



Bradford Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS PUBLIC

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 16 January 2025

 15:30 GMT Europe/London

 MS teams

AGENDA

• Agenda -16.1.25	1
CGo.1.25.0 - Council of Governors Agenda 16.1.25.pdf	2
• CGo.1.25.1 - Apologies for absence	4
• CGo.1.25.2 - Declarations of interest	5
CGo.1.25.2 - CoG Declarations of Interest.pdf	6
• CGo.1.25.3 - Minutes of the meeting held 17 October 2024.....	7
CGo.1.25.3 - Unconfirmed COG minutes - 17.10.24.pdf	8
• CGo.1.25.4 - Matters arising	16
• CGo.1.25.5 - Holding to account	17
- a. Chair's report	18
CGo.1.25.5a - Chair's report.pdf	19
- b. NED feedback reports from Board.....	22
CGo.1.25.5b - NED feedback (Reports from the Board) (cover).pdf	23
CGo.1.25.5b - Appendix 1 - Report from the Chair of the Quality Committee October 2024.pdf 24	
CGo.1.25.5b - Appendix 2 - Report from the Chair of the Quality Committee - November 2024.pdf	25
CGo.1.25.5b - Appendix 3 - Report from Chair of F&P Committee Oct 2024.pdf.....	33
CGo.1.25.5b - Appendix 4 - Report from the Chair of the Finance and Performance Committee -	
November 24.pdf	35
CGo.1.25.5b - Appendix 5 - Report from Chair of the People Academy October 2024.pdf.....	37
CGo.1.25.5b - Appendix 6 - Report from the Chair of the People Academy November 2024.pdf	39
CGo.1.25.5b - Appendix 7 - Report from the Chair of Audit Committee Nov 24.pdf.....	41
CGo.1.25.5b - Appendix 8 - Report from the Chair of the Charitable Funds Committee - 6 November	
2024.pdf	43
- c. Chief Executive's report	45
CGo.10.24.5c - Chief Executive's report (cover).pdf	46
CGo.10.24.5c - Appendix 1a - MP_Nov24.pdf	59
CGo.10.24.5c - Appendix 1b - 2024_11_22 MPickup NeoCQC.pdf	60
• CGo.1.25.6 - Matters raised with Governors by members, patients and the public.....	61
• CGo.1.25.7 - Governors Nominations & Remuneration Committee (NRC) report.....	62
CGo.1.25.7 - Nominations and Remuneration Committee (NRC) Report.pdf.....	63
• CGo.1.25.8 - NED appraisal process	64
CGo.1.25.8 - NED Appraisal Process (cover).pdf	65

CGo.1.25.8 - Appendix A - Policy - NED appraisals.pdf	69
CGo.1.25.8 - Appendix B - NED appraisal process flow chart.pdf.....	70
CGo.1.25.8 - Appendix C - NED Appraisal form.pdf	71
CGo.1.25.8 - Appendix D - NED Appraisal guidance note.pdf	75
• CGo.1.25.9 - Update: Review of Recruitment, HR Policies & Career Progression with an EDI & OD Lens	76
• CGo.1.25.10 - 15 Steps Challenge	77
• CGo.1.25.11 - Policies and procedures task and finish group documents for approval.....	78
CGo.1.25.11 - Policies and Procedures - documents for approval.pdf.....	79
CGo.1.25.11 - Appendix A - Role of Lead Governor - with track changes.pdf.....	81
CGo.1.25.11 - Appendix B - Governor induction programme with track changes.pdf.....	83
• CGo.1.25.12 - Any other business	85
• CGo.1.25.13 - Review of meeting	86
• CGo.1.25.14 - Date and time of next meeting.....	87
• CGo.1.25.15 - Resolution to move into private session.....	88

REFERENCES

Only PDFs are attached

 CGo.1.25.0 - Council of Governors Agenda 16.1.25.pdf

Council of Governors Meeting Agenda

Date	Thursday, 16 January 2025	Time	15.35 – 17.25
Venue	Inspire (meeting rooms 2/3), Inspire Bradford Business Park, Newlands House One, Newlands Way, Bradford, BD10 0JE	Chair	Sarah Jones, Chair

Additional attendees:

- *Faem Lal, Director of HR; Catherine Shutt, Georgi Dyson and Kez Hyatt, Assistant Directors of HR for CGo.1.25.9*
- *Nazzar Butt, Moving to Outstanding Lead for CGo.1.25.10*

Time	No.	Agenda Item	Lead	Outcome	Papers attached
3.35	CGo.1.25.1	Apologies for absence	Chair	For information	Verbal
	CGo.1.25.2	Declarations of interest	Chair	For information	CGo.1.25.2
	CGo.1.25.3	Minutes of the meeting held 17 October 2024	Chair	For approval	CGo.1.25.3
	CGo.1.25.4	Matters arising	Chair	For information	Verbal
3.40	CGo.1.25.5	Holding to Account			
	CGo.1.25.5a	a. Chair's report	Chair	For assurance	CGo.1.25.5a
	CGo.1.25.5b	b. NED feedback: reports from Board	NEDs	For assurance	CGo.1.25.5b
	CGo.1.25.5c	c. Chief Executive's report	Chief Executive	For information	CGo.1.25.5c
4.25	CGo.1.25.6	Matters raised with Governors by members, patients and the public	Board Secretary	For information	Verbal
	CGo.1.25.7	Governors Nominations & Remuneration Committee (NRC) report	NRC Governor	For information	CGc.1.25.7
4.30	CGo.1.25.8	NED appraisal process	Chair	For approval	CGc.1.25.8
4.40	CGo.1.25.9	Update: Review of Recruitment, HR Policies & Career Progression with an EDI & OD Lens	Faem Lal, Director of HR, Catherine Shutt, Georgi Dyson, Kez Hayat; Assistant Directors of HR	For assurance	Presentation CGo.1.25.9
4.55	CGo.1.25.10	15 Steps Challenge	Nazzar Butt, Moving to Outstanding Lead	For assurance	Presentation CGo.1.25.10
5.10	CGo.1.25.11	Policies and Procedures Task and Finish Group documents for approval: <ul style="list-style-type: none"> • Role of the Lead Governor • Governor Induction 	Board Secretary	For approval	CGo.1.25.11
5.20	CGo.1.25.12	Any other business	Chair	For information	Verbal
	CGo.1.25.13	Review of meeting	Chair	For information	Verbal
	CGo.1.25.14	Date and time of next meeting 10 April 2025, 3.30 - 5.30pm	Chair	For information	Verbal
5.25	CGo.1.25.15	Resolution to move into private session	Chair	For approval	Verbal

This meeting of the Council of Governors will take place in person. The agenda and papers are available on our website. Any Foundation Trust Member or member of the public can raise questions regarding the business of the Council of Governors. Questions should be submitted no later than 4pm on the Tuesday prior to the

meeting either in writing to the Board Secretary, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ or, by email to corporate.governance@bthf.nhs.uk

REFERENCES


Only PDFs are attached

 CGo.1.25.2 - CoG Declarations of Interest.pdf

Employee	Year	Interest Type	Date Incurred	Date Ended	Role	Interest Description (Abbreviated)	Provider	Value £'s
Farzana Khan	2020/21	Nil Declaration	03/02/2021		Consultant Accident And Emergency			0
Dermot Bolton	2015/16 & before	Outside Employment	15/10/2014	31/01/2022	Governor	Project and programme manager, working on BDC digital programme (which includes BTHFT) at 0.4fte. Reporting to CDIO, Paul Rice.	University of Bradford	0
Dermot Bolton	2020/21	Outside Employment	08/02/2021	31/01/2022	Governor	employee of university of bradford and member of council	University of Bradford	0
Mark Chambers	2020/21	Outside Employment	08/02/2021	01/08/2020	Governor	trustee/director	Emmanuel Schools Foundation	0
Mark Chambers	2020/21	Outside Employment	08/02/2021	01/10/2021	Governor	trustee/director	North Star Academies Trust	0
Mark Chambers	2020/21	Outside Employment	08/02/2021	01/08/2021	Governor	Non executive director	Magpie education	0
Kursh Siddique	2020/21,2021/22,2022	Loyalty Interests	08/02/2021		Governor	director	BAME voices Yorkshire Ltd	0
Kursh Siddique	2020/21,2021/22,2022	Loyalty Interests	08/02/2021		Governor	trustee	MAPA	0
Kursh Siddique	2020/21,2021/22,2022	Loyalty Interests	08/02/2021	01/04/2023	Governor	trustee	Bradnet	0
David Wilmshurst	2020/21,2021/22,2022	Loyalty Interests	08/02/2021	18/09/2024	Governor	board member	Connect Housing Association	0
David Wilmshurst	2020/21,2021/22,2022	Loyalty Interests	08/02/2021	18/09/2024	Governor	chair	Audit & Risk Management Cor	0
Helen Wilson	2020/21	Nil Declaration	08/02/2021		Medicines Information and Clinical Trials Manag			0
Ruth Houghton	2020/21	Nil Declaration	08/02/2021		General Manager for Urinary Tract and Vascular			0
Anne Forster	2021/22,2022/23,2022	Outside Employment	18/06/2021		Governor	Employee University of Leeds strong links with the Stroke Association primarily providing research advice.	University of Leeds	0
Ibrar Hussain	2021/22,2022/23,2022	Loyalty Interests	08/06/2021		Governor	Trustee of charity	Save the Mothers Trust (SMT)	0
Ibrar Hussain	2021/22,2022/23,2022	Loyalty Interests	08/06/2021		Governor	elected member of Bradford Council	Bradford Council	0
Mark Chambers	2020/21,2021/22,2022	Outside Employment	01/08/2020		Governor	COO	Emmanuel Schools Foundation	0
Mark Chambers	2021/22,2022/23,2022	Outside Employment	01/10/2021		Governor	trustee/director	North Star Academies Trust	0
Dermot Bolton	2021/22,2022/23,2022	Outside Employment	01/02/2022		Governor	Senior Programme Manager in Frontline Digitisation. Part of NHS England Transformation Directorate	NHS England	0
Helen Wilson	2021/22	Nil Declaration	09/03/2022		Medicines Information and Clinical Trials Manag			0
David Wilmshurst	2021/22	No Change to existing declara	14/03/2022		Governor			0
Farzana Khan	2021/22	Nil Declaration	15/03/2022		Consultant Accident And Emergency			0
Mark Chambers	2022/23	No Change to existing declara	12/04/2022		Governor			0
Ruth Houghton	2022/23	Nil Declaration	13/04/2022		General Manager for Urinary Tract and Vascular			0
Kursh Siddique	2021/22	No Change to existing declara	31/03/2022		Governor			0
Khalid Choudhry	2022/23	Nil Declaration	26/05/2022		Governor			0
Helen Wilson	2022/23	Nil Declaration	13/12/2022		Medicines Information and Clinical Trials Manag			0
Khalid Choudhry	2022/23	Nil Declaration	20/12/2022		Governor			0
Farzana Khan	2022/23	Nil Declaration	28/12/2022		Consultant Accident And Emergency			0
Aleksandra Atanaskovic	2022/23	Nil Declaration	23/01/2023		Governor			0
Farideh Javid	2023/24	Nil Declaration	17/04/2023		Governor			0
Ruth Houghton	2023/24	Nil Declaration	17/08/2023		General Manager Adult OPD CPBS and Med Rec			0
Helen Wilson	2023/24	Nil Declaration	18/01/2024		Medicines Information and Clinical Trials Manag			0
Khalid Choudhry	2023/24	Nil Declaration	14/02/2024		Governor			0
Farzana Khan	2023/24	Loyalty Interests	14/02/2024		Consultant Accident And Emergency	Dr Amir Khan- GP partner at the Ridge Medical PracticeBrother to me.	Ridge medical practice	0
Aleksandra Atanaskovic	2023/24	Nil Declaration	27/02/2024		Governor			0
Ibrar Hussain	2023/24	Nil Declaration	04/03/2024		Governor			0
Raquel Licas	2023/24	Nil Declaration	31/03/2024		Sister/Charge Nurse - staff governor			0
Philip Turner	2024/25	Nil Declaration	08/08/2024		Governor			0
David Wilmshurst	2024/25	Nil Declaration	01/10/2024		Governor			0
John Waterhouse	2024/25	Nil Declaration	16/10/2024		Governor			0
Sharon Taylor	2024/25	Nil Declaration	28/10/2024		Governor			0
Andy Waller	2024/25	Loyalty Interests	02/07/2024		Governor	Son-in-law - Robert (Rob)Taylor, works as a Registrar within ENT at BTHFT.	BTHFT	0
Helen Wilson	2024/25	Nil Declaration	13/11/2024		Medicines Information and Clinical Trials Manag			0
Khalid Choudhry	2024/25	Nil Declaration	13/11/2024		Governor			0
Aleksandra Atanaskovic	2024/25	Nil Declaration	26/11/2024		Governor			0

REFERENCES

Only PDFs are attached

 CGo.1.25.3 - Unconfirmed COG minutes - 17.10.24.pdf

Unconfirmed Minutes - Council of Governors Open Meeting

Date	Thursday, 17 October 2024	Time	16:15-17:45
Venue	MS teams	Chair	Sarah Jones, Chair
Present	<ul style="list-style-type: none"> - Sarah Jones, Chair (SJ) - Aleksandra Atanaskovic, Public Governor, Shipley (AA) - Dermot Bolton, Public Governor, Bradford West (DB) - Mark Chambers, Patient Governor and Lead Governor (MC) - Khalid Choudhry, Public Governor, Keighley (KC) - Professor Anne Forster, Partner Governor, University of Leeds (AF) - Ruth Houghton, Staff Governor, All Other Staff Groups (RW) - Ibrar Hussain, Public Governor, Bradford West (IH) - Dr Farideh Javid, Public Governor, Bradford South (FJ) - Dr Farzana Khan, Staff Governor, Medical & Dental (FK) - Raquel Licas, Staff Governor, Nursing & Midwifery (RL) - Kursh Siddique, Public Governor, Bradford East (KS) - Philip Turner, Public Governor, Keighley (PT) - Helen Wilson, Staff Governor, AHP (HW) - John Waterhouse, Public Governor, Bradford East (JW) - Andy Waller, Public Governor, Rest of England and Wales (AW) - David Wilmshurst, Public Governor, Shipley and Vice Chair (DW) 		
In attendance	<ul style="list-style-type: none"> - Zafir Ali, Non-Executive Director (ZA) - Julie Lawreniuk, Non-Executive Director (JL) - Bryan Machin, Non-Executive Director (BM) - Sughra Nazir, Non-Executive Director (SN) - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer (SA) - Renee Bullock, Chief People & Purpose Officer (RB) - Professor Karen Dawber, Chief Nurse (KD) - David Moss, Director of Estates & Facilities (DM) - Ben Roberts, Chief Finance Officer (BR) - Dr Ray Smith, Chief Medical Officer (RS) - Jacqui Maurice, Head of Corporate Governance (JM) - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Paul Hewitson, Deloitte, External Auditors (PH), for CGo.10.24.5 only 		

