

## BOARD OF DIRECTORS OPEN MEETING MINUTES

<b>Date:</b>	Wednesday, 25 September 2025	<b>Time:</b>	09:30 – 12:30
<b>Venue:</b>	Conference Room, Field House, BRI	<b>Chair:</b>	Sarah Jones, Chair
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Sarah Jones (SJ)</li> <li>- Bryan Machin (BM)</li> <li>- Karen Walker (KW)</li> <li>- Zafir Ali (ZA)</li> <li>- Altaf Sadique (AS)</li> <li>- Tim Swift (TS)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Mel Pickup, Chief Executive (MP)</li> <li>- Sajid Azeb, Chief Operating Officer &amp; Deputy Chief Executive (SA)</li> <li>- Dr John Bolton, Chief Medical Officer (JB)</li> <li>- Mark Hindmarsh, Director of Strategy and Transformation (MHi)</li> <li>- Ben Roberts, Chief Finance Officer (BR)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Joanne Hilton, Director of Nursing/Deputy Chief Nurse (JH)</li> <li>- Faeem Lal, Director of HR (FL)</li> <li>- Vikki Lewis, Chief Digital, and Information Officer</li> <li>- David Moss, Director of Estates and Facilities (DM)</li> <li>- Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP)</li> <li>- Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Osman Chohan, Director of Pharmacy (OC) <i>Item Bo.9.25.7</i></li> <li>- Faye Alexander, Head of Education (FA) <i>Item Bo.9.25.11</i></li> <li>- Sara Hollins, Director of Midwifery (SH) <i>Item Bo.9.25.13</i></li> <li>- Michael McCooe, Associate Medical Director (MM) <i>Item Bo.9.25.14</i></li> <li>- Jennifer Pope, Data Protection Officer (JP) <i>Item Bo.9.25.24</i></li> </ul>		
<b>Observing:</b>	<ul style="list-style-type: none"> <li>- John Waterhouse, Governor</li> <li>- Imran Ellam, Governor</li> <li>- Scott Benton Symonds, Graduate Trainee</li> <li>- Andrew Hughes, ANHH Consulting</li> <li>- Jayne Phillips, ANHH Consulting</li> </ul>		

No.	Agenda Item	Action
<b>Section 1: Opening Matters</b>		
<b>Bo.9.25.1</b>	<p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>- Renee Bullock, Chief People and Purpose Officer</li> <li>- Professor Karen Dawber, Chief Nurse</li> </ul>	
<b>Bo.9.25.2</b>	<p><b>Declarations of Interest</b></p> <p>No declarations of interest were noted.</p>	
<b>Bo.9.25.3</b>	<p><b>Minutes of the Meeting held on 31 July 2025</b></p> <p>The minutes of the meeting held on 31 July 2025 were approved as a true and accurate record.</p>	

