anticipated, concluding that taking known holiday periods into account would further improve planning in the future
- DM01 6-weeks: Performance for February has increased overall by 5% but there are emerging pressures within DEXA, Echocardiography and Neurophysiology.
- Elective Activity: Q4 activity through theatre has increased with the use of Bronte forward wait for Plastic Surgery procedures but overall volumes will not recover to plan before year end. Productivity gains in theatre remain an opportunity to progress at greater pace and this will be a priority within the recovery meetings with each CSU.
- Outpatient Transformation: There is a level of coding opportunity being progressed within the data and productivity workstream which may recover past month performance. Increasing the proportion of new appointments has been a Q4 priority which will continue into 2026/27 and will feature as a KPI within the new recovery structure.
- Cancer 28-day FDS: Performance impacted by deterioration in histology reporting and ongoing challenges across key tumour groups. Year-end requires recovery above 80% in March. Forecast improvements in Gynaecology, Skin and H&N suggest this may be possible but not guaranteed.
 - The Committee received a 'deep dive' presentation on the operational improvement plan for Cancer and Diagnostics which expanded on the reasons for performance and specific patient breaches against the targets. The challenges in Histopathology were noted, as was the histopathology targets in the new Cancer Plan which will require a very significant improvement in current performance over the next three years. The Committee will be revisiting this as part of a discussion next month on the Pathology Joint Venture.

Advise:

Operational Performance

The Committee was advised of the following in month exceptions / early warnings:

- Cancer 62-day Performance: Diagnostic delays are also impacting on this standard with February performance projected to remain below target
- Cancer 62-day Backlog: It remains possible that March will meet the 75% target as the 62-day backlog shows considerable improvement and remains closely managed to support this

Whilst noting the operational performance exceptions ('alerts' above) and the in month exceptions / early warnings the Committee was assured that overall delivery against performance indicators is understood and noted the escalation of areas of underperformance and improvement actions in place to address these.

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Estates and Facilities Assurance Framework and Dashboard

A draft of the assurance map for Estates and Facilities was received and welcomed by the Committee. It prompted a helpful discussion of the need for triangulation between the developing assurance ratings, the “estates” BAF risk, the risk register and estates operational performance. The Committee will use the estates assurance framework to deep dive into different areas over coming months. The People Academy will take responsibility for more detailed consideration of performance against the estates and facilities workforce KPIs

Assure:

Whilst there is no specific item here, the Committee remains assured that the Executive Team is aware of the challenges, risk and issues on matters under the remit of the Finance and Performance Committee and is taking steps to address or mitigate them. Where actions appear insufficient to deliver targets and outcomes, the Committee is grateful that Executives and their teams are open to challenge and discussion. The Committee undertook an effectiveness review at this meeting and will use this as a basis for ensuring it continues and improves its work in 2026/27.

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
25 March 2026

Osbourne-Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	29 January 2026	Agenda item	Bo.1.26.10

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 14th January 2026

Key escalation and discussion points from the meeting

Alert:

People dashboard – absence for November was 6.94%, slightly below the anticipated 7%. YTD is 6.41%. December data showed an upward trend to 7.12% as winter illnesses hit staff. Appraisal completion rate is showing progress with December data at 82%. Turnover remains stable at 10.41% in November. The dashboard narrative did not match the data presented and needs refreshing. The Chair asked for an action plan with milestone dates for absence reduction for February's Academy. They also suggested the HR Director work with the Head of Organisation Development to improve the reporting culture in relation to absence, appraisals and training as this was a consistent issue and needs addressing.

Patient Experience data – triangulating the data across the patient and people experience is key and the Patient Experience data was presented to the People Academy for the first time. A dashboard is in progress to collate the data in an accessible format. There has been an increase in complaints over the last 18 months as the Trust has made it easier for patients/families to voice their concerns and AI supports complaint writing although this has started to stabilise. There has been a focus on educating staff to de-escalate complaints early and face to face, addressing these informally where appropriate. Communication is the biggest issue, and there is a Patient Experience and Engagement strategy to address complaint themes. The Academy asked for the data to include such as complaints categorised by CSU, complaints as a % of the number of patients seen, etc to help identify outliers and good practice.

Advise:

Education dashboard – the dashboard has been streamlined, and the revised format was well received. Compliance with training was at 93% in December but Safeguarding Children training dropped to 70%, in part due to increased numbers of newly qualified staff. Did Not Attend rates for face-to-face training are high across all CSUs (326 in December), impacted by sickness, annual leave, high admission rates and recent industrial action. This is being monitored at CSU level.

Nursing and Midwifery Staffing Data Publication Report & Establishment Review - staffing fill rates improved from October to November 2025 across most staff groups however workforce shortages and associated safety risks remain. The staffing risk remains at 12 reflecting the ongoing risk to patient safety, staff wellbeing, and service quality if safe staffing cannot be maintained. There are shortages of 65 WTE Band 5 nurse vacancies and 167 WTE Band 2 HCA vacancies, increasing reliance on temporary staffing however fill rates are improving including strong night-shift coverage. Targeted recruitment includes monthly HCA campaigns, and conversion of bank HCAs to substantive roles to reduce vacancies. There are twice daily oversight meetings, increased red-flag reporting and robust escalation processes that strengthen real-time risk management and assurance. Workforce development includes Preceptorships, ward establishment reviews, and alignment with the National Quality Board safer staffing principles. The Academy heard the outcome of the six-monthly review of nursing and midwifery staffing establishments conducted to ensure safe, effective, and sustainable staffing. This

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assesses changes in bed capacity, skill mix, and workforce requirements across key services. Improvements to the number of beds, increased staffing and cover on some wards have been made, notably a proposal for more Band 5 Registered Nurses on the Emergency Department following the recent CQC visit and an uplift in Maternity Services to support 24 hour cover due to an increase in C-Section births. The risk score was reviewed in December and remains 12 and will be reassessed in February post recruitment.

Ethnicity and Disability Pay Gap report – the Head of EDI presented the Trust’s first publication of Disability and Ethnicity Pay Gap data (from March 2025); measuring pay gaps for both disabled staff and ethnically diverse staff. There is a disability pay gap of 7.7% between disabled and non-disabled staff and an ethnicity pay gap of 6.7% between ethnically diverse staff and white staff. These gaps highlight structural workforce inequalities rather than individual pay discrepancies. The findings will directly inform the WRES and WDES action plans, wider race and disability equality action plans and the work will align with the Trust’s EDI strategy and progress will be reported to the People Academy.

Assure:

Planning Framework – this was shared with the Academy to draw attention to the ask, cycle and next steps of the three-year numerical and five-year narrative plans that contribute to the NHS 10 year plan. Key to the Academy is the reduction in absence and bank and agency resource, increased partnership working and the evolution of roles. The Academy appreciated the increase in engagement with the planning process across the Trust.

Report completed by:

Karen Walker
Academy Chair and Non-Executive Director

25 January 2025

Osbourne-Sheridan
13/04/2025 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: **People Academy**

Date of meeting: 11th February 2026

Key escalation and discussion points from the meeting

Alert:

Sickness absence within the Trust remains stubbornly high. An updated plan was presented to the Academy. Whilst there are several notable positive actions, such as the introduction of an online Occupational Health referral system, which has reduced assessment waiting times from 5 to 6 weeks to 3 to 4 days, there is more to be done.

The Academy welcomed the plan but also noted the importance of this issue for financial sustainability; the 5-year plan and also staff wellbeing and therefore also noted the need for a more comprehensive and joined up sickness reduction plan (looking at root cause, prevention, wellbeing as well as policy and tracking data) with measurable targets and timelines. This should align to Closing the Gap (CTG) plans and reporting and requires a multi-disciplinary team (MDT) approach across the Trust.

The Academy asked for an updated approach to be brought back to the April Academy meeting.

Advise:

- The **People Dashboard** requires a refresh as there is some outdated commentary and data that needs reviewing to enable adequate assurance to be given.
- Whilst our overall **BAME representation** should be applauded, the challenge remains to ensure representation at senior levels, and this will be the focus of monitoring moving forward.
- **Job Planning** (as indicated in other committees) is critical across all staff and remains below targets. The Academy will continue to monitor as part of the dashboard.
- **Education dashboard** - Did Not Attend (DNA) rates for face-to-face training remain high across all CSUs. It was noted that the education team could not manage this alone and needed the CSUs to recognise the importance of training and also the impact of DNA.
- It was noted, as part of the **Nursing and Midwifery Staffing Data Publication Report** that Band 2 vacancies remain challenging, with 180 healthcare assistant vacancies across the organisation, though assurance was given that overall, there has not been a detrimental impact on patient experience. This is an example of where bringing together different **data sets** across staff and patient data, would provide a greater level of evidence-based assurance to the Academy.