No.	Agenda Item	Actions
CGo.10.24.1	Apologies for Absence <ul style="list-style-type: none"> - Councillor Fozia Shaheen, Partner Governor, Bradford Metropolitan District Council - Sharon Taylor, Public Governor, Bradford South - Karen Walker, Non-Executive Director - Professor Louise Bryant, Non-Executive Director - Mohammed Hussain (authorised absence), Non-Executive Director - Altaf Sadique, Non-Executive Director - Paul Rice, Chief Digital and Information Officer - Mark Hindmarsh, Director of Strategy & Transformation 	
CGo.10.24.2	Declarations of Interest There were no declarations of interest in relation to the items on the agenda.	
CGo.10.24.3	Minutes of the meeting held on 18 July 2024	

No.	Agenda Item	Actions
	<p>The minutes were accepted as a correct record. It was agreed that the minutes would be circulated to governors once they had been approved by the Chair, rather than waiting until the next meeting.</p>	
<p>CGo.10.24.4</p>	<p>Matters Arising</p> <p>Actions from the log appended to the minutes SJ referred to the action log appended to the minutes. The status of the actions was confirmed as follows:</p> <ul style="list-style-type: none"> • <u>CG2402: Membership plan update</u> - The suggestions presented regarding young people and membership recruitment are being addressed through the task and finish group which will be looking at the membership plan group and its terms of reference. There is also a proposal on today's agenda (under item CGo.10.24.9 Constitution Review) regarding the addition of Associate Youth Governors. <u>Action closed.</u> • <u>CG2404: Holding to account: CEO report: As requested at the July meeting, JL (NED Champion for Freedom to Speak Up) will provide an update on FTSU under today's 'Holding to Account' agenda item. Action closed.</u> <p>The action updates provided in the action log, and marked as closed, were confirmed as closed by the Council.</p> <ul style="list-style-type: none"> • CG2403: Holding to account. NED feedback. • CG2405: Regulation/Oversight of the Trust. • CG2406: Outcomes of staff survey. • CG2407: Establishment of governor task & finish groups. 	
<p>CGo.10.24.5</p>	<p>External Auditor Report PH joined the meeting and explained the processes undertaken to produce the auditor annual report 2023/24. He focussed on the summary of high-level points in relation to the opinion on the financial statements contained within the report. An unqualified/unmodified opinion on the Trust financial statements was provided. PH advised that all information is discussed with the Audit Committee and is presented for approval at the Board of Directors meeting.</p> <p>PH referred to the value for money audit undertaken to ensure that good governance processes are in place to achieve financial sustainability, effectiveness and efficiency. Governance was reviewed and a risk of significant weakness was identified in connection with the departure of the Chair and subsequent actions taken by various regulatory bodies. He felt that the Trust's arrangements for financial sustainability were sufficient with the financial target being achieved, although the target for 2024/25 remains particularly challenging.</p> <p>PH advised that the final area addressed as part of the value for money audit is improving economy, efficiency, and effectiveness to ensure appropriate decisions are made. Overall, he stated, there were no significant weaknesses identified in the Trust's arrangements in relation to improving economy, efficiency and effectiveness.</p> <p>BR advised that a 'wash up' meeting has been held with the external</p>	

No.	Agenda Item	Actions
	<p>auditors, the finance team and the Audit Committee NEDs to discuss improvements for future audits.</p> <p>DW sought assurance on the actions the Trust is taking to ensure that a detailed review of the values report takes place at future audits. BM stated that this was one of the items reviewed at the 'wash up' meeting to ensure that the same situation is not repeated for future audits. He did not expect this to recur as he felt that the Trust had the right valuation methodology in place, and this would be picked up through earlier conversations taking place with the auditors throughout the audit process. BM further advised that the Audit Committee will follow up on the actions from the External Audit Report throughout the year.</p> <p>The Council noted the report.</p>	
<p>CGo.10.24.6</p>	<p>Holding to Account</p> <p>Chairs Report: SJ highlighted the following key points:</p> <ul style="list-style-type: none"> • Professor Alastair Goldman, Partner Governor, University of Bradford had retired from his post and his term as a governor had therefore come to an end. Thanks were given to Prof Goldman for his service to the COG. • SJ thanked all governors who attended the Brilliant Bradford awards held on the 26 September 2024. • The Integrated Quality & Improvement Group (IQIG) meetings are taking place monthly. Three meetings have taken place to date, and positive feedback is being received. • The Independent Oversight Group (IOG) was reviewing the terms of reference for the independent investigation which is impacting on progress. • SJ has been appointed the Chief Listening Officer for Place. Feedback from this new role will be incorporated into future Chair reports. • A NED and governor site tour of Estates and Wards 2 & 5 at the BRI took place recently. Future tours to the Research department and the new day-case unit at SLH are in the process of being arranged. • A face-to-face bespoke NHS Providers development session has been arranged for 16 January 2025. This is a mandatory training session for all governors. <p>NED feedback (reports from Board)</p> <p>Quality Committee: JL highlighted the following key points:</p> <ul style="list-style-type: none"> • Although the Trust's Summary Hospital-level Mortality Indicator (SHMI) appears to be too high, the process for reviewing and learning from deaths has been identified by the CQC as good practice. It was felt that improvements in the depth of coding will positively impact on the SHMI scores and the financial position. RS emphasised that the SHMI data does not indicate avoidable deaths but is an indicator to encourage further investigations. The crude mortality rate is one of the lowest in the country at just over 2%. An update on SHMI data progress will be presented to a future COG. • Regular updates are being provided to the Quality Committee on the transition to the Patient Safety Incident Reporting Framework (PSIRF). Three reports were received at the recent Quality Committee: insight 	<p>Chief Medical Officer/QC Ned Chair CG2409</p>

No.	Agenda Item	Actions
	<p>report, Quality Improvement Priorities with a focus on Martha's law and the oversight report.</p> <ul style="list-style-type: none"> The infection control report highlights the first case of flu and the increase in COVID inpatients along with a colonisation of MRSA. Referrals across both the Adult and Children safeguarding services continue to increase and work continues to focus on reducing these. Assurance is received monthly to ensure that there are robust processes in place to review and manage risk in the Maternity and Neonatal unit. <p>DW referred to risk 2605 (lack of chairs and skilled nursing capacity to meet demand for daily haematology/chemotherapy) which has reduced in score from 25 to 20. RS explained that there have not been enough specialist chemotherapy chairs available due to the increase in demand for chemotherapy services. Work has been ongoing to increase the staffing numbers, increase capacity and, to move some of the less critical work back to Bradford Royal Infirmary.</p> <p>Finance & Performance Committee: JL highlighted the following key points:</p> <ul style="list-style-type: none"> The Trust is reporting a £14m deficit in its financial plan with a continued significant risk to delivering the plan. JL provided an overview of the link between closing the gap, the financial forecast, and the work ongoing throughout the Trust to reduce spending and deliver the plan. It was noted that the whole of the NHS nationally is under pressure financially. The treasury management update (cash position) is received monthly at the F&P Committee. There had been a slight improvement in the financial position which has also improved our cash position. The monthly operational highlight report shows that performance remains strong in key areas; ECS performance and length of stay. The delays in the opening of the day case unit at St Luke's Hospital is having an impact on inpatient activity and waiting lists. Winter planning continues to focus on length of stay and maintaining as much elective work as possible. Detailed operational improvement plans for urgent and emergency care, cancer and diagnostics and referral to treatment have been presented. <p>People Academy: RB highlighted the following key points:</p> <ul style="list-style-type: none"> Year to date sickness absence was at 5.7% which was a reduction from last year's figure of 6.09%. It remains a focus for the organisation to continue to work to reduce sickness absence. A deep dive is due to take place at the October People Academy focussing on sickness absence. A robust campaign is in place to boost response rates for the completion of the staff survey. A stretch target of 92% completion has been set for 2024. The Flu and Covid vaccines are available for all staff from 7 October until the end of December. The People Academy took assurance that the annual medical appraisal statement showed progress with an 96.89% completion rate. A 'Pause for Peace' session takes place weekly facilitated by the Spiritual, Pastoral and Religious Care (SPaRC) team. An extraordinary 	

No.	Agenda Item	Actions
	<p>Pause for Peace session took place focusing on global events to provide all staff an opportunity to discuss how they could support both their patients and the public through the process.</p> <ul style="list-style-type: none"> Eleven additional FTSU ambassadors have been recruited and have undertaken training by the National Guardian Office to promote FTSU throughout the organisation. A further 21 ambassadors have been recruited and will undertake the training. Mandatory training for all staff at band 7 and above has been implemented. The internal audit report has received significant assurance, and the recommendations have now been actioned. For Q2 there have been 36 concerns raised which are being reviewed by the FTSU team. HW asked if all Board members had undertaken the FTSU training and RB agreed to provide the figures which would be circulated to the Governors by email. HW asked if feedback from those that have gone through the FTSU process is gathered and KD confirmed that the FTSU Guardian contacts each individual and their responses are recorded on the database. SJ suggested that the FTSU Guardian is invited to a future COG meeting to provide a deep dive on FTSU. <p>Chief Executive's Report: MP highlighted the following key points:</p> <ul style="list-style-type: none"> The Trust saw its third successive week of significant increases in A&E attendance which is causing a significant impact on patient flow. This is in line with what is being reported nationally leading to around a 2% decrease in the performance of each of these units. The delay in the opening of the new day-case unit at SLH has an impact on our ability to provide additional elective capacity. The new date for handover of the building is the 30 November 2024 with a view to the building operational after the Christmas period. A planned go-live of the theatres and critical module in EPR has been slightly delayed coinciding with the go live of the Cerner ERP system at Airedale Trust which will take place at the end of November. The Trust supported Asian colleagues through a variety of events and celebrations during Asian heritage month in August. To recognise the one-year anniversary of the conflict in Gaza two extraordinary pause for peace session were held at BRI and SLH. The Trust hosted a two-day visit from Stephen Kinnock MP, Minister of State for Care who visited the Command Centre and the Discharge Team focussing on our new H fast discharge approach. The Trust has received the draft CQC reports for the maternity & neonatal and medicine inspections. Factual accuracy checks have been submitted back to the CQC and we are pressing for an early publication of the reports to share the outcomes with staff, service users and the wider Bradford District and Craven place. It was noted that the neonatal report is positive, and the Trust was eager to share this particularly with families that use and depend on the service. The West Yorkshire Associate of Acute Trust Memorandum of Understanding was approved recently at the Board. There were minor changes relating to the relationships with the West Yorkshire ICB but there were no material changes to the way the Trust operates. <p>The Council noted the updates, and the assurance provided.</p>	<p>Chief People & Purpose Officer CG2410</p> <p>Board Secretary CG2411</p>

No.	Agenda Item	Actions
CGo.10.24.7	<p>Matters raised with Governors by members, patients and the public There were no matters to report.</p>	
CGo.10.24.8	<p>Feedback from Governor engagement PT provided an overview of the Governor/NED tour of BRI that took place on the 14 October as part of the new Governors induction. The group visited Estates, Ward 2 (Short stay acute surgery) and Ward 5 (Acute surgical). He took assurance from the Estates team in relation to the regular testing of equipment and systems to ensure there are no breaks in supply. Staff on Ward 2 described the work being undertaken in relation to 'Martha's law' and was reassuring to note how well the team on Ward 5 worked with the downstream wards.</p> <p>IH and other governor colleagues recently attended the Brilliant Bradford staff awards held on the 26 September. They felt it was important to recognise the contributions of all staff.</p> <p>AW recently observed a People Academy meeting and he felt that Karen Walker's leadership and challenge throughout was impressive which made the meeting effective and efficient.</p> <p>HW hosted a visit by SJ to the Pharmacy Department recently to look at the work the team undertakes in terms of managing the huge volumes of transactions that take place. The Council noted that Osman Chohan is now in post as the new Director of Pharmacy.</p> <p>The Council noted the verbal update provided.</p>	
CGo.10.24.9	<p>Constitution Review The task and finish group met twice in October to consider increasing the number of governors and other key changes to the Constitution. LP highlighted the key amendments to the Trust Constitution as noted within the paper:</p> <ul style="list-style-type: none"> • Increase the staff governor constituencies from 4 to 6, so that there are two representatives from the Nursing and Midwifery staff class and two representatives from the All Other Staff class; • The addition of a Partner Governor from Healthwatch; • Addition of Partner Governor to represent mental health, learning disabilities and autism; • The addition of two associate youth governors; • Removal of the Vice Chair role; and • A number of other minor amendments to ensure that the Constitution remains up to date. <p>MC felt that there was a potential conflict of interest in relation to the Senior Independent Director/Deputy Chair role being held by one person. SJ confirmed that the roles will be separated before the public Board meeting in November. LP confirmed that the SID and Deputy Chair roles were not reflected in the Constitution but in the Board Standing Orders.</p> <p>FK referred to the chairing role usually taken on by the Vice-Chair at the NRC. LP explained that the NRC terms of reference state that an NRC governor should be elected to chair the meeting in the absence of the</p>	

No.	Agenda Item	Actions
	<p>Chair and as such was not dependent upon the role of Vice-Chair of the Council.</p> <p>The Council approved the proposed amendments to the Constitution which will be tabled at the November Board meeting for approval.</p>	
<p>CGo.10.24.10</p>	<p>Policies and Procedures task and finish group update LP advised that four meetings have been scheduled and the first took place on the 10 October where it was agreed that a sub-set of members would review and develop proposed amendments/updates in relation to each of the documents. These would then be presented back to the full task and finish group for review and finalisation prior to being presented to the Council for review and approval where required. The documentation has been split with some presented to the January COG and the remainder to the April COG for approval.</p> <p>SJ thanked all of those involved within the task and finish groups.</p> <p>The Council noted the update.</p>	
<p>CGo.10.24.11</p>	<p>Any other business</p> <p>Former Governor David Robertshaw SJ paid tribute to former Governor Dr David Robertshaw who had recently passed away. David had formerly worked at the Trust for more than 50 years, starting his career journey on a summer placement as a hospital porter and then concluding his working life as a Consultant Biochemist. SJ stated that this was a testament to the learning and development the organisation offers its colleagues, as well as the hard work and dedication that David had. Following his retirement David was appointed as a Governor, representing both Bradford East (from 2013 to 2016) and Shipley (from 2019 to 2020). On behalf of the Council, SJ expressed condolences to David's family and friends.</p> <p>David Wilmshurst, Vice-Chair of the Council of Governors SJ thanked DW for all his exceptional work undertaken in the role of Vice Chair of the Council of Governors which was echoed by the Council members present.</p>	
<p>CGo.10.24.12</p>	<p>Review of meeting SJ noted that she would continue to try and keep the meetings to time.</p>	
<p>CGo.10.24.13</p>	<p>Date and time of next meetings 16 January 2025, 3.30-5.30pm</p>	
<p>CGo.10.24.14</p>	<p>Resolution to move into private session This was approved.</p>	


Actions from the Council of Governors meeting held 17 October 2024

Date of Meeting	Action log ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
28.4.23	CG23006	CGo.4.23.5	Summary of pre meeting with NEDs DW raised a concern around the length of time it takes to recruit staff in the early stages. FL agreed to note the discussion and examine the process	Acting Director of HR	January 2025	23.10.24 – Update to be provided in January 2025 to allow for the outcome of the reviews to be presented to the People Academy. 18.7.24 – RB agreed to provide a briefing note at the October COG meeting in relation to the three reviews taking place on policies, recruitment process and progression. Included on agenda. <u>Action closed.</u>
17.10.24	CG2409	CGo.10.24.6	NED feedback – Quality Committee An update on SHMI data progress will be presented to a future COG.	Chief Medical Officer/QC Ned Chair	tbc	
17.10.24	CG2410	CGo.10.24.6	NED feedback – People Academy Figures for Board members completion of FTSU training to be circulated to the Governors by email.	Chief People & Purpose Officer	January 2025	
17.10.24	CG2411	CGo.10.24.6	NED feedback – People Academy SJ suggested Sue Franklin is invited to a future COG meeting to do a deep dive on FTSU.	Board Secretary	tbc	
18.7.24	CG2408	CGo.7.24.12	Council of Governors work programme This item was deferred to allow for actions from the Governor Policy & Procedure task and finish group to be incorporated into a revised workplan.	Head of Corporate Governance	April 2025	

A. CHAIR'S REPORT

REFERENCES

Only PDFs are attached

 CGo.1.25.5a - Chair's report.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5a

Report from the Chair

Presented by	Sarah Jones, Chair		
Author	Jacqui Maurice, Head of Corporate Governance		
Lead Director	Sarah Jones, Chair		
Purpose of the paper	This report provides an update to the Council of Governors on key items since my previous report provided in October 2024		
Key control	N/A		
Action required	For Information		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	

Situation

1. Engaging with Partners and Stakeholders

Regional & National Networking

In December, I was invited by our ICB Chair to present to a Working Group on Chair & NED development on the governance improvement work that we have been doing at the Trust. In attendance was the Chair of NHS England and some of his national colleagues.