No.	Agenda Item	Action
<b>Bo.9.25.4</b>	<p><b>Matters Arising</b></p> <p>The following actions were reviewed, outcomes noted and confirmed as closed.</p> <ul style="list-style-type: none"> <li>- <u>Bo250018 Thrive Offer</u>: LP advised on the actions taken by the Head of Organisational Development to promote the Thrive offer which included members of the OD team visiting teams, wards, staff rooms, CSUs and corporate teams regarding the offer and the provision of information on appraisals. <u>Action closed.</u></li> <li>- <u>Bo250019 Green Plan 2025-2028</u>: The reporting frequency for progress against the green action plan has been agreed and set at 6 monthly updates to Board. The work plan has been updated. <u>Action closed.</u></li> <li>- <u>Bo250020 Strategic Framework Update</u>: Consideration has been given to the tolerance to the metrics and a reset of the RAG rating with regards to the visual dials – and is included in the report presented at agenda item Bo.9.25.18. <u>Action closed.</u></li> </ul>	
<b>Section 2: Business Reports</b>		
<b>Bo.9.25.5</b>	<p><b>Report from the Chair</b></p> <p>SJ highlighted the following two key headlines from her report:  <u>WYAAT CiC</u>: SJ will chair meetings for the next 6 month period. Meeting venues will be rotated with BTHFT hosting the first meeting which will include a tour of the Command Centre.</p> <p><u>Governance Report by ANHH Consulting</u>: The report has been shared with Board members. A key finding was to continue and build on work to improve the working relationship with the Council of Governors. A development session is planned with governors, and a future workshop is scheduled with both Board members and governors to discuss population health and the NHS 10 Year Plan.</p> <p>MP referred to the Bradford District Health and Wellbeing Board and the recent sign-off of the District Plan, noting it would be helpful to consider this plan alongside the 10 Year Plan, the ICB strategy and Trust strategy.</p> <p>The Board noted the content of the Chair's report.</p>	
<b>Bo.9.25.6</b>	<p><b>Report from the Chief Executive</b></p> <p>MP introduced the report and highlighted the following:</p> <p><u>NHS Oversight Framework (NOF)</u>: BTHFT has been placed in Segment 3 of the NOF where any Trust that has a significant financial deficit is allocated by default. Despite this, and following consideration of all performance data, BTHFT is ranked at 37 out of 134 trusts.</p> <p><u>Baroness Valerie Amos National Maternity and Neonatal Investigation (NMNI)</u>: BTHFT is one of the 14 Trusts nationally to be included in the NMNI with reviews to be conducted over the forthcoming weeks. A set of generic recommendations will be produced by December 2025 to drive improvements nationally and locally. MP confirmed that the Trust is committed to the national investigation to support us to deliver a consistently high standard of care to mothers and babies.</p> <p><u>Care Quality Commission (CQC) Unannounced Visits</u>: The CQC had conducted three unannounced core services inspections, within Maternity, Urgent Care and St Luke's Hospital Outpatient Department. Based on initial verbal feedback from</p>	

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	<p>the three inspections there have been lots of positives as well as some areas for improvement, and requests for further data are being responded to as required.</p> <p><u>Trust Events: Diary Dates:</u> MP highlighted the forthcoming Trust events; Brilliant Bradford Awards on 16 October and the EDI Conference on 22 October.</p> <p>The Board noted the content of the Chief Executive's Report.</p>	
<b>Section 3: People</b>		
<b>Bo.9.25.7</b>	<p><b>Getting to Know the CSUs – Pharmacy</b></p> <p>SJ welcomed Osman Chohan, Director of Pharmacy to the meeting who provided a presentation regarding developments within the Pharmacy team. The key points included:</p> <ul style="list-style-type: none"> <li>• A patient story which demonstrated the work of the medicines optimisation team to review medication at ward level.</li> <li>• Initiatives in place to achieve financial efficiencies.</li> <li>• Workforce improvements including a reduction in sickness absence, recruitment to substantive positions (and a reduction in bank/agency staffing), and increased compliance with mandatory training and appraisals.</li> <li>• Service developments including working with colleagues at Airedale NHS FT.</li> </ul> <p>The Board acknowledged the patient story and the work of the pharmacy department to improve outcomes for the patient. In relation to key achievements, the Board noted the good level of reporting on dispensing error rates compared to the national average, and the improvement work ongoing relating to the cost effective use of medicines. The key risks for the department related to workforce, capacity/demand, and facilities. Digital opportunities were being actively explored.</p> <p>The Board sought further information in relation to the use of Artificial Intelligence (AI), staff morale, and processes in place to ensure consistency in prescribing practices. OC advised that potential AI benefits were being explored alongside seeking to understand the technical and legislative issues, and staff morale had improved as demonstrated by outcome of the staff survey. OC explained how incidents and errors were monitored and outlined the role of the Medications Safety Officer. Data from incidents, coroners' investigations and complaints was used to learn lessons and shape policies to improve practice.</p> <p>KW referenced the valuable input from the Chief Pharmacist at People Academy meetings.</p> <p>SJ thanked OC for the presentation and the renewed focus and rigour brought to the Chief Pharmacist role.</p> <p>The Board noted the update provided.</p>	
<b>Bo.9.25.8</b>	<p><b>Report from the Chair of the People Academy: September 2025</b></p> <p>KW provided a comprehensive overview of her chair report. The Board was alerted to three key areas covering: the high rates of sickness absence and the focus on reducing this; the action plan to support improvements in appraisal compliance rates; and flu vaccination plans.</p>	

