

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday, 31 July 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) - Altaf Sadique (AS) - Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) from 11am onwards - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Dr John Bolton, Chief Medical Officer (JB) - Professor Karen Dawber, Chief Nurse (KD) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) - Ben Roberts, Chief Finance Officer (BR) 		
In Attendance:	<ul style="list-style-type: none"> - David Moss, Director of Estates and Facilities (DM) - Renee Bullock, Chief People and Purpose Officer (RB) - Adam Griffin, Deputy Chief Digital and Information Officer (AG) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - George Reynolds, Patient and Public Engagement Officer (GR) <i>for item Bo.7.25.7 only</i> - Tabassum Parvez, Senior Charge Nurse (TB) <i>for item Bo.7.25.7 only</i> - Razwana Bashir, Matron – Renal (RaB) <i>for item Bo.7.25.7 only</i> - Sara Hollins, Director of Midwifery (SH) <i>for item Bo.7.25.10 only</i> - Robert Dadzie, Head of Sustainability (RD) <i>for item Bo.7.25.14 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - Andrew Hughes, ANHH Consulting - Jayne Phillips, ANHH Consulting - Mark Silver, Internal Communications Officer - Ashley Isherwood, Principal Superintendent Radiographer, BTHFT 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.7.25.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> - Zafir Ali, Non-Executive Director - Mohammed Hussain, Non-Executive Director (authorised absence) - Vikki Lewis, Chief Digital and Information Officer 	
Bo.7.25.2	<p>Declarations of Interest</p> <p>There were no declarations of interest in relation to the items on the agenda.</p>	

No.	Agenda Item	Action
Bo.7.25.3	Minutes of the Meeting held on 29 May 2025 The minutes of the meeting held on 29 May 2025 were approved as a true and accurate record.	
Bo.7.25.4	Matters Arising The following actions were reviewed, and the outcomes confirmed. <ul style="list-style-type: none"> - <u>Bo250015 Report from the Chair of the Finance and Performance Committee: April & May 2025 - Integrated Dashboard</u>: The dashboard metrics were reviewed as part of the Board Development session in June. <u>Action completed.</u> - <u>Bo25005 Board Assurance Framework (BAF), risk appetite review and high-level risks</u>: Cyber Security to be considered at the Board Development session in October. <u>Action completed.</u> - <u>Bo250013 Report from the Chief Executive</u>: The volunteering team is working with the paediatric department to understand what is possible regarding additional volunteer support specifically for paediatric A&E patients and visitors. <u>Action completed.</u> - <u>Bo250017 Board Assurance Framework (BAF), risk appetite review and high-level risks</u>: Board Secretary has received the details of a colleague who can support with risk management training for the Board. <u>Action completed.</u> 	
Section 2: Business Reports		
Bo.7.25.5	Report from the Chair SJ introduced her report which was largely taken as read, although she highlighted several Chair appointments and recruitment processes across the system. SJ also advised colleagues that she would be taking up the role of Chair for the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common (CiC) from October 2025, in addition to her current rotation as Chair of the Bradford, District and Craven Collaboration Board. The Board noted the update.	
Bo.7.25.6	Report from the Chief Executive SA introduced the report from the Chief Executive and highlighted the following: <ul style="list-style-type: none"> • The new NHS Oversight Framework (NOF) is due to be launched imminently following a period of consultation. Each provider organisation will be scored against a number of key metrics and allocated a segment ranging from 1 to 4. Those allocated segment 4 will be further assessed, some of which will be re-categorised as segment 5 and provided with more focused and intensive support from the national team. The announcement of allocated segments is expected in the Autumn. • On 9 July, the Trust received notice from the British Medical Association (BMA) that its members would take five days strike action from 25 July until 30 July. The Trust has mobilised planning arrangements to mitigate possible impacts and ensure patient safety is maintained. SA highlighted that both clinical and non-clinical teams responded well to ensure services remained safe throughout. Around 50-60% of resident 	