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13/04/2025 09:30:55

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Assure:

- **Education dashboard** – the dashboard has been streamlined, and the revised format was well received, noting the addition of KPIs to track progress. Compliance with training remains good at 92% against a target of 85%, though there are some areas of lower compliance (such as Estates and Facilities) support is being offered to improve and will be monitored by the Academy.
- The Academy was assured by the **quarterly FTSU report**. There has been a marked increase in incidents, which are at their highest level (51 Freedom to Speak Up concerns in Q3, compared with the usual average of 27). This is reflective of a lot of effort across the organisation to raise awareness; promote successes and increase routes to report, including anonymous. The Academy will need to continue to monitor the rates and also ensure the team has support and capacity to respond in a timely and effective manner.
- The Academy was assured by a comprehensive **Gender Pay Gap** report supported by data-led evidence. It was noted that whilst there were many excellent supporting activities, including those focused on intersectionality, the pay gap had improved by just 0.1% on the prior year. The identified focus was on representation at more senior levels across the organisation, including at clinician level. The Academy supported the work of the team and asked for a mid-year update on progress. The report will be publicly available.
- The Academy received the **Violence Prevention and Reduction Standards progress update**. Against national measures there has been a clear improvement across the organisation, with red indicators reduced from 18 to 10, amber indicators reduced from 15 to 11, and green indicators increased from 10 to 22. The Academy understood that this reflects system-wide strengthening rather than isolated progress. The Academy also discussed how important this was – that everyone felt safe in the Trust – and agreed to continue to monitor closely.

Report completed by:

Justine Andrew
Academy Chair and Non-Executive Director
4th March 2026

Osbourne, Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 11th March 2026

Key escalation and discussion points from the meeting
Alert:
<ul style="list-style-type: none"> • There were no red alert items to raise this month.
Advise:
<ul style="list-style-type: none"> • Again, we discussed dashboard quality. The dashboard contains good data but requires further development, including clearer targets, benchmarking, and stronger links to the five-year workforce plan. This will evolve over the next few months, but a starting point will be to add in targets (where they exist) to the dashboard so we can track progress. • Medical job planning: whilst compliance had improved to c.64%, it was acknowledged that the national target of 90% was unlikely to be achieved within the current year. Members were assured that NHS England support had been requested and external advice was being explored. • Quality Impact and Financial Recovery: the Academy received an overview of the use of Equality and Quality Impact Assessments (EQIAs) to mitigate potential risks arising from financial recovery measures. Members stressed the need for triangulation across workforce, sickness, vacancy, and quality data to identify emerging hotspots early but were broadly assured by the rigour of the processes in place. • Guardian of Safe Working Hours: The Guardian of Safe Working Hours report was presented. Key themes included: <ul style="list-style-type: none"> ○ An increase in exception reports, particularly in surgery and medicine at junior grades. ○ Recognition that workload intensity at the Trust was high compared to national benchmarks. ○ Assurance that additional administrative and operational support was being put in place to stabilise the reporting process. ○ Positive early outcomes from balanced rostering pilots were noted, including reduced sickness and improved work-life balance. <p>It was requested that future reports include clearer mitigations and actions, rather than descriptive data alone.</p> • Staff Survey 2025 Results: The Staff Survey was presented in depth. Key findings included: <ul style="list-style-type: none"> ○ A 43% response rate, slightly lower than the previous year. ○ The Trust scored above the national average across all nine People Promise themes and all 21 sub-themes, a significant achievement. ○ Strong improvements were seen in appraisals, flexible working, and work-life balance. <p>Areas of concern included:</p> <ul style="list-style-type: none"> ○ Physical violence reporting.

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- Discrimination, particularly related to race, religion, and sex.
- A high proportion of staff reporting musculoskeletal issues linked to work.
- A five-year trend analysis highlighted risks around quiet disengagement, recognition, and learning momentum plateauing if not addressed.

*There are many positives that the Trust should welcome and build on in the survey. However, there are also some areas of concern that require more time to understand and more time for the Academy to consider. It was therefore agreed that a focused People Academy action plan, concentrating on three key areas of **colleague voice, wellbeing, and discrimination**, would be brought back in May, with dedicated agenda time.*

Assure:

- Following on from the last meeting we had identified a number of lower band (band 3) colleagues who managed people but had not had sufficient training to enable them to fulfil the breadth of the role requirements, and this was having a knock-on effect. It was confirmed that a **new leadership and management programme**, jointly developed by Operational and OD teams, would be rolled out and prioritised in high-risk areas such as Estates and Facilities. This was welcomed by the Academy.
- Given some of the wider issues coming to People Academy the revised **Civility and Respect / Resolution Policy** will be rolled out in Q1 of the next financial year and this update on timing was welcomed by the Academy.
- As with so many of the core issues discussed, successful **appraisals** underpin many of the Academy's other measures including progression, sickness, and retention. As part of the dashboard, we were assured and informed by a more detailed presentation and discussion on appraisals and dynamic conversations across the Trust. Appraisal compliance is at 81%, just below the 85% target – however the staff survey data suggests 87% of staff believed they had received an appraisal, indicating confusion between appraisals and dynamic conversations. The Academy welcomes the focus on this area and the further use of internal and external assurance (e.g. internal audit) to monitor progress.
- The Academy finished the meeting with a survey of effectiveness with some positive comments but also helpful feedback that will be considered in detail and brought back to members.

Report completed by:

Justine Andrew
Academy Chair and Non-Executive Director

23rd March 2026

Osbourne-Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.16

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Audit Committee Date of meeting: 10th February 2026

Key escalation and discussion points from the meeting

Alert:

Internal Audit – Falls. The Committee received the Internal Audit report on Falls which provided **Limited Assurance**. The audit analysis of falls incidents recorded by the Trust between April 2024 – April 2025 suggested some room for improvement as currently 12% of inpatient fall incidents had not had a multifactorial falls risk assessment (MASA) completed upon admission to the Trust.

Management had advised that they had recently introduced a live dashboard which should enable ward managers to closely monitor the completion of MASAs. The Committee was grateful for the attendance of the Chief Nursing Officer who explained further that the underlying issue was a common theme around care planning and Electronic Patient Record (EPR) optimisation. The Trust was working with informatics colleagues on a project that is looking at how we can get better oversight of information which comes in and out of EPR. Notwithstanding current constraints, the Committee was assured that management actions directly target the core causes and that meaningful progress is imminent once the data platform changes hands.

Internal Audit – Consultant Job Planning. The Committee received the Internal Audit report on Consultant Job Planning which provided **Limited Assurance**. The audit had concluded that while there are a number of positive initiatives and ongoing improvement work; significant gaps remain in ensuring that all job plans are complete, consistent, and quality checked against national guidance. Until these improvements are fully implemented and evidenced, the risk remains that consultant job plans may not accurately reflect activity, contractual requirements, or support effective workforce planning.

The completion rate of consultant job plans was 52% as of September 2025. The Committee was grateful for the attendance of the Chief Medical Officer who explained that the Trust had doubled the rate of job planning in the last eight months and anticipated that there will be increasing sign-off rates in the next six weeks as we move towards financial year-end.

Advise:

External Financial Statement Audit – Deloitte set out the results of their planning audit procedures and provided information on the materiality and risks of material misstatement which they will test as part of the annual external audit procedures.

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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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/18/2026	Infection, Prevention and Control; Blood Culture	✓		Significant
BH/19/2026	Sustainability / Green Plan	✓		Significant
BH/20/2026	Consultant Job Planning	✓		Limited
BH/21/2026	Falls	✓		Limited
BH/22/2026	Estates Procurement	✓		Significant

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

The **draft 2026/27 annual audit plan** was presented and approved. In developing the plan, it had also been circulated for input from all Non-Executive Directors and will be presented at other Board sub-committee meetings for comments on the scope of planned audit activity.

The Committee received and noted the bi-annual management report regarding compliance with the Trusts **Risk Management Strategy**.

Other matters

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

- Counter Fraud Progress Update Report.
- Bradford Hospital Charity Final Annual report and accounts 2024/25 were presented for completeness following approval at Board. They had been electronically signed by the Chair, Chief Executive and Chief Financial Officer and submitted to the Charity Commission in line with the deadline of end January 2026.
- Schedules of Losses and Special Payments, and review of single source tenders.

Report completed by:

Zafir Ali, Audit Committee Chair and Non-Executive Director, 11 March 2026

Osbourne-Sheridan
13/04/2026 08:30:55

Meeting Title	Board of Directors		
Date	31 March 2026	Agenda item	Bo.3.26.17

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 3 February 2026

Key escalation and discussion points from the meeting
Alert:
<p>Finance Report: There has been an expenditure of £270,000, excluding investments. The investment portfolio's underlying assets have appreciated in value by £157,000 in the period from 1 April 2025 which after factoring in the £200,000 drawdown in December and investment management costs, results in a net reduction in funds year to date of £113,000. Net expenditure over the year is forecast to be around £514,000 and if investments deliver as expected, to be around £360,000 net costs.</p> <p>The total operational costs for the year are expected to be around £603,000 and independence costs are expected to increase.</p> <p>There is a need to be mindful of operational costs increasing.</p>
Advise:
<p>Move to Independence. The independence process is estimated to take around 12-18 months. The team are aiming for April 2027 for the independent charity to be constituted.</p> <p>How the new charity will work alongside the Trust in terms of governance, legality and existing Trust funds needs to be decided.</p>
Assure:
<p>Neonatal Unit. Update on key milestones.</p> <ul style="list-style-type: none"> • Sovereign Health Care has awarded a large capital grant of £250,000 following a successful pitch by the Charities team. • The total funds received to date have increased slightly, to £878,897, with the total funds pledged standing at £1,167,293. • Applications in the pipeline have decreased slightly, to £740,725. • BR has signed a MoU (Memorandum of Understanding) for £130,000 (NHSE PDC). The MoU with the Sick Children's Trust is still under discussion and the £100,000 will be payable once this is signed.