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	<p>Regarding the staff survey, SJ queried whether the new question relating to socio-economic background could be included in the paper version of the survey. It was confirmed that this was a national decision therefore the Trust would not be able to include it in the paper survey. The Board was concerned that this could distort the outcome relating to this question and this would be fed back to the national team.</p> <p>MP referred to the requirement for the Trust to submit a return on the 10-point plan to improve the working lives of resident doctors. JB advised that the Trust is currently working through the recommendations and some recent appointments had been made including the Chief Registrar (who will be the representative for Resident Doctors), a new Guardian of Safe Working Hours, and an Associate Medical Director for Medical Workforce. SJ referred to the medical workforce and the current shortage of doctors. JB confirmed that the People Academy receives updates on staffing levels and KW added that the new Chief Registrar would be involved in the co-design of some of the solutions to the challenges.</p> <p>The Board received the report and noted the assurance provided.</p>	
<b>Bo.9.25.9</b>	<p><b>Healthcare Worker Flu Vaccination Campaign</b></p> <p>FL presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>- In line with advice from the Joint Committee on Vaccination and Immunisation (JCVI) the Trust's 2025/26 Flu Campaign does not include the Covid vaccine.</li> <li>- The Trust's uptake trend mirrors a national trend.</li> <li>- There is lower uptake from younger members of staff and staff from an Asian Pakistani background again in line with national trends.</li> <li>- FAQs and 'myth busting' initiatives have been put in place to support staff in gaining expert advice from clinical colleagues.</li> <li>- There is a robust communications plan in place aimed at improving the visibility of vaccination points.</li> <li>- The national target is to achieve a 5% improvement on the previous year's uptake.</li> </ul> <p>The Board acknowledged the increased hesitancy in relation to vaccines generally and held a detailed discussion regarding potential ways to increase uptake, including ensuring easy accessibility to the vaccine, for example near to prayer rooms, using role models to promote the benefits of the vaccine, offering additional services alongside the vaccine such as blood pressure checks, and ensuring that lessons from the delivery of the Covid-19 vaccine were considered. The potential for offering incentives was considered but it was felt that this may raise further questions and concerns from staff.</p> <p>The Board approved the campaign plan with the inclusion of the additional suggestions noted above.</p>	
<b>Bo.9.25.10</b>	<p><b>Equality and Diversity Council Update</b></p> <p>MP provided the updated from the Equality and Diversity Council. In particular the Board noted that a new gender equality network has been established with new members being recruited, and the delivery of a new annual EDI conference as referenced in the Chief Executive's report.</p> <p>The Board noted the report and the assurance provided.</p>	