Bradford District and Craven

In January, the Chairs of the three NHS Trusts in BD&C met to discuss how we can support and progress the work to develop a place based clinical strategy. We were all in agreement that a closer working relationship would be beneficial.

2. Key updates

- Update on regulation**

As previously reported, I continue to attend regular Integrated Quality Improvement Group (IQIG) meetings with NHS England and our Integrated Care Board (ICB), as part of our agreed enforcement undertakings and additional licence conditions. The next IQIG meeting takes place on 20 January.

3. Council of Governors

- Feedback to the Council following Board of Directors meetings**

All governors should be in receipt of feedback, sent via email on 19 December 2024, providing an update on items discussed at the November Board meeting.

- Governor Elections**

Our elections process for 6 seats on our Council opened on 10 December 2024 and closes on 10 January 2025. I hosted an on-line session for members who were interested in finding out more about the role and,

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5a

the corporate governance team also held a session on the concourse at BRI on 19 December to further support promotion of the elections. Communications have also been circulated widely within our Trust and our communities. Where elections are held following the deadline for the receipt of nominations, these will be in line with the following schedule:

Final date for candidate (nominee) withdrawal	Wednesday, 15 Jan 2025
Notice of Poll published	Friday, 31 Jan 2025
Voting packs despatched	Monday, 3 Feb 2025
Close of election	Wednesday, 26 Feb 2025
Declaration of results	Thursday, 27 Feb 2025

- **Operational Planning Guidance 2025/26**

We are still awaiting the publication of the Operational Planning Guidance 2025/26 from NHS England. This was expected to be published in December however NHS England has advised that we should expect to receive it early in 2025. Once the Trust is in receipt of the planning guidance a session will be scheduled for the Council of Governors, to understand more about the requirements and to provide an opportunity for governors to share their views. This session will be led by the Chief Finance Officer and the Chief Operating Officer with an invitation to attend also extended to the Non-Executive Directors.

- **NHS Providers session for Governors and NEDs**

I look forward to seeing our Governors and NEDs at this important session on 16 January. Here NHS Providers will be supporting our development by facilitating a session with Governors and NEDs, to provide guidance to governors in their role to hold the NEDs to account for the performance of the Board, and to help to build and strengthen relationships between governors and NEDs.

- **Key communications**

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

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

4. Task and Finish Group: External Auditor Appointment

I would like to invite Governors to join a task and finish group for the appointment of the External Auditor. The current contract with the Trust’s External Auditor, Deloitte, concludes at the end of July 2025. The Council of Governors is responsible for approving a recommendation from the Chair of the Audit Committee regarding the appointment. As with previous BTHFT external auditor appointments I would recommend that the process leading to the formulation of the recommendation is overseen by a working group with the following composition - three Governors, Audit Committee NEDs, Chief Finance Officer, and Deputy Chief Finance Officer. The Audit Appointment Working Group will be supported by the corporate governance team and members of the procurement team. It is anticipated that the workload will involve 3 to 4 meetings over approximately three months, including a presentation session from those External Audit firms shortlisted.

Any governor interested in putting their names forward is asked to contact Jacqui Maurice, Head of

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5a

Corporate Governance.

5. Governor Induction Programme: Site tours

A site tour has been scheduled for the Bradford Institute of Health Research and the Trust’s Education Service (including the Simulation Centre) on **Wednesday 22 January 2025**. The schedule includes the launch event of the Trust’s new Education Strategy in the Sovereign Lecture Theatre from 12.30pm to 2.30pm. The tour of our Education facility runs from 2.30pm to 3.30pm and the tour of our Institute for Health Research runs from 3.45pm to 5pm. As well as our newer Governors and Non-Executive Directors, an invitation has been extended to all Governors and NEDs to attend if they wish.










Recommendation

The Council of Governors is asked to note this report.

B. NED FEEDBACK REPORTS FROM BOARD

REFERENCES

Only PDFs are attached

-  CGo.1.25.5b - NED feedback (Reports from the Board) (cover).pdf
-  CGo.1.25.5b - Appendix 1 - Report from the Chair of the Quality Committee October 2024.pdf
-  CGo.1.25.5b - Appendix 2 - Report from the Chair of the Quality Committee - November 2024.pdf
-  CGo.1.25.5b - Appendix 3 - Report from Chair of F&P Committee Oct 2024.pdf
-  CGo.1.25.5b - Appendix 4 - Report from the Chair of the Finance and Performance Committee - November 24.pdf
-  CGo.1.25.5b - Appendix 5 - Report from Chair of the People Academy October 2024.pdf
-  CGo.1.25.5b - Appendix 6 - Report from the Chair of the People Academy November 2024.pdf
-  CGo.1.25.5b - Appendix 7 - Report from the Chair of Audit Committee Nov 24.pdf
-  CGo.1.25.5b - Appendix 8 - Report from the Chair of the Charitable Funds Committee - 6 November 2024.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5b

NED feedback

Presented by	Committee/Academy Chairs		
Author	Katie Shepherd, Corporate Governance Manager		
Lead Director	Committee Chairs		
Purpose of the paper	To provide the Council with the Chair reports from the Committee and Academy Chairs		
Key control	Holding the NEDs accountable for the performance of the Board		
Action required	For assurance		
Previously discussed at	Board of Directors November 2024		
Previously approved at:	Academy/Group	Date	

Situation

The reports from the Chairs of the Academies/Committees provided to the Board are attached as follows:

- Appendix 1 – Quality Academy Chair report – October 2024
- Appendix 2 - QPS Academy Chair report – November 2024
- Appendix 3 - Finance & Performance Academy Chair report – October 2024
- Appendix 4 - Finance & Performance Academy Chair report – November 2024
- Appendix 5 - People Academy Chair report – October 2024
- Appendix 6 - People Academy Chair report – November 2024
- Appendix 7 - Audit Committee Chair Report – November 2024
- Appendix 8 - Charitable Funds Committee Chair Report – November 2024

The reports are written by the Academy Chairs themselves to provide an overview of how the meeting 'felt' including the quality of debate, quality of papers, quality of reassurance provided etc., rather than providing a summary of the meeting (which is the purpose of the minutes).

Recommendation

The Council of Governors is asked to note the reports for assurance.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Academy

Date of meeting: 17 October 2024

Key escalation and discussion points from the meeting

Alert:

No matters to escalate to the Board of Directors were identified

Advise:

Follow up from Alerts in September 2024 AAA report:

- **Moderate risk to achieving compliance with safety action 8 of the Maternity Incentive Scheme.** Due to the timing of the paper, the September training compliance is not available and will be included next month. The position is being closely monitored.
- **Increase in cases of MSRA colonisation in babies as part of routine swabbing within Women and Newborn services.** Additional measures remain in place (hand hygiene and environmental mitigations). MRSA decolonisation of Maternity and Neonatal Unit staff commenced in October with a positive response and uptake from staff. A positive MRSA swab came from one of the computers on wheels used in the Unit. This has been thoroughly cleaned and staff reminded of hand hygiene protocols prior to using communal items of equipment. Work in conjunction with the IPC team is ongoing to determine if there is alternative equipment which can be used in the clinical environment. Further cases were identified in September, with a current total of 20 cases. No babies have developed a bacteraemia or become unwell as a direct result of MRSA.

Assure:

Board Assurance Review (BAF)

The BAF Review reduced the number of risks from 17 to 13. The review was approved by the Board in September 2024. Following discussion around an additional risk relating to patient safety/experience aligned to the Quality Committee, it was agreed that this be submitted to an Executive Team Meeting (ETM) and brought back to the Quality Committee, before being presented to the Board for approval. It was agreed that the Risk Appetite Statement will give further consideration at the next Quality Committee.

High level risks relating to the Academy

The HLRR report was received: 3 new risks were added, one risk has reduced in score.

Risk 2629: A new risk re: violence and aggression in the Emergency Department (ED) has been added. A security presence will be in the ED at all times. A two-year project is

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

proposed to focus on areas where emergency patients come into the hospital to improve the experience for staff and patients.

Risk 56: one of two Gamma cameras is no longer in operation and the other is approaching the end of its serviceable life. Mitigations have been put in place to address reduced capacity, but the risk will increase for BTHFT, and some surrounding hospitals should camera 2 fail. Plans, including financial, for replacing camera 2 will commence once the new one is installed.

Risk 2162: relates to the way pathology/radiology results come back into the Trust following Airedale NHSFT's (ANHSFT) go live of their Electronic Patient Records (EPR) system. Results will not go to the same places as they used to, and this is a potential issue for clinical services. An issue in the Emergency Department (ED) is for patients who have left the department and moved on to other areas of the hospital. Responsibility for reviewing the results passes to the receiving team but due to the new pathways and EPR changes, results could be sent to ED who no longer have clinical responsibility for the patient. This is being worked through.

Risk 187: the risk score has reduced to 12. Thanks were expressed to all involved in the recruitment of nursing staff over the last two years.

The Academy was assured that all relevant key risks have been identified, have been reported to the Academy and are being managed appropriately.

Quality Committee Dashboard

The Quality Committee dashboard provides a single view of quality aligned to the Trust's strategic objectives. The Summary Hospital Mortality-Level Index (SHMI) for BTHFT has been an outlier for some while and frequently discussed at QC. Work to improve clinical coding following investigation will bring SHMI more in line with expectations and reflect a more accurate picture. Some Artificial Intelligence (AI) processes are being worked on whereby patient records will be reviewed and the codes which should be attached will be actively located. This will result in an improved depth of coding and an increased number of co-morbidities being noted. As SHMI is done on 12 month rolling period changes are not always seen immediately.

Insights Report (Qs 1 & 2)

The INSIGHT report is intended to bring data together related to incidents, complaints, PALS and litigation. Compared to the same period last year there has been a 20% increase in the number of reported patient safety incidents. The five highest frequencies reported are pressure ulcers, blood transfusion issues, care and treatment issues, falls, and those classed as 'other'. Contributing factors are the transition to the Innovation, Research and Improvement System (IRIS) and the improved communications and reporting culture. There has also been a significant increase in complaints and concerns received by the Patient Advice and Liaison Service (PALS) over the previous year. Data held within the Patient Safety Incident Response Framework (PSIRF) can be thematically analysed to understand patient safety incidents and emerging risks. A discussion around resource needed to manage these increases to place. A business case for extra resource in Freedom to Speak Up (FTSU) team is to be submitted.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

Resource challenges within the Legal team were also noted. There is a significant increase in the number of inquests being heard by the coroner, which impacts on workload of staff required to give evidence. All deaths must now be reviewed by an independent Medical Examiner, and the deceased's family must be contacted to ask if they have any concerns, which may mean potentially more coronial referrals are made.

Quality Account Improvement priorities update Qs 1 & 2

BTHFT is one of 142 organisations within NHSE England's pilot implementation of Martha's rule - to ensure staff and patients have an opportunity to raise concerns and have access to a 24/7 rapid review Critical Care Outreach Team (CCORT). Of the four patients admitted to ICU following review by CCORT none had triggers of deterioration in their physiological markers, and signs were identified faster. BTHFT has received £40,000 from NHSE for involvement in the pilot, some of which has been used for two clinical staff secondments (1.0 FTE) to support staff and patients on the wards.

Patient Safety Incident Investigation Framework (PSIRF): Q 1 & 2

It was queried if the medication safety and blood transfusion workstreams are behind plan. It was confirmed those workstreams are behind partly due to there being no Medication Safety Officer in the Trust previously, but one is now in post. Transition to the Scan4Safety blood transfusion system has also impacted. Observational work by the Quality Improvement team will commence.

Maternity and neonatal services

The following position for September 2024 was shared with the QC.

- 2 stillbirths (21 in total in 2024) 1 MNSI
- 2 cases of Hypoxic-ischemic Encephalopathy (HEI)
- 1 neonatal death (anticipated) (16 this year of which 12 expected)
- 0 maternal deaths
- 3 occasions where the unit was assessed as needing to divert women to other trusts (4 women, one returned to give birth) and two attempted diverts
- 7 ongoing maternity SIs/Level 1 investigations: 3 MNSI and 4 Trust level, plus 1 MNSI investigation referred by Leeds regarding a Bradford woman
- 2 MNSI reportable cases, 1 accepted (stillbirth above), 1 rejected (HEI) and 0 reportable Serious Incidents (SI) declared in September
- 0 new or ongoing neonatal PSIs

BTHFT has not yet met one of the 4 standards of the Perinatal Mortality Review Tool but there are no concerns it will not be met before submission date. The attendance of the Maternity and Neonatal Voices Partnership (MNVP) Service User Lead at the PMRT meetings was noted as positive. The Leads bring additional scrutiny particularly around social deprivation and inequalities, and act as the voice of the service users.

The Respiratory Syncytial Virus (RSV) vaccine programme (given to pregnant women from 28 weeks onwards to prevent bronchiolitis and respiratory infections in babies) had a required roll out date of 1/9/24. BTHFT was initially an outlier as most antenatal vaccinations take place in primary care. Our antenatal clinic and maternity assessment centre staff have now been trained to administer the vaccine. Since the second week in October, the vaccine has been offered to all women who attend for routine and ad-hoc

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

antenatal appointments. No other organisation met the deadline to our knowledge. Extra funding from PHE has been received to train community-based staff to vaccinate lower risk women who do not routinely attend hospital.

The Committee provided its approval of the PMRT quarterly report, and the learning included therein.

National Standards for Healthcare Food & Drink Annual Compliance Report/Food and Drink Strategy 2024-2028

It was reported that the only area of non-compliance with the food standards is in relation to the requirement to implement digital meal ordering for patients. There are financial implications, and projected costs are being considered. Difficulties with compliance in other Trusts was discussed. Two other points (suitable food and drink for staff) are partially compliant. There are plans to form a sub-group looking at food provision to staff and visitors to improve the offerings currently available.

