

## BOARD OF DIRECTORS OPEN MEETING MINUTES

<b>Date:</b>	Thursday, 27 November 2025	<b>Time:</b>	09:30 – 12:40
<b>Venue:</b>	Meeting Room, Listening for Life, 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>- Zafir Ali (ZA)</li> <li>- Justine Andrew (JA)</li> <li>- Professor Geoff Hall (GH)</li> <li>- Bryan Machin (BM)</li> <li>- Altaf Sadique (AS)</li> <li>- Tim Swift (TS)</li> <li>- Karen Walker (KW) (via MS Teams, agenda items Bo.11.25.1 – 13)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Mel Pickup, Chief Executive (MP)</li> <li>- Dr John Bolton, Chief Medical Officer (JB)</li> <li>- Professor Karen Dawber, Chief Nurse (KD)</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>- 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>- James Taylor, Deputy Chief Operating Officer (JT)</li> <li>- Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP)</li> <li>- Deborah Earnshaw, Corporate Governance Manager (DE)</li> <li>- Daniel Balaz, Chief Executive Officer - Connecting Roma (for agenda item Bo.11.25.7)</li> <li>- George Reynolds, Patient Experience (for agenda item Bo.11.25.7)</li> <li>- Sara Hollins, Director of Midwifery (for agenda item Bo.11.25.9)</li> <li>- Kez Hayat, Head of Equality, Diversity and Inclusion (for agenda item Bo.11.25.12)</li> <li>- Carl Stephenson, Director of Planning &amp; Performance (for agenda item Bo.11.25.16)</li> </ul>		
<b>Observing:</b>	<ul style="list-style-type: none"> <li>- Daniel Balaz, Chief Executive Officer - Connecting Roma</li> <li>- John Waterhouse, Governor</li> <li>- Andy Waller, Governor</li> <li>- Scott Benton Symonds, Graduate Trainee</li> <li>- Sarah Smith, Communications Manager</li> </ul>		

No.	Agenda Item	Action
<b>Section 1: Opening Matters</b>		
<b>Bo.11.25.1</b>	<b>Apologies for Absence</b> - Sajid Azeb, Chief Operating Officer	
<b>Bo.11.25.2</b>	<b>Declarations of Interest</b> No declarations were raised in relation to the items on the agenda.	

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	<p><b>Code of Conduct</b> The code of conduct was noted by the Board.</p>	
<b>Bo.11.25.3</b>	<p><b>Minutes of the Meeting held on 25 September 2025</b> The minutes of the meeting held on 25 September 2025 were approved as a true and accurate record.</p>	
<b>Bo.11.25.4</b>	<p><b>Matters Arising</b> The following actions were reviewed, outcomes noted and confirmed as closed:</p> <ul style="list-style-type: none"> <li>- <u>Bo250017 Report from the Chair of the Quality Committee: June &amp; July 2025: Mental Health, Learning Disabilities and Neurodiversity Strategy update:</u> Work is ongoing with Sarah Turner and within the EXCEL programme / CQC action plan regarding additional training to staff on mental health and additional tracking of those patients presenting with mental health issues. <u>Action closed.</u></li> <li>- <u>Bo250021 Partnerships: strategic view:</u> University of Leeds updates now included within the report to Board. <u>Action closed.</u></li> <li>- <u>Bo250022 EPRR and NHSE Core Standards:</u> SJ has written to the team to express the Board's gratitude for their hard work. <u>Action closed.</u></li> <li>- <u>Bo250023 EPRR and NHSE Core Standards:</u> Authority was delegated to the Finance and Performance Committee to sign off the final submission to meet the deadline requirement, and this was completed at the October meeting of the Committee. <u>Action closed.</u></li> <li>- <u>Bo250024 Charitable Funds Committee – Chair's Report:</u> An assurance paper on the independence of the Charity will be included as part of the January Board meeting. <u>Action closed.</u></li> </ul>	
<b>Section 2: Business Reports</b>		
<b>Bo.11.25.5</b>	<p><b>Report from the Chair</b></p> <p>SJ introduced the report from the Chair which was taken as read. She referred to the recent well-led CQC inspection during which there was a presentation by the Trust to the CQC attended by partner stakeholders, which was well received.</p> <p>The report was noted by the Board.</p>	
<b>Bo.11.25.6</b>	<p><b>Report from the Chief Executive</b></p> <p>MP introduced the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>- It had been an incredibly busy couple of months with unannounced CQC inspections of several core services and a well-led inspection.</li> <li>- The expectation of NHS England (NHSE) during the recent resident doctor strike was for trusts to maintain 95% of planned activity. BTHFT achieved 93% of planned activity in relation to inpatients and 94% of outpatient activity, but this was the result of a significant increase of 'did not attends' rather than due to internal capacity constraints. In addition, there were no cancellations of cancer procedures nor any long wait patients.</li> <li>- In terms of the number of resident doctors undertaking strike action, this varied throughout the industrial action period to a maximum of 70%.</li> <li>- MP thanked the operational teams for their support during this time and for a well implemented and executed command and control system.</li> <li>- The Integrated Care Board (ICB) planned reduction in running costs is now to proceed within the current financial year. It is expected that a voluntary</li> </ul>	