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<b>Bo.9.25.11</b>	<p><b>Education Self-Assessment report</b></p> <p>JB introduced Faye Alexander, Head of Education to present the report. FA advised that the annual self-assessment is mandated by NHSE, required Board approval and submission to NHSE. The Board discussed and noted the following key points:</p> <ul style="list-style-type: none"> <li>- The Trust met the standard requirements and compliance with critical governance areas and demonstrated appropriate use of funding.</li> <li>- 94% take up rate with regard to patient safety training.</li> <li>- FTSU processes have been embedded into the induction programme.</li> <li>- The Education team had built in appropriate policies and procedures for learners.</li> <li>- The six education domains within the framework had been met.</li> </ul> <p>FA also shared the following key challenges facing the department:</p> <ul style="list-style-type: none"> <li>- The latest GMC survey ranked the Trust 224 out of 226 nationally for workload, impacting on the wellbeing of Resident Doctors and their capacity to attend training, as well as difficulties in releasing staff and faculty to deliver training.</li> <li>- The education department has outgrown its physical footprint within the estate and so this challenge restricts teaching capacity.</li> <li>- NHSE funding uncertainty, which impacts on long term planning.</li> </ul> <p>ZA queried the level of confidence in addressing the challenges. FA confirmed the initiatives being pursued to improve Resident Doctors' workload and training capacity levels. MP emphasised the need for robust workforce planning, and opportunities to expand the 'Hospital at Night' initiative. Opportunities for further collaboration with Universities and Airedale NHS FT would also need to be considered.</p> <p>The Board approved the annual self-assessment submission to NHSE.</p>	
<b>Section 4: Patient Care</b>		
<b>Bo.9.25.12</b>	<p><b>Report from the Chair of the Quality Committee: September 2025</b></p> <p>KW presented the Chair report from the Quality Committee meeting held on 18 September 2025. AS referred to clinical coding and the impact on revenue and queried if there was any quantifiable data. BR noted the position related to elective recovery and acuity, and particularly how this translated into the Electronic Patient Record and advised that reporting on the position is presented to internal audit and the trust's Audit Committee. VL outlined the work underway and confirmed that the Trust has a Clinical Coding Transformation Plan.</p> <p>The Board received the report and noted the assurance provided.</p>	
<b>Bo.9.25.13</b>	<p><b>Maternity and Neonatal Services update</b></p> <p>SH presented the update which covered July and August, and had previously been presented to the Quality Committee. The report detailed the staffing position within the unit to provide assurance that the requirements of the Local Maternity and Neonatal System (LMNS) were met. There was one completed Maternity and Newborn Safety Investigation reported in July with none in August. Learning and recommendations from the recent investigation had been shared with the Quality Committee. The report also included an update on work to deliver the three year maternity and neonatal delivery plan.</p>	

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	<p>SH referred to recent national reports including a second report related to the maternity care experienced by black women in the UK. Unfortunately the position since the first report in 2022 remained largely unchanged. The report included six recommendations which sat outside of the Trust's remit and would require NHSE input, however in the meantime the Trust had identified local changes to support women from black communities to raise concerns and improve access to the complaints and PALS team, as well as improve communications and awareness of available pain relief.</p> <p>SA referred to Place level data - from the Listen In programme that had specifically focused on people from racially minoritised communities - which provided some positive feedback for the Trust that ethnically diverse women had felt listened to and able to raise concerns.</p> <p>MP queried the level of confidence in the compliance with the annual Maternity Incentive Scheme (MIS) and asked for assurance on the outcomes from the investment of MIS monies and Trust funding. SH confirmed that the Trust produces monthly reporting to evidence the work being undertaken which is scrutinised by the Quality Committee and Board, and peer reviews are also undertaken with the LMNS. BR confirmed that annual maternity spend had increased and there had been significant capital investment, however further investment was required to address ongoing challenges and increasing demand.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>noted that the Quality Committee had discussed the contents of the July and August 2025 Maternity and Neonatal (Perinatal) Services update papers as a committee of the Board with delegated authority; and</li> <li>confirmed it was assured that Appendix 1 to the report provided the required information to assure the system that BTHFT has appointed to, and has in post, the staff to fulfil the roles required to deliver elements of Saving Babies Lives Version 3.2.</li> </ul>	
<b>Bo.9.25.14</b>	<p><b>Research Activity in the Trust</b></p> <p>MM delivered a summary presentation on research activity. MM provided an overview of the research facilities and the work undertaken. In particular it was pleasing to note that BTHFT is the top recruiting Trust to clinical trials in the country. The centre's funding structure was outlined including a detailed summary of the bids and funded research schemes. BR referred to the potential for commercial income, given the significant data assets, and the work to be undertaken to strengthen this resource financially and strategically. MM referred to the collaborative reputation built up over the years that will facilitate those decisions and discussions.</p> <p>MHi highlighted additional areas where research data is used to influence strategic work across the organisation. The Board also noted previous research undertaken to understand hesitancy in relation to vaccination uptake and work being done to support development of trust in clinical trials.</p> <p>The Board noted the content of the report and the importance of research activity for healthcare and treatment improvement.</p>	