Compliance has improved significantly over recent years, including the funding of a Dietician. Staff rest areas have been improved to include microwave facilities. The potential for improvement was raised regarding patients who need help with eating (indicated by in-patient survey results). When ward accreditation is undertaken good, compassionate preparation of patients for mealtimes and meal service is observed; this is not always replicated in the in-patient surveys, but improvement is always sought.

The Committee provided its approval of the Food and Drink Strategy 2024-2029 for its next stage recognising it is a Trust rather than a patient document.

Mental Health, LD & Neurodiversity Strategy 2024-2028

The refreshed Mental Health, Learning Disability and Neurodiversity Strategy 2024/2028 was shared. Past improvements have contributed to increased life expectancies for people with poor mental health, but further work is still required on a national level for people with learning disabilities.

The Committee provided its approval of the strategy.

Patient Experience 6 monthly update/National Inpatient survey

The Patient Experience Bi-annual Report was shared, providing detail of initiatives and learning undertaken by the Patient Experience Team (PET) along with the CQC adult in-patient survey findings. There has been an improvement on the previous year's results with fewer items on the action plan, some of which relate to issues with the Trust's estate buildings. A query was raised whether completers of the in-patient surveys represent the Trust patient population and ways to improve this. The CQC is a national survey, and steps are needed for them to improve their target audience. BTHFT does better in the Family and Friends Test (FFT) survey. Improvements to address resource shortages will hopefully correspond with improved survey results next time.

Digital Bi-Annual report

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

The refreshed Digital Transformation Strategy and Business Plan is due to be completed by the end of 2024. As part of the refresh the Data and Business Intelligence team have been the subject of an external review by a trusted third party and areas for improvement highlighted. An improvement programme to address these has been developed which includes the new dashboards now being produced and which can be adapted to support all areas of the Trust.

A new Head of Applications and Development and four Associate Chief Clinical Information Officers have been appointed. Regarding EPR optimisation, the Theatres, Anaesthesia and Critical Care module is due to go live in a staged manner in Nov 2024

The Committee confirmed it is satisfied the informatics function continues to strive to ensure the Trust is well led regarding digital matters.

Report completed by:

Louise Bryant/Julie Lawreniuk

Committee Chair and Non-Executive Director/ Committee Member Non-Executive Director

6th November 2024

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Quality Academy

Date of meeting: 21 November 2024

Key escalation and discussion points from the meeting

Alert:

There has been an increase in pressure ulcers, including those acquired in the Emergency Department (ED) setting. High levels of attendance, overcrowding and increased acuity of cases and wait for beds are contributory factors. A significant programme of work to address overcrowding in ED and other issues is ongoing. Learning from wards with high performance in relation to pressure ulcers will be shared with ED.

Advise:

Follow up from Alerts in October 2024 AAA report:

- **Risk to achieving compliance with safety action 8 of the Maternity Incentive Scheme.** The risk still remains, and the committee was appraised of the financial risk of non-compliance. The committee was assured that all efforts were being made to ensure colleagues were able to attend the training required.
- **Increase in cases of MRSA skin colonisation in babies as part of routine swabbing within Women and Newborn services.** Additional measures remain in place (hand hygiene and environmental mitigations). Decontamination of equipment remains a focus and wipeable keyboards are being sourced. Cases remain very low (one in October), and no babies or mothers have developed bacteraemia.

Update on depth of coding of clinical events and patient morbidity

A paper submitted to the Executive Team in September 2024 highlighted a series of recommended improvements and areas of focus that would improve the depth of coding, income and subsequent SHMI and general Trust performance data. A Coding Recovery Programme was formalised, and the committee was given a positive progress update. Improved coding will bring ~ £1M in cost recoveries. As SHMI is done on a 12-month rolling period, changes may not be fully visible for approximately 18 months, though our crude mortality rate continues to fall.

Assure:

Quality Committee Dashboard

The Quality Committee dashboard provides a single view of quality aligned to the Trust's strategic objectives. The slight rise in pressure ulcers per 10,000 bed days was discussed (including in ED as above). Mitigating activities presented including staff training and sharing learning from wards with very low incidence with those where incidence has increased.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

Ongoing work to bring measurable metrics for Medicines Management to the Dashboard, was presented including missed doses of critical medicines and time data for discharge prescriptions.

The committee noted the report and was assured that the dashboard provides oversight of the current situation in relation to the objective of providing outstanding care. The sections on learning and improvement in the dashboard were identified as an important addition and supportive of our goal of being a continually learning organisation.

Maternity and neonatal services

The following position for October 2024 was shared with the committee.

- 3 stillbirths (24 in total in 2024) 0 MNSI investigations
- 0 cases of Hypoxic-ischemic Encephalopathy (HEI)
- 1 neonatal death (anticipated) (17 this year of which 13 expected)
- 1 maternal death
- 0 occasions where the unit was assessed as needing to divert women to other trusts
- 7 ongoing maternity SIs/Level 1 investigations: 3 MNSI and 4 Trust level, plus 1 MNSI investigation referred by Leeds regarding a Bradford woman (no change from September)
- 0 new or ongoing neonatal PSIs

The Respiratory Syncytial Virus (RSV) vaccine programme (given to pregnant women from 28 weeks onwards to prevent bronchiolitis and respiratory infections in babies) has been rolled out. The service is vaccinating 10 - 20 women per. Additional evening clinics are available for low-risk women receiving community led care to book on, but as yet, no women have accepted the offer. There is a 2nd phase plan to offer vaccinations at more community locations from April 2025. Staff suggest there is vaccine hesitancy, and the service is working with BDCT to deliver communication on the importance of the vaccine, in addition to developing strategies to communicate with our diverse communities more effectively.

The Committee approved the PMRT quarterly report, and was assured they had oversight of any emerging trends concerns and issues.

Quality Oversight & Assurance Profile and PSII report

The position statement in respect of PSIs and MNSIs as at 31/10/24 was shared: 29 safety incidents were escalated from the CSUs and discussed at Safety Escalation Group (SEG) between 1/09 and 31/10/24. 6 safety incidents discussed at SEG were escalated to Quality of Care Panel (QuOC). 1 PSII has been declared between 1/09 and 31/10/24 and 2 MNSIs have been declared during this period. Emerging Themes currently being monitored within the CSU/relevant team were provided as were appendices relating to learning and improvement as a result of safety investigations.

The committee noted the report and agreed it was assured that it had oversight of patient safety incidents and actions taken. It was assured that the quality of patient care is being managed and escalated appropriately.

Infection Prevention and Control Q1 and Q2 report

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

An update on the MRSA outbreak in maternity and neonatal was given (as above). The position on Mandatory Organism infections at BTHFT was noted. There is normal variation, but we have lower than average levels for all 6. Updates on bacteraemia and CDiff prevention approaches were provided and improvement work to reduce hospital acquired EColi shared.

The committee noted the report and was assured by the oversight of infection, prevention and control activity, progress against annual infection prevention programmes and high compliance with the IPC Board Assurance Framework

Audit reports relevant to Quality Committee

1. Nursing assessment and care plan audit: action plan update

Audit Yorkshire provided a limited assurance report for Nursing Assessments and Care Plans on 14/05/24. It found that not all non-mandatory sections were completed, and care plans were not always initiated when they should be and those that were, were not always evaluated. An improvement plan has been devised from the 9 recommendations and the committee received an update on the plan. All actions identified have been assigned and monitored through the working group and chief nurse senior team meeting. Escalation and support may be required where delays are experienced in relation to changes to the EPR system or where resource is required. There is a risk that as the digital team are supporting roll out of EPR this may impact the delivery of the improvement plan. The committee asked for an update in 3 months.

2. National Dementia Audit

Reflections and data from round 6 of the audit were shared and future plans including identifying a new Lead for oversight of the National Audit of Dementia, improving assessment of patients for delirium on admission and maintaining documentation standards especially regarding pain assessment and management. It was noted that we need to improve the accuracy of data that is being shared and improve training rates regarding knowledge of delirium and dementia. The results should be published in December 2024 at the earliest so there no current National data to measure against.

3. Care of the deteriorating patient audit: November 2024

The review aimed to provide assurance around BTHFTs' systems and processes in relation to deteriorating patients and included the application of Martha's Rule. The audit provided a rating of a high levels of assurance. One minor recommendation was identified, which was that Recognition and Response to Acutely Unwell Patients Group may wish to consider presenting the work of the Critical Care Outreach Team to the wider clinical team as part of its evidence that Martha's Rule is being embedded, and to further highlight the work of the team generally.

Board Assurance Review (BAF)

A discussion around an additional risk relating to patient safety/experience aligned to the Quality committee had been raised in the October committee. It was decided that an additional risk was not necessary, but patient safety/experience risk would be explicitly

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.8a

integrated into existing risks. Consideration of changing the risk appetite score for the Quality committee related risks took place but it was agreed to keep the Risk Appetite Statement as it is.

High level risks relating to the Academy

The HLRR report was received. There are no risks that are beyond the target mitigation date. 2 new risks were added but only one relevant to the Quality committee.

2653 (score 16) Lack of consistent archiving of Trust clinical research records including patient information has caused legal and regulatory risk across the organisation. The target mitigation date is 30/06/2025.

No risks have been closed since the last report but one risk relevant to the committee has reduced in score (605: There is a risk to the delivery of the Haemoglobinopathy service due to staffing constraints which will have an impact on quality and patient safety). This has been reduced in score from 16 to 12 since agreement has been reached that the Consultant from Sheffield will continue to provide 3 PAs of in reach service. However, there still remains a lack of local service specification so 605 will remain on the HLRR.

The Academy was assured that all relevant key risks have been identified, have been reported to the Academy and are being managed appropriately.

Report completed by:

Louise Bryant

Committee Chair and Non-Executive Director/

26th November 2024

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.13a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 16th October 2024

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – There remains a significant risk that the Trust will not deliver its financial plan. The Trust is still reporting it will deliver its £14m financial deficit plan but this is the best-case scenario, the likely case is that the Trust will deliver a £23.5m deficit (£9.5m worse than plan). This is in the main due to the shortfall in forecast savings through the closing the gap programme.

Closing the Gap – There has been significant progress on engagement across the Trust with the programme, However the mid case risk is that the Trust will not deliver the £38.9m of schemes required to deliver the financial plan. As at month 6, £29m of schemes are forecasted to be delivered. The best-case scenario is that £33.9m of savings will be delivered.

The Committee discussed the recurrent/non recurrent delivery of schemes and the impact on next year's financial plan. The Committee asked to focus on the workforce aspect of closing the gap in next month's meeting.

Treasury Management Update (cash position) – there is a low to medium risk that the Trust will require cash support from NHS England in the last quarter of the financial year.

Consequences and Control Measures of Moving off Forecast (Financial protocol) – the Committee discussed the consequences of the Trust, the system or the WYICS reporting off plan. Should any of these scenarios happen, additional controls will be imposed on the Trust.

Advise:

Core Standards and EPRR Update –The Committee approved two further documents to ensure compliance with the Core Standards prior to their formal submission.

Winter Response Plan – The Committee approved the Trust's Winter Response Plan noting how we will open, close and flex capacity as required.

Operational Improvement Plan Referral to Treatment – Within the RTT workplan there has been a focus on those actions that are part of the closing the gap programme. Workstreams include, clinic productivity, reducing DNAs, outpatient transformation, day case effectiveness and theatre productivity.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.13a

Length of Meeting – Over the last few months the Committee has added new items onto the work plan and the last few meetings have started to feel “rushed.” In order, to make sure we have appropriate time to discuss relevant items the meeting length will be extended to 2.5 hours from November.

Assure:

Performance Highlight Report – the Academy received and reviewed the monthly comprehensive report. Performance remains strong with pressures on day case unit activity (delay to opening of new day case unit) and Trauma and Orthopaedics, where work is ongoing within the service to improve performance. ECS performance in September was 82.49% and although attendances have increased, performance remains in the top decile of Trusts.

Board Assurance Framework – The Committee were satisfied that the Board assurance Framework captured the relevant strategic risks aligned to the Finance and Performance Committee.

High Level Risks Relevant to the Academy -. A new risk re Nuclear Medicine Capability has been included on the risk register. The Committee were assured that all relevant key risks had been identified, reported to the Academy, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director
5th November 2024

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.13a

Committee Escalation and Assurance Report (AAA)

Report from the: Finance and Performance Committee

Date of meeting: 20th November 2024

Key escalation and discussion points from the meeting

Alert:

Monthly Finance Report – There remains a significant risk that the Trust will not deliver its financial plan. The Trust is still reporting it will deliver its £14m financial deficit plan but this is the best-case scenario and confidence in delivery of the plan is low. The likely case is that the Trust will deliver a £23.3m deficit (£9.5m worse than plan). This is in the main due to the shortfall in forecast savings through the closing the gap programme. The Trust has developed a 5-year revenue plan that demonstrates that it will take 3 to 4 years to recover to a breakeven position based on current assumptions.

Closing the Gap – Although there has been significant progress on engagement across the Trust with the programme, this has not translated into the run rate improvement on the scale needed to deliver the financial plan. The mid case forecast is that the Trust will deliver £27.2m of the £38.9m target savings, the best-case scenario is that £33.4m of savings will be delivered.

The Committee reviewed the workforce workstream that is part of the programme and the two phases of work that are underway as part of that.

Advise:

Finance and Performance Committee Dashboard – The Committee agreed that there should be a review of the Dashboard to ensure it captures the appropriate Estate metrics now that Estates forms part of the Committee workplan.

Core Standards and EPRR Update – The Committee approved two further documents to ensure compliance with the Core Standards. The final submission was returned to the WYICB on the 31st of October. The Trust reported 50 core standards as compliant and 12 as partially compliant, a significant improvement on last year's return. An action plan has been produced for the standards that were reported as partially compliant.

Operational Improvement Plan Cancer and Diagnostics – The Committee were assured by the improvement plans that are underway to improve Cancer and Diagnostics Performance and patient experience.

Treasury Management Update (cash position) – There is a low to medium risk that the Trust will require cash support from NHS England in the last quarter of the financial year.

Budget Setting Process and Timetable – A paper was shared with the Committee setting out the budget setting process and timetable for 2025/26. Communications with

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.13a

the CSUs re savings targets for 2025/26 have already commenced as part of this process.

Corporate Strategy Update – This report analysed how the work of Board Academies and Committees provided a “real time” view of progress towards our strategic objectives. The Committee requested further consideration to how this progress could be consolidated into a report for Board to show overall progress against delivery. A further discussion is planned with Board members.

Estates Water and Ventilation Compliance and Health and Safety Update – The Committee received these two reports for assurance noting they were still in development. Further updates will be provided as this work continues.

Annual Estates Compliance Report – This report assured the Committee on management of operational maintenance compliance within the Estates Division for the financial year 2024/25. Evidence that the Trust is adhering to the appropriate standards has been provided from independent advisors who oversee and guide actions in relation to their area of expertise. It was pleasing to see the improvement in compliance year on year.

Length of Meeting – This meeting and future meetings have been extended to two and a half hours. This felt better and gave us more time to discuss the papers. We will continue to monitor.

Assure:

Performance Highlight Report – The Academy received and reviewed the monthly comprehensive report. Performance remains strong with A and E Performance remaining in the upper decile of Acute Trusts despite increases in daily attendances.

