

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Wednesday, 29 May 2025	Time:	09:30 – 12:30
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) - 		
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) - Dr John Bolton, Deputy Chief Medical Officer (JB) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - Matthew Howson, Head of Productivity and PMO (MaH) <i>for item Bo.5.25.7 only</i> - Charlene Brown, Plaster Technician (CB) <i>for item Bo.5.25.7 only</i> - Dr Dan Sapier, Junior Doctor (DS) <i>for item Bo.5.25.7 only</i> - Yaseen Muhammad, Director of Infection Control (YM) <i>for item Bo.5.25.8b only</i> - Sara Hollins, Director of Midwifery (SH) <i>for item Bo.5.25.9 only</i> - Cat Shutt, Assistant Director of HR (CS) <i>for item Bo.5.25.11 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - John Waterhouse, Governor 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.5.25.1	Apologies for Absence <ul style="list-style-type: none"> - Mohammed Hussain (authorised absence), Non-Executive Director - Ray Smith, Chief Medical Officer 	
Bo.5.25.2	Declarations of Interest	

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	JL declared an interest in relation to item Bo.5.25.23, Quality Committee Chair appointment.	
Bo.4.25.3	Minutes of the Meeting held on 26 March 2025 The minutes of the meeting held on 26 March 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>Bo25006 Research Activity in the Trust</u>: The communications team have established dedicated contact point to enhance oversight of research stories. <u>Action completed.</u> - <u>Bo25007 Report from the Chair of the People Academy: February & March 2025</u>: Clarification on the seemingly high proportion of bonus payments to male workforce will be added in future reports. <u>Action completed.</u> - <u>Bo25008 Report from the Chair of the People Academy: February & March 2025</u>: Ongoing monitoring has identified further improvements to recruitment by speeding up shortlisting timescales and interview scheduling. <u>Action completed.</u> - <u>Bo25009 Report from the Chair of the People Academy: February & March 2025</u>: The graph relating to 'support to nurses vacancy rate' includes Health Care Assistants (HCAs), many of our HCAs are on bank which exacerbates vacancy rate and therefore is reflected on the graph. <u>Action completed.</u> - <u>Bo250010 Apprenticeships Update</u>: There are planned improvements which will allow us to track the journey of apprentices and have oversight of apprentice retention rates. <u>Action completed.</u> - <u>Bo250011 Operational Plan Submission</u>: An update on HR case load was presented to the private Board meeting in April. <u>Action completed.</u> - <u>Bo250012 Health Inequalities</u>: A planner is in place to map all patient stories to ensure that they cover a range of protected characteristics and conditions. <u>Action completed.</u> 	
Section 2: Business Reports		
Bo.5.25.5	Report from the Chair SJ introduced the Chair report which was taken as read. She referred to a recent meeting hosted by the new Regional Director for North East and Yorkshire for all Chief Executive Officers and Chairs across the region, which was informative and well attended. The Board noted the update.	
Bo.5.25.6	Report from the Chief Executive	