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	<p>redundancy scheme will open shortly, with formal staff consultation on future structures beginning in January. The aim is to achieve the nationally mandated 50% reduction in running costs by 1 April 2026.</p> <p>The report was noted by the Board.</p>	
<b>Section 3: Patient Care</b>		
<b>Bo.11.25.7</b>	<p><b>Patient story (Roma Patients – Daniel Balaz)</b></p> <p>SJ welcomed DB, CEO of Connecting Roma, to the meeting. A video sharing DB’s experience of attending A&amp;E had been circulated to colleagues for viewing prior to the meeting, and Board members were invited to ask questions and share their observations with DB.</p> <p>Regarding cultural awareness, SJ asked what single message in relation to this should be shared with Trust employees to improve the experience of patients from the Roma community. DB advised that it is a complex community and culture, with members from various cities and countries, and therefore the level of education is varied. This needs to be considered in all interactions with these patients and visitors.</p> <p>KD apologised for the care received by DB. She assured the Board that several changes had been made following DB’s experience, including pain relief now being provided by the triage nurse instead of waiting for a prescription by the Doctor. This has demonstrated improvements in patient feedback already. Regarding the cultural conversation, KD asked how to address the balance between explaining things in more detail to those that need it and not being patronising to those who have a higher level of understanding. DB recognised the challenge in balancing this and suggested that cultural advisors be appointed to help inform such discussions.</p> <p>ZA asked how the perception of the service by the Roma community has changed over time. DB responded that the Roma community in Bradford is open to sharing their feedback with DB and the Connecting Roma organisation but they are still being encouraged to share feedback with the Trust. He acknowledged that there is still an element of mistrust amongst the Roma community which often stops them seeking medical help when required.</p> <p>The Board thanked DB for attending the meeting and sharing his experience and advice in how the Trust can better support the Roma community.</p>	
<b>Bo.11.25.8</b>	<p><b>Report from the Chair of the Quality Committee: October &amp; November 2025</b></p> <p>TS gave an overview of the reports from the Quality Committee meetings in October and November 2025. There were several matters to alert to the Board:</p> <ul style="list-style-type: none"> <li>- The Trust is seeing an earlier than expected increase in Flu and Covid cases, which is causing operational issues as national modelling suggested increased numbers would be seen later in the year. The challenge is largely around side room capacity.</li> <li>- The risk around ED overcrowding has reopened on the high-level risk register at a score of 20, with the constraints of the department posing a risk of major or catastrophic harm to patients.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- There were 28 open high-level risks (scoring 15 or over). This is the highest total reported on the register in the last three years (2023/24 to 2025/26). Furthermore, no risks had reduced in score since the last report.</li> <li>- There were a cluster of risks associated with respiratory and service backlogs. It was proposed that the Quality Committee carries out a 'deep dive' into this area and reports back to the Board on further support and action that may be required.</li> </ul> <p>KD referred to the respiratory risks advising that a number of actions were being considered to improve the respiratory environment and experience, including a potential change in ward, but this would have consequences elsewhere and so this requires careful consideration. In relation to tuberculosis (TB) specifically, an analysis of the funding gap was being worked through as an element of the service is specialised commissioning. KD would keep the Board updated as relevant.</p> <p>AS queried whether those with airborne viruses can be isolated, and the process on contact tracing those that have been in contact with infected patients. KD advised that due to limited side room capacity, not all those with airborne viruses can be isolated and therefore a rapid risk review is undertaken for each patient and those with the most serious infections are prioritised for a side room. In relation to contact tracing for those that have been in contact with an infected patient, it was recognised this does create a burden on staff as there is no dedicated process for this or a singular lead, and the updated policy should help to address this.</p> <p>The Board received the report and noted the assurance provided.</p> <p><b>Digital Strategy bi-annual update:</b> The Board received the report and noted the progress of the business plan and strategic objectives, and the risks towards delivery.</p> <p><b>Inpatient survey:</b> SJ referred to the challenge around the inpatient survey only being available in the English language which doesn't always meet the needs of our patients. KD confirmed that this is a CQC-owned survey and whilst the Trust continues to raise these challenges, there is limited influence to change. The Trust does actively seek to obtain feedback by other routes to ensure that the views of those that are not English speaking are also received.</p> <p>The Board received the report and noted the summary of results and improvement action plan.</p>	
<p><b>Bo.11.25.9</b></p>	<p><b>Maternity and neonatal services update</b></p> <p>SH provided an overview of the paper which sought to provide the Board with assurance that a review of maternity and neonatal quality and safety relating to September and October 2025 was presented, and key elements discussed, at the Quality Committee. SH highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The number of harms occurring in September and October, including stillbirths, hypoxic ischaemic encephalopathy (HIE), neonatal deaths, and number of Maternity Newborn Safety Investigations (MNSI) and Patient Safety Incident Investigation (PSII) cases.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- There was 1 completed MNSI report in October, and 1 in November. Learning and recommendations from the investigations were shared with the Quality Committee.</li> <li>- The Trust has received notification that Baroness Amos and her investigation team will visit Maternity and Neonatal services on 1 and 2 December. Family engagement with the investigation is being co-ordinated by the Maternity and Neonatal Voices Partnership (MNVP) lead. The services continue to hold weekly preparation meetings and will respond to data requests as received.</li> <li>- As reported at the Quality Committee, the standard for safety action 1 of the Maternity Incentive Scheme, Year 7 had been met, or was on trajectory to be met, for standards A and B by the end of the reporting period in relation to the Perinatal Mortality Review Tool quarterly report. However, standard C is currently at 91%, falling short of the required 95% threshold. The service has submitted mitigation to MBRRACE-UK for one complex, multi-site case, including actions taken to prevent a recurrence of missed completion. This mitigation will be included in the self-declaration submission. A response is awaited from MBRRACE-UK as to whether the mitigation will be accepted. If declined, safety action 1 will be non-compliant, compromising overall compliance with the Year 7 scheme.</li> <li>- The Board was also informed of a possible non-compliance with Safety Action 8 of the Year 7 scheme. Compliance will only be achieved if all anaesthetic colleagues allocated to the final PROMPT training day, attend the session. All attendees are aware of the requirement to attend.</li> <li>- The CQC maternity report will be published on Friday 28 November.</li> <li>- This is a time of real digital change, including a singular reporting system for alerting MBRRACE and other organisations which should streamline reporting processes. There will also be implementation of a maternity sitrep, although there is no clarity on what submissions will be required as yet.</li> <li>- The Maternity Outcome Signals System (MOSS) was also shortly due to go live, this aims to highlight potential safety issues in intra-partum care using real time data and can trigger escalation to the ICB if required. There is some concern around the short response time and this will need to be worked through to ensure that any triggers are responded to appropriately.</li> </ul> <p>SJ thanked SH for the strong strategic detail in the report and demonstration of excellent leadership by SH. This was echoed by the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• confirmed that they were assured that the Quality Committee had reviewed and discussed the contents of the September and October 2025 Maternity and Neonatal (Perinatal) Services Update Papers, as a committee of the Board with delegated authority; and</li> <li>• noted the potential compromise in meeting compliance with the Maternity Incentive Scheme, Year 7, due to Safety Actions 1 and 8.</li> </ul>	
<b>Bo.11.25.10</b>	<p><b>CQC Action Plan – quarterly update</b></p> <p>KD provided an update to the Board on the delivery of the Medical Services, Maternity and Urgent and Emergency Care, Out-patient Services, Community Hospitals and Well Led actions in the Trust’s CQC Improvement Plan. These were in varied stages of completion but KD assured the Board that services were giving due diligence to working through any open and outstanding actions. A CQC</p>	