Internal Audit Reports relevant to the Committee – The Committee received three internal audit reports for information, all had received significant assurance.

Board Assurance Framework – The Committee were satisfied that the Board assurance Framework captured the relevant strategic risks aligned to the Finance and Performance Committee.

High Level Risks Relevant to the Academy – Two new risks re Estates (will be incorporated into one) had been added onto the risk register, these were reviewed as part of the Estates papers that the Committee received. No risks had changed in score, and none had been closed. The Committee were assured that all relevant key risks had been identified, reported to the Academy, and were being managed appropriately.

Report completed by:

Julie Lawreniuk
Committee Chair and Non-Executive Director

25th November 2024

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 24 October 2024

Key escalation and discussion points from the meeting

Alert:

Sickness – the Assistant Director of HR shared a comprehensive analysis of sickness absence between Sept 22 and Sept 24, as requested at September’s Academy. Monthly sickness fluctuates but overall has reduced over the two years from a high of 7.24% in Sept 22 to 5.77% in Sept 24. Long-term sickness accounts for most sickness absence across most areas but has decreased over time to 3.35% in Sept 24. Short-term absence fluctuates month on month but has remained steady, at 2.54% in Sept 24. A quarter of all absence relates to anxiety, stress and depression. Estates and Facilities top absence reason relates to musculoskeletal issues. Estates and Facilities and Additional Clinical Services contribute the highest sickness rates at just under 10% each. There is a lot of work underway with changes to policy, support for managers, skills development and we had a robust discussion about Occupational Health support, the introduction of sickness clinics for managers and tracking Trust wide initiatives that may impact absence. We also discussed the need to analyse the stress factors and the positive impact of a realistic workload, clarity of roles and responsibilities, feeling valued, living the values, comprehensible communications and capable leadership. Sickness absence and mitigating activity will continue to be tracked closely through the People Academy.

Risks – the Associate Director of Corporate Governance introduced the High Level Risk Register. There are two new risks relevant to the People Academy: one relating to violence and aggression in the Emergency Dept and the other relating to the Emergency Department Consultant review of pathology and radiology results. Both risks score 15. The risk of harm to patients, staff and visitors within planned and unplanned care due to the Trust’s ability to maintain safe staffing levels as a result of the pandemic has reduced from 16 to 12 following the recruitment of newly qualified nurses and midwives who started this month. This lower score removes the risk from the High Level Risk Register.

Advise:

WRES/WDES – the Head of EDI highlighted the Trust’s EDI performance and the 2024-25 action plans which have been aligned to the NHS People Plan and the People Promise. The Trust continues to improve equality, with a representative workforce of 41% against a 35% target, and in the top ten Trusts nationally for its diverse leadership at 19%. However there is still work to be done on career development, reducing the likelihood of bullying and harassment and improving support for ethnic and disabled staff. The action plans focus on recruitment and selection, learning and career development and creating a civil and respectful culture. The Academy praised the simplicity and focus of the action plans and approved them both. Regular updates will be provided to the Academy.

GMC feedback – the Director of Education shared the 2024 GMC Survey results. The

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.11a

survey was completed by 77% of BTHFT post-graduate trainees between March and May this year. The Trust scored mid-quartile for all 18 indicators with excellent feedback for Gastroenterology, Neonatal Medicine, Oral and Maxillo-Facial Surgery, Paediatrics F2, Trauma and Orthopaedics. Emergency Medicine FY2, Medicine FY2 and Plastic Surgery have seen significant improvements to their scores. The workload in Emergency Medicine FY2, and rota design and support in Surgery FY1 continue to cause issues. The Trust is ranked 216th of all 230 UK Acute and mental Health Trusts for workload however, when benchmarked locally with Leeds, Calderdale and Huddersfield, Mid Yorkshire and Airedale, the Trust scores 1st on 9 indicators, 2nd on 7 indicators, 3rd for facilities and 4th for workload. The Trust ranks 55th of 230 for educational supervision. The results have been shared with the relevant stakeholders and progress against actions will be monitored Through the Foundation Steering Group and the Postgraduate Medical Education Steering Group with a regular update to the People Academy.

Assure:

Education Strategy – the Head of Education highlighted the revised Education Strategy for 2025-30 which responds to the shift in education since the pandemic. The new strategy outlines an approach which fosters a future-proofed, strong and empowering learning environment. It focuses on collaborating well with our local community and ensures our workforce is specifically equipped to deal with Bradford’s health needs with the primary objective to develop a well-educated, skilled and diverse workforce capable of dealing with the complex health needs of the local population. There is a new objective focused on innovation, research and building strong partnerships. The Academy celebrated the strength and quality of the new strategy and welcomed the January 25 launch event.

Freedom To Speak Up – the Chief Nurse shared a successful outcome to an issue raised through Freedom To Speak Up that resulted in a change to the Dress Appearance Policy. A student was concerned about not being able to wear their niqab during their medical training. The policy has been changed to approve the wearing of a niqab in public areas and with patients, and a face mask in clinical areas. If patients find it difficult communicating with someone wearing a niqab then the wearer can find an alternative practitioner.

Karen Walker
People Academy Chair and Non-Executive Director
24 October 24

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.11a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy

Date of meeting: 13 November 2024

Key escalation and discussion points from the meeting

Alert:

Flu vaccine – the Workplace Health and Wellbeing manager shared the latest vaccine data following the proposal for Healthcare Worker Influenza and Covid vaccination programme 24-25 presented at September’s People Academy. The number of people taking the flu vaccine is significantly down year on year at 19%. The Academy discussed vaccine fatigue and whether the % uptake included only those who took the offer through BTHFT as people often took the vaccine elsewhere. The Workplace Health and Wellbeing manager will review the data and return to January’s academy.

Sickness absence relating to stress, anxiety and depression – another follow up to an action from September’s academy, the Workplace Health and Wellbeing manager shared the sickness data relating to work related stress, anxiety and depression. 428 staff were assessed by Occupational Health following referral by their manager between 1st August and 31st October 24. 32% of the referrals were deemed by OH to be work related, either caused by work (acute incident or chronic) or made worse by work. A third of all cases were assessed for mental health reasons, the majority relating to common mental health problems (low mood, anxiety, depression) followed by stress. 52% of the mental health cases were assessed as caused by work due to either acute or cumulative events at work or the condition was made worse by work. The academy discussed and were content with the support and wellbeing offer available, plans to increase the profile of the EAP programme, and the level of resilience created through training and onboarding programmes. Progress will be monitored through the monthly People Academy dashboard updates.

Advise:

Risks – The Director of HR took the academy through the high level risks. The academy noted a reduction in the Haematology risk score from 16 to 12, and the combining of Estates and Facilities risks 2652 and 2573 agreed at ETM. The lack of a People risk for the Closing The Gap programme was identified and the Associate Director of Corporate Governance will review this and revert back to the Academy in January.

FTSU – the Freedom to Speak Up Guardian shared the Q2 report. There were 36 concerns raised, (4 anonymous) which is the highest ever volume quarterly. Most concerns related to inappropriate attitudes and behaviours and the highest number of concerns were raised by the Nursing and Midwifery, Estates and Ancillary and Admin and Clerical teams. The Guardian updated the academy on the recruitment of more ambassadors across the Trust. 21 applications were received and training began on 18 November. All Trust staff now have FTSU e-learning within their training curriculum and FTSU e-learning has been mandated for band 7 and above.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.11a

Audit Yorkshire audited the BTHFT FTSU service in July/August and received significant assurance that the Trust can evidence meeting all 8 NGO principles where people feel safe to speak up with confidence. They commented that the FTSU Guardian and Board and cross organisation support, together with robust processes, demonstrate a strong foundation for speaking up, which when reviewed with staff survey results, indicate a slightly better speaking up culture than the national average for NHS Trusts.

Maternity Incentive Scheme Safety Action 4 – the Maternity Incentive scheme supports the delivery of safer maternity and perinatal care and applies to all acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts. The scheme measures performance against 10 safety actions. Safety Action 4 relates to clinical workforce planning. The Consultant Neonatologist updated the academy on the neonatal medical and nursing workforce and the progress made on successful recruitment, training and development. There are still challenges such as a continued fall in the number of trainee doctors, immediate availability of some specialist resources and resilience in the some specialist services but these are mitigated through robust action plans which the academy approved.

Assure:

Recruitment, Policies and Progression – the Head of OD and Head of EDI have led a review of recruitment, people policies and progression, working closely with other stakeholders. This has identified lengthy, complex and difficult to find people policies with a reactive approach to policy review dates. The approach to progression is inconsistent, progression can be inaccessible for some people and there is a desire to create more opportunities and nurture home grown talent. Recruitment wise, attracting local talent to the Trust can be difficult, the standard of managers’ decision making is inconsistent and the recruitment process needs simplifying and a greater EDI lens applied. The plans to address these issues cover simplified people policies, a clear progression roadmap for all job families coupled with an improved approach to development and a short, smart, EDI focused recruitment process. The academy welcomed the review, the progress and the action plans which will be tracked through the academy.

Dynamic Conversations – the Head of OD shared her work on building the confidence of managers to help them operate efficiently, empower them to make good decisions and provide appropriate support, leadership and development for their people. She introduced the concept of dynamic conversations covering health and wellbeing, performance enablement, prioritisation and aspiration and motivation. These conversations are an opportunity for managers and their people to engage in fluid, organic conversations and are intended to replace all management conversation under the four pillars. The plan includes increased support for managers such as leadership development, toolkits, career conversation tools, a talent management platform and improved recruitment and onboarding processes. The academy was delighted with the concept and progress made and is excited to see the results of the initiative.

Karen Walker
People Academy Chair and Non-Executive Director
20 November 24

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.18

Committee Escalation and Assurance Report

Report from the: **Audit Committee**

Date of meeting: **19 November 2024**

Key escalation and discussion points from the meeting

Alert:

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

Advise:

Year end review – the Committee considered a report from the Chief Financial Officer following his conversations with the External Auditors, the Trust Finance Team and the Audit Committee Chair. The report sought to learn lessons from the 2024/25 financial year-end processes to support an effective and timely 2025/26 year-end. The CFO and the External Auditor reported improved engagement already this year and the Audit Committee noted and approved of the actions already taken and planned.

One of the actions is to ensure that early engagement takes place with the External Auditors and the Audit Committee if any changes to accounting policy or accounting interpretation is being considered. The Committee noted the implications of the Trust's changed approach to annual leave carry forward and a specific issue regarding capitalisation of some staff costs.

The Committee will continue to monitor actions against the recommendations in the ISA 260 report from Deloitte. One action concerning vesting certificates was included in a wider update to the Standing Financial Instructions and Scheme of Delegation which the Committee approved.

Internal Audit Recommendation Tracking – The Committee noted the introduction of a new system for tracking progress on actions in response to internal audit recommendations. However, there remains room for considerable improvement in provision of and timeliness of Executive sign-off of reporting. The Committee had not seen the improvement in the number of significantly overdue recommendations it had expected from its previous meeting and had not, in many cases, been provided with an update to explain why an action remained overdue. The CFO will work closely with Executive colleagues to ensure significant improvement by the next meeting of the Audit Committee in February.

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

Procurement Waivers – the Strategic Head of Procurement provided the Committee with an overview of his work in overseeing the controls concerning procurement waivers. Whilst there is no concern over the controls in place, the Audit Committee will continue to scrutinise the information presented to it to ensure that controls are being followed and

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.18

value for money is being obtained, with particular focus on waivers citing an emergency or urgent requirement that genuinely precludes competitive tendering.

Charity Annual Accounts – the Audit Committee confirmed its members’ prior agreement to a change in the audit arrangements for the Charity, also noting the approval of the Charitable Funds Committee. Rather than a full audit, because of the level of income, a “light touch” independent examination was approved for the 2023/24 audit.

Assure:

Internal Audit – the Committee received the following reports and noted the High and Significant assurances given.

Report No	Report	Final	Draft	Opinion
BH/07/2025	Waiting List Management (to include Long Waits and Cancer Waits)	✓		Significant
BH/08/2025	Backlog maintenance and critical risk remedial works	✓		Significant
BH/09/2025	Business Continuity Disaster Recovery; Estates Critical Infrastructure report	✓		Significant
BH/10/2025	Care of the Deteriorating Patient	✓		High
BH/11/2025	Fit and Proper Persons	✓		Significant

The team at Audit Yorkshire remain on track to complete the audit programme for the year with the continued cooperation of Trust Directors and managers.

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

Cyber Security – the Committee welcomed the Deputy Chief Digital and Information Officer and the Cyber Security Manager who provided an overview of the Trust’s progress on cyber security and a description of the Trust’s arrangements for patch management in response to a benchmarking report from Audit Yorkshire. The report showed BTHFT compared positively to most other organisations in the Audit Yorkshire client base, and the Committee was assured about the Trust’s arrangements. However, the Committee agreed with the attending colleagues’ view that the risk level of 16 on the Trust’s risk register was appropriate.

Policies – the Committee approved the required annual policy review for the use of external audit for non-audit purposes. The Committee also took assurance from the annual report on the random sample audit of 20 policies and procedures. The audit and action plan seeking to ensure that the system for managing the development, approval, ratification and dissemination and review of trust wide procedure documents is operating effectively.

Report completed by:

Bryan Machin
Committee Chair and Non-Executive Director
20 November 2024

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.19

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 6 November 2024

Key escalation and discussion points from the meeting

Alert:

Nothing to report.

Advise:

Finance Report

Key points of the report, which covers up to Month 5 and explained that due to changes in the Charity Team the organisation is reporting as behind plan.

- The value of the fund is currently £105,000 less than plan, due to a significant reduction in in-year spend, in particular the independence work. There has been a reduction in income of £107,000.
- The forecast position has been pending the commencement of the new Charity Director in post and a review of the plan and timeframe for independence.
- Return on investment is currently 49p spent for every £1 raised, with the aim being 25p.

The Deputy Director of Finance to discuss the revised plan with the new Charity Director due course.

Investment Report

The representative from Rathbones reported and highlighted the main points:

- The value of the fund at the end of September was £1.25 million, revealing an increase of approximately £12,000 this fiscal year.
- Over the last 12 months the charity has been making an average return of around 9.4% on investment, greater than the CPI plus 2%, but slighter lower than two of the benchmark indices of around 12%. Adrian will attend the next meeting to further expand on this.

The Committee has requested Rathbones to assess their performance at the next meeting.

Charity Operational Committee Report

The private phase launch of the neonatal appeal will happen in February 2025, with the public launch in June.

Meeting Title	Board of Directors		
Date	28 November 2024	Agenda item	Bo.11.24.19

Assure:

Laura Riach, the new Charity Director is now in post from week commencing 4th November 2024.

Laura Riach will work with Sajid Azeb, Chief Operating Officer/Deputy Chief Executive to develop the five-case model for independence, for which the timeline will be further developed, and a report will be provided to the Committee at the next meeting.