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	<p>MP introduced the report from the Chief Executive and highlighted the following:</p> <ul style="list-style-type: none"> - NHS England is seeking views on the proposed approach and methodology set out in the updated NHS Performance Assessment Framework (NPAF). The consultation commenced on 12 May and will close of 30 May 2025 when all responses will be carefully reviewed and considered. A summary of feedback and the final version of the NHS Performance Framework will be published later in 2025. - With regards to the St Lukes Hospital Day Case Unit, MP has written to the Chief Executive of the contractor, expressing her disappointment at the delays in opening the unit and her concern around the resultant consequences for both patients and the organisation. MP has asked for an urgent meeting with the contractor's senior team to try and ensure handover of the unit by July 2025 in readiness for patients. - JB will become substantive Chief Medical Officer from 1 June 2025, subject to all recruitment checks. Vikki Lewis will commence in post on 9 June 2025 as the new Chief Digital and Information Officer. - The Thrive conference was very successful and MP put on record her thanks to Cat Shutt, Head of Organisational Development and the team for their work in making the event a success. <p>SA made reference to the NPAF and the move to reducing the metrics. SA recognised that whilst the metrics have been reduced, the Trust would continue to review additional metrics to ensure that all areas of the patient pathway are measured. The Trust continues to rank strongly (in the top decile) for the emergency care standard but there are other areas, such as length of time spent in A&E, that need improvement and these will be targeted.</p> <p>JL referred to her recent experience in attending A&E as a family member of a paediatric patient, and the lack of communication around what is happening with regards to the patient, and a lack of volunteers to provide drinks for those who are waiting, particularly those with young children who are unable to leave the department. KD advised that there were volunteers providing this function within A&E but perhaps not within the specific paediatric waiting area. She would pick this up with the volunteer team to develop a specific job description for volunteers to support paediatric A&E and go out to recruitment for these posts.</p> <p>LB commented that often, the set metrics are not the most accurate ways to measure performance. SA agreed with this and there would be continuous review on additional metrics including an expansion to patient experience, which could form part of the work we undertake in updating the integrated performance report.</p> <p>The Board noted the update.</p>	<p>Chief Nurse Bc250013</p>
Section 3: Patient Care		

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Bo.5.25.7	<p>Getting to Know the CSUs – Innovation</p> <p>MHi introduced MaH, CB and DS who had joined the Board meeting to provide an update on some of the innovative areas of work across the Trust, both internally and externally, and the developing networks across WYAAT and beyond to support this.</p> <p>DS provided an update on the development of Virtual Reality training that will support (in the first instance) junior doctor medical training. The aim is to develop virtual training environments that look and feel like the actual physical places in the Trust, and then for scenarios to play out in these virtual spaces. The concept is being developed with Torbay and South Devon Foundation Trust, with the ultimate aim being to expand training capacity internally and possibly to deliver a marketable product for others in the NHS to use.</p> <p>CB also shared further details of an internal innovation, which is the affixing of a QR code to a patient's plaster cast to allow them to access a dedicated website providing care information for their specific cast type. Website analysis reveals an average of 2,700 hits per quarter and a reduction of 85% in telephone calls from patients to the service. This has also reduced the time to be seen by the plaster team from a three day wait to the same day.</p> <p>LB recognised the importance of ensuring the information is accessible to all parts of the community. CB confirmed that the information is available in several languages and can be read out loud for deaf patients. Physical leaflets were available for those who do not have smart phone access.</p> <p>DM asked if this could be rolled out further to other departments in a similar way, and CB advised she has shared the information with colleagues across departments but there has been limited interest in expanding thus far.</p> <p>MP recognised that this should be captured within virtual services to ensure there is clarity on the amount of virtual work that is being undertaken, and to allow further opportunity to expand and scale up.</p> <p>There was recognition that further work is needed to broaden opportunities for colleagues to share any further ideas / areas of innovation. MaH confirmed this would be a focus going forwards to increase engagement across the Trust.</p> <p>The Board thanked colleagues for the update.</p>	
Bo.3.25.8	<p>Report from the Chair of the Quality Committee: April & May 2025</p> <p>KW and JL provided an overview of the report from the Quality Committee meetings held in April and May 2025. The Board was alerted to a reduction in the number of pressure ulcers and falls resulting in harm. The Committee had requested an in depth review of both areas given the concerning data over the Winter, both of which were</p>	