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	<p>portal had been created on IRIS (the Trust's risk and incident management system) to support a more robust process for tracking actions and progress.</p> <p>BM highlighted the community hospitals feedback and reference to a lack of support for those patients that require help eating, which was also reflected in the inpatient survey. KD explained that the presence of the CQC had impacted on this; the CQC Inspector had also visited the next day and saw an improved position. KD noted that Westwood Park were an exemplar unit and regularly receive praise for their services, and it is hoped that these areas of good practice will be referenced in the draft report for community hospitals.</p> <p>SJ reflected that she has visited the ward on previous occasions and the care has been outstanding.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• noted the progress to date; and</li> <li>• supported the continued delivery and resolution of outstanding actions.</li> </ul>	
<b>Section 4: People</b>		
<b>Bo.11.25.11</b>	<p><b>Report from the Chair of the People Academy: October &amp; November 2025</b></p> <p>KW gave an overview of the reports from the People Academy meetings held in October and November 2025. She alerted the Board to the dashboard which showed a decreased appraisal rate at 76.3%, absence at 6.1% and turnover at 9.6%. The development of dynamic conversations and manager support should remove the barriers to appraisal completion, the absence action plan has been revised and presented to the executive team for support, and turnover is stable. From the November meeting, KW alerted the Board to sickness absence which was 6.62% for September and seasonal viruses will likely push absence to above 7% for November. Despite a significant flu vaccination campaign, this is not driving the uptake of flu vaccines for staff.</p> <p>BM commented that sickness absence has been raised at a number of other committee meetings, and whilst there is significant information available around the data in relation to this, there is limited analysis. KW advised that she was assured by the actions being taken to mitigate sickness absence and a detailed analysis was received by the People Academy to help understand absence drivers. There was significant reliance on managers undertaking actions to help get their staff back to work or leaving the Trust if they are unable to return to their roles, but additional workload pressures makes this challenging.</p> <p>FL confirmed that the sickness absence plan had been refreshed and presented to the Academy and there was recognition that a culture change in relation to sickness absence was needed, including robust management training to help leaders address this. Policies were also being refreshed to ensure they were simple for managers to follow. However, there was acknowledgement that the Trust staffing is representative of the community and given that the community has health deprivation challenges, this is reflected in the health of Trust employees. Therefore the Trust may always benchmark negatively with peers, however comparison with Bradford District Care NHS Foundation Trust (BDCT), who have a similar staffing demographic, demonstrates a better sickness absence rate.</p>	