No.	Agenda Item	Action
	<p>doctors took strike action which is lower than previous strike episodes, but did still result in some cancellations (approximately 14% of outpatient activity and 20% of elective cases). The Trust apologises to these patients for the inconvenience caused and colleagues are working to reschedule these patients as soon as possible. A letter has been received from Sir Jim Mackey and the Secretary of State, to thank teams for their efforts during this period, and will be shared with colleagues across the organisation.</p> <ul style="list-style-type: none"> The ten year health plan was published on 3 July and work on the development of a delivery plan was underway. <p>KW recognised that delivery plans had been impacted as a result of the industrial action and queried how the Trust could now reset to achieve targets. SA reflected that from an urgent care perspective, performance is often improved during strike action due to consultants covering the 'front door' services, however this was not a sustainable workforce model. Work is currently underway to assess the impact of elective cancellations and the priority for teams is to reschedule affected patients as soon as possible.</p> <p>The Board noted the update and thanked colleagues across the Trust for their response to the industrial action.</p>	
Section 3: Patient Care		
Bo.7.25.7	<p>Patient Story</p> <p>TB, RaB, GR 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 the experience of a patient who regularly accesses the renal service at the Trust supported by his wife.</p> <p>The video prompted discussion from the Board on what improvements could be made more widely across the Trust to provide a better experience for patients and their families. This included consideration on wider use of technology, such as encouraging patients to voice record their outpatient appointments to enable them to listen back to the discussion and information provided. TB and RaB updated on some more immediate learning that has been acted upon by the renal service, such as the change in access to blood test appointments to ensure this operates more smoothly, and the improvements to staff training within the department to ensure a more consistent level of service is provided.</p> <p>KW referred to discussions during the June People Academy meeting around the challenges in recruiting workforce into the renal department. She was willing to provide any support that would be welcomed in encouraging and attracting people into the department.</p> <p>JL recognised the need for the Trust to better support those patients who can be cared for more effectively when advocates are present for their care. KD echoed this and advised that the visiting guidance is currently being reviewed with the intention of extending the visiting times further. The Trust also has a carers policy and carers passport to support patients who need further care from family members or carers, but KD recognised that whilst this was well embedded for those patients who have a learning disability or</p>	

No.	Agenda Item	Action
	<p>severe physical disability, they are not as well used for those who appear to be able bodied and have capacity. KD and her team are working to improve this.</p> <p>The Board thanked RaB and TB for the update.</p>	
<p>Bo.7.25.8</p>	<p>Report from the Chair of the Quality Committee: June & July 2025</p> <p>JL provided an overview of the report from the Quality Committee meetings held in June and July 2025. There were no matters to alert to the Board, but the Committee was cognisant of the pace at which national directives are happening, and the need for the Trust to be responsive in delivering and reacting to these changes, and to appropriately capture these in quality strategies.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Adults & Children Safeguarding Annual Reports: Whilst the report was taken as read, KD highlighted the increase in demand and activity. There would be a need to consider the allocated workforce and ensure there is sufficient workforce to meet the demand requirements. The Board received the reports and noted the assurance provided.</p> <p>Improvement Strategy update: The Board received the report and noted the assurance provided.</p> <p>Patient Experience & Engagement Strategy update: The Board received the report and noted the assurance provided.</p> <p>Mental Health, Learning Disabilities and Neurodiversity Strategy update: Whilst the report was taken as read, KD referred to the demonstrated increase in demand and activity. SJ commented on the number of individuals brought to A&E under section 136 of the Mental Health Act, but then discharged without treatment. Whilst recognising that A&E is a designated place of safety, SJ queried whether the practice of bringing these individuals to A&E is the most appropriate. KD recognised that A&E is not the optimal place to provide the relevant care for these individuals and she is working with Bradford District Care Trust to improve on this. She would bring back a further update to the Board in 3 months time.</p> <p>The Board received the report and noted the assurance provided.</p>	<p>Chief Nurse Bo250017</p>
<p>Bo.7.25.9</p>	<p>CQC Action Plan – quarterly update</p> <p>KD presented the paper which provided an update on delivery of the Medical Services and Maternity actions in the Trust's CQC Improvement Plan. She stated that the majority of actions are completed or on track, and a small number of actions remain open or overdue mainly due to operational issues, resourcing or further assurance work required to ensure actions are sustained.</p> <p>The Board received the report and noted the assurance provided.</p>	