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	<p>presented at the April Quality Committee. The committee was assured by the learning and improvement taking place to improve outcomes for patients and would continue to monitor the progress made against the dashboard data.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Infection Prevention & Control Q4 Report</p> <p>YM joined the meeting to present the infection prevention and control annual report. YM highlighted that the Trust was compliant on 53 out of 54 sub-section areas of the IPC Board Assurance Framework, with the one are of non-compliance relating to ventilation. YM also provided an update on the summary of MRSA infections / colonisations including actions taken so far and next steps including continuing weekly screening of babies.</p> <p>MP recognised that BTHFT is performing comparatively well, with the exception of MSSA related infections. YM advised that the Trust is very stringent on reporting all cases which may have resulted in a higher number of cases being reported than other organisations.</p> <p>SH advised the Board that the UKHSA was extremely complimentary of how the Trust had dealt with the MRSA outbreak within the maternity and neonatal department, with notable examples of good practice.</p> <p>The Board was assured by the update.</p>	
Bo.5.25.9	<p>Maternity and neonatal (Perinatal) Board assurance – March and April 2025</p> <p>SH introduced 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. SH highlighted the following to Board:</p> <ul style="list-style-type: none"> - There was 1 completed MNSI report in March, and none in February. Learning and recommendations from the investigations was also shared with the Committee. - The Committee received and approved the PMRT quarterly review including learning, required to demonstrate compliance with Safety Action 1 of the Maternity Incentive Scheme. The service has either met or is on target to meet the required standard within the timeframe. An additional standard is expected in Year 7, that 50% of cases discussed at PMRT meetings should have an external peer member present. The service has a reciprocal arrangement with Leeds Teaching Hospitals, and this is expected to be an entirely achievable standard. - The Committee received and approved a copy of the quarterly Saving Babies' Lives LMNS peer review, required to demonstrate compliance with Safety Action 6 of the Maternity Incentive Scheme. The LMNS peer review considers that the MIS standard has been 	

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	<p>met and that overall compliance in quarter 3 is 94%, with robust improvement actions in place.</p> <ul style="list-style-type: none"> - There had been a formal escalation to the LMNS and ICB, that due to insufficient funded capacity, the MNVP Leads are unable to meet the national requirement of being a quorate member of perinatal quality and safety meetings. This is not a reflection of the hard work and commitment of the MNVP Leads, who continue to prioritise engagement with service users whilst a resolution is found. <p>The Board noted and was assured by the update.</p>	
Section 4: People		
Bo.5.25.10	<p>Report from the Chair of the People Academy: April & May 2025</p> <p>KW provided an overview of the report from the People Academy meetings held in April and May 2025. The Board was alerted to the concerns of the Academy around the high sickness absence rate with interventions not having the expected impact. There was a challenge on whether the demographic breakdown indicated particular areas of concern that could be supported to improve, and the HR team would provide an update on this at the July Academy meeting.</p> <p>The Board was assured by the update.</p> <p>Workforce Report: The Board noted the update.</p> <p>Freedom to Speak Up: KD advised that the first level of Freedom to Speak Up training ('Speak Up' module) has now been mandated for all staff. In addition, there is a requirement to do a Board assessment every two years, the last of which was in Summer 2023. KD was in discussion with LP to identify a date for the revised assessment. With regards to demographic data of those raising concerns, the team had tried to undertake this piece of work but it didn't demonstrate much intelligence due to the small number of data. The team had instead reviewed the demographics in relation to FTSU questions on the staff survey to help identify areas of improvement.</p> <p>KW updated that she will be attending the National Guardians meeting as the Bradford representative. The Board noted the update.</p> <p>Guardian of Safe Working Hours Annual Report: SJ queried if the Trust should be pushing for additional junior doctors given that we are under-doctored. However, JB advised that the reasons for this were multifactorial such as a part time junior doctor taking up a full time slot or simply not having sufficient junior doctors at the deanery to increase our allocation. It was agreed it would be helpful to review the gaps and where the fillers are being deployed as part of the next iteration of the report. The Board noted the update.</p> <p>Healthcare Worker Flu Vaccination Best Practice Assurance: RB advised that Board that this paper had originally been presented to the People Academy in September 2024 but had not been submitted</p>	<p>Chief Medical Officer Bo250014</p>