## Section 5: Finance and Performance



No.	Agenda Item	Action
Bo.9.25.15	<p><b>Report from the Chair of the Finance and Performance Committee: September 2025</b></p> <p>BM presented the Chair's report from the Finance and Performance Committee meeting. The Board was alerted to the risks to the delivery of the financial plan and the reliance on the Closing the Gap programme. The Committee had also noted the year-end risk in delivering the 6 week diagnostic waiting time plan, the in month 12-hour length of stay in ED, and early warnings on the RTT total waiting list size. Mitigating actions had been presented and scrutinised.</p> <p>Key points to note with regard to the reporting under this item were:</p> <ul style="list-style-type: none"> <li>- With regard to Finance, BR referred to 'Closing the Gap' in relation to elective recovery funding. He advised of action taken since the meeting and confirmed that work is ongoing with partners and several meetings are planned to identify further saving opportunities.</li> <li>- SA, commenting on the Performance Report, referred to the Trust's position in terms of the National Oversight Framework along with a clear recovery plan in place to improve the diagnostics position.</li> <li>- With regard to the Health &amp; Safety report and Violence Prevention &amp; Reduction Standard, the Committee had recommended that these should also be presented to the Trust's People Academy, as many of the areas for action involved and impacted on staff.</li> </ul> <p>The Board received the report and noted the assurance provided.</p> <p><b>Integrated Dashboard:</b> The Board received the report and noted the assurance provided.</p> <p><b>Finance Report:</b> The Board received the report and noted the assurance provided.</p> <p><b>Performance Report:</b> The Board received the report and noted the assurance provided.</p> <p><b>Annual Security Report (including Violence Prevention and Reduction Standard):</b> The Board received the report and noted the assurance provided.</p> <p><b>Annual Health &amp; Safety Report:</b> The Board received the report and noted the assurance provided.</p>	
Bo.9.25.15	<p><b>Emergency, Preparedness, Resilience and Response (EPRR) and NHSE Core Standards</b></p> <p>SA highlighted the work undertaken in relation to the delivery of the National Core Standards and confirmed that the evidence submission was required by 31 October 2025. Compliance rates are based on 62 standards across 10 areas. Currently, the Trust was fully compliant with 51 of the standards and partially compliant with 11 standards, indicating an overall rating of 82% (partial compliance).</p> <p>SA advised that work continues to improve the compliance rate which is expected to increase to circa 89% by the date of submission. This will then indicate 'substantial compliance' overall. SA advised that detailed action plans are in place for those areas where the Trust is partially compliant.</p>	

