

CONFIRMED - BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday, 29 January 2026	Time:	10:00-12:30
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) - Zafir Ali (ZA) - Justine Andrew (JA) - Professor Geoff Hall (GH) - 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) - Sajid Azeb, Chief Operating Officer (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"> - Faeem Lal, Director of HR (FL) - Vikki Lewis, Chief Digital, and Information Officer - David Moss, Director of Estates and Facilities (DM) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Deborah Earnshaw, Corporate Governance Manager (DE) - Carly Stott, Head of Midwifery (CSt) <i>for item Bo.1.26.8 only</i> - Laura Riach, Charity Director (LR) <i>for item Bo.1.26.15 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - John Waterhouse, Governor - Dermot Bolton, Governor 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.1.26.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> - Tim Swift, Non-Executive Director 	
Bo.1.26.2	<p>Declarations of Interest No additional declarations were raised in relation to the items on the agenda.</p> <p>Code of Conduct The code of conduct was noted by the Board.</p>	
Bo.1.26.3	<p>Minutes of the Meeting held on 27 November 2025</p> <p>The minutes of the meeting held on 27 November 2025 were approved as a true and accurate record.</p