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	<p>onwards to the Board, and therefore was included here for governance purposes. An updated paper on plans to deliver the flu and covid vaccination programme for 2025/26 would be presented in September 2025. The Board noted the update.</p>	
Bo.5.25.11	<p>Staff Survey results and action plan</p> <p>CS joined the meeting to provide the Board with an update on the results from the staff survey and the associated action plan. Key headlines included:</p> <ul style="list-style-type: none"> - There have been positive developments in areas associated with staffing levels, burnout and harassment and abuse. - There are ongoing concerns relating to staff wellbeing, team dynamics, and the increase in the proportion of staff experiencing discrimination from the public. - The BTHFT response rate was 50% which was higher than the national average of 49% for acute and community Trusts. - With regards to the People Promise overall elements and themes, the Trust has scored above the national average on eight of the themes, with one (we work flexibly) just 0.1 under the national average. However, comparing results from 2023 to 2024, one area has increased positively (we are safe and healthy), two remain the same (we are a team, and morale) and six have slightly decreased since 2023. - Further work has been undertaken to better understand staff experiences of discrimination, and this has found that regarding discrimination due to ethnic background, gender and age, the Trust is not a significant outlier to other organisations. For discrimination based on sexual orientation and disability, the Trust is significantly better than many comparator organisations. The data shows that we are an outlier in people experiencing discrimination based on their religion. BDCT are also the worst scoring organisation in their comparator group (MH, LD and Community), suggesting this is an issue across the City. - A series of confidential focus groups and conversations have been held with colleagues to better understand their experience relating to religious discrimination and to ensure appropriate interventions and initiatives are put in place. - There are some clear areas for focus including career progression, discrimination, access to flexible working and reasonable adjustments. A separate sub-committee has been set up with regards to violence prevention and reduction, with a specific action plan underway to address this. - An organisational action plan has been co-created with key stakeholders on the premise that we will take actions against all elements of the People Promise but focus significantly on the theme 'we are always learning' which is our lowest scoring area and the theme that has reduced the most since 2023. - Services and CSUs have identified three key priorities for their areas based on their local results. These will be monitored by Executive Directors. 	

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	<p>With regards to the discrimination element, LB referred to the increasing number of medical students who are Muslim women. CS advised that there is no conclusive evidence either way as to whether this specific cohort is receiving religious discrimination but there are themes that suggest this could be the case. LB advised that the University has set up a group to help support students experiencing discrimination and queried if there are means for the Trust to support in a similar way. RB advised there are a number of support measures in place but was happy to discuss this further with LB.</p> <p>It was recognised that there had been a positive change in continuing conversations around the staff survey following results and fully embracing the results and seeking to improve. This also encourages staff to complete future surveys as they can see the benefit to and impact of doing so. RB advised that an engagement forum commences in June which includes representatives from all areas of the organisation to ensure the team is held to account on the action plan.</p> <p>The update would also be shared with the Council of Governors.</p> <p>The Board was assured by the update.</p>	
Bo.5.25.12	<p>Equality & Diversity Council quarterly reporting update</p> <p>MP gave a brief overview of the quarterly report and advised the Board that all the networks have an executive sponsor with a reporting network set up, and a Chair of Networks meeting supported by Kez Hayat.</p> <p>The Board noted the update.</p>	
Bo.5.25.13	<p>Education annual report</p> <p>JB introduced the report which provides an annual update for work that has taken place in relation to Training and Education throughout 2024/25, assessing progress against key objectives and priorities. He highlighted the publication of the new five year education strategy and the maintaining of the >95% compliance with mandatory and statutory training (MaST). JB also recognised that the education service had achieved their closing the gap target of £304k and generated over £100k revenue through course delivery in-department.</p> <p>The Board was assured by the update.</p>	
Section 5: Finance and Performance		
Bo.5.25.14	<p>Report from the Chair of the Finance and Performance Committee: April & May 2025</p> <p>JL provided an overview of the report from the Finance & Performance Committee meetings held in April and May 2025. She alerted the Board that the operational plan has been submitted to NHS England, which plans a financial deficit in 2025/26 of £17m and requires delivery of a</p>	

