

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Wednesday, 26 March 2025	Time:	09:30 – 12:45
Venue:	Conference Room, Field House, BRI	Chair:	Sarah Jones, Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Sarah Jones (SJ) - Julie Lawreniuk (JL) - Bryan Machin (BM) - Karen Walker (KW) - Professor Louise Bryant (LB) - Zafir Ali (ZA) - Altaf Sadique (AS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Ben Roberts, Chief Finance Officer (BR) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) - Dr Ray Smith, Chief Medical Officer (RS) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Paul Rice, Chief Digital and Information Officer (PR) - David Moss, Director of Estates and Facilities (DM) - Renee Bullock, Chief People and Purpose Officer (RB) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - Natalie Stephenson (NS) <i>for item Bo.3.25.7 only</i> - Colette Bramley (CB) <i>for item Bo.3.25.7 only</i> - Carly Stott, Head of Midwifery (CS) <i>for item Bo.3.25.9 only</i> - Kez Hayat, Head of Equality, Diversity and Inclusion (KH) <i>for item Bo.3.25.13 only</i> - Faye Alexander, Head of Education (FA) <i>for item Bo.3.25.25 only</i> - Laura Riach, Charity Director (LR) <i>for item Bo.3.25.26 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - John Waterhouse, Governor - Charlotte Walker, Governor - Emma Fleary, Governor - Susan Douglas, Deputy Medical Director, Rotherham NHS FT - Sarah Smith, Head of Communications 		

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Section 1: Opening Matters		
Bo.3.25.1	Apologies for Absence - Mohammed Hussain (authorised absence), Non-Executive Director	
Bo.3.25.2	Declarations of Interest PR highlighted his new role as Chief Digital Information Officer for Northern Ireland from 1 st June onwards. There were no other declarations of interest to note.	
Bo.3.25.3	Minutes of the Meeting held on 30 January 2025 The minutes of the meeting held on 30 January 2025 were approved as a true and accurate record.	
Bo.3.25.4	Matters Arising The following actions were reviewed, and the outcomes confirmed. <ul style="list-style-type: none"> - <u>Bo240019 Corporate Strategy annual update</u>: An update on the corporate strategy is included on the agenda. <u>Action completed.</u> - <u>Bo25001 Patient Story</u>: Included on the Board Agenda. <u>Action completed.</u> - <u>Bo25002 CQC Action Plan</u>: Quarterly updates to be provided for 6 months, then move to 6-monthly subject to assurance on progress. Board work plan updated. <u>Action completed.</u> - <u>Bo25003 Nursing and Midwifery Establishment Review</u>: The establishment review was added to Finance and Performance Committee work plan. <u>Action completed.</u> - <u>Bo25004 Charity ISA 260, Draft Annual Report & Accounts and Draft Letter of Representation</u>: Included on the Board Agenda. <u>Action completed.</u> 	
Section 2: Business Reports		
Bo.3.25.5	Report from the Chair SJ introduced the Chair report which was taken as read. She referred to the national NHS England meeting held on 13 March 2025 during which the abolishment of NHS England was announced. She would update the Board in further detail during the closed Board session. The Board noted the update.	
Bo.3.25.6	Report from the Chief Executive MP provided a brief overview of the Chief Executive report, and referred to the abolishment of NHS England and, the impact this would have on the wider NHS. MP advised that the process is expected to take approximately two years with a new transition team announced, headed by Jim Mackey, to help lead this process. It is anticipated that this will yield a £500m saving to reinvest into front-line services. MP further advised that there has been a request from NHSE for Integrated Care Boards (ICBs) to reduce their workforce by 50%, and a request to Trusts to make a similar reduction in corporate headcount. The	