Report completed by:

Ataf Sadique

Charitable Funds Committee Chair and Non-Executive Director

19/03/2026

On Turntable
 19/03/2026 09:50:55

Council of Governors Open			
Meeting Date:	15 April 2026	Agenda Reference:	CGo.4.25.5c
Report Title:	Report from the Chief Executive Officer		
Presented by:	Sajid Azeb, Deputy 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 January 2026.		
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 – 31 March 2026		

Report content
<p>1. Patients</p> <p>Work to meet the expectations set out in the Planning Framework continued at pace and we submitted a set of three-year numerical plans 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 governance and processes we established to deliver this supported a broader level of engagement with external partners, and internal stakeholders, which in turn produced aligned and triangulated plans with a high degree of board assurance. Quality of care and patient outcomes remain at the heart of these plans. The Trust continues to work with NHSE on plan acceptance with all parties working to ensure we are targeting credible but stretching shifts in key areas.</p>

As a Trust we continue to benchmark positively against the Emergency Care Standard (ECS), with our current position remaining in the upper decile of Acute Trusts in England. Attendances to our ED increased significantly during winter, above levels seen in previous years and higher than we forecast for this year. This trend continued until February and has since remained at expected averages. The use of patient streaming continued to provide 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. We also created additional capacity for patients requiring observation before same day discharge, which helped keep capacity available for treating new arrivals.

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. The EXCEL programme has this as one of its transformational objectives and has been establishing the work plan to deliver this during 2026/27, including stakeholder engagement and baseline data exercises during recent months.

Collaborative work with Yorkshire Ambulance Service (YAS) continues and both handover and crew clear times improved as a result. Handover times are significantly shorter when 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. This work will help keep the organisation in line with stretching national expectations to have no handovers exceed 45 minutes.

Outpatient Transformation has continued, which uses the model for improvement at a service and pathway level whilst enabling our digital offer to be modernised. Several schemes are moving from test of change to scaled adoption across all services. A particular improvement we are focussing on is the optimisation of referrals using triage and advice & guidance, alongside the ability to undertake or order diagnostic tests in advance of first appointments. The overall 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. Clinical engagement with the case for change remains a priority whilst we scale up the concepts that have been evidenced as effective, and will be particularly important as we now focus on some of the shorter-term productivity benefits which will ensure resource utilisation increases, which has both a patient and financial benefit. Reducing the occurrences when patients are unable to attend is a scheme we will look to accelerate, and improvements here will also have a direct impact on health equity as our data shows those not attending are more likely to be from communities with poorer health outcomes.

The work to improve outpatient productivity is being supported by the Data and Productivity work-stream established as part of the Trust's Recovery Board. In addition to data recording there is also a focus on Theatres and Day-case units where the opportunity to book and treat more patients per session will be progressed at pace. This work-stream aims to improve our overall implied productivity rate, which is the level of activity per unit of spend, whilst also increasing treatments and then reducing the Referral to Treatment (RTT) waiting list as a result.

RTT performance is slightly behind plan and this will increase the level of improvement required next year. Some schemes planned to support improvement during Q4 have only commenced in March and these will continue into 2026/27 as part of the productivity focus previously described. This includes a continued focus on increasing first outpatient appointments, and the delivery of additional theatre sessions and higher treatment numbers in key specialties where waiting lists have grown. Despite the overall waiting list challenges, the number of waits over 52 weeks remained better than the national target of 1% of total waits set for 2025/26 and improved further this month, evidencing the successful processes that continue to minimise the longest delays.

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, but slightly below our previous best. 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 there will be a dual focus on ensuring capacity matches demand and pathways are managed optimally so that this capacity is allocated without delay to the patients likely to need it.

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

The Endoscopy Unit has been handed over having achieved practical completion with first patients through the unit taking place during the week of 9 March 2026. The new unit will support improvements in the provision of this key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

CQC rates maternity services as 'Good'

The Trust's maternity services have achieved a 'Good' rating from the Care Quality Commission (CQC) following an unannounced full inspection carried out in September 2025.

The CQC found the services were well-led, were responding to the needs of the communities they serve and demonstrated evidence of a commitment to continuous improvement. The report highlighted how people working in the services are working hard to learn from the experiences of families accessing maternity care. The report has highlighted most mothers and babies received good care and had complimentary feedback to give on their birth experiences. This included support provided in a timely manner and the use of an electronic interpreting tool available in different languages to ensure any information given to women and their families was accessible. Inspectors also recognised the focused efforts being made to improve outcomes for women, especially considering deprivation level and ethnic background which can often impact negatively on birthing experiences.

National Maternity and Neonatal Investigation

Baroness Amos and her team visited perinatal services at the Trust on 1 and 2 December 2025. The team met with families, co-ordinated by the Maternity and Neonatal Voices Partnership (MNVP) Lead.

The interim report by Baroness Valerie Amos was published on 26 February 2026 and included the engagement undertaken to date. The investigation is midway and final conclusions and recommendations are yet to be made. The link to the interim report is provided here - [Independent Investigation into Maternity and Neonatal Services in England - Interim Report - National Maternity and Neonatal Investigation](#)

The report at this stage is not trust specific, as it shares general findings from inspections and interviews that have taken place with all 12 Trusts. We understand at the conclusion of the investigation, trusts will receive individual reports, and we very much look forward to understanding the findings of the review in respect of the services provided by our Trust.

2. People

LGBT+ History Month – February 2026

The Trust LGBTQ+ staff network teamed up with the Bradford District Care Trust's LGBTQ+ staff network to celebrate LGBT+ History Month. An event was held in Bradford Royal Infirmary's Sovereign Lecture Theatre on 25th February, and provided an opportunity for colleagues to connect, learn together and celebrate the contributions of LGBT+ communities and people throughout history, with a particular focus on science and innovation. Examples included Barbara Burford, a medical researcher who established NHS equality and diversity guidelines; Jemma Redmond, a biotechnologist who developed 3D bioprinters to create tissues and organs; and the 'founder of modern chemistry', Robert Boyle.

Chair of the Trust's LGBT+ staff equality network brought the event to a close with a LGBT+ quiz.

International Women's Day 2026 – March 2026

International Women's Day 2026 was celebrated with an event at Bradford Royal Infirmary's Sovereign Lecture Theatre. Colleagues from across the Trust came together to reflect, celebrate and challenge us to go further in advancing gender equality across the Trust.

BTHFT Community Iftar – February 2026

We proudly hosted our first community Iftar for colleagues and their families to come together and break their fast. We were delighted to welcome over 100 colleagues in a powerful demonstration of what inclusion looks and feels like in practice — creating space for understanding, shared experience, and genuine connection. The evening included a short overview of the significance Ramadan within the Islamic faith, helping colleagues better understand why this month holds such importance for Muslims here at the Trust, in our communities and worldwide. We also provided context around the importance of prayer, reflection, charitable giving and community during this sacred month.

We also took the opportunity to provide a brief update on the Trust's Home from Home charity appeal, reinforcing the strong link between Ramadan and charitable giving, compassion, and service to others — values that align closely with our organisational purpose. The feedback from colleagues has been overwhelmingly positive. Colleagues have shared how much they appreciated the opportunity to come together, learn, reflect, and feel seen. Many spoke about the sense of belonging the event fostered — not just for Muslim staff, but for allies and colleagues from all backgrounds who attended in solidarity and curiosity.

2025 NHS Staff Survey

On behalf of the Board, I would like to thank staff who completed the 2025 NHS Staff Survey. Our response rate was 43%, meaning that 3,236 of staff completed the survey and we will share our commitment to carry out more focused listening exercises across the Trust and work collaboratively on the things that matter the most.

It has been reassuring to see that we continue to generally score above average across all the NHS People Promise themes. This is relatively better than many of our peers across the country as we have, over the last five years, seen a steady improvement across the NHS People Promise themes. Staff specifically highlighted how the organisation supports career progression and flexible working. It is important that we maintain momentum, while doing more in the focused areas. Staff felt engaged and felt that morale has improved despite all the ongoing challenges we are collectively facing.

It is however disheartening and unacceptable to hear that some colleagues in our organisation experience discrimination and we will work with colleagues to understand how we can challenge this. Every single colleague coming to work for our Trust should be respected for who they are, their life experiences and we should be celebrating diversity to foster a sense of belonging. This is especially important at a time when we are witnessing the impact of division and the distressing events across the world.

Three specific themes have been identified, and we will be launching a series of listening events over the coming months. These safe space events will focus on:

- Creating a sense of belonging by tackling any forms of discrimination
- Improving how we hear from our colleagues (listening and learning)
- Further developing our wellbeing support

The action plan to support the findings of the staff survey will be monitored by the Trust's People Academy and Board of Directors.