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Bo.7.25.10	<p>Maternity and neonatal services update</p> <p>KD referred to a recent national meeting she had attended with the Secretary of State around maternity and neonatal care and highlighted the key points from this including the need to ensure sincere apologies are provided to affected families, and that these families have the opportunity to meet with senior leaders to share their experience. The 10 trusts included in the national maternity review are not yet confirmed. KD informed that a task and finish group (including affected and bereaved families) will be convened, to be chaired by the Secretary of State, and part of the work of this group will be to identify the remaining trusts to be reviewed and to agree on a Chair for the review.</p> <p>SH introduced the paper and highlighted the following:</p> <ul style="list-style-type: none"> • There were two completed Maternity and Newborn Safety Investigations (MNSI) reports in May and two in June, sharing learning and recommendations. She recognised that the number of open investigations does look to be reduced but this is representative of the move to the 'Patient Safety Incident Response Framework' (PSIRF). There would be a need to consider how these are appropriately reported to the Board. • The Quality Committee had received a copy of a report prepared by the North East and Yorkshire Maternity Team, following their review of concerns raised relating to safety and quality of maternity services at BTHFT. The report contained four recommendations which have been acknowledged by the service and actions discussed with the Maternity and Neonatal Voices Partnership (MNVP) lead. • On 24 July, senior members of the maternity and neonatal teams attended the Health and Social Care Oversight and Scrutiny Committee (HOSC) at Bradford City Hall. Ahead of the meeting, the Chair of the HOSC was provided with a comprehensive report, a summary of which has been shared with local Members of Parliament, alongside an invitation to visit the unit and hear more about the improvement journey from staff and service users. KD reminded colleagues that the reasoning for attending the HOSC was to reassure the community following the ongoing media interest since the resignation of the former Chair. <p>SA queried how both the Clinical Service Unit (CSU) leadership team and the Board can better listen to staff voices when they raise concerns and how we ensure that this is a continual process rather than a singular listening exercise. SH stated that there were several processes in place (such as a monthly 'ward to Board') to enable staff to raise concerns.</p> <p>SH also referred to the support of the MNVP lead in encouraging and enabling staff to raise concerns, by spending time in the clinical areas to help staff to feel confident in raising concerns to her for her to feedback to the CSU leaders. SH suggested that any opportunity for Board members to visit the maternity unit (such as during weekends) would be well received by staff. KW offered to undertake some listening exercises with the team should this be of interest.</p> <p>RB was proud of the service that is delivered by SH and her team, and the</p>	

No.	Agenda Item	Action
	<p>open culture that has been fostered within the department. She commended the high level of engagement by service leaders in embracing any opportunity to further improve the culture and experience of both staff and patients within the service.</p> <p>The Board received the report and noted the assurance provided.</p>	
Section 4: People		
Bo.7.25.11	<p>Report from the Chair of the People Academy: June & July 2025</p> <p>KW provided an overview of the report from the People Academy meetings held in June and July 2025. The Board was alerted to the ongoing concerns around sickness absence rates, with the Academy undertaking a deep dive into this. The Academy was assured by the depth of data and analysis and its helpfulness to targeting actions to address and reduce absence moving forward.</p> <p>SA asked if the Academy had considered any further actions or wellbeing offers to help address certain conditions and illnesses that affect multiple staff members. RB advised that the team are looking into prevention measures such as specialised clinics and coaching sessions to meet the bespoke needs of colleagues. However, there is also a need to enable and support managers in having conversations with their team around their wellbeing and demonstrate influencing behaviours. MP recognised the need to ensure attention is given to ensuring that the 'Thrive' offer is available to all staff, including those individuals who may not have access to the intranet. AS echoed the need to engage and empower all our staff members in order to build strong leaders who can create and develop a strong team.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Workforce Report: The Board received the report and noted the assurance provided.</p>	<p>Chief People and Purpose Officer Bo250018</p>
Bo.7.25.12	<p>Nursing & Midwifery Establishment Review</p> <p>KD presented the paper which focused on outcomes of the requests made in January 2025, outpatient and day case areas and the Clinical Nurse Specialist (CNS) workforce. The paper was taken as read and the recommendations were considered.</p> <p>The Board agreed to the extension of the 7.75 WTE Band 5 posts for the Emergency Department and supported the direction of travel regarding the appointment of a Consultant Midwife dedicated to leading efforts to reduce inequalities. The Board also noted that where there is a change in service delivery, the staffing implications will be presented as part of a business case from the Clinical Service Unit with Chief Nurse oversight of the recommendations related to nurse or midwifery staffing.</p>	
Section 5: Finance and Performance		
Bo.7.25.13	Report from the Chair of the Finance and Performance Committee:	