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	<p>executive team would work through what this would mean for the Trust and keep the Board updated as appropriate. This was following an already particularly challenging planning process, both in terms of timescales and expectations. The planning submission for 2025/26 would be discussed further on the agenda.</p> <p>MP also highlighted a visit to the Bradford Institute for Health Research on 25 March 2025 by Dame Rachel de Souza, Children's Commissioner, led by the Act as One partnership, which showcased the Born in Bradford research project.</p> <p>The Board noted the update.</p>	
Section 3: Patient Care		
<p>Bo.3.25.7</p>	<p>Patient Story</p> <p>NS and CB joined the meeting to support the discussion on the patient story, the full video of which had been viewed by Board members prior to the meeting. The video centred around a mother who had brought her poorly son into the children's ward under a direct access agreement (rather than into A&E which had been the recommended access point), following which her son sadly died.</p> <p>CB recognised some areas for improvement including communication around the direct access agreement; how this access is intended for use and when A&E might be the more appropriate route. CB also referred to the room where news is given to families, which was mentioned in the video as an uninviting space. CB confirmed that initially, the room had artwork on the walls and a television, but over recent years, the increase in Child and Adolescent Mental Health service (CAMHS) patients has meant that this room has now had to become a safe space. The room does have a sofa, table and plants and the team are working with the IPC team on installing some IPC compliant artwork.</p> <p>NS referred to the 'These Little Hearts,' which had been provided by many volunteers for the families and children to use. A focus group has been set up with the mother to look at how to manage the handout of the hearts, and a poem is being developed to go alongside them.</p> <p>KW recognised the importance of communication which was a golden thread throughout this story and the importance of working with families to strengthen learning and improvement following the child's death.</p> <p>There was a discussion on the implementation of 'Martha's rule' and whether, if this had been introduced earlier, this case would have had a different outcome. RS confirmed that most of the processes dictated by 'Martha's rule' were already in place prior to formal implementation. However, he recognised that these processes could be communicated more clearly to caregivers in order that they understand them more fully.</p> <p>JL reflected on the challenges of balancing a caregiver's intuition with identifying which patients need further follow up. RS recognised that this was difficult and whilst clinicians usually do have clinical intuition as to which patients need further diagnostics or monitoring, this requires</p>	

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	<p>experience and is a challenge for all departments. However, ultimately, a clinician should never dismiss a patient or carers concerns, and the default should always be to ask further questions to see if there are any serious flags for concern.</p> <p>The Board welcomed the update and expressed their thanks to the family for sharing their experience.</p>	
Bo.3.25.8	<p>Report from the Chair of the Quality Committee: February & March 2025</p> <p>KW and JL provided an overview of the report from the Quality Committee meetings held in February and March 2025. The Board was alerted to an increase in falls and during the March meeting an in-depth discussion took place on learning from falls. The Board was also alerted to the number of adult deaths in January 2025, which was lower than the deaths in December 2024, resulting in a reduction in the Summary Hospital-level Mortality Indicator (SHMI).</p> <p>The Board received the report and noted the assurance provided.</p>	
Bo.3.25.9	<p>Maternity and Neonatal services update</p> <p>CS joined the meeting to present the paper which sought to provide the Trust Board with the bi-monthly assurance that Quality Committee has reviewed, considered and approved the monthly Maternity and Neonatal (Perinatal) Update papers.</p> <p>In addition to the papers presented to the Quality Committee, CS alerted the Board to the following specific items:</p> <ul style="list-style-type: none"> - Following Board approval of the Maternity Incentive Scheme (MIS) Year 6, the Chief Executive, Mel Pickup, and the accountable officer for the ICB, Beverley Geary, signed the self-declaration form confirming full compliance with the scheme. This was submitted to NHS Resolution. - In February, the service was made aware of an escalation of concern from a member of staff to the Maternity and Neonatal Voices Partnership (MNVP) Lead, who subsequently escalated directly to the Regional Deputy Chief Midwifery Officer. The concerns raised were regarding Birth Centre staffing and 1:1 care in labour, and not feeling able to escalate concerns. Members of the Regional team attended the planned Local Maternity and Neonatal System (LMNS) Assurance visit in February and will triangulate feedback from staff and service users on the day, alongside the assurance information provided as described. They fed back on the day that they could see improvements and had no immediate safety concerns. A report will be provided following review of the information requested. <p>ZA asked if, in terms of the LMNS Assurance visit, there is consideration on the response and actions taken following completion of a serious incident report. CS advised that the LMNS team do ask questions around the learning and management of serious incidents as part of the visit to ensure that there is 'ward to board' knowledge of these and subsequent</p>	