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	<p>FL provided an update on current flu vaccination figures and confirmed that uptake was 38.6%, which was an improvement on last year.</p> <p>The Board received the report and noted the assurance provided.</p> <p><b>Freedom to Speak Up (FTSU) quarterly report:</b> KD highlighted the appointment of a second FTSU guardian to a total of 1 WTE. The Board received the report and noted the assurance provided.</p> <p><b>Workforce Report:</b> The Board received the report and noted the assurance provided. The People Academy would review the report to identify what changes should be made in future iterations recognising the large amount of data included.</p> <p><b>Job Evaluation:</b> The Board received the report and noted the assurance provided.</p>	
<p><b>Bo.11.25.12</b></p>	<p><b>Equality, Diversity and Inclusion (EDI) Strategy update</b></p> <p>KH gave a 6 monthly update on the Trust's approach and progress on EDI, including future direction, and progress on the EDI Strategy.</p> <p>With regards to the EDI conference, SJ made reference to the interactive live-action session led by Collingwood Learning, which was around professional behaviours in the workplace and the wider responsibilities and roles for those who witness inappropriate behaviours. This was well received and there was great engagement from this in the room calling out poor behaviours and 'clumsy' and inappropriate language.</p> <p>GH congratulated KH for his achievements and work in this space which should be used as an exemplar for the NHS.</p> <p>KW asked if a 'mini conference' could be developed with focus on professional behaviours in the workplace utilising a drama based approach, to enable more colleagues to attend. KH would take this into consideration to see if a belonging roadshow could be developed, but recognised resource limitations on this. KH had discussed with Cat Shutt (Head of Organisational Development) to identify if some smaller engagement offers could be developed for managers and staff.</p> <p>The Board thanked KH for his attendance at the Board and noted the update.</p>	
<p><b>Bo.11.25.13</b></p>	<p><b>Strategic Equality &amp; Diversity Council (EDC) update – November 2025</b></p> <p>MP presented the key highlights from the last EDC meeting held on 5 November 2025. MP made particular reference to the EDI Conference session led by the Yorkshire Women's Forum, which empowered colleagues to capture what belonging means to them by engaging in the development of an individual creative artwork piece. This prompted an invite from the Yorkshire Women's Forum for MP to join their event on 17 November. The full Executive Team had attended which resulted in connections being built that will be further explored.</p> <p>MP had also attended the Race Equality Network (REN) headquarters to meet with Professor Habib Naqvi around the progression of the Anti-Racist statement which will be brought back to a future Board meeting for endorsement and</p>	