No.	Agenda Item	Action
	<p>June & July 2025</p> <p>JL provided an overview of the report from the Finance & Performance Committee meetings held in June & July 2025. She highlighted to colleagues that in July, finance moved from the 'Alert' section of the report into 'Advise' due to positive indicators of reduced spend, but the position would be monitored closely.</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.7.25.14	<p>Green Plan 2025-2028</p> <p>RD joined the meeting to present the updated Green Plan for 2025-28 which had been produced following a consultative workshop with clinical and non-clinical departments across the Trust and present the associated action plan.</p> <p>KW referred to the ambition to work more collaboratively across place and in with this in mind, queried how the plan aligns with those of partner organisations within the district. RD confirmed that he has liaised with colleagues at both Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust to support joint ambitions. DM reflected that whilst work across the West Yorkshire Association of Acute Trusts (WYAAT) is not as well developed, trusts are still supporting each other with innovation and beginning discussions on how they can work more collaboratively. AS recognised the importance of a system wide approach to sustainability, but also a need to ensure that within the organisation teams are working together to deliver on this. MHi echoed this but suggested that partnerships could be considered more widely than just the health and care sector by engaging with university partners and the Local Authority.</p> <p>KD referred to the action plan which included a planned increase of electric vehicle (EV) chargers on site by 2028, and asked if there was any intention to deliver on this sooner than planned. RD advised that there is an intent to produce a travel survey to capture data around modes of transport to the hospital site which will then help inform a decision on what additional requirements are needed. A bid was submitted for funding of additional EV chargers and this was unfortunately unsuccessful.</p> <p>KD also referred to a potential opportunity to use the grounds of the BRI site to grow fruit and vegetable produce. DM and RD would discuss this further with the Trust gardeners to scope out the possibilities.</p> <p>MP queried the legal and mandatory obligations for the Trust to deliver in terms of the green plan and sustainability, and whether the proposed plan</p>	

No.	Agenda Item	Action
	<p>supports meeting these requirements. DM advised that the Trust has agreed to net zero by 2040 with an interim step of 80% by 2032. He noted that most of the electric supplies within the Trust sites are now net zero and there is now a need to focus on alternative means of heating and eliminating the use of fossil fuels. DM also highlighted that the age of estate is not factored in as part of these requirements which would be a big challenge for the Trust.</p> <p>RB recognised that there were elements of the action plan that could be allocated to an Executive in order for further support to be given. RD and DM would consider this further.</p> <p>With regards to future reporting to the Board, DM would liaise with LP to agree an appropriate frequency and LP would update the work plan to reflect this.</p> <p>The Board approved the BTHFT Green Plan for 2025-2028, including target dates and objectives set out within the action plan.</p>	<p>Board Secretary / Director of Estates & Facilities Bo250019</p>
Bo.7.25.15	<p>Reference Costs</p> <p>BR presented the paper regarding the National Cost Collection (NCC), which sought to assure the Board of the 2024/25 submission which was completed and submitted on 4 July 2025. He noted that benchmarking outputs and updated Reference Cost Index scores are expected to be released by NHS England in Autumn 2025 and a further paper will be presented to F&P and the Board once these have been published.</p> <p>The Board received the report for information.</p>	
Section 6: Strategy		
Bo.7.25.16	<p>Strategy – emerging issues</p> <p>There were no emerging issues to raise.</p>	
Bo.7.25.17	<p>Strategic Framework Update</p> <p>MHi presented the paper which described the updates to the Strategic Framework including:</p> <ul style="list-style-type: none"> • The cover sheet for all Board and Board Committee papers will now highlight how they support the Strategic Framework. • All Clinical Service Units (CSUs) and Corporate Departments have developed strategies for the five Strategic Objectives and the 10 priority initiatives. • Strategic Objective metrics have been developed to enable the Board and Board Committees to monitor progress towards the five strategic objectives during 2025/26. • Governance and reporting systems have been confirmed for the 10 Priority Initiatives for 2025/26. <p>Regarding the performance ‘dials’, the Board welcomed this as a useful visual aid but suggested there could be further consideration to the tolerance</p>	<p>Director of Strategy and Transformation Bo250020</p>