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3. Place

National organisational change updates

The DHSC and NHSE merger timetable has now been published. A new target operating model is being developed and is expected to be published by the end of May 2026. The DHSC plans to launch a 45-day consultation from October on the detailed design proposals for the new DHSC and on any potential future downsizing. This operating model will be aligned with both the Model ICB and Regional Blueprints, both of which have changed over time, as new information has come to light or decisions on changes reversed. Both DHSC and NHSE have already started to manage their own resizing separately, reflecting the aim of reducing the collective workforce by around 50%. It has been confirmed that the process is not a merger but creating a new DHSC. It looks likely that this will become a reality some time in 2027/28.

West Yorkshire ICB

In December, Rob Webster CBE, Chief Executive of NHS West Yorkshire Integrated Care Board and Lead Chief Executive of the West Yorkshire Health and Care Partnership, informed colleagues of his decision to step down from his role during 2026. After more than 35 years in health and care leadership, including over a decade leading the West Yorkshire partnership, Rob indicated that this decision reflects the organisation's transition into a new operating model and his intention to take a break from NHS leadership. Jonathan Webb, ICB Director of Finance, has been announced as interim CEO until a permanent appointment of CEO is made.

Following the departure of Cathy Elliott, Professor Nadira Mirza has been serving as Acting Chair. Interviews for the substantive ICB Chair have now been completed and Mark Chamberlain has been announced as the new incoming Chair commencing 1st April 2026. The ICB will also shortly begin recruitment for three Non-Executive Member roles, as a number of current terms come to an end. This is to ensure continuity, with new appointments expected to commence from 1 April 2026.

ICB organisational change update

The first cohort of colleagues leaving under the voluntary redundancy (VR) scheme will begin to exit the organisation shortly. The final leaving date for staff approved in round one of the schemes is 30 April 2026, with most departures expected to take place by the end of March 2026. More than 250 applications were approved in the first round of the scheme.

A formal consultation with staff commenced on 14 January 2026. This consultation covers the proposed organisational structures, including job descriptions, the appointments to post process, the implications for office bases, and changes to first and second on-call arrangements. The consultation period will run for 45 days and conclude on Friday 27 February 2026.

Bradford District & Craven Partnership

Partners across Bradford District and Craven have agreed to form a formal **Place Provider Partnership**, marking a significant step forward in strengthening how organisations work together to deliver joined-up care. This will be known as the Act as One Committee. Chief executives and sector leaders are now actively working together to design the partnership, with a shared ambition to improve outcomes for local people, tackle inequalities, and make better use of collective resources. This work builds on existing collaboration but moves it into a more formal, accountable arrangement. Good progress has been made in shaping how the partnership will operate in practice. Six core workstreams are under way, covering leadership, governance, finance, resourcing, clinical leadership, and delivery capacity, with the aim of establishing a shadow provider committee by April 2026. This shadow year will allow partners to test decision-making arrangements, strengthen relationships, and prepare for formal operation from April 2027, while continuing to work closely with the ICB during the transition.

Key next steps focus on moving from design to delivery. This includes agreeing which services and budgets will transfer into the partnership in shadow form during 2026 ahead of formal delegation to the Committee in April 2027, finalising governance arrangements, completing a readiness self-assessment, and setting out clear decision-making routes. This work is essential to ensure the partnership is ready to

take on greater responsibility as the ICB's role evolves, and to support the delivery of neighbourhood health and other shared priorities in a more coordinated and sustainable way.

Integrated Neighbourhood Health

Work is progressing to put the right structures in place to support integrated neighbourhood health across Bradford District and Craven. Most neighbourhood teams now have agreed boundaries (86%), with the remaining areas on track to be confirmed by February, and teams in the **National Neighbourhood Health Implementation Programme (NNHIP)** areas are already delivering practical support for defined population groups. While some activity has been slowed by ICB capacity pressures, partners are actively exploring how additional support can be provided, and engagement remains strong, with well-attended workshops, positive feedback from across health and care, growing national interest in the work, and new joint arrangements in place to support future neighbourhood estates development. **Minal Bakhai, NHS England Director for Primary Care and Community Transformation and the NNHIP, is visiting Bradford in March 2026 to see how our NNHIP work is progressing.**

Integrated Acute (ABCAS)

Good progress is being made across the programme, with project prioritisation completed for 11 specialties and detailed plans now being developed for the first phase. Additional capacity has been secured through KPMG to maintain momentum and align delivery with national timescales, and a quality and equality impact assessment has been drafted and is due for sign-off later this month. Alongside this, agreement has been reached on next steps for collaborative working in stroke, midwifery and radiology/MSK, and demand and capacity modelling is under way in ENT, max fax and ophthalmology to improve use of theatres and outpatient clinics.

Lynfield Mount redevelopment

Plans to redevelop Lynfield Mount Hospital have been approved, enabling significant investment to modernise mental health inpatient facilities in Bradford. The redevelopment will improve the quality, safety and dignity of care for patients, including better therapeutic spaces and upgraded wards, while supporting staff to deliver care more effectively. This marks an important step in strengthening local mental health services and responding to long-standing estate and capacity challenges. [Lynfield Mount Hospital given green light for redevelopment - Bradford District Care NHS Foundation Trust](#)

Local Authority Children's Services (ILACS) inspection

The Ofsted Inspection of Local Authority Children's Services or ILACS took place in the Bradford district from 12 January 2026. The focus is on the effectiveness of local authority services, leadership and arrangements. Colleagues from across health services supported the process. Information about ILACS: [Inspecting local authority children's services - GOV.UK](#) A joint CQC/Ofsted reinspection of SEND services is anticipated for Bradford District soon.

4. Partners

West Yorkshire Association of Acute Trusts (WYAAT) Programme Executive Meeting, 10 February 2026 and 3 March 2026

Unfortunately, I was unable to attend the WYAAT Programme Executive meeting on 10 February, but Saj Azeb deputised on my behalf. The meeting included an ICB update and a focused discussion around planning including individual Trust updates and mid-year reviews. Attendees also received updates on Non-Surgical Oncology (NSO), FIPP and on the WYAAT organisational change. There was also a discussion on scaling up of people services and the usual collaborative report was received.

At the meeting on 3 March, we had an update from the ICB and on research, innovation and improvement. We also reviewed the Health Innovation Network. We had a detailed discussion on planning and on the WYAAT organisational change. We talked about Right Care, Right Person and received the usual collaborative report.

WYAAT Committee in Common, 3 February 2026

I was unable to attend the WYAAT CiC on 3 February due to annual leave, but Saj Azeb joined on my behalf. The Committee had feedback from individual organisations to set operational context before a strategic context discussion led by each place provider collaborative. The committee discussed any risks or issues for escalation before receiving a bundle of documents relating to strategy and case for change delivery, including programme risks and escalations, and the Clinical Services Board terms of reference. The meeting was held at Calderdale and Huddersfield NHS Foundation Trust.

West Yorkshire Partnership Board Meeting, 3 February 2026

The Partnership Board on 3 February was attended by Saj Azeb and included an update from the Partnership CEO lead, and a section dedicated to patient and public voice. The Board also discussed the ambition to strengthen the local economy by focusing on the NHS England Health and Growth Accelerator and WorkWell.

5. National Reports**NHS Oversight Framework – NHS Trust Performance League Tables Process and Results**

On 18 March 2026, NHSE published the Quarter 3 2025/26 segmentation results. The trust is ranked 58th out of 134 acute trusts. The league table can be found via the link below -

[NHS England » Acute trust league table – Q3 2025/26](#)

NHS England (NHSE) Additional actions to virtually eliminate corridor care

On 4 March 2026, NHSE published a letter from Sarah-Jane Marsh CBE, National Priority Programme Director, Urgent and Emergency Care, NHS England. The letter outlines the work undertaken with the Corridor Care Coalition which represents patients, staff and public on the issue. In response, NHSE have identified further national actions in addition to the existing work led by the Getting It Right First Time (GIRFT) programme. On 26 February, CEOs, Chairs, chief operating officers, medical directors and chief nurses along with directors of communications from 30 trusts assessed as facing the biggest challenges on corridor care met to discuss and develop additional actions for trusts to support the eradication of corridor care which are more amenable to local ownership rather than national direction.

The publication can be accessed here [NHS England » Additional actions to virtually eliminate corridor care](#)

This publication follows the national report included in my January report to board, which outlined the principles for providing patient care in corridors. [NHS England » Principles for providing patient care in corridors](#)

UK Covid-19 Inquiry – Module 3 report

The Inquiry published its third report and recommendations following its investigation into 'the impact of the Covid-19 pandemic on the healthcare systems of the United Kingdom' on Thursday 19 March 2026. It examines the governmental and societal response to Covid-19 as well as dissecting the impact that the pandemic had on healthcare systems, patients and healthcare workers.

[Module 3 full report](#)

[Module 3 'In-brief' summary](#)

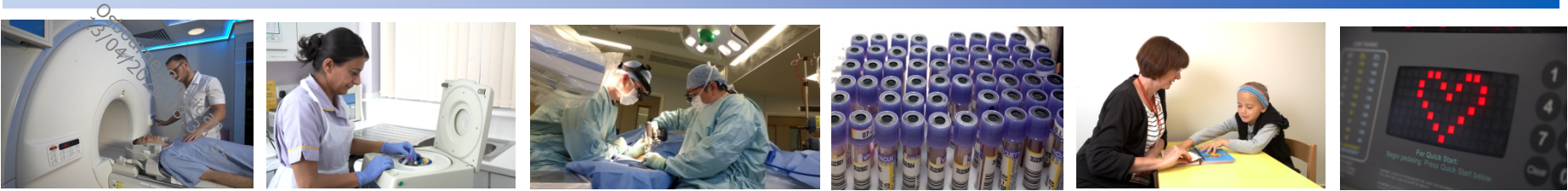
The Trust's former Chief Medical Officer submitted a witness statement as part of the Inquiry, and it is referenced within the full report on page 58, paragraph 2.35 relating to visiting restrictions.