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	<p>£30m closing the gap programme to deliver this deficit. At its May meeting, the Committee noted that the income and expenditure position is better than plan by £0.5m in month, but there is a gap on the 'closing the gap' programme at this stage. The Trust is forecasting it will deliver the £17m deficit but work is ongoing with CSUs (Clinical Service Units) to understand the risks within this. The 'closing the gap' programme is behind plan at month 1 and schemes haven't been identified for the full £25m target yet by the CSUs. It is expected that cash support will be needed later in the year.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Integrated Dashboard: BM referred to the integrated dashboard continually being referred to as a 'work in progress' and asked if there is a timeframe for finalising the dashboard. SA confirmed the executive lead for this was the CDIO and following receipt of the outcomes of the NHS England consultation on the NPAF, this should be discussed at the Board Development session in June to finalise the dashboard in line with the framework. 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> <p>Violence Prevention and Reduction Standard: The Board received the report and noted the assurance provided.</p> <p>Annual Fire Safety Report: SJ referred to the previous year's report which included instances of patient harm due to fires. She recognised the significant improvement this year in both the reduction of fires and that no patient harm has been identified as a result. The Board received the report and noted the assurance provided.</p>	<p>Associate Director of Corporate Governance Bo250015</p>
Section 6: Strategy		
Bo.5.25.15	<p>Strategy – emerging issues</p> <p>MHi referred to the publication of the "ICB Blueprint V1.0" which sets out some of the role of ICBs in future and also sets out which functions currently undertaken by ICSs will need to move to other parts of the NHS system. The transfer of some of these responsibilities may require legislation and will therefore result in a delay to the initial timeframe. MHi recognised the impact this was having on ICB colleagues at place and NHS E colleagues regionally who were uncertain on their future roles.</p> <p>MP referred to the change in national lead for the ten year plan, which has resultant in a slippage on the timescale. There would be a need to reconsider the Trust's ambitions in respect of this to ensure alignment.</p>	

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Bo.5.25.16	<p>Trust Strategic Framework</p> <p>MHi introduced the paper which was largely taken as read. He highlighted the engagement work that has taken place to ensure all colleagues are involved in the development of the framework to encourage all colleagues to take ownership for this. The next report to Board in July will present the baseline data for the proposed Strategic Objective Metrics and linked Breakthrough Metrics designed to assure the Board of progress.</p> <p>The Board noted the update.</p>	
Bo.5.25.17	<p>Strategic Partnering Agreement Refresh 2024/25</p> <p>MHi presented the paper which detailed the changes to the Strategic Partnering Agreement (SPA) resulting from the HCA 2022, NHS West Yorkshire ICB operating model, and the Bradford District and Craven Health and Care Partnership governance effectiveness and efficiency task and finish group. MHi notified the Board of the intention to refresh the Governance Handbook following approval of the SPA, review of Terms of Reference Partnership Board and its sub-committees and refresh the act-as-one website.</p> <p>MP recognised that the SPA does not reflect more recent changes, and suggested that the Trust approves the SPA with the caveat that a revised document is developed which reflects the changes to ICB and Place arrangements.</p> <p>The Board noted the changes, approved the SPA on behalf of the Trust and delegated authority to the Chief Executive to agree any inconsequential amendments and to sign the SPA on behalf of the Trust. This was with the caveat that a revised document be made available at the Board meeting in October 2025 reflecting the changes to ICB and Place arrangements.</p>	<p>Director of Strategy and Transformation Bo250016</p>
Section 7: Audit & Assurance		
Bo.5.25.18	<p>Report from the Chair of the Audit Committee – 14 May 2025</p> <p>BM introduced the report which was taken as read and noted by the board. There were no issues to alert to the Board, however BM raised the continuous concerns around the tracking of Internal Audit recommendations. Whilst a new process has been introduced, Executive colleagues are asked to pay specific attention to the timescales they agree with the auditors for recommendations to be implemented (balancing avoiding foreseeable slippage against unduly long implementation periods). Where timescales have been agreed the Committee expects actions to have been implemented with that timescale or a report to the Committee as to what progress has been made and why the deadline has not been met.</p> <p>MP accepted the concerns of the audit committee regarding tracking of recommendations and advised the Board of the regular discussions in</p>	