No.	Agenda Item	Action
	<p>to the metrics and a reset of the rag rating. MHi would review this and bring back an update to the next Board.</p> <p>The Board noted the update.</p>	
Bo.7.25.18	<p>Partnerships – strategic view</p> <p>MHi provided an overview of the paper which sought to update the Board on opportunities and developments in partnership working and describe plans to build more strategic partnerships in the coming months.</p> <p>SJ requested that University of Leeds be included as a key partner in the next report to Board and MHi would action this.</p> <p>The Board noted the update.</p>	<p>Director of Strategy and Transformation Bo250021</p>
Section 7: Audit & Assurance		
Bo.7.25.19	<p>Report from the Chair of the Audit Committee – 19 June 2025</p> <p>BM highlighted the report from the Audit Committee on 19 June 2025 which was taken as read.</p> <p>The Board received the report and noted the assurance provided.</p>	
Section 8: Governance		
Bo.7.25.20	<p>Board Assurance Framework 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 in the form of the Board Assurance Framework (BAF). The BAF had been reviewed and updated by the Executive leads to reflect the position at the end of Q1 2025/26. There had been no changes in score since the Q4 2024/25 report.</p> <p>At the Finance and Performance Committee, a query was raised in relation to the scoring for risk 7 (delivery of sustainable services) and risk 8 (delivery of Green Plan) which are both scored at 12. It was felt that the risk relating to delivery of services was greater than the risk relating to the delivery of the Green Plan, and it was agreed that the scores would be reviewed for consistency when the BAF is next updated for Q2.</p> <p>The paper also detailed the updates to the high level risk register, and LP advised that since the last report, there has been one additional risk added to the register, one risk has been closed, and five risks have changed in score. KD stated that the risk relating to renal capacity has been reviewed in detail and will be presented at the upcoming ETM on 4 August 2025.</p> <p>KD welcomed any feedback on the updated report.</p> <p>The Board received the report and noted the assurance provided.</p>	

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Bo.7.25.22	<p>Committee appointments and NED lead roles</p> <p>SJ provided an overview of the paper which sought approval of the updates to Committee appointments and the NED lead roles. The Board approved the proposed changes to committee memberships as outlined within the paper.</p> <p>The paper also proposed that KW is appointed as Deputy Chair, from 1 September 2025 until the end of her term of office on 31 December 2026, and BM's appointment as SID is extended to the end of his current term of office (31 January 2027). Both appointments were approved by the Board.</p> <p>The responsibilities of the SID were last approved by the Board in May 2023. The Board approved an amendment to this document to confirm that the Deputy Chair and SID roles will be undertaken by separate individuals.</p>	
Section 9: Board Meeting Outcomes		
Bo.7.25.23	<p>Any Other Business</p> <p>Departing Board Member</p> <p>The Board thanked JL for her service and valuable contributions to both the Trust and the Board over her term as a NED. She would be greatly missed by her colleagues.</p>	
Bo.7.25.24	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no issues to refer elsewhere.</p>	
Bo.7.25.25	<p>Review of Meeting</p> <p>SJ thanked attendees to the Board for their efficient delivery of their agenda items which had contributed to the meeting being delivered on time.</p>	
Bo.7.25.26	<p>Date and Time of Next Meeting</p> <p>25 September 2025 – 9:30am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 31 July 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo250018	Bo.7.25.11	Report from the Chair of the People Academy: June & July 2025: The Thrive offer to be further explored to ensure it reaches all colleagues including those who do not have regular access to intranet and emails.	Chief People and Purpose Officer	September 2025	Verbal update to be provided.
Bo250019	Bo.7.25.14	Green Plan 2025-2028: The appropriate reporting frequency for progress against the green action plan to be agreed and the work plan updated as appropriate.	Board Secretary / Director of Estates and Facilities	September 2025	Six monthly updates included on work plan. <u>Action closed</u>
Bo250020	Bo.7.25.17	Strategic Framework Update: Further consideration to be given to the tolerance to the metrics and a reset of the rag rating with regards to the visual dials ahead of the next report to Board.	Director of Strategy and Transformation	September 2025	See agenda item Bo.9.25.18. <u>Action closed</u>
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	
Bo250017	Bo.7.25.8	Report from the Chair of the Quality Committee: June & July 2025: Mental Health, Learning Disabilities and Neurodiversity Strategy update: An update on the work ongoing with BDCT to reduce section 136 individuals attending at A&E to be provided to the Board in 3 months' time.	Chief Nurse	November 2025	
Bo250021	Bo.7.25.18	Partnerships – strategic view: The University of Leeds to be included as a partner in the next update to Board.	Director of Strategy and Transformation	November 2025	
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	Chief Medical Officer	May 2026	

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		deployed to be included as part of the next iteration of the report.			