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	<p>learning. There is also extensive governance locally within the Clinical Service Unit (CSU) regarding this which is also monitored at trust level.</p> <p>The Board received the report and noted the assurance provided.</p>	
Bo.3.25.10	<p>Digital & Data Strategy PR presented the new digital and data transformation strategy.</p> <p>AS articulated several areas of risks within the strategy, particularly around the use of artificial intelligence for clinical purposes, and the constraints of the federated data platform (FDP). He confirmed he would be happy to discuss his concerns with PR in more detail.</p> <p>There were some concerns around the affordability of the strategy, and BR advised that the strategy is not a business case seeking the board approval, it is a vision and an ambition for where the trust would want to be in five years, and the challenge is to achieve this within the resources available.</p> <p>KD queried how existing tools (such as google translate) can be utilised further, albeit safeguarded to ensure they are safe for use in the NHS. PR confirmed that the first step of any procurement or business case exercise is to look at current off the shelf tools. There is a framework to apply to identify if it is safe to use and if there are any areas of concern.</p> <p>The Board approved the strategy.</p>	
Bo.3.25.11	<p>Research Activity in the Trust RS presented the report providing information on several key research activities in the trust. RS highlighted the achievement of the clinical research delivery centre (CRDC) award, the opening launch event of which was taking place today, 26 March.</p> <p>SJ recognised that there were some good news stories from research and that it would be beneficial to share these more widely in communications. RB would investigate this further. SJ also suggested that the research team, due to their learning, may be utilised to help coordinate the next flu vaccination campaign.</p> <p>The Board received the report and noted the assurance provided.</p>	<p>Chief People and Purpose Officer Bo25006</p>
Section 4: People		
Bo.3.25.12	<p>Report from the Chair of the People Academy: February & March 2025 KW provided an overview of the reports from the People Academy meetings held in February and March 2025. She wished to alert the board to the limited assurance internal audit report on non-clinical appraisals, which was discussed in detail during the March meeting. The Head of OD is working on a 'dynamic conversations' approach to appraisals to ensure these are consistent and delivered on time. KW also alerted the board to the gender pay gap report which showed some clear areas for</p>	