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National health news of significance to our Trust

Presentation to Council of Governors on Wednesday 15 April 2026

Shak Rafiq, strategic communications and engagement lead



What this presentation will cover

- Key national developments that are of relevance and significance to our Trust and to our Council of Governors.
- The focus of this presentation is an update on national strategies focusing on women's health and men's health; key announcements on mental health; NHS organisational changes affecting our local integrated care board (NHS West Yorkshire ICB); and a round up of regional and place news.
- **Important note** The content of these slides and presentation at the Council of Governors meeting is an interpretation of national health news and announcements by our communications and engagement lead. It is not intended to form any official statements or policy decisions for the Trust and is solely intended to provide the Council of Governors with a review of key news items.

National cancer plan for England

- A new national cancer plan was published in February 2026 with the ambition of improving cancer care so that three out of four people diagnosed with cancer survive by five years or more by 2035. The plan includes a focus on rapidly improving waiting times with the aim of meeting all cancer waiting times targets by 2029.
- A £200m fund has been set aside to improve cancer screening uptake and reduce inequalities in socio-economically challenged areas. This will be delivered through cancer alliances and neighbourhood health services working directly with communities, screening commissioners and providers.
- Bowel, cervical and breast screening programmes will be expanded and by 2030 the national roll out of lung cancer screening will have been implemented.
- The plan includes a funded commitment that the Government will cover the travel costs of children with cancer. The £10 million financial support package for families of children and young people with cancer will cover travel costs to and from appointments.
- As part of the three shifts in the 10 Year Plan for Health, there'll be increased focus on prevention, support in community settings and people using the NHS App to manage their test results, self-refer for appointments and access to HealthStore bringing access to digital therapeutics.
- For more information: <https://www.gov.uk/government/publications/national-cancer-plan-for-england>

Neighbourhood health

- In March the Department of Health and Social Care and NHS England published a framework setting out the next steps for the NHS and local government, working alongside civil society, to deliver a neighbourhood health service.
- The framework explains what neighbourhood health services are, the problems they should help solve, and how success will be measured. The policy paper is available online:
<https://www.gov.uk/government/publications/neighbourhood-health-framework>
- **Westbourne Green has been announced as one of the first 27 neighbourhood health centres in England.** By 2036 the ambition is to have 250 neighbourhood health centres across the country.
- In neighbourhood centres, people will be able to get GP appointments, urgent treatment, and pharmacy care all in one place, closer to home. The centres will be open 12 hours a day, six days a week, in refurbished NHS buildings.

Keeping children and young people safe online

- Our **Bradford Institute of Healthcare Research** working with Cambridge University is leading a national trial involving 300 homes with teenagers.
- The trial, launched by the Department for Science, Innovation and Technology, will involve local families who will be given one of four interventions: a complete ban, one-hour daily limit, nighttime curfew, or no restrictions.
- The trial comes alongside the public consultation on digital wellbeing which closes on 26 May.

Take part in the consultation

The Department for Science, Innovation and Technology launched a public consultation on improving children's digital wellbeing on social media, AI chatbots and gaming platforms. Find out more and share your views <https://www.gov.uk/government/news/landmark-consultation-seeks-views-on-major-measures-to-protect-children-on-social-media-gaming-platforms-and-ai-chatbots>

Organisational changes: NHS West Yorkshire ICB

- A number of colleagues have now left the ICB through voluntary redundancy, a very small number have been accepted for voluntary redundancy but will remain in post until the end of June to support with transition arrangements.
- **Leadership changes:** Rob Webster, steps down as Chief Executive on 15 April 2026, with Jonathan Webb (Director of Finance) taking on the role as interim Chief Executive. In addition Sayma Mirza and Debi Gibson have been appointed to interim director of nursing positions working alongside Ian Currell. Sayma will cover Bradford District and Craven, Debi will cover Calderdale, Kirklees and Wakefield and Ian will cover Leeds.
- **Change in headquarters for the ICB:** from 7 April, the ICB moved its headquarters from White Rose House in Wakefield to Scorex House in Bradford. In the future, the ICB's office locations will be consolidated to three sites rather than five – Scorex House, Westgate House (Halifax) and White Rose Office Park (Leeds). White Rose House in Wakefield closed to the public on 2 April and Norwich Union House in Huddersfield will close in September.

Uplifting stories from our Trust

- Kind-hearted Ilkley resident crochets 100th wellbeing blanket for Bradford babies after hospital saves her sight
- Bradford Teaching Hospitals' Research team awarded Dhole-Eddlestone Memorial Prize 2026
- Bradford Neonatal Research team among top UK recruiters in global studies exploring oral insulin for preterm babies
- MP visits hospital to hear about award-winning fragility fracture liaison service and newly set up support group
- Sovereign Health Care takes the 'Home from Home' to £2 million milestone
- Bradford hospital porter Mo is simply outstanding, winning a prestigious national award
- Two senior breast cancer care nurses with a combined service of more than 90 years to the NHS retire
- Consultant Paediatrician, Kate Wildig bids a fond farewell to Bradford after 28 years

Other news you may have missed

- New West Yorkshire-wide all-age 24/7 mental health crisis text service launched. To use this free, confidential service, text BRIGHT to 85258. Information on other services in Bradford can be found on the healthy minds website www.healthyminds.services
- New apps to support asthma and COPD patients rolled out across West Yorkshire. Accessible online <https://icsthub.co.uk/>
- ‘Beryl’ bike scheme now live in Bradford with 200 bikes and 50 docking stations across the district (including sites around BTHFT estate, linking in with our sustainable development plans)
- Year of reading kicks off in Bradford with cross sector support - we are looking to work with the National Literacy Trust to do some specific activity at BTHFT
- Bradford-based Yorkshire Women’s Forum running WorkRight programme to help South Asian women in Bradford towards employment as part of Healthy Working Life, a joint West Yorkshire Combined Authority and NHS West Yorkshire Integrated Care Board programme

COUNCIL OF GOVERNORS PUBLIC				
Meeting Date:	15/04/2026	Agenda Reference:	CGo.4.26.9	
Report Title:	Governors Nominations and Remuneration Committee (NRC) Report			
Presented by:	Mark Chambers (NRC Governor)			
Lead:	Karen Walker, 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"> • Karen Walker, Chair • Mark Chambers NRC Governor • Dermot Bolton, NRC Governor • Ruth Houghton, NRC Governor • Osman Rafiq, NRC Governor • Andy Waller, NRC Governor <p>Since the last report to the Council (January 2026):</p> <ul style="list-style-type: none"> • Ruth Houghton and Osman Rafiq were appointed by the Council to replace David Wilmshurst and Helen Jepps as members. • Sarah Jones has temporarily stepped away from Chair duties at BTHFT and as such Karen Walker will take on the Committee Chair role. • Phillip Turner has resigned from the Council leading to a vacancy on the NRC. Self-nominations are currently being sought. <p>Meetings of the NRC held since last report to the Council of Governors</p> <p>Two meetings have been held. An extraordinary meeting on 5 February which reviewed and prepared a proposal to the Council on NED Remuneration considering changes in the Chair arrangements. The meeting also discussed a confidential matter. The second meeting took place on 17 March, and the NRC reviewed and updated the Appraisal Process: Chair/NED and, reviewed and confirmed the NRC work programme.</p> <p>Next meeting of the NRC.</p> <p>The next quarterly meeting of the NRC is scheduled for 9 June 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
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

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Council of Governors			
Meeting Date:	15/04/2026	Agenda Reference:	CGo.4.26.10
Report Title:	NED and Chair Appraisal Process		
Presented by:	Laura Parsons, Associate Director of Corporate Governance / Board Secretary		
Lead:	Karen Walker, Acting 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)
Summary of Key Issues/Highlights:	<p>In February 2024, the new ‘NHS Leadership Competency Framework for Board Members’ was published. This sets out key domains and skills that Board members should have and develop to be effective in their roles. The ‘Framework for conducting annual appraisals of NHS chairs’ was also published in February 2024, followed by the Board member appraisal guidance in April 2025.</p> <p>The creation of the framework enabled us to put in place a new appraisal system of the Chair and NEDs. <u>This was approved by the Council of Governors in April 2025.</u></p> <p>As there have been no changes to the NHS Leadership Competency Framework or appraisal guidance since they were published, there are no material changes proposed to the appraisal process for the Chair and NEDs for 2026. However following review by the Governors Nomination & Remuneration Committee, there is one proposed addition to Appendix A of the process, to clarify what should happen if a NED is unable to take part in the appraisal process due to sickness or other exceptional circumstances.</p> <p><u>The appraisal process</u></p> <p>A ‘Policy on a Page’ template has been created – this sets out the general principles, the process and links to further support (see Appendix A).</p> <p>Please see Appendix B for a flow chart which details the approach in full.</p> <p>The feedback process</p> <p>Once a date has been agreed for the appraisal, the Chair and NED (for the Chair this will be the Senior Independent Director (SID)) will agree on a number of colleagues to ask for feedback from. This will include:</p> <ul style="list-style-type: none"> • Committee Members (from the relevant committees the NED/Chair participates in) • Executive Directors • Non-Executive Directors • Council of Governors <p>Whilst up to three each of committee members, Executive Directors and Non-Executive Directors will be agreed, all governors will be invited to provide feedback for each NED and the Chair.</p>		