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	<p>approval. This was also helping to increase the national profile and awareness of the work being undertaken by BTHFT in relation to the EDI agenda.</p> <p>The Board received the report and noted the assurance provided.</p>	
<b>Section 5: Finance and Performance</b>		
<p><b>Bo11.25.14</b></p>	<p><b>Report from the Chair of the Finance and Performance Committee: October &amp; November 2025</b></p> <p>BM gave an overview of the reports from the Finance and Performance Committee meetings in October and November 2025. He alerted the Board to the challenging financial position, and the addition of three new risks on to the high level risk register.</p> <p><b>Integrated Dashboard:</b> There was a reflection on the large volume of information provided to the Committees and Board, and whether this provided the assurance sought by the relevant meeting members.</p> <p>JT advised that the detail is provided to the Board and Committees to ensure that there can be appropriate challenge and scrutiny of the information presented. SJ commented that the data provided to the Board is in the public domain and it can be challenging to understand due to the way it is presented.</p> <p>MP advised that the integrated dashboard would be refreshed with the aim of reflecting the areas which are tracked as part of the NHS Oversight Framework (NOF).</p> <p>JA commented that a level of detail can be helpful, but a clearer steer was needed to highlight the key issues requiring focus from the Board. GH supported this view.</p> <p>BM referred to the different balance of information required at operational, executive, committee and board level, which was acknowledged.</p> <p>The Board received the report and noted the assurance provided.</p> <p><b>Finance Report:</b> BR gave an overview of the finance report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The Trust is reporting a year to date I&amp;E position worse than plan by £7.9m at Month 7, with an actual deficit of £16.3m, compared to a planned deficit of £9.3m. This is due to shortfalls against the cumulative Closing the Gap (CTG) savings target no longer being adequately offset by other run rate increases due to demand and policy pressures, and an increased Elective Recovery Fund (ERF) income risk.</li> <li>- The underlying position for Month 7 was a deficit of £2.6m which was a £0.7m deterioration on Month 6. This was mainly driven by increases in non-pay spend, such as drugs and consumables.</li> <li>- In the likely forecast scenario, based on the current Income &amp; Expenditure forecast, the Trust may require up to £13m in cash support during the financial year, with the need expected to arise from December onwards, as pressures on working capital increase.</li> </ul>	