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	<p>improvement, which are being supported by the re-launch of the gender equality reference group.</p> <p>ZA queried why the bonus payments appear to be male oriented. RS explained that these are historic provisions of clinical excellence awards to medics so, until those clinical excellence award winners retire then the imbalance will remain. However, future bonus payments will be monitored to ensure they are more balanced. It was suggested that this explanation be added in to the reports to provide additional clarity on the fairness of payments.</p> <p>SA referred to the improved recruitment lead time, but noted that there was still a lengthy wait in some cases. He suggested a cost benefit analysis be undertaken in relation to this and identify if there are more options or efficiencies that can be made to improve this further.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Gender Pay Gap Report: The Board received the report and noted the assurance provided.</p> <p>Workforce Report: MP queried the data source in relation to the graph on page 9 - support to nurses vacancy rate - which seemed to show that the trust was in the higher quartile although this is not believed to be the case. KD would review this and circulate an update to the board.</p> <p>The Board received the report and noted the assurance provided.</p>	<p>Chief People and Purpose Officer Bo25007</p> <p>Chief People and Purpose Officer Bo25008</p> <p>Chief Nurse Bo25009</p>
Bo.3.25.13	<p>BTHFT EDI update & WYICB EDI strategy and Place level priorities</p> <p>KH joined the Board to present the update on Equality, Diversity and Inclusion (EDI) for the trust and share the recently developed West Yorkshire Integrated Care Board (WYICB) EDI strategy and place level priorities.</p> <p>KH provided a detailed overview of the work of the EDI team within BTHFT including some recent achievements. These included gaining significant assurance in the NHS People Plan Audit and seeing year on year improvements in our staff survey results relating to staff experience, and harassment and bullying. Next steps for progressing EDI in BTHFT included the arranging of an EDI conference, the development of an anti-racist strategy, and the review of people policies under the EDI lens.</p> <p>KH also provided an update on the development of a West Yorkshire ICB Equity and Fairness Strategy, which he had helped to shape. KH set out the objectives within the strategy and detailed how these align with current place level and organisational strategies. In turn, these aligned with the BTHFT EDI strategy.</p> <p>There was a discussion covering challenges in aligning with the West Yorkshire strategy, reflecting accountability within the strategy and how to ensure neurodiversity was fully considered. KH reminded colleagues of the enable staff network which represents those that are neurodiverse and seeks to identify ways to improve both staff and user experience.</p>	

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	The Board received the report and approved the priorities.	
Bo.3.25.14	Equality & Diversity Council quarterly reporting update MP noted the report which was taken as read. The Board noted the update.	
Bo.3.25.15	Apprenticeships Update FA joined the meeting to present the paper which sought to provide the Board with an update on the apprenticeship function within the Trust. FA shared the following key highlights: <ul style="list-style-type: none"> - The significant utilisation of the apprenticeship levy, with 95% of the available funding being utilised over the past two years. - The apprenticeship team has seen external recognition, receiving awards for its contributions to social mobility and business excellence, underscoring the success of its apprenticeship initiatives. - The the apprenticeship and widening participation team will move to the HR and People Function in April 2025. This transition is designed to improve alignment with workforce needs, streamline operations, and maximise apprenticeship opportunities. RS put on record his thanks to FA for her support thus far with the apprenticeship function. ZA asked for the retention rate for those who have completed apprenticeships. FA agreed to provide an update. The Board received the report and noted the assurance provided.	Chief People and Purpose Officer Bo25010
Section 5: Finance and Performance		
Bo.3.25.16	Report from the Chair of the Finance and Performance Committee: February & March 2025 JL provided an overview of the report from the Finance & Performance Committee meetings held in February and March 2025. She alerted the Board that Trust has received £9m of additional non-recurrent revenue funding in month 11 from NHSE and the West Yorkshire ICB. As a condition of accepting these funds the trust must formally improve its income and expenditure plan by £4.3m moving from a planned £14m deficit to a planned £9.7m deficit. In addition, the ICB has requested BTHFT over-achieves by a further £4.7m by year-end to assist with delivering the system aggregate position. These changes mean BTHFT must deliver a deficit of £5m, an improvement of £9m which is commensurate with the additional funding received. JL also highlighted the challenge in being asked to reduce workforce and costs whilst maintaining and improving on performance figures. There would be a need to understand this to support decision making around the final planning submission.	