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	<p>A two-week window for feedback will be created to ensure as many colleagues can participate as possible.</p> <p>Once the colleagues being asked to feedback have been nominated, the details will be sent to the Organisational Development Team who will compile feedback. After the closing date, the feedback will be collated and sent to the NED/Chair to aid their reflection and appraisal discussion. It is important to note that all feedback will be anonymous and only seen by a contact from the OD team, the NED and Chairperson (for the Chair this will be the SID).</p> <p>Please see Appendix C for the NED/Chair appraisal briefing note.</p> <p>The documents</p> <ul style="list-style-type: none"> • Board Member Appraisal – Preparation Form (Appendix D) <p>This has been created to support the NED/Chair to prepare for their appraisal and should be completed in advance of the appraisal conversation.</p> <p>The NED/Chair will use the NHS Leadership Competency Framework for Board Members to self-reflect on their own performance. They will identify any significant themes, and also use the feedback received from others to reflect on the previous year.</p> <p>The NED/Chair will highlight their areas of strength as well as opportunities they have identified as areas to improve and increase their own impact and effectiveness. They will also reflect on their objectives and areas for development.</p> <p>The Chair (for the Chair this will be the SID) will also use a separate copy of this form to prepare for the conversation with the NED (for the Chair this will be the SID).</p> <ul style="list-style-type: none"> • Board Member Appraisal – Summary Form (Appendix E) <p>This form will be the completed record of the conversation at the appraisal and agreed between the NED and Chair (for the Chair this will be the SID). It will be used during the meeting to record the conversation. After the appraisal has been completed, the NED/Chair will have two weeks to write up the appraisal and send to the Chair (for the Chair this will be the SID) for sign off.</p>
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to approve the appraisal process for the Chair and the Non-Executive Directors for 2026.
Link to Strategic Objective:	N/A
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	N/A
Legal/Regulatory:	CQC, well-led framework
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 Nomination & Remuneration Committee – 17 March 2026

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Purpose and Scope | The appraisal process is important to ensure that non-executive directors (NEDs) feel motivated, well supported and confident to deal with the many issues and challenges they will face in their role. This policy sets out a summary of the appraisal process as well as the underpinning principles for an effective appraisal which will enable NEDs to evaluate their performance, receive constructive feedback and to build upon their strengths and address any areas for development.

General Principles

- Be clear about who is conducting the appraisal.
 - New appointees should be told they'll be formally appraised, who will conduct the appraisal, how often they will take place and the standards against they will be assessed by.
 - Appraisals should look forward, not just back, to take account of the future organisational needs, any learning and development identified and the aspirations of the individual.
 - Any performance issues should be identified and discussed constructively as part of ongoing discussions throughout the year. The process should also provide clarity about the support individuals will receive to help them improve.
 - All documentation relating to the appraisal should be completed during, or shortly after, the appraisal and signed by both parties.
 - Where there is no agreement, the Chair's assessment should stand with the non-executive director's disagreement noted (any fundamental differences may need to be escalated to NHS England).
 - Where a Non Executive Director is temporarily unable to participate in their annual appraisal due to certified sickness absence or other unforeseen exceptional circumstances, the Chair (or, where applicable*, the Senior Independent Director) may pause the appraisal, normally for a period of up to three months. The duration of any pause should be proportionate to the circumstances and reviewed every four to six weeks. In exceptional cases, a longer pause may be agreed, with the reasons clearly documented.
- A delay in appraisal arising solely from temporary illness or exceptional circumstances will not, in itself, be treated as a performance concern. Where a Non Executive Director's ability to participate remains uncertain over a sustained period, the Chair will discuss with the individual whether any implications arise for their ongoing ability to discharge the duties of office, including compliance with Fit and Proper Person Test requirements.
- * For example, where the Chair is absent and the Senior Independent Director (SID) is acting in the place of the Chair and, where the SID is responsible for the appraisal of the Chair.

Process

The appraisal includes:

- Self reflection of performance against the NHS Board Competency Framework;
- A review of performance since last appraisal;
- Discussion around individual strengths and opportunities to increase personal impact;
- Setting four SMART objectives (3 performance and 1 personal development);
- Identification of any learning and development needs;
- Identification that the appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment;
- Gathering of feedback from others, including Executive, Non Executive and Council of Governor colleagues

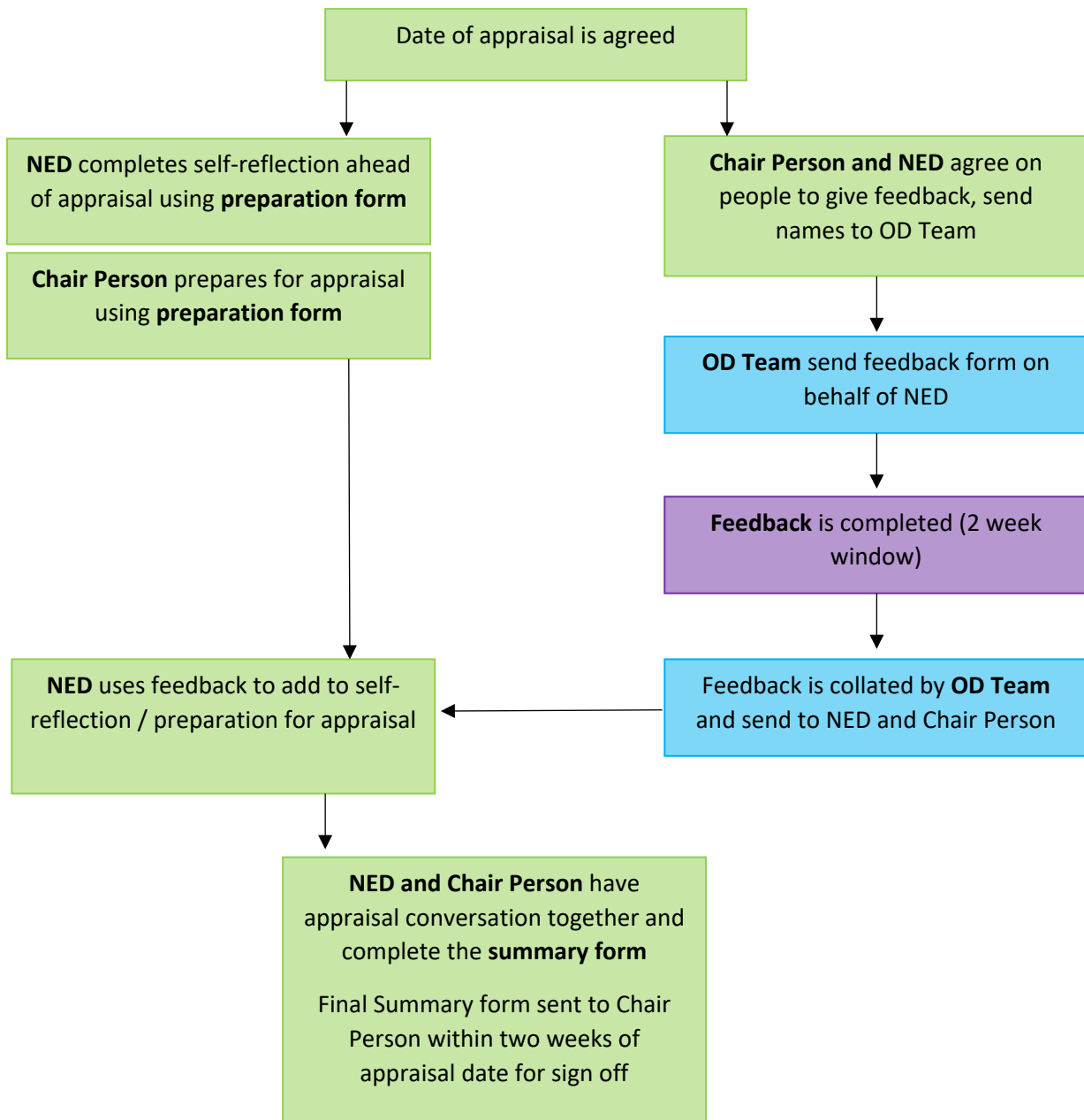
Responsibilities

- Chair Person** – responsible for ensuring that NEDs receive an annual appraisal of their performance
- NED** – to prepare before the appraisal, to participate in the process and to undertake any development identified
- OD team** – support the NEDs to gather feedback in a timely manner ahead of appraisal and support the colleagues providing feedback to do so in a constructive manner

Further Support / Links

- Preparation Form
- Summary Form
- Guidance Note
- NHS Board Competency Framework

Appendix B – NED Appraisal Process



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Non Executive Directors – Appraisal Guidance (April 2025)

You will be aware that every year you are required to complete an annual appraisal. This enables an honest and open conversation about your performance and behaviours over the past year and helps to review objectives for the forthcoming year as well as identify any development needs.