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	<p>The Board received the report and noted the assurance provided.</p> <p><b>Operational Performance Report:</b> The Board received the report and noted the assurance provided.</p> <p><b>Premises Assurance Model (PAM) progress report</b> The Board received the report and noted the assurance provided.</p>	
<p><b>Bo.11.25.15</b></p>	<p><b>Budget setting process &amp; timetable</b></p> <p>BR presented the paper which summarised the approach that would be taken to develop and agree departmental income and expenditure budgets for 2026/27. The paper detailed a staged timetable for completion of the budget setting exercise and the governance route for sign off by the Executive Team and Finance &amp; Performance Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• noted the approach to setting internal departmental budgets for 2026/27 set out in the paper; and</li> <li>• noted the timetable for completing the work.</li> </ul>	
<p><b>Bo.11.25.16</b></p>	<p><b>Annual Planning Framework</b></p> <p>CSt joined the meeting to provide an overview of the annual planning framework. The presentation detailed both the ask from the national team, and the Trust's approach to the response to this including the engagement plan. He highlighted a change from a short-term annual cycle to integrated, outcome planning for the next five years.</p> <p>SJ thanked CSt and his team for their work in establishing such a robust and detailed planned response to the national asks. JA queried the involvement of the Board in the planning process and how this links with the strategy development. BR commented that unlike in previous years, the guidance has been provided reasonably early but the initial submission requirement was also brought forward to December which caused a step up of planning response. The second submission was not due until February which would provide further opportunity for Board involvement and engagement in the planning process, including via the Committees. With regards to long term strategy planning, MHi recognised a need to progress this and ensure it aligns with the long term plans.</p> <p>The Board thanked CSt for attending the Board and confirmed their assurance around the annual planning framework and process.</p>	
<p><b>Section 6: Strategy &amp; Partnerships</b></p>		
<p><b>Bo.11.25.17</b></p>	<p><b>Strategy – emerging issues</b></p> <p>MHi referred to the inaugural Strategic Advisory Forum meeting held on 24 October with external colleagues from partners such as Public Health England and the ICB in attendance. He advised that a number of similar sessions will be set up over the next year to engage partners with the strategy.</p> <p>MHi also referred to the upcoming Improvement Showcase on 3 December, noting that the National Director for NHS Impact would be in attendance to provide a keynote speech, and the event would showcase improvement initiatives</p>	

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	<p>from across the organisation. MHi encouraged all Board members register to attend if diaries permit.</p>	
<p><b>Bo.11.25.18</b></p>	<p><b>Partnerships – Strategic View</b></p> <p>MHi presented a summary of partnership working that the Trust was currently engaged with at place, across West Yorkshire and nationally. MHi made particular reference to:</p> <ul style="list-style-type: none"> <li>- The new Bradford District Strategy (2025-2035) had been approved by Bradford Metropolitan District Council. It will be overseen by the Health and Wellbeing Board, on which the Trust is represented by MP as Chief Executive.</li> <li>- The EXCEL programme has evolved strategically, recognising that a sustainable reduction in Emergency Department attendances can only be achieved through a system-wide, collaborative approach. To date, the programme has connected with over 42 distinct groups across the Bradford District and is working to continue strengthening these relationships to co-develop sustainable solutions.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>• noted the strategic view of partnership working and the links to the Strategic Framework, the strategic objectives and the 10 priority initiatives;</li> <li>• noted the publication of Bradford Council’s “District Strategy 2025-2035”; and</li> <li>• noted the current opportunities and developments in partnership working.</li> </ul>	
<p><b>Bo.11.25.19</b></p>	<p><b>Anchor Institution</b></p> <p>MHi outlined the work carried out to date to fulfil the Trust’s remit as an Anchor Institution in Bradford District and Craven, and further actions to be taken. The paper also made reference to a completed self-assessment to help identify areas of strengths and opportunities in the work of the Trust as an anchor institution, with an action plan developed in response.</p> <p>The Board noted the update and approved the work required to implement the self-assessment action plan.</p>	
<p><b>Section 7: Audit &amp; Assurance</b></p>		
<p><b>Bo.11.25.20</b></p>	<p><b>Report from the Chair of the Audit Committee: 18 November 2025</b></p> <p>ZA gave an overview of the reports from the Audit Committee meeting in November 2025. There were no matters to alert to the Board.</p> <p>The Board received the report and noted the assurance provided.</p>	
<p><b>Bo.11.25.21</b></p>	<p><b>Report from the Chair of the Charitable Funds Committee: 4 November 2025</b></p> <p>AS gave an overview of the report from the Charitable Funds Committee meeting held in November 2025. The Board was alerted to a recent audit on the existing communication and marketing channels which highlighted that the charity website</p>	