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	<p>MP also highlighted the challenges associated with achieving the EPRR compliance standards and commended the hard work of the team which was echoed by the Board. SJ confirmed she would write to the team to express the board's gratitude.</p> <p>The Board approved the request to delegate authority to the Finance and Performance Committee to sign off the final submission to meet the deadline requirement.</p>	<p>Bo250022 Chair</p> <p>Bo250023 COO</p>
<b>Bo.9.25.16</b>	<p><b>Winter Operational Plan 2025-2026</b></p> <p>SA provided an overview of the Winter Operational Plan which summarised the actions to be undertaken during November to March, both system wide and regionally. The Board noted the work undertaken on the response plan and the financial consequences of the plan which was broken down into seven key areas.</p> <p>TS queried the Trust's relationship, in terms of discharge plans, with social care to avoid unnecessary increases in length of stay, particularly for older patients. SJ advised that the Trust had an excellent multi-agency working relationship with the local authority and Bradford District Care Trust. The discharge team is based adjacent to the Trust's command centre which works very well, and the Trust assessor model assists with the co-ordination of patient discharge with care homes.</p> <p>The Board approved the winter operational plan and the funded financial implications. The Board also confirmed it was sighted on the non-funded schemes for further work up and the financial implications for CSUs.</p> <p><b>Winter Plan Board Assurance Statement</b></p> <p>The Board noted the content of the Winter Plan Board Assurance Statement and confirmed it had gained assurance on the Winter Plan.</p> <p>The Board approved sign off of the plan by the Chair and CEO on behalf of the Trust for submission to NHSE by 31 October 2025.</p>	
<b>Section 6: Strategy &amp; Partnerships</b>		
<b>Bo.9.25.17</b>	<p><b>Strategy – emerging issues</b></p> <p>MHi referred to the significant volume of work being undertaken in terms of strategy at local, regional and national levels. The Trust is expecting a series of delivery plans in the next few months relating to the 10 Year Plan. MHi advised that he and colleagues have recently visited other organisations to look at 'Health on the High Street' models in line with the national direction of travel to deliver care closer to people's homes and within communities.</p> <p>The Board noted the verbal update provided.</p>	
<b>Bo.9.25.18</b>	<p><b>Trust Strategic Framework</b></p> <p>MHi introduced the paper and highlighted the following:</p> <ul style="list-style-type: none"> <li>- Progress dials, based on high level metrics used in current performance frameworks, are combined to give an illustrative picture of progress against the strategy.</li> <li>- Further work had been completed on the People Dial with the changes to the metrics to ensure these are fit for purpose and more accurate.</li> <li>- The intention is to continually improve how the method works and how the metrics are feeding into the progress dials.</li> </ul>	



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	<p>SJ referred to the previous conversation at Board and the challenge in terms of representing tolerances and the mechanisms behind the dial. MHi confirmed discussions had been held at all Board committees on this area.</p> <p>MP supported the approach and explained how these strategic metrics fit in the wider context alongside the National Oversight Framework performance metrics, which are more operational.</p> <p>The Board approved the Strategic Framework “progress dials” and supported an evaluation of the Trust’s Strategic Framework before April 2026 to be updated for 2026/27.</p>	
<b>Bo.9.25.19</b>	<p><b>Bradford District and Craven Health, Care and Wellbeing Plan</b></p> <p>MHi presented the Bradford District and Craven Health, Care and Wellbeing Plan which had recently been published by the Bradford District and Craven Health and Care Partnership. The strategy includes the role of hospitals focusing on services as opposed to buildings, and a significant emphasis on partnership working. Health inequalities remains a priority across the district and an important part of financial realignment.</p> <p>SA referred to the collaborative work underway which was aligned to the plan.</p> <p>The Board noted the contents of the new strategy.</p>	
<b>Bo.9.25.20</b>	<p><b>Health Equity and Health Inequalities Update</b></p> <p>MHi presented a summary report which had previously been reported to the Quality Committee. In terms of governance, the Health Equity Oversight Group (HEOG) has been established to support the advancement of the Health Equality programme. The report highlighted the programmes of work in place with system partners and within trust departments, as well as development of capability across the organisation via training and development programmes. MHi acknowledged that health inequalities had been highlighted in many of the meeting papers presented to the Board which demonstrated how it was becoming embedded across the Trust.</p> <p>TS referred to the health navigator role and whether it would be based more widely in the community. MHi advised that in the first instance the initiative would be based via the Trust’s volunteering services and then future work would be considered to expand and widen the offer. AS highlighted the potential for AI opportunities, however noted the risk of excluding some members of the community. MHi recognised the challenges and the need to ensure that the technology is considered as schemes are deployed.</p> <p>The Board noted the update and assurance provided.</p>	
<b>Section 7: Audit &amp; Assurance</b>		
<b>Bo.9.25.21</b>	<p><b>Report from the Chair of the Audit Committee: September 2025</b></p> <p>ZA presented the Chair’s report from the Audit Committee meeting held in September. He alerted the Board to the internal audit report on discharge management which had provided limited assurance. The Audit Committee had raised an issue regarding the error rate for non-compliance and a further sample of</p>	