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	<p>relation to this at Executive Team Meetings. It was agreed that there should be further consideration of the timescales to ensure they are achievable.</p> <p>The Board was assured by the update.</p>	
Bo.5.25.19	<p>Report from the Chair of the Charitable Funds Committee – 6 May 2025</p> <p>AS introduced the report which was taken as read and noted by the board. There were no issues to alert to the Board, however, AS advised the Board of a concern regarding a historic issue with the staff lottery. This is still being investigated and internal processes are also being reviewed, and the Charitable Funds Committee would keep the Board updated as appropriate.</p> <p>With regards to the move to independence, MHi advised that the April 2026 timeline was looking challenging but the intention is to continue progress with that date in mind.</p>	
Section 8: Governance		
Bo.5.25.20	<p>Board Assurance Framework, risk appetite review and high-level risks</p> <p>LP presented the paper which provided a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives. She highlighted that further to the Q4 review with the lead directors, there is one change in risk score to risk 3 (informatics) which has decreased from 15 to 12 due to a reduction in likelihood.</p> <p>A full review has been undertaken with the lead directors and there are no proposed changes to the risks for 2025/26. The draft risk appetite statement for 2025/26 was also presented and LP noted that the proposed appetite levels are the same as those agreed in 2024/25. The Committees have reviewed the draft statement in relation to the objectives related to their remit, and no changes have been proposed.</p> <p>LP made reference to the annual review of the BAF by internal audit which resulted in a rating of 'significant assurance'. There was a number of recommendations as detailed in the paper, one of which was to introduce the deep dive of risks at Committee / Academy meetings. The Board agreed with this recommendation.</p> <p>LP also presented the overview of the high level risk register, which included three new risks, one closed risk, and three changes in score. There were also three risks past their review dates and risk owners have been contacted and asked to review these as soon as possible.</p> <p>KD referred to an risk management session held earlier in the week which was open to all staff, including a section led by Internal Audit to help identify and clarify what a risk is and how it should be recorded. She suggested it would be helpful for the Board to receive this</p>	

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	<p>information too, and would share the details of the Internal Audit colleague with Sarah Jones to make contact and arrange this.</p> <p>The Board received the report and noted the assurance provided. The Board also confirmed their approval of the risk appetite statement.</p>	<p>Chief Nurse Bo250017</p>
Bo.5.25.21	<p>Cyber Assessment Framework aligned Data Security & Protection Toolkit</p> <p>PR gave an overview of the paper which sought to provide the Board with assurance of the progress to date of the annual CAF aligned Data Security and Protection Toolkit (DSPT) assessment for 2024/2. At this stage, although the assessment is not yet fully complete, we are anticipating Standards Met, with the caveat this is subject to reviews of all the evidence, approval at the Information Governance Group and with consideration of the Internal Audit opinion and recommendations.</p> <p>The review and completion of the objectives/outcomes will continue to ensure any final evidence is in place through to the 30 June. A final forecast report will be brought for 'sign off' by the Quality Committee on behalf of the Board prior to 30 June as has been the case previously.</p> <p>KW asked how the Board can be assured of the Trust's ability to protect itself from a cyber attack. PR recognised this as an area of challenge for all NHS organisations, but there are penetration exercises, phishing exercises to ensure colleagues respond appropriately to cyber concerns. However, the issue is with external suppliers and the need to be assured that they have robust processes that in turn protect the arrangements with the Trust. AS confirmed that cyber security is equally paramount for suppliers.</p> <p>The Board received the report and noted the assurance provided. The Board approved sign off delegation to the Quality Committee on behalf of the Trust.</p>	
Bo.5.25.22	<p>Annual Governance Reports</p> <p>Self Certification of Provider Licence compliance: LP noted that the Trust is reporting compliance with all conditions of the licence, other than those for which NHS England has reported a suspected breach (as detailed within the paper). The Trust is also required to submit a certificate as to the availability of the required resources for the next 12 months, and the proposed statement for the Trust was included for Board approval, following which it would be signed by the Chair and Chief Executive Officer and published on the Trust's website. This was noted and approved by the Board.</p> <p>Compliance with NHS Code of Governance: LP noted that there are three areas of either partial or non-compliance with the NHS code of Governance, as detailed within the paper. ETM, and subsequently the Audit Committee, reviewed the narrative to be included for the 2024/25 position for these extracts and confirmed their agreement with the</p>	