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	<p>doesn't meet the Web Content Accessibility guidelines. MHi would take the proposal to the Charitable Operational Committee to discuss the functionality required and the Committee was assured that this would be addressed.</p> <p>MHi advised that the public phase of the neonatal 'Home from Home' appeal commences on 4 December by way of a launch event at the Bradford Science and Media Museum.</p> <p>MP referred to receipt of the first instalment of a £1m donation from the Harry and Mary Foundation to support the neonatal 'Home from Home' build, which was a fantastic boost for the appeal. Contact had also been made with local businesses to garner further support and donations.</p> <p>The Board received the report and noted the assurance provided.</p>	
<b>Section 8: Governance</b>		
<b>Bo.11.25.22</b>	<p><b>Board Assurance Framework and high-level risks</b></p> <p>KD introduced the paper which provided a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives.</p> <p>KD provided further comments on the high level risks as follows:</p> <ul style="list-style-type: none"> <li>- Risk 2478 (nuclear medicine service): There had been challenges in sourcing an alternate shield for the generator which was having a continuous impact on performance in relation to this service. Mitigations were in place and once a new shield was received the risk score should reduce.</li> <li>- Risk 2787 (maternity theatres): The maternity theatres do not meet the Association for Perioperative Practice (AFPP) standards in line with the main hospital theatres but this was being reviewed to ensure the staffing levels for maternity theatres were appropriate.</li> </ul> <p>KD and ZA would meet in February in anticipation of a Board Development session around the BAF and high level risks.</p> <p>The Board was assured that all risks on the High Level Risk Register and BAF were appropriately recognised and recorded, and that all appropriate actions were being taken within appropriate timescales where risks were not appropriately controlled.</p>	
<b>Bo.11.25.23</b>	<p><b>ToRs - People Academy, Quality Committee, Finance and Performance Committee and Charitable Funds Committee</b></p> <p>LP presented the revised Terms of Reference for the People Academy, Quality Committee, Finance and Performance Committee and Charitable Funds Committee.</p> <p>The Board approved the minor amendments to the Terms of Reference for the:</p> <ul style="list-style-type: none"> <li>- People Academy;</li> <li>- Finance and Performance Committee;</li> <li>- Charitable Funds Committee; and</li> <li>- Quality Committee.</li> </ul>	

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Bo.11.25.24	<p><b>Standing Financial Instructions (SFIs) and Scheme of Delegation</b></p> <p>BR presented the updated SFIs and Scheme of Delegation, noting that they had been previously presented at both ETM and more recently at the Audit Committee on 18 November where the proposed changes were approved.</p> <p>The Board approved the recommended changes.</p> <p><b>Board Standing Orders and Senior Independent Director (SID) appointment process</b></p> <p>LP presented the revised Board Standing Orders which have been reviewed from a legal perspective to ensure they are up to date and appropriate.</p> <p>The revised Board Standing Orders clarified that the same NED cannot be both Deputy Chair and Senior Independent Director, and that ideally neither should be the Audit Committee Chair. Therefore a SID appointment process document has been produced developed to clarify how the appointment of the SID will be made</p> <p>The Board approved the revised Board Standing Orders and the SID appointment process document.</p>	
Bo.11.25.25	<p><b>Modern slavery statement</b></p> <p>LP presented the proposed amendments to the Modern Slavery and Human Trafficking Statement.</p> <p>The revised Modern Slavery and Human Trafficking Statement was approved by the Board.</p>	
<b>Section 9: Board Meeting Outcomes</b>		
Bo.11.25.26	<p><b>Any Other Business</b></p> <p>No other business was discussed.</p>	
Bo.11.25.27	<p><b>Issues to Refer to Board Committees/Academies or Elsewhere</b></p> <p>There were no issues to refer elsewhere.</p>	
Bo.11.25.28	<p><b>Review of Meeting</b></p> <p>There were no comments in relation to review of the meeting.</p>	
Bo.11.25.29	<p><b>Date and Time of Next Meeting</b></p> <ul style="list-style-type: none"> <li>• 29 January 2026 – 9.30-12.30</li> </ul>	

**ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 27 November 2025**

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	