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	<p>In relation to capital, BR highlighted that the capital plan has seen further slippage in spending, with £27.1m being spent year-to-date against a planned spend of £39.5m, the slippage is in the main due to unforeseen delays with the new Endoscopy Unit. To deliver the plan the trust needs to invest £19.2m during month 12; mitigating actions are in place to deliver the plan but there is a risk of slippage.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Integrated Dashboard: The Board received the report and noted the assurance provided.</p> <p>Finance Report: The Board received the report and noted the assurance provided.</p> <p>Performance Report: The Board received the report and noted the assurance provided.</p>	
Bo.3.25.17	<p>Operational Plan Submission SA and BR presented the 2025/26 full planning return for approval.</p> <p>BR advised that the revised opening position for 2025/25 will be a £50.1m deficit, with planned savings and stretch targets forecast to achieve £17.1m deficit plan. The presentation included a detailed capital plan for 2026/26 of £42.3m which included several successful bid submissions for additional capital investment.</p> <p>SA provided an update on the operational plan, including several productivity opportunities. The paper also detailed the performance improvements set out in the planning guidance with the trust submitting a plan that is compliant against all these performance metrics.</p> <p>Regarding workforce planning assumptions, BR highlighted a clear ask and need for a reduction in bank and agency spends. The corporate service reduction is not currently factored in fully to the plan, but an initial review, which shows an increase in headcount, suggests a growth of 220 posts since April 2022. BR confirmed that for the moment, the Trust is planning to remain neutral on growth until further clarity on the reduction request is available.</p> <p>KW recognised opportunities in managing the exit of those who have performance management issues, or long term sickness absence, which is equally as important as managing workforce growth. The Board noted that they have not reviewed HR caseload in several months and so would welcome an update on this at a future meeting.</p> <p>SJ identified a key risk around the management of growth of demand, and queried if there was a capacity plan to identify measures to take, in the event of demand exceeding capacity. BR confirmed discussions are ongoing which focus on managing the growth and funding of this, and he and SA would review this further.</p>	<p>Chief People and Purpose Officer Bo25011</p>

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	<p>SA confirmed that the WYAAT Chief Operating Officers have collectively prepared a paper demonstrating the increase in non-elective demand and there is a need for the system to manage this rather than individual trusts in silo. A delivery board will be set up to consider required actions to help to control demand.</p> <p>The Board reviewed and approved the detailed assurance statement, subject to a change to the statement relating to an equality and quality impact assessment (EQIA) informing the development of the organisation's plan; it was agreed to change this to 'not required' with an explanation that the Trust is submitting a compliant plan. However, the Board acknowledged the importance of undertaking an EQIA over the next few months to ensure quality is appropriately considered alongside a financial and performance lens.</p>	
Bo.3.25.18	<p>Financial Plan This was covered under item Bo.3.25.17.</p>	
Bo.3.25.19	<p>Capital Programme This was covered under item Bo.3.25.17.</p>	
Section 6: Strategy		
Bo.3.25.20	<p>Strategy – emerging issues There were no emerging issues to note.</p>	
Bo.3.25.21	<p>Trust Strategic Framework MHi introduced the paper which sets out the proposed strategic framework for the remaining two years of the 2022-2027 corporate strategy. He highlighted the proposal for monitoring of the framework by way of a 'progress dial visual' and this was welcomed by the board.</p> <p>The Board approved the strategic framework.</p>	
Bo.3.25.22	<p>Partnerships – strategic view MHi gave a brief overview of the report which was noted by the board.</p>	
Bo.3.25.23	<p>Health Inequalities MHi introduced the report which was taken as read and noted by the board.</p> <p>SJ suggested that an upcoming patient story be centred around equity. KD would look at patient stories to ensure they cover a range of protected characteristics and conditions.</p>	Chief Nurse Bo25012
Section 7: Audit & Assurance		
Bo.3.25.24	<p>Report from the Chair of the Audit Committee – 25 February 2025 BM introduced the report which was taken as read and noted by the board.</p>	