Your appraisal will consist of self-reflection, together with feedback from others.

Key documents you will need:

- Preparation Form
- Summary Form

Before your appraisal:

- You need to **gather feedback** from other people that you work with. The Chair Person and NED will decide upon names together, and will include:
 - Committee members (*minimum of 3*)
 - Non Executive Director colleagues (*minimum of 3*)
 - Executive Director colleagues (*minimum of 3*)
 - Council of Governors (*All Governors will be invited to provide feedback*)

At least two weeks before your appraisal date you should send their names, email addresses and the date of your appraisal to Cat Shutt (catherine.shutt@bthft.nhs.uk) and this will be done on your behalf – you will receive a **Feedback Report** before your appraisal conversation and a copy will also be sent to your appraiser.

- Complete the **Preparation Form** with your own self-reflections.
- Your appraiser will also complete the **Preparation Form** with their own reflections.

During your appraisal:

- Both parties should bring their completed **Preparation Forms** and **Feedback Report**.
- During the meeting, you will begin to complete the **Summary Form**. This brings together all the feedback you have received and your self-reflection.

After your appraisal:

- You should complete the **Summary Form** in full. This should be an accurate record of your discussions. You should send this to your appraiser within two weeks of your appraisal date for sign off.
- Please ensure ESR is updated to record that an appraisal conversation has taken place.

Any questions?

If you have any further questions, please contact the OD Team – OD.Team@bthft.nhs.uk or Cat Shutt catherine.shutt@bthft.nhs.uk

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Board Member Appraisal: Preparation Form

Appraisee: This form should be used prior to your appraisal. You should use it to reflect on the appraisal period and self-assess against the Leadership Competency Framework for Board members.

Appraiser: This form should be used to prepare for your conversation with the appraisee. You should use it to make a note of your own reflections about their performance.

Name	
Role	
Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Appraisal Reference Period	
Date	

Part 1 | Reflection review using the Leadership Competency Framework

Domain 1: Driving high quality, sustainable outcomes

What good looks like:

- The Board Member personally seeks out and acts on performance feedback and review, and continually build their own skills and capability.
- The Board Member is committed to ensuring excellence in the delivery (and/or the commissioning) of high quality and safe care, including our workforce.
- The Board Member seeks to ensure that their organisation demonstrates continual improvement, increases productivity and brings about better health and care outcomes with lasting change and improvement.

Domain 1 Summary:

Highlighted areas of strength:

Identified opportunities to increase impact and effectiveness:

Domain 2: Setting strategy and delivering long-term transformation

What good looks like:

- The Board Member personally seeks out and uses new insights on current and future trends and use evidence, research and innovation to help inform strategies.
- The Board Member leads the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities.

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Domain 2 Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Domain 3: Promoting equality and inclusion, and reducing health and workforce inequalities

What good looks like:

As a leader, the Board Member:

- Improves population health outcomes and reduces health inequalities by improving access, experience and the quality of care.
- Ensures that resource deployment takes account of the need to improve equity or health outcomes with measurable impact and identifiable outcomes.
- Reduces workforce inequalities and promotes inclusive and compassionate leadership across all staff groups.

Domain 3 Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Domain 4: Providing robust governance and assurance

What good looks like:

- The Board Member understands their responsibilities as a board member and how the Board works together as a unitary board to reach collective agreement on their approach and decisions.
- The Board Member uses a variety of information sources and data to assure the organisation's financial performance, quality and safety frameworks, workforce arrangements and operational delivery.
- The Board Member, together with the rest of the board, is visible throughout the organisation and their leadership is underpinned by the organisation's behaviours, values and standards. They are seen as a Well Led organisation and they understand the vital importance of working collaboratively.

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Domain 4 Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

<p>Domain 5: Creating and compassionate, just and positive culture</p> <p>What good looks like:</p> <p>The Board Member personally:</p> <ul style="list-style-type: none"> • Speaks up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when they might be the only voice. • Challenges constructively, speaking up when they see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly. • Promotes flexible working where possible and uses data at board level to monitor impact on staff wellbeing and retention. <p>The Board Member contributes as a leader:</p> <ul style="list-style-type: none"> • To develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues. • To ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement. • To improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict). • To ensure there is a safe culture of speaking up for our workforce.

Domain 5 Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

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Domain 6: Building trusted relationships with partners and communities

What good looks like:

The Board Member is part of a Board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce.

The Board Member identifies and communicates the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest.

The Board Member recognises and champions open and constructive communication with all system partners to share a common purpose, vision and strategy.

Domain 6 Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Part 2	Your Objectives
---------------	------------------------

Review of previous year:

Objective (SMART format)	Progress / Reflections	Outcome

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Draft Objectives for the forthcoming year:

Use this section to draft objectives for the forthcoming year in preparation for discussion and agreement with the appraiser. Please draft objectives that clearly link personal objectives to organisational priorities and are SMART.

Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	

Part 3	Your Development Plan
---------------	------------------------------

You should:

- Review the highlighted areas of strength and identified opportunities to increase impact and effectiveness (part 1).
- Consider organisational objective and demands.
- Reflect on your own growth, development and career aspirations and bring these elements together to inform your development plan.

Your plan for development could incorporate a blend of learning methods, for example board development, conferences, webinars, coaching, mentoring, shadowing or self-directed learning.

What	How	Why	By When

Appraisee and Appraiser: Please ensure you take this completed preparation form to the appraisal conversation where it will form part of the discussion and support the completion of the Summary Form.

Board Member Appraisal: Summary

To be completed by appraiser and appraisee together.

This form should be used during your appraisal conversation and as one element of regular and ongoing dialogue around your performance.

Name	
Role	
Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Appraisal Reference Period	
Appraiser Name	
Appraiser Role	
Appraisal Date	

Part 1 | Summary using the Leadership Competency Framework

Appraisee and appraiser summary
Overall Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

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Multi source feedback summary
Overall Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Part 2 | Your Objectives

Review of previous year:

Objective (SMART format)	Progress / Reflections	Outcome

Overall summary of performance:

Improvement needed	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Outstanding	<input type="checkbox"/>
Partially meets performance standards		Meets performance standards		Partially exceeds performance standards		Exceeds performance standards	

Demonstration of behaviours and values:

Recognises	<input type="checkbox"/>	Engages	<input type="checkbox"/>	Integrates	<input type="checkbox"/>	Advocates	<input type="checkbox"/>
Understands the importance of values and behaviours		Upholds values and behaviours in carrying out their role		Integrates values and behaviours in their decision making		Champions and actively promotes values and behaviours	

Delivery of Improvement (Executive Director roles only):

New to role / requires improvement	<input type="checkbox"/>	Progressor	<input type="checkbox"/>	Improver	<input type="checkbox"/>	Sustainer	<input type="checkbox"/>
Sometimes delivers improvement		Regularly delivers improvement		Consistently delivers improvement		Exceptionally delivers improvement	

Agreed objectives for the forthcoming year:

Please write objectives below that clearly link personal objectives to organisational priorities, are SMART and have been agreed with your appraiser. *(For NED only: In total there should be four objectives - three objectives should be performance based and one should focus on personal development)*

Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	

Part 3	Your Development Plan
---------------	------------------------------

You should:

- Review the highlighted areas of strength and identified opportunities to increase impact and effectiveness (part 1).
- Consider organisational objective and demands.
- Reflect on your own growth, development and career aspirations and bring these elements together to inform your development plan.

Your plan for development could incorporate a blend of learning methods, for example board development, conferences, webinars, coaching, mentoring, shadowing or self-directed learning.

What	How	Why	By When

The appraisal discussion included conversation about career development and planning.

Part 4 Declaration of suitability for appointment

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. [Regulation 5: Fit and proper persons – Care Quality Commission.](#)

Appraisee declaration

Yes No

If no, please provide details

Appraiser declaration

Yes No

If no, please provide details

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Part 5

Confirmation

Appraisee confirmation

The above is an accurate reflection of the appraisal discussion.

Please enter name and date below.

Appraiser confirmation

The above is an accurate reflection of the appraisal discussion.

Please enter name and date below.

Date of next conversation

Please ensure that ESR is updated to confirm the appraisal conversation has taken place.