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	<p>data for testing had been requested to provide the required assurance. The Board noted the further advice and assurance updates provided.</p> <p>The Board noted the report and the assurance provided.</p>	
<b>Bo.9.25.22</b>	<p><b>Report from the Chair of the Charitable Funds Committee: August 2025</b></p> <p>AS introduced the report covering the meeting held in August and highlighted items discussed covering the move to independence and progress with regard to the Neonatal Unit 'Home from Home' Appeal. AS advised of a gift agreement in the pipeline with the Harry and Mary Foundation for £1m, the largest donation ever received by the Charity. The Board was also advised of the plan for the Harry and Mary Foundation to pledge £25,000 towards the 'Big Give' Christmas Appeal. AS further advised that assurance work continues in relation to the staff lottery.</p> <p>SJ requested an assurance paper on the independence of the Charity to a future board meeting.</p> <p>The Board noted the report and the assurance provided.</p>	<p>Bo250024 Director of Strategy and Transformation</p>
<b>Section 8: Governance</b>		
<b>Bo.9.25.23</b>	<p><b>High Level Risks</b></p> <p>LP presented the paper which provided a profile of high-level risks, controls and assurances related to the delivery of the Trust's strategic objectives. Since the last report, the following updates were shared:</p> <ul style="list-style-type: none"> <li>- There were four new High-Level Risks.</li> <li>- Three previous risks had been reassessed and re-scored.</li> <li>- The risk relating to Clinical Coding had reduced from 16 to 12.</li> <li>- There were no risks beyond the review date.</li> </ul> <p>The Board noted that all high-level risks had been presented and discussed by the relevant Board Committee.</p> <p>The Board noted the High-Level Risks scored 15 or above and derived assurance that all risks on the High-Level Risk Register are appropriate, recognised and recorded, and that actions are being taken within the appropriate timescales where risks are not appropriately controlled.</p>	
<b>Bo.9.25.24</b>	<p><b>Annual Data Protection Officer Report</b></p> <p>JP joined the meeting and presented the report. The key points noted were as follows:</p> <ul style="list-style-type: none"> <li>- Compliance with the Data Security and Protection Toolkit was achieved despite changes to the framework.</li> <li>- Mandatory training compliance had been achieved – 90% threshold.</li> <li>- There were five externally reportable incidents during 2024/25 compared to one last year. The ICO has confirmed they are satisfied that there are no systemic issues.</li> <li>- There is a focus on continuing to raise awareness through visibility and engagement.</li> <li>- A risk workshop is planned for the IG team.</li> <li>- Information Asset Owners are in place as well as a consistent approach to training.</li> </ul>	