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Bo.3.25.25	Report from the Chair of the Charitable Funds Committee – 4 February 2025 AS introduced the report which was taken as read and noted by the board.	
Bo.3.25.26	Bradford Hospitals Charity 12 Month Review LR joined the meeting to present the Bradford Hospitals Charity 12 month review paper. The report detailed progress made in the last 12 months, upcoming projects and, next steps including the development of the neonatal 'Home from Home' appeal and progress against the 'Charity Case for Independence' which is hoped to be achieved by April 2026. The Board noted the update and thanked LR for her work in leading the charity.	
Bo.3.25.27	Charitable Funds Committee Terms of Reference The amended terms of reference for the Charitable Funds Committee were noted and approved by the board.	
Section 8: Governance		
Bo.3.25.28	High Level Risk Register LP introduced the paper which was taken as read. She highlighted that future reports would include a focus on static risks which are often overlooked. This was welcomed by the board. The Board received the report and noted the assurance provided.	
Section 9: Board Meeting Outcomes		
Bo.3.25.29	Any Other Business There was no other business.	
Bo.3.25.30	Issues to Refer to Board Committees/Academies or Elsewhere There were no issues to refer elsewhere.	
Bo.3.25.31	Review of Meeting There were no comments to note.	
Bo.3.25.32	Date and Time of Next Meeting 29 May 2025 – 9:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 26 March 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo25005	Bo.1.25.17	Board Assurance Framework (BAF), risk appetite review and high-level risks: It was agreed that a separate session would be set up to provide the Board with the opportunity to discuss measures around cyber security in more detail.	Associate Director of Corporate Governance	May 2025	Date to be arranged.
Bo25006	Bo.3.25.11	Research Activity in the Trust: RB to look at further opportunities to communicate the good news stories and outcomes research.	Chief People and Purpose Officer	May 2025	The comms team have established dedicated contact points within BiB, BIHR, and PRC to enhance oversight of research stories. Respective research teams generate the content, and the comms team issues press releases to amplify their news and manage media enquiries on their behalf. Two research press release have been recently issued. <u>Action closed.</u>
Bo25007	Bo.3.25.12	Report from the Chair of the People Academy: February & March 2025: The clarification around the seemingly high proportion of bonus payments to the male workforce to be added to future iterations of the gender pay gap report.	Chief People and Purpose Officer	May 2025	Clarification to be included in future reports. <u>Action closed.</u>
Bo25008	Bo.3.25.12	Report from the Chair of the People Academy: February & March 2025: A cost benefit analysis be undertaken in relation to recruitment to identify if there are more options or efficiencies that can be made to improve this further.	Chief People and Purpose Officer	May 2025	Ongoing monitoring and evaluation has identified further improvements that can be made by speeding up shortlisting timescales and interview scheduling. Work is ongoing to improve these. <u>Action closed.</u>
Bo25009	Bo.3.25.12	Report from the Chair of the People Academy: February & March 2025: KD to review the data source for the graphs within the workforce report, particularly	Chief Nurse	May 2025	The vacancy rate for registered nurses is in Quartile 2 (positive). The graph in question is all 'nurse' vacancies and includes Healthcare Assistants (HCA). Our staff bank has many HCAs who work regularly and are part of our

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		the graph relating to 'support to nurses vacancy rate' which appeared to be incorrect and provide an update to the Board via email.			flexible workforce and choose bank versus substantive. This exacerbates our HCA vacancy rate. <u>Action closed.</u>
Bo250010	Bo.3.25.15	Apprenticeships Update: Faye Alexander, Head of Recruitment, and the CPPO to provide the Board with data around the retention rate of those who have undertaken an apprenticeship at the Trust.	Head of Education / Chief People and Purpose Officer	May 2025	There are planned improvements which will allow us to track the journey of apprentices and have oversight of apprentice retention rates which isn't possible through the current records processes. <u>Action closed.</u>
Bo250011	Bo.3.25.17	Operational Plan Submission: An update on HR Case load to be brought back to the next Board meeting.	Chief People and Purpose Officer	May 2025	Presented to the closed Board meeting in April. <u>Action closed.</u>
Bo250012	Bo.3.25.23	Health Inequalities: KD would look at patient stories to ensure they cover a range of protected characteristics and conditions.	Chief Nurse	May 2025	A planner is in place to map all patient stories to ensure that they cover a range of protected characteristics and conditions. <u>Action closed.</u>