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	<p>proposed status of 'partially compliant' / 'not compliant'. The Board noted and approved their approval of the compliance statement.</p> <p>Non-Executive Director Independence Test: The Board confirmed their approval of the proposed statement regarding the NED independence test and the two submitted declarations by JL and LB. The Board approved this statement, which noted that it has assured itself that there are no relationships or circumstances which have affected or appear to have affected, the directors' judgement.</p>	
Bo.5.25.23	<p>Quality Committee Chair Appointment</p> <p>SJ gave a brief overview of the paper which sought Board approval of the appointment of JL as Chair of the Quality Committee from 1 June 2025, following the resignation of LB.</p> <p>The Board approved the appointment of JL to the Chair of Quality Committee.</p>	
Bo.5.25.24	<p>Academy/Committee annual reports, terms of reference and work plans</p> <p>LP presented the paper which provided a summary of the work of Academies and Committees during 2024/25 by way of their annual reports and included the terms of reference and workplans for Academies and Committees.</p> <p>The Board confirmed that they are assured by the annual reports presented and that the committees have fulfilled their terms of reference. The Board approved the proposed changes to the terms of reference for the People Academy, Finance and Performance Committee and Audit Committee. The Board approved the work plans for all Committees and Academies.</p>	
Section 9: Board Meeting Outcomes		
Bo.5.25.25	<p>Any Other Business</p> <p>Departing Board Members</p> <p>SJ thanked LB, RS, and PR for their service to the Trust and for their valuable contributions to the Board. They would be greatly missed by their colleagues.</p>	
Bo.5.25.26	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no issues to refer elsewhere.</p>	
Bo.5.25.27	<p>Review of Meeting</p> <p>There were no comments to note.</p>	

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Bo.5.25.28	Date and Time of Next Meeting 31 July 2025 – 9:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 29 May 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo250015	Bo.5.25.14	Report from the Chair of the Finance and Performance Committee: April & May 2025 - Integrated Dashboard: Dashboard Metrics to be reviewed at the Board Development Session in June.	Associate Director of Corporate Governance	June 2025	<u>Action completed.</u>
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	July 2025	To be considered at the Board Development session in October 2025. <u>Action completed.</u>
Bo250013	Bo.5.25.6	Report from the Chief Executive: A specific job description be developed for volunteers to support paediatric A&E.	Chief Nurse	July 2025	KD confirmed that the volunteering team are working with the paediatric department to understand what is possible. <u>Action completed.</u>
Bo250017	Bo.5.25.20	Board Assurance Framework, risk appetite review and high-level risks: Details of Internal Audit colleague who provided a risk management session to staff to be provided with the Chair in order that something similar be set up for the Board.	Chief Nurse	July 2025	KD has provided the details back to the Board Secretary. <u>Action completed.</u>
Bo250014	Bo.5.25.10	Report from the Chair of the People Academy: April & May 2025 – Guardian of Safe Working Hours Annual Report: Information on the Junior Doctoring gaps and where the fillers are being deployed to be included as part of the next iteration of the report.	Chief Medical Officer	September 2025	
Bo250016	Bo.5.25.17	Strategic Partnering Agreement Refresh 2024/25: A revised document reflecting the updated changes to be brought back to Board in October 2025.	Director of Strategy and Transformation	October 2025	