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	<p>BM noted the increase in externally reportable incidents and queried if any benchmarking information is available to understand the Trust's overall position. JP confirmed that benchmarking data is available, however it is dependent on the organisation's risk appetite, and sometimes there is over reporting of low-level risks which causes difficulties in comparing data. Engagement and awareness initiatives improve understanding and support consistency. SJ thanked JP for her report and thanked the work of the team.</p> <p>The Board received the report and noted the assurances provided. The Board further gained assurance that the IG and DPO role is being effectively planned and discharged to provide the Board of Directors and Trust with the appropriate information and assurances regarding compliance with the UK GDPR and Data Protection Act.</p>	
<b>Bo.9.25.25</b>	<p><b>Board Committee Appointments</b></p> <p>SJ presented the report which detailed the committee memberships in respect of new Non-Executive Directors Tim Swift and Justine Andrew. SJ advised that the appointments will be reviewed in March 2026 as part of the NED appraisal process. The Board also noted the proposed appointment of a NED from the University of Leeds, to be presented for approval to the Council of Governors on 9 October 2025.</p> <p>The Board approved the Committee appointments for Tim Swift, Justine Andrew, and the NED to be appointed by the University of Leeds and further approved the appointment of Justine Andrew as Freedom to Speak Up NED Champion.</p>	
<b>Bo.9.25.26</b>	<p><b>Use of the Trust Seal</b></p> <p>LP presented the report which was noted by the Board. The entries were detailed in the paper. There had been eleven occasions that the Seal had been applied since the previous annual report in September 2024.</p> <p>The Board noted the report.</p>	
<b>Bo.9.25.27</b>	<p><b>Board Nominations and Remuneration Committee Terms of Reference</b></p> <p>LP presented proposed minor amendments to the terms of reference for the Board Nominations and Remuneration Committee (NRC).</p> <p>The Board approved the proposed changes to the Board NRC terms of reference.</p>	
<b>Section 9: Board Meeting Outcomes</b>		
<b>Bo.9.25.28</b>	<p><b>Any Other Business</b></p> <p>No other business was discussed.</p>	
<b>Bo.9.25.29</b>	<p><b>Issues to Refer to Board Committees/Academies or Elsewhere</b></p> <p>The Health &amp; Safety Report and Violence Prevention &amp; Reduction Standard are to be presented to the People Academy to consider the staff implications.</p>	
<b>Bo.9.25.30</b>	<p><b>Review of Meeting</b></p> <p>Whilst the meeting ran over by 15 minutes it was recognised there had been a number of excellent presentations. SJ thanked all presenters for their hard work and recognised those areas that the Trust should be proud of.</p>	

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	SJ formally thanked Renee Bullock, Chief People and Purpose Officer, for her work at the Trust and the impact she had made and wished her well for the future.	
<b>Bo.9.25.31</b>	<b>Date and Time of Next Meeting</b> Thursday, 27 November 2025 at 9.30am.	

### ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 25 September 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo250017	Bo.7.25.8	<b>Report from the Chair of the Quality Committee: June &amp; July 2025: Mental Health, Learning Disabilities and Neurodiversity Strategy update:</b> 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	Verbal update to be provided at the meeting.
Bo250021	Bo.7.25.18	<b>Partnerships: strategic view:</b> The University of Leeds to be included as a partner in the next update to Board.	Director of Strategy and Transformation	November 2025	Included within the report to Board. Item on the agenda. <u>Action closed.</u>
Bo250022	Bo.9.25.16	<b>EPRR and NHSE Core Standards</b> SJ to write to the team to express the board's gratitude for their hard work.	Chair	November 2025	Complete. <u>Action closed.</u>
Bo250023	Bo.9.25.16	<b>EPRR and NHSE Core Standards:</b> Delegation of authority to the Finance and Performance Committee to sign off the final submission to meet the deadline requirement.	Chief Operating Officer	November 2025	F&P Committee signed off the final submission at their meeting in October 2025. <u>Action closed.</u>
Bo250024	Bo.9.25.22	<b>Charitable Funds Committee – Chair's Report</b> An assurance paper on the independence of the Charity to be provided at a future board meeting.	Director of Strategy and Transformation	November 2025	Included on the Board agenda for January 2026. <u>Action closed.</u>
Bo250016	Bo.5.25.17	<b>Strategic Partnering Agreement Refresh 2024/25:</b> A revised document reflecting the updated changes to be brought back to Board in November 2025.	Director of Strategy and Transformation	March 2026	The Strategic Partnering Agreement is currently being reviewed and an updated version will be agreed by the end of March 2026.
Bo250014	Bo.5.25.10	<b>Report from the Chair of the People Academy: April &amp; May 2025 – Guardian of Safe Working Hours Annual Report:</b> 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	May 2026	