Report completed by:

Altaf Sadique




Academy Chair and Non-Executive Director

26/11/2024

C. CHIEF EXECUTIVE'S REPORT

REFERENCES

Only PDFs are attached

-  CGo.10.24.5c - Chief Executive's report (cover).pdf
-  CGo.10.24.5c - Appendix 1a - MP_Nov24.pdf
-  CGo.10.24.5c - Appendix 1b - 2024_11_22 MPickup NeoCQC.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

Report from the Chief Executive

Presented by	Professor Mel Pickup, Chief Executive		
Authors	Katie Shepherd, Corporate Governance Manager		
Lead Director	Professor Mel Pickup, Chief Executive		
Purpose of the paper	The report provides the Board with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in September 2024.		
Key control	N/A		
Action required	For information		
Previously discussed at/informed by	Board of Directors – 28 November 2024		
Previously approved at:	Committee/Group	Date	

Situation

1. Patients

Performance

Attendances to the Emergency Department (ED) and the number of patients in hospital beds is increasing as we enter the winter period. The Trust continues to benchmark positively against the Emergency Care Standard (ECS) at a West Yorkshire Association of Acute Trusts (WYAAT), Regional and National level, with our current position remaining in the upper decile of Acute Trusts in England. Despite this positive position we are not meeting the national constitutional standard of X% but we are achieving the 2024/25 operational target set by NHS England of X%. However, some of our patients do wait longer than we would like, particularly where they need to be admitted into the hospital. Significant effort is being given to improving the experience and wait times for these patients.

Part of the challenge for admitted pathways relates to overall bed occupancy and the ability to maintain adequate patient flow through the system. We have approved the launch of an improvement programme for Urgent and Emergency Care to further improve the overall patient journey. We continue to work collaboratively across place with system partners in particular local authority colleagues on trying to reduce the pressures associated with social care. With strong internal processes we have minimised the impact and since launching H-Fast in July the speed of priority discharges has improved. This programme is now being expanded to help increase these further.

Collaborative work with Yorkshire Ambulance Service (YAS) is ongoing but performance for handover times remains a pressure. Actions from the process mapping exercise that was undertaken jointly are progressing. A new handover process, approved and communicated to the teams by YAS and BTHFT is now live and work also continues to improve the accuracy of handover data recorded by YAS and used for external oversight of relevant metrics.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

We have developed a fully costed operational plan for winter which has been approved at the Executive Team Meeting (ETM) and presented to the Finance and Performance (F&P) committee in October 2024. The plan has also been submitted to the Integrated Care Board (ICB) for inclusion in the system-wide winter plan. In addition, providers were asked to consider the impact of forecasted winter pressures and re-submit their planning assumption for the second half of the year. This was completed in October following approval at ETM.

Outpatient and elective transformation schemes are being supported by GIRFT further faster. This is a clinically led approach to understanding opportunities presented by identifying variation in data compared to peers. Specific deliverables have also been identified for targeted work under the Closing the Gap (CTG) programme with dedicated senior operational leadership and allocated improvement resource. Outpatient activity is tracking ahead of planned levels but the delay to the St Lukes Hospital Day Case Unit means inpatient activity is now behind plan. Work to increase activity at BRI in response to this position is progressing with some additional weekend operating in place.

Efforts to reduce elective waiting times continue and whilst almost all services now have no waits over 65 weeks, there will be some in T&O (Trauma and Orthopaedics) and ENT (Ear, Nose and Throat). Both areas are being intensively supported to recover the position as quickly as possible. Mutual aid from neighbouring Trusts is being used to offer patients earlier treatment elsewhere and whilst uptake has been minimal efforts persist. A similar offer of mutual aid from BTHFT has been made for Vascular and Urology patients which are being transferred to us from within West Yorkshire and from Sheffield. The Elective Care Recovery Group for West Yorkshire is exploring what more can be done with regards to mutual aid to further reduce waiting times.

Confidence in the Referral to Treatment (RTT) waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.5% in May 2024. Validation is now better coordinated between teams and the themes from corrections are being fed into trying to avoid data quality issues in the first place. Web-based waiting list management tools have been implemented across the Clinical Service Units to improve oversight of pathways and this is going well. The Trust is exploring other digital enhancements in this area of work for further strengthen the position.

The Trust benchmarks well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. One stop Neck Lump Clinics and GP led Skin Lesion Investigation Clinics are two recent improvements making a positive difference. Improvement plans will also look to address the increasing demand patterns for cancer referrals so that performance is sustainable. Treatment pathways are an area of focus for all tumour groups during the current period and will be the key topic for the cancer timeout in November.

St Luke’s Day Case Unit (SLH DCU)

The development of SLH DCU is progressing, however the expected handover date of 31 August 2024 from the contractor (Darwin Group) was not met. A revised programme has been submitted by Darwin Group, it is likely that we will be first patient ready in January. The facility will provide much

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

needed ringfenced capacity for our day case patients. During the period of delay operational capacity at BRI is being increased using the staff from the DCU but theatre space is a limiting factor.

Endoscopy Unit (BRI)

The Trust was successful in securing £24.8m capital funding for a new 8 room Endoscopy unit. A Programme Board has been established chaired by Sajid Azeb and responsible for coordinating the work to ensure delivery of the scheme which is due to complete towards the end of 2025. Robertsons have been awarded the contract and a ground breaking ceremony attended by myself and the Chair took place in October 2024.

Theatres, Anaesthesia and Critical Care Electronic Patient Record Build (TACC)

In partnership with Airedale NHS Foundation Trust we are deploying additional functionality in our enterprise Electronic Patient Record (EPR) – Oracle Health’s (Cerner) Millennium product. Progress towards the go-live date in November has been made with training and testing continuing at pace. We expect to have gone live with TACC from the 23rd November 2024. The programme represents a further step forward in enabling digital transformation in the Trust and will further improve the quality of services for our patients whilst streamlining clinical processes for our staff.

On preparations for the Airedale EPR deployment, ourselves and Calderdale and Huddersfield Hospitals which share the same EPR provider have been systematically preparing our organisations for some additional changes in functionality of our system, which has been a huge undertaking but will bring with it significant clinical benefits.

2. People

Recruitment - Improved Candidate Engagement

New initiatives have been launched to improve our community engagement, tap into local talent and improve work opportunities for the communities that we serve. These include:

- **Launch of Recruitment Candidate Pack** - The purpose of the pack is to promote BTHFT as a brand, to showcase us as a preferred employer and to promote Bradford as a city of choice. The candidate pack is designed to complement the job description and person specification when we advertise new vacancies.
- **Community Outreach events** – we have developed a calendar of outreach events where we will be providing helpful advice on career opportunities, how to complete application forms and tips on improving interview skills. Events include:
 - school/college career fairs (closed events)
 - Bradford Business Unlocked (a Bradford council initiative that is aimed to inspire young people about the diverse career paths available within the Bradford District and provide them with practical insights into the job pathways across Business.
 - Community Hubs events including the Sutton Centre (BD4) and Girlington (BD8).
 - DWP/Jobcentre Plus collaboration to support people into work.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

Open events will be displayed on our web page/ social media campaigns to encourage attendance.

Root out Racism – Development of a District wide Anti-Racist Strategy

The voluntary sector Race Equality Network (REN) have been tasked with developing an Anti-Racist Strategy for the Bradford district. System leaders were invited to take part in a stakeholder engagement session which took place on 15th October at Grange Interlink Community Centre. A range of leaders including myself and organisations were represented at the event, including BTHFT. Kez Hayat, Head of EDI along with other system colleagues facilitated a range of round table discussions to seek the expertise, insights, and experiences with focus on shaping and developing a city-wide approach to anti-racist activity that addresses the pressing issues of racial inequality.

This event was an opportunity for key stakeholders across the district to collaborate on the strategy, ensuring it is comprehensive, actionable, and reflective of the diverse voices within our district. A range of information and feedback has been captured from the event with further focus on sharing this across the district and ensuring system partners are involved in any future involvement and engagement. A timeline for the strategy is to be developed and implemented across the district and will be shared with all system partners. BTHFT will be involved in any future engagement activity and are one of the key partners supporting this important work.

Successful ESR Silver Award revalidation

We have successfully secured our Defence ERS Silver Award revalidation, which is a national recognition for our commitment to the Armed Forces, supporting veterans who seeking employment in the Trust and ongoing people support for veterans and reservists. The award is valid for another 5 years and we will be going for Gold when the Gold Award programme when it opens in the new year.

SEQOH Accreditation

The Workplace Health & Wellbeing Centre has achieved accreditation from the Faculty of Occupational Medicine based on the Safe Effective Quality Occupational Health Standards SEQOHS 2023. These standards are in the public domain and serve to ensure that providers, purchasers and workers understand the standards that they should expect from an Occupational Health Service. Eligibility for the award of SEQOHS Accreditation was assessed on the basis of the collection and presentation of suitable documentary evidence and on observation. Upon SEQOHS Accreditation being achieved, the WHWBC will be required to complete annual reaccreditation for five years until the next full SEQOHS Accreditation assessment in year five. The assessors outcome report stated:

The Workplace Health and Wellbeing Centre for Bradford Teaching Hospitals NHS Foundation Trust is congratulated on their reaccreditation to the SEQOHS standards. The provision of safe, effective and high-quality occupational health services is facilitated by a comprehensive array of policies and procedures, for which clinical audit helps to identify any areas for improvement.

A good team ethic, effective management and medical leadership, and a modern clinical environment, help to ensure that managers and staff accessing the service receive good quality advice, support and care.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

3. Place Updates

West Yorkshire Equity, Diversity and Social Justice Strategy

The strategy and priorities have been shaped with the input of key stakeholders throughout the partnership, and through various engagement activities at place and at ICB level. Phase One of engagement has included an event, focus groups and surveys. Phase Two will focus on reaching out to previously underrepresented voices through targeted engagement initiatives.

There was a clear request that the strategy should be more specific than general mission statements and values and that they serve to articulate our aspirations as a partnership during challenging times and assist in navigating complex decisions. As a result, these ambitions have been developed to ensure we support this request to establish clear expectations for behaviour and to ensure that they reflect the partnership, our values, mission, and behaviours. These will continue to evolve based on feedback from Phase Two. We anticipate that the final Equity, Diversity, and Social Justice Strategy, including its objectives and action plan, will be completed by the end of December 2024. You can see the work undertaken to date by visiting the [West Yorkshire Health and Care Partnership website](#).

West Yorkshire Local Transport Plan and Mass Transit Plan

The West Yorkshire Combined Authority (WYCA) are working with the five West Yorkshire local authorities (Bradford, Calderdale, Kirklees, Leeds and Wakefield) to renew the [Mayor's West Yorkshire Local Transport Plan](#). This is a plan that all Transport Authorities must develop and regularly renew for their area to assess their transport needs and challenges. The plan then sets out different ways in which to tackle those challenges. It matters because it guides decision making on transport policy and investment across all types of transport in the region.

The LTP will be submitted for adoption by the Mayor at the West Yorkshire Combined Authority meeting in March 2026. Between now and then the Combined Authority wishes to continue working and engaging with partners, stakeholders and members of the public to ensure we develop and establish an LTP that has consensus and consent. This will include a period of statutory consultation in 2025.

To achieve our vision of a region where communities, business and places all benefit from sustainable economic growth, the LTP must consider how our ways of travelling are impacting our health and the environment, and ensure LTP policies contribute to provide clean, safe, healthy and inclusive mobility.

Our ambition to strengthen our local economy

Integrated care systems have a defined mission to improve health outcomes, address inequalities, enhance service quality and importantly, support broader social and economic development. To review the progress against this big ambition, in West Yorkshire we use the framework set out in the publication [“Unlocking the NHS’s social and economic potential: a maturity framework”](#), authored by Cathy Elliott, Chair of NHS West Yorkshire Integrated Care Board (NHS WY ICB) and published by NHS Confederation.

Our health and care system is making significant progress in strengthening the local economy through employment initiatives, innovation, and collaboration with local businesses. By leveraging our position as anchor institutions, and with the support of frameworks/networks like the West Yorkshire Fair Work Charter and the Health Innovation Network, we are well-positioned to continue driving local economic

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

growth and improving health outcomes. However, sustained efforts are required to address ongoing challenges and maximise the potential for inclusive economic development. Further updates will be provided in due course, organisations across our integrated care system are also being asked to assess their own activities against the maturity framework.

National director role

Theres Patten, Place Lead, has been asked by Amanda Pritchard, Chief Executive for NHS England, to take on a new role as National Director of Place Development. This role at NHS England will be alongside Therese’s current roles as Place Lead for Bradford District and Craven and Chief Executive for Bradford District Care NHS Foundation Trust. Therese will also continue to serve as an executive member on the NHS West Yorkshire Integrated Care Board.

This position will involve working with national colleagues to identify and share best practice operating models, including strong cross-sector partnership working, and how NHS England can best support the development of place-based work, building on the good foundations that we already have. Members and our wider partnership will be kept updated on progress.

Airedale Hospital build to go ahead

It has been confirmed that the Airedale Hospital build will be going ahead. This was announced by the government as it shared the terms of reference for their New Hospital Programme review. As well as confirming the new for Airedale, it was confirmed that the other RAAC hospitals, as they have commonly been referred to, will also be going ahead. [The New Hospital Programme review: terms of reference are available on the gov.uk website](#). This news follows soon after it has been confirmed that Bradford District Care NHS Foundation Trust has secured £50 Million funding to redevelop Lynfield Mount Hospital site.

Ministerial visit to Bradford District and Craven – Stephen Kinnock MP, Minister of State for Care

Our partnership hosted Stephen Kinnock MP, Minister of State for Care who visited us from Monday 16 September to Tuesday 17 September, to hear about the work we are doing around integrated care as well as some of our specialist services.

On the first day of his visit, the Minister of State for Care went to Horton Park Health Centre and spoke to colleagues from the [Proactive Care Team \(PACT\)](#) and [specialist community dental service](#) (run by Bradford District Care NHS Foundation Trust). Colleagues from the community dental service were able to share the positive outcomes for who are unable to access dental treatment by a ‘high street’ NHS dentist due to their additional needs. The service supports a range of people who have specific support needs such people with learning disabilities, challenging medical conditions and people who are housebound. The Minister learned more about the PACT model and the positive impact it has having on patients by providing responsive care within the community, contributing to people staying well at home.

On the Tuesday, the Minister visited Bradford Teaching Hospitals NHS Foundation Trust. Stephen met colleagues at the [Command Centre](#), Europe’s first hospital command centre powered by artificial intelligence (AI) to provide real-time overview across the Trusts 800 beds before hearing more about the work of our [Multi-agency Integrated Discharge Team \(MAIDT\)](#), where health and social care professionals work alongside voluntary, community and social enterprise colleagues to ensure patients with complex needs can be discharged from our hospitals on the correct pathway in a safe and timely

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

manner. Stephen was also able to hear first-hand about the Home First Assessment Support Team (H-FAST) project at Bradford Royal Infirmary which has been implemented following a successful pilot at Airedale NHS Foundation Trust. This is a partnership project between the NHS and Bradford Council, with the aim of discharging people within 24 hours once they are medically fit to leave hospital, with an assessment undertaken (over a period of up to three days) within the individual's own home to determine their immediate care and support needs.

Here's a [short clip](#) of the two-day ministerial visit.

Local leaders making an impact globally

Thanks to our local colleagues who are making a splash globally as highlighted below

- A Bradford hospital consultant's new role will see him training surgeons of the future across the UK and Europe, who will be using state-of-the-art robotics. Consultant Uro-oncologist and Urological Surgeon, Raj Singh, has become a proctor for Intuitive Surgical, the manufacturers of the revolutionary da Vinci robotic-assisted surgical systems or 'robots', which are used at Bradford Royal Infirmary, part of Bradford Teaching Hospitals NHS Foundation Trust.
- Professor Udy Archibong MBE, Pro-Vice-Chancellor of Equality, Diversity and Inclusion at the University of Bradford has been made a fellow of the prestigious American Academy of Nursing.