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Council of Governors				
Meeting Date:	15/04/26	Agenda Reference:	CGo.4.26.11	
Report Title:	COG Effectiveness Review			
Presented by:	Laura Parsons, Associate Director of Corporate Governance / Board Secretary			
Lead:	Karen Walker, Acting Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	<p>Governors Effectiveness Review</p> <p>Section C4.8 of the Code of Governance for NHS Provider Trusts requires that Governors periodically assess their collective performance. Section C4.8 states.</p> <p>Section C, 4.8 (NHS foundation trusts only)</p> <p>Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:</p> <ul style="list-style-type: none"> • holding the non-executive directors individually and collectively to account for the performance of the board of directors • communicating with their member constituencies and the public and transmitting their views to the board of directors • contributing to the development of the foundation trust’s forward plans. <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors.</p> <p>A draft ‘governor evaluation questionnaire’ is attached for review at Appendix 1.</p> <p>The questionnaire includes the following sections:</p> <ul style="list-style-type: none"> - Size and composition of the Council - Management of the Council Meetings - Council of Governors Effectiveness - The role of the Chair - Overall Council of Governors Performance <p>Once the content of the effectiveness review questionnaire is agreed it will be translated into a ‘Microsoft form’ and a link for completion circulated to all Governors.</p> <p>Review and completion schedule</p>			

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	<p>Governors are asked to review and approve the areas included in Appendix 1.</p> <p>The final version of the questionnaire will be circulated to Governors for completion during the week of 27 April 2026. The deadline for submission will be 12 noon on Friday 22 May.</p> <p>The results will be collated and the outcomes presented to the Council for review at the meeting on 1 July 2026, where any actions to support improved performance and effectiveness of the Council of Governors will be agreed.</p>
Recommendation/s: (including any decision/approval required)	The Council of Governors is asked to consider the attached document at Appendix 1 and approve the contents of the effectiveness review questionnaire.
Link to Strategic Objective:	N/A
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	N/A
Legal/Regulatory:	Regulatory requirement in line with 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:	N/A

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Appendix 1 – Council of Governors Effectiveness Review Questionnaire

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A / Don't know	
1	Size, composition and role of the Council of Governors							Comments
1.1	I have a good understanding of the role of the Council							
1.2	The Council has the correct number of members							
1.3	New Council members receive a satisfactory induction							
1.4	I have a good understanding of my role and responsibilities as a member of the Council of Governors							
2	Operational Planning / Strategy							Comments
2.1	Governors are sufficiently consulted on the Trust's medium term plan							
2.2	Governors are sufficiently consulted on the Trust's long term Corporate Strategy							
3	Management of the Council of Governors Meeting							Comments
3.1	Council of Governors meetings, as they are currently organised and conducted, provide an effective way of accomplishing the business of the Council.							
3.2	I have the opportunity to influence the setting of the Council of Governors meeting agenda							

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		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A / Don't know	
3.3	The papers are provided in a timely manner, allowing members to consider matters fully prior to the Council of Governors meeting.							
3.4	The papers provide me with the information I need							
3.5	It is clear how action/s arising from discussions are followed up and implemented							
3.6	I have the opportunity to contribute to the meeting							
If you would like to contribute more, what is currently preventing you from doing so?								
3.7	The Council seeks appropriate input from interested parties (eg. subject matter experts, specialty leads etc) to support its decision making							
Would you make any changes to the management of the Council of Governors meeting? Please describe below.								
4	Council of Governors Effectiveness						Comments	
4.1	The Council of Governors is working effectively.							
4.2	The Council delivers on its duties and responsibilities.							

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		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A / Don't know	
4.3	The Council is effective in performing its role in the following areas:							
4.3.1	<ul style="list-style-type: none"> <i>Holding the Non-Executives to account for the performance of the Board</i> 							
4.3.2	<ul style="list-style-type: none"> <i>Representing the interests of the FT members and the population</i> 							
4.3.3	<ul style="list-style-type: none"> <i>Delivering on the range of statutory duties and responsibilities</i> 							
4.4	The Council spends the correct proportion of time on key agenda items / priorities							
What matters or issues has the Council of Governors handled most effectively during the past 12 months, and why?								
What matters or issues has the Council of Governors handled least effectively during the past 12 months, and why?								
5	The role of the Chair						Comments	
5.1	The Chair is supportive and responsive to the needs of the Council of Governors							
5.2	The Chair facilitates open discussion and challenge							
5.3	The Chair listens to all members of the Council							

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		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A / Don't know	
5.4	The Chair is prepared for Council of Governor meetings							
5.5	The Chair keeps the meetings on track							
6	Overall Council of Governors Performance						Comments	
6.1	Overall, I am satisfied with my contribution to the Council of Governors							
6.2	Overall, I am satisfied with how the Council's business and decisions of the Council are communicated internally							
6.3	Overall, I am satisfied with how the Council's business and decisions of the Council are communicated externally							
6.4	Overall I am satisfied with the communication between the Council of Governors and the Board of Directors							
Based on your involvement with the Council of Governors, what aspects of the Council are most in need of change or development? (Please include suggestions for how this might be achieved).								
Please express any other views you might have about the role and effectiveness of the Council of Governors.								

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Council of Governors				
Meeting Date:	15 April 2026	Agenda Reference:	CGo.4.26.12	
Report Title:	Council of Governors Work Plan (2026 to 2027)			
Presented by:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary			
Lead:	Karen Walker, Acting Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Assurance <input type="checkbox"/>	Action <input type="checkbox"/> (review/discuss/ comment)	Information <input type="checkbox"/>
Summary of Key Issues/Highlights:	The Council of Governors work plan covering the period 2026-27 is attached at Appendix 1.			
Recommendation/s: (including any decision/approval required)	The Council is asked to review and approve the work plan.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	CQC, well-led framework			
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			

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COUNCIL OF GOVERNORS 2026-2027

				2026-27			
Agenda items	Open / Closed meeting	Key Control:CodeOfGov (Code of Governance for NHS Provider Trusts). NHSE (NHS England)	Lead	Apr	Jul	Oct	Jan
Standing items							
Chair's Report	Open	CodeOfGov	Chair	X	X	X	X
Chief Executive's Report	Open	CodeOfGov	Chief Executive	X	X	X	X
Holding to Account - NED Committee reports	Open	NHS Act	Committee Chairs	X	X	X	X
Matters raised with Governors by members, patients and/or the public	Open	CodeOfGov	Associate Dir of CG / Board Secretary	X	X	X	X
Confidentiality requirements	Closed	Code of Conduct	Chair	X	X	X	X
Statutory Duties and Responsibilities							
Annual Effectiveness Review	Open	CodeOfGov	Associate Dir of CG / Board Secretary	X	X		
Annual Members Meeting (planning)	Open	NHS Act, Constitution	Associate Dir of CG / Board Secretary		X		
Chair Appraisal Process outcomes	Closed	NHS Act, CodeOfGov	Senior Independent Director		X		
Chair Appointment (tbc)	Closed	NHS Act, CodeOfGov	NRC Governor				
Code of Conduct NED/Governors	Open	Standing Orders	Associate Dir of CG / Board Secretary				X
Constitution Review	Open	NHS Act, CodeOfGov	Associate Dir of CG / Board Secretary		X		
Council of Governors Work Plan	Open	CodeOfGov, Standing Orders	Associate Dir of CG / Board Secretary	X	X	X	X
Engagement Policy Review	Open	NHSE, CodeOfGov	Associate Dir of CG / Board Secretary		X		
External Auditor Appointment (when required)	Closed	NHS Act, CodeOfGov	Audit Committee Chair				
External Auditor Report (Annual Report and Accounts)	Open	NHSE Annual Reporting Manual	External Auditor		X		
Induction Programme	Open	CodeOfGov	Associate Dir of CG / Board Secretary			X	
Lead Governor Appointment	Closed	NHSE, Standing Orders	Associate Dir of CG / Board Secretary	X			
Membership Plan (tbc)	Open	CodeOfGov	Associate Dir of CG / Board Secretary				
NED / Chair Appointment Process	Open	NHS Act, FTGC	Associate Dir of CG / Board Secretary			X	
NED / Chair Remuneration	Closed	NHS Act, FTGC	NRC Chair / Governor				X
NED and Chair Appraisal Process	Open	NHS Act, CodeOfGov	Associate Dir of CG / Board Secretary	X			
NED Appointment / Reappointment	Closed	NHS Act, CodeOfGov	NRC Chair			X	
NED Appraisal Process Outcomes	Closed	NHS Act, CodeOfGov	Chair		X		

Nominations and Remuneration Committee Report	Open	NHS Act, CodeOfGov	Associate Dir of CG / Board Secretary	X	X	X	X
NRC Membership Appointments (as required)	Open	Standing Orders	Associate Dir of CG / Board Secretary		X		
NRC Membership Appointments (as required)	Closed	Standing Orders	Associate Dir of CG / Board Secretary	X			
Medium Term Plan Annual Consultation	Open	NHS Act, CodeOfGov	Director of Finance				X
Standing Orders (Governors)	Open	NHS Act, CodeOfGov	Associate Dir of CG / Board Secretary		X		
Terms of Reference Review (Governors)	Open	NHS Act	Associate Dir of CG / Board Secretary		X		
Terms of Reference Review (NRC)	Open	Standing Orders	Associate Dir of CG / Board Secretary		X		
Process for managing concerns (review Jan 2029)	Open	CodeOfGov	Associate Dir of CG / Board Secretary				

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Chair / NED Terms of Office				
	Term 1		Term 2	
	Start Date	End Date	Start Date	End Date
Sarah Jones	mandag 4. mars 2024	onsdag 3. mars 2027		
Bryan Machin	torsdag 1. februar 2024	søndag 31. januar 2027		
Zafir Ali	torsdag 1. februar 2024	søndag 31. januar 2027		
Altaf Sadique	tirsdag 1. desember 2020	torsdag 30. november 2023	#####	#####
Karen Walker	fredag 1. januar 2021	søndag 31. desember 2023	mandag 1. januar 2024	#####

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