New speech and language service for young children starts

A new pilot service called Early Language Support for Every Child (ELSEC) is now available to children aged two-and-a-half to seven years old at nine participating nurseries and primary schools across Bradford District. The pilot is one of nine running nationally funded by the Department for Education and NHS England. Participating nurseries: Moorside Nursery, Thornbury Play and Learn Nursery, Short Circuits Care Club, Woodroyd Nursery, Cavendish Lodge Day Nursery. Participating primary schools: Barkerend Primary Leadership Academy, Brackenhill Primary School, Miriam Lord Primary School, Bowling Park Primary School.

Reducing inequalities: actions for NHS organisations

Our Bradford District and Craven Health and Care Partnership's Reducing Inequalities Alliance is excited to share our new resource, [Reducing inequalities: Actions for NHS organisations and partners in Bradford District and Craven](#). We've developed this guide to be a helpful reference document, which summarises key policies and guidance and collates evidence of effective interventions. Whilst its primary audience is NHS organisations, it will be of interest of partners who work with the NHS.

Help with rising costs for families expecting a baby, and households with young children

As fuel costs rise pregnant women and families with young children in Bradford District and Craven can get free financial help. On 1 October 2024, gas and electricity prices have risen by 10%, causing financial pressure and worries for many local families with young children. To [support these families](#), Bradford District and Craven Health and Care Partnership and Bradford Council have partnered with Hope4U – an organisation that aims to eradicate poverty and improve financial sustainability.

New charter for public to shape future of health and social care

Communities are set to benefit from a new charter that has been launched to help shape the future of services across North Yorkshire. The charter and its framework sets out the council's commitment to

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

put individuals and communities at the heart of the development and day-to-day delivery of services and support. To view the involvement charter and framework, visit www.northyorks.gov.uk/getinvolved

Creative writing exhibition on coercive control launches at Keighley Library

Staying Put and The Coercive Control: From Literature into Law project are excited to announce that their Creative Writing Group will be exhibiting poetry at Keighley Library. After attending workshops for women with lived experience of domestic abuse and sexual violence, the women went on to produce their own creative writing and share it with the group. Their works will now be displayed alongside those of the Brontës in Keighley Library from throughout October. It is free to attend and open to the public. [Find out more about the project.](#)

Winners of photo competition counter stereotypes around old age

Striking and fun images celebrating the diversity of older people's lives and the contributions they make to society are set to [tour venues across North Yorkshire](#). Often people later in life are portrayed as being frail, relying on walking aids, being in a medical or care setting or losing their independence. While misconceptions about age still exist, older people in North Yorkshire are combatting the often narrow, negative, and stereotypical ways that ageing is often portrayed in society. Although the photo competition is now closed, people are being encouraged to [continue to submit their images](#) to include in the associated North Yorkshire Council Ageing Well communications and publications.

Bradford 2025 programme launch and WhatsApp channel

On 12 September, Bradford played host to local, regional and national guests and media as we saw the launch of the initial programme for Bradford 2025. There's lots to see, do and join in with. Want the latest updates from Bradford 2025? Join the [WhatsApp channel](#)! Be the first to hear about new events, when tickets go on sale, and how you can get involved. Join the community today.

4. Partners

West Yorkshire Partnership Board Meeting, 22nd October

The Chair and I attended the WY Partnership Board meeting on 22nd October, where we received a report around the ambition to reduce stillbirths, neonatal deaths, brain injuries and maternal mortality, including an acknowledgement of the complexities of the unique landscape providers are operating within; and assurance on the actions taken by the Local Maternity and Neonatal System to progress both the national and Partnership's ambitions. We also discussed our ambition to strengthen our local economy and endorsed the recommendation for partner organisations to assess their own activities against the framework, to tailor their efforts and consider the recommended next steps. We reviewed the proposed West Yorkshire Local Transport Plan vision and discussed how we would like to engage in the process to establish this going forwards. We noted progress to date on the West Yorkshire Equity, Diversity and Social Justice Strategy and considered the best process of implementation.

WYAAT Programme Executive Meeting, 5th November

I attended the WYAAT Programme Executive meeting on 5th November where we received the usual collaborative report and HCP report, and had a discussion on renal dialysis across WYAAT. We also received a paper on Information Governance and discussed the WYAAT service review. The AACE response to NHSE temporary escalation space (TES) guidance was also discussed under AOB.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

In addition to the above, Julian Hartley joined part of the session with the Programme Executive.

West Yorkshire System Leadership Executive Group Meeting, 12th Nov

The West Yorkshire System Leadership Executive Group meeting was held on the 12th November regrettably I was unable to attend due to a diary conflict with the NHS Providers Conference. Saj Azeb, Chief Operating Officer, attending on my behalf to ensure representation from BTHFT. The meeting focused on the current context including national and regional updates, and a review of Place partnership arrangements in West Yorkshire.

WYAAT Committee in Common, 20th November

The Chair and I are due to attend the Committee in Common (CIC) meeting on 20th November, which post dates this report. This is a single item agenda to cover the WYAAT service review.

5. National Reports

Professor Lord Darzi Review of the NHS

The Independent Investigation of the National Health Service in England was commissioned by the government to understand the performance of the NHS and provide an analytical diagnosis of issues that exist in the system. It has been led by surgeon, independent peer and former health minister Professor Lord Darzi and its insights will set a baseline for the upcoming ten-year health plan.

Overall, the report positions the performance of the NHS within the changing and challenging external environment it has operated in over the last few decades. It recognises that many of the factors that have contributed to the NHS’s current challenges are outside of its direct control.

The focus of the report will contribute to government’s 10 year plan for the NHS which will be published in spring 2025. Following the publication of the review, the government confirmed that the focus for the 10 year plan should be on:

- Shifting care from hospital to community;
- Moving from treatment to prevention; and
- Going from analogue to digital.

Across West Yorkshire, and in the five places that make up our integrated care system, we will be looking to collect evidence to demonstrate the work we are already doing that fits with this future direction.

Change NHS: help build a health service fit for the future

The Government has this week launched a national engagement with the public and staff to inform the development of the new 10-year plan which is due out next spring.

In West Yorkshire, we will be contributing to the engagement by feeding in the vast amount of insight and feedback we have already. We will also be arranging activities across West Yorkshire to make sure that as many people as possible take part so that their voices are heard.

The Government recognises that NHS staff are working harder than ever to get services back on track, to get waiting lists down and consistently deliver the best care, and that many of the solutions we need are already here, working somewhere in the NHS today. Whether you have a little to say or a lot, your

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

views, experiences and ideas will shape the immediate steps and long-term changes through the 10-Year Health Plan for the NHS.

Myself and the Chair attended an event held in York on 21st November for Chairs, CEOs and ICB leads across the North East and Yorkshire region.

Colleagues are encouraged to get involved in the place-based and West Yorkshire wide engagement sessions once confirmed. Alternatively, people can get involved on the national website www.change.nhs.uk

NHS Confederation report: The case for neighbourhood health and care

NHS Confederation has published its [case for change](#) and the [working better together in neighbourhoods report](#). NHS Confederation has developed [a bank of case studies](#) demonstrating neighbourhood working in action. This report has a clear synergy with the government’s direction of travel for the NHS and health and care services, with a focus on shifting care from hospitals into community.

Therese Patten has thanked local VCSE partners who hosted a visit from the NHS Confederation early in summer to share the work being done locally as well as some of their ideas that could overcome some of the limitations posed by national policy and guidance that impacts on the stability of VCSE organisations.

Penny Dash review of CQC

In May 2024, Dr Penny Dash was asked to conduct a review into the operational effectiveness of the Care Quality Commission (CQC). The purpose of the review was to examine the suitability of CQC’s new single assessment framework methodology for inspections and ratings of health and care providers.

The [final report](#) makes seven recommendations:

1. Rapidly improve operational performance, fix the provider portal and regulatory platform, improve use of performance data within CQC, and improve the quality and timeliness of reports.
2. Rebuild expertise within the organisation and relationships with providers in order to resurrect credibility.
3. Review the SAF and how it is implemented to ensure it is fit for purpose, with clear descriptors, and a far greater focus on effectiveness, outcomes, innovative models of care delivery and use of resources.
4. Clarify how ratings are calculated and make the results more transparent.
5. Continue to evolve and improve local authority assessments.
6. Formally pause ICS assessments.
7. Strengthen sponsorship arrangements to facilitate CQC’s provision of accountable, efficient and effective services to the public.

The [CQC has responded](#) outlining how it will work to implement the recommendations. Therese Patten will keep colleagues updated on progress and what this means for us locally.

Sir Julian Hartley to take on chief executive role at Care Quality Commission

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

[Sir Julian Hartley will be appointed as CQC's new Chief Executive](#). Sir Julian has been the Chief Executive of NHS Providers since February 2023, prior to which he had a distinguished career as Chief Executive of several organisations, most recently 10 years as Chief Executive of Leeds Teaching Hospitals NHS Trust. Sir Julian's start date is yet to be confirmed.

Tom Riordan appointed as Second Permanent Secretary in the DHSC

The Department of Health and Social Care (DHSC) has announced the [appointment of Tom Riordan to the role of Second Permanent Secretary](#). The appointment has been made with the approval of the Prime Minister. Tom brings his 14-year experience as Chief Executive of Leeds City Council to the role, where he oversaw reforms to integrate health and social care.

Sir Julian Hartley and Tom Riordan are congratulated and welcomed to these national roles.

Sexual misconduct in the NHS: Launch of new framework, training and communications campaign

BTHFT is committed to keeping patients and colleagues safe. This includes a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual harassment and abuse. We have signed the NHS Sexual Safety at work charter. The charter commits to ten principles and actions to safeguard staff. The charter includes prevention, support for people who have experienced or witnessed sexual misconduct and robust action against individuals who commit this behaviour. We must all ensure the NHS is a safe space for colleagues and patients, and a place in which sexual misconduct, violence, harassment or abuse will not be tolerated. A working group has been established to ensure effective implementation of the policy and training framework, this group includes colleagues from Human Resources, Occupational Health, Freedom to Speak Up, Safeguarding, Equality and Diversity, trade unions and organisational development.

The letter can be found here: <https://www.england.nhs.uk/long-read/sexual-misconduct-in-the-nhs-launch-of-new-framework-training-and-communications-campaign/>

Evolution of NHS England's operating model

NHS England have been working closely over the past year, with colleagues across the NHS and more widely on the development of its operating model. The actions that will guide the refresh of the current operating framework are to simplify and reduce duplication, shift resources, devolve decision-making to those best placed to make changes, and to enable leaders to manage complexity at a local level. To achieve the desired outcome, NHS England have asked the wider NHS family to work together, along with partners in the wider system to full leverage the potential of the Integrated Care Systems. Further engagement events will take place with Trusts to allow them to fully support the evolution of the operating model.

The full letter can be found here: <https://www.england.nhs.uk/long-read/evolution-of-our-operating-model/>

CQC rates Bradford Neonatal Services Outstanding

Bradford Royal Infirmary's Neonatal Unit – which provides specialist care to newborn babies who need additional support – has achieved an 'Outstanding' rating from the Care Quality Commission (CQC).

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

The CQC found the service was ‘performing exceptionally well’, was ‘exceptionally caring’ and families felt valued and part of the team caring for their baby.

The outstanding rating was testament to the hard work and dedication of all the staff who worked on the Neonatal Unit. The Neonatal Unit provides a unique and specialist service to babies, mothers and families at what is often an extremely worrying and emotional time. I’m very proud that the CQC found the team to be committed to treating patients and those close to them with compassion and kindness. I would like to thank every colleague on the unit for helping us continue to develop a culture of quality that is embedded in our work every day and reflects the Trust’s aim of delivering outstanding care for patients. The service includes a Neonatal Intensive Care Unit (NICU), one of only four NICUs in the Yorkshire and Humber region which cares for some of the sickest and most premature babies.

In response to the report, I have received two letters of congratulations from Professor Shirley Congdon, Vice-Chancellor of the University of Bradford (See appendix 1a) and Deputy Speak of the House of Commons, Judith Cummins MP (see appendix 1b).

The CQC has also published reports in relation to Maternity Services and Medical Care, including older people’s care, at Bradford Royal Infirmary (BRI).

While the CQC’s overall ‘requires improvement’ rating for Maternity could not change since the last inspection, as the latest inspection only looked at two areas of the service, there were improvements to the well-led and safe domains – resulting in ‘good’ ratings. The Maternity services improvements are a credit to colleagues working in this area. These, together with the outstanding rating for our Neonatal services are a clear indication of our trajectory of improvement.

Medical care at BRI maintained its ‘good’ rating. Inspectors found medical care was safe and well-led and regularly receives positive feedback from patients. I’m pleased that the CQC has recognised our medical care as ‘good’ and well-led with patients receiving compassionate care and treatment from our dedicated and committed colleagues. These are strong foundations for further improvement to deliver even better quality care.

The CQC reports are included as a separate item on Board of Directors agenda for 28 November 2024 (see item [Bo.11.24.9](#)).

Recommendation

The Council of Governors is asked to note this report.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.5c

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients				g		
To deliver our financial plan and key performance targets				g		
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Choose an item.
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Date: 24 November 2024

University of Bradford
BD7 1DP

Professor Mel Pickup
Bradford Royal Infirmary
Duckworth Lane
Bradford
BD9 6RJ

Dear Mel

Thank you for sharing the letter regarding the outcome of the Neonatal Unit 'Outstanding' ranking from the Care Quality Commission (CQC).

I am delighted that you have achieved this well-deserved rating.

Yours sincerely

A handwritten signature in blue ink that reads "Shirley Congdon".

Professor Shirley Congdon
Vice-Chancellor



HOUSE OF COMMONS

LONDON SW1A 0AA

**Deputy Speaker of the House of Commons
Judith Cummins MP**

Mel Pickup
Chief Executive
Bradford Teaching Hospitals NHS Foundation Trust
Bradford Royal Infirmary, Duckworth Lane
Bradford
BD9 6RJ

Our Ref: JC18203

22 November 2024

Dear Mel

Re: Care Quality Commission 'Outstanding' Report

I am very pleased to see that the Trust's Neonatal Unit has been awarded an overall 'outstanding' rating from the Care Quality Commission at its latest inspection, and I write to congratulate you and your team on such a wonderful achievement.

I was particularly pleased to read that the inspectors stated that the service was 'performing exceptionally well' with staff 'providing exceptional care and treatment to people'

Please pass on my best wishes and congratulations to the hard-working and committed team.

I look forward to continue to supporting you and everyone at Bradford Teaching Hospital NHS Foundation Trust to provide the best possible care to everyone in Bradford.

Yours sincerely

**Judith Cummins MP
Labour Member of Parliament for Bradford South
Deputy Speaker of the House of Commons**


CGO.1.25.6 - MATTERS RAISED WITH GOVERNORS BY MEMBERS, PATIENTS
AND THE PUBLIC

CGO.1.25.7 - GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE

(NRC) REPORT

REFERENCES

Only PDFs are attached

 CGo.1.25.7 - Nominations and Remuneration Committee (NRC) Report.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.7

Governors Nominations and Remuneration Committee (NRC) Report

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

Background

1. Membership of the NRC

The NRC is currently comprised of the following members:

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

2. Summary of the NRC meeting held 10 December 2024

The NRC reviewed and considered the draft NED appraisal process. This item is presented under separate paper on today's agenda for review and approval. The Chair also shared with the NRC key outcomes from the NEDs' mid-year reviews.

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

3. Next meeting of the Governors NRC






The next quarterly meeting of the NRC is scheduled for Tuesday 18 March 2025

Recommendation

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

REFERENCES

Only PDFs are attached

-  CGo.1.25.8 - NED Appraisal Process (cover).pdf
-  CGo.1.25.8 - Appendix A - Policy - NED appraisals.pdf
-  CGo.1.25.8 - Appendix B - NED appraisal process flow chart.pdf
-  CGo.1.25.8 - Appendix C - NED Appraisal form.pdf
-  CGo.1.25.8 - Appendix D - NED Appraisal guidance note.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.8

Non-executive Directors performance appraisal process

Presented by	Sarah Jones, Chair		
Author	Cat Shutt, Head of Organisational Development Georgi Dyson, Assistant Director HR		
Lead Director	Renee Bullock, Chief People and Purpose Officer		
Purpose of the paper	To provide an update on the review of the NED performance appraisal process		
Key control	N/A		
Action required	For approval		
Previously discussed at/ informed by	Governors NRC		
Previously approved at:	Meeting	Date	
	N/A		
Background / Situation			
<p>Performance appraisals are an important element of effective talent management at BTHFT and how we support and enable our colleagues to Thrive at work and beyond. They serve as a structured process to evaluate performance. Identify areas for improvement and recognise the individual's contributions to our success.</p> <p>It is important that individuals feel motivated, well supported and confident to deal with the many issues and challenges they will face in their role. An effective performance appraisal will enable Non-executive Directors (NEDs) to not only evaluate their performance, but to receive constructive feedback.</p> <p>General principles</p> <p>According to NHSE, these are some principles to consider when conducting effective appraisals with Non-executive Directors:</p> <ul style="list-style-type: none"> • 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 the appraisal process and there should be 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) • documentation should be simple, purposeful and easy to use 			
Assessment			
1.0 Aims of the Review			
<p>In February 2024, the new 'NHS Leadership Competency Framework for Board Members' was established. This sets out key domains and skills that Board members should have and develop to be effective in their roles.</p>			

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.8

In order to ensure that our Board meets the framework, a new Executive Director appraisal has been developed and is now in place. This requests that Executive Directors reflect on their performance against the framework, seek feedback from the people they work with and set measurable objectives.

The creation of the framework enables us to also put in place a new appraisal system of NEDs.

2.0 Appraisal System Design

A number of actions have been developed to achieve this aim:

- A 'Policy on a Page' template has been created – sets out the general principles, the process and links to further support (**see Appendix A**)
- A Non-executive Directors (NED) Appraisal briefing note that explains the revised process
- The creation of a simplified appraisal form (see below)

2.1 Research around good practice

In developing a robust NED appraisal process, research was conducted to establish the essential principles along with industry best practice. A benchmarking exercise with other NHS Trusts was conducted together with research on NHSE and CIPD principles.

The Healthcare Leadership Model describes nine behaviours which together contribute towards strong and effective NHS leaders. Chairs and non-executive directors will need to demonstrate this range of behaviours, and the highest standards of conduct required to contribute effectively in this board level role. The [Appraisal Good Practice Guide \(PDF 144KB\)](#) provides a summary of these behaviours and a useful framework for assessing positive and negative indicators.

We are eager to capture details of any learning and development needs identified. Although we are aware that most of these needs will be addressed locally, we are keen to learn about any areas in which we can provide additional support regionally or at a national level.

3.0 The new appraisal process

Please see **appendix B** for a flow chart which details the approach in full.

3.1 The documents

3.1.1 Non-Executive Director Appraisal Form (appendix C)

This has been created to support a meaningful conversation between the NED and Chairperson.

Part 1 – Completed before the appraisal.

The NED 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.

Part 2 – Completed before the appraisal.

The NED will highlight their areas of strength as well as opportunities they have identified as areas to improve and increase their own impact and effectiveness. These will be based on the themes emerging from part 1.

During the appraisal meeting, the NED will share their thoughts and evidence that they have completed for part 1 and 2 for discussion and further feedback.

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.8

Part 3 – Completed during the appraisal.

The Chairperson and NED will together set 4 SMART objectives for the next 12 months. Three should be related to performance and one should relate to personal development.

Part 4 – Completed during the appraisal.

The Chairperson and NED will agree suitability for appointment.

Part 5 – Completed during the appraisal.

The Chairperson and NED will agree what has been discussed during the appraisal and confirm they agree to take forward any areas for development and their objectives.

3.2 The feedback process

Once a date has been agreed for the appraisal, the Chairperson and NED will agree on a number of colleagues to ask for feedback from. This will include:

- Committee Members (from the relevant committees the NED participates in)
- Executive Directors
- Non-Executive Directors
- Council of Governors

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.

A two-week window for feedback will be created to ensure as many colleagues can participate as possible.

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 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.

Please see **appendix D** for the NED appraisal briefing note and feedback grid which will be completed and shared with the OD Team.

4.0 Testing the new approach

NEDs have recently had their mid-year appraisal conversations. Whilst this used an existing approach, the NEDs also trialed the feedback approach. The key learning included:

- It was helpful for the NED to receive constructive feedback.
- The time given for people to give their feedback was not long enough (a new two week minimum window will be incorporated into the new approach).
- It would be beneficial for the NED to receive feedback from a number of Governors (the new approach will enable all governors to have the ability to give feedback to any / all of the NEDs.
- It would be beneficial for feedback to be grouped into two pools – 1) Council of Governors and 2) Board members.

5.0 Summary

In summary, effective performance appraisals are an important element of successful talent management and organisational development. By providing a structured framework for evaluating employee

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	CGo.1.25.8

performance, setting clear expectations, and supporting professional growth, we can foster a culture of continuous improvement and drive overall business success.

Embracing the changes outlined in this paper will enable BTHFT to transform our performance appraisal processes into a valuable tool for driving employee engagement, improving productivity, and achieving strategic objectives, that can be the key to unlocking their full potential.

Recommendation/s

It is recommended that the Council of Governors notes the contents of this review and approves the refreshed approach to NED appraisals.

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 the appraisal process and there should be 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)

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

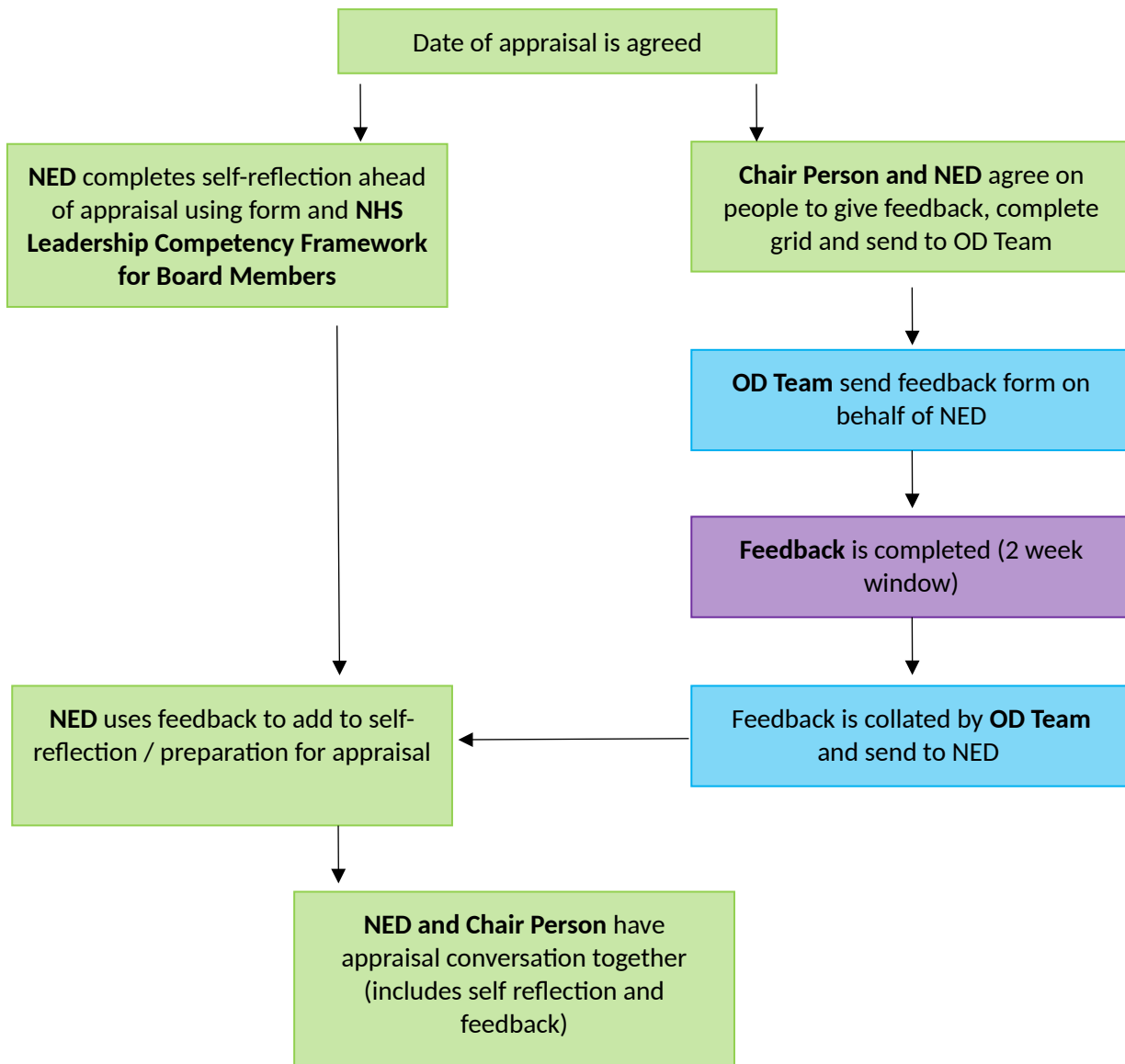
NED – to prepare before the appraisal, to participate in the process and to undertake any development identified

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

- NED Appraisal Form
- Feedback Form
- Guidance Note
- NHS Board Competency Framework

Appendix B - NED Appraisal Process



Non-Executive Directors Appraisal Form

Confidential when completed

This form should be used to formally record a summary of the key outcomes from the appraisal discussion between Chair (appraiser) and Non-Executive Director (appraisee)

Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Name of Non-Executive Director (Appraisee)	
Name of Chair (Appraiser)	
Appraisal Period	

Part 1

Self-reflection of impact relating to the statements of the NHS Leadership Competency Framework

To be completed by Non-Executive Director using the [NHS Leadership Competency Framework](#) as a guide

a) Reflect on and summarise significant themes from your own self-assessment against the six competency domains (linked above)

b) Reflect on and summarise significant themes for feedback received from others

Part 2

Highlight strengths and opportunities to increase own impact and effectiveness emerging from reflections of self-assessment and feedback

To be completed by Non-Executive Director

a) Highlighted areas of strength

b) Opportunities identified to increase own impact and effectiveness

Part 3

Principal Objectives and Personal Development
To be completed by Chair and Non Executive Director

SMART objectives identified for next 12 months

(In total there should be four objectives - three objectives should be performance based and one should focus on personal development)

3 SMART objectives (related to performance)		
Objective	Anticipated Benefit / Measure of Success	Anticipated Constraints / Barriers to Achievement
1 –		
2 –		
3 –		
1 SMART objective (related to personal development)		
1 –		

Non-Executive Directors Appraisal Form

Part 4

Suitability for appointment

To be completed by Chair and Non Executive Director

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

Reference Policy: [Regulation 5: Fit and proper persons: directors - Care Quality Commission \(cqc.org.uk\)](#)

Yes

No

If NO, please provide details:

Part 5

Completion and Signatures

Confirmed by	Signature	Date
Non Executive Director		
Chair		

Non-Executive Directors (NED) Appraisal Briefing Note (January 2025)

What is it?

You will be aware that every year we are required to complete an annual appraisal. This year our process for board members is informed by the new [‘NHS Leadership Competency Framework for board members’](#) (published February 28th, 2024). Your appraisal will consist of self-reflection, together with feedback from others.

How does it work?

- Use the **Non-Executive Director appraisal form** before your appraisal to self-reflect using the NHS leadership competency framework as a guide. Think about your strengths and areas for development.
- Seek feedback from other people that you work with. Feedback for each NED will include a selection of:
 - Committee members
 - Non Executive Director colleagues
 - Executive colleagues
 - Council of Governors

The feedback form will be sent by the Organisational Development (OD) Team. OD will then gather and share the feedback with you in advance of your appraisal so it can be used alongside your own reflections.

- Use the **Non-Executive Director appraisal form** during your appraisal to reflect on the feedback received, your own self-reflection and to record your conversation.

What do I need:

1. Non-Executive Director appraisal form. (You should refer to the [‘NHS Leadership Competency Framework for board members’](#) as part of your own personal reflections)

Next steps:

- Please complete the below grid and send Cat Shutt the names, email addresses of your ‘feedbackers’ and the date of your appraisal.
- Any questions please contact Cat Shutt catherine.shutt@bthft.nhs.uk or the OD Team OD.Team@bthft.nhs.uk

Committee Members	Executive Directors	Non Executive Directors
1.	1.	1.
2.	2.	2.
3.	3.	3.

NB: All Governors will be invited to provide feedback for each NED.

CGO.1.25.9 - UPDATE: REVIEW OF RECRUITMENT, HR POLICIES & CAREER




PROGRESSION WITH AN EDI & OD LENS

CGO.1.25.11 - POLICIES AND PROCEDURES TASK AND FINISH GROUP

DOCUMENTS FOR APPROVAL

REFERENCES

Only PDFs are attached

-  CGo.1.25.11 - Policies and Procedures - documents for approval.pdf
-  CGo.1.25.11 - Appendix A - Role of Lead Governor - with track changes.pdf
-  CGo.1.25.11 - Appendix B - Governor induction programme with track changes.pdf

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	Co.1.25.11

Policies and Procedures task and finish group

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

Background

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

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

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

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

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

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

It is expected that these three documents will be presented to the Council for review and approval in April 2025.

Lead Governor Role Definition

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

Meeting Title	Council of Governors		
Date	16 January 2025	Agenda item	Co.1.25.11

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

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

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

These optional duties are:

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

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

Governor Induction programme

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

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

The programme is presented with tracked changes at Appendix B.

Recommendation

The Council of Governors is asked to:

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

Role / Duties of the Lead Governor

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

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

Governor induction programme

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

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

Part 1: New Governors preliminary meet and greets

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

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

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

Key objectives / outcomes:

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

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

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

~~When permitted....~~

Site visits

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

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

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

Key objectives / outcomes

Understanding your role in terms of:

- Types of governor

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

Understanding how to carry out your role in terms of:

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

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

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

Learning and development

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

Part 4: Executive Directors portfolios

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

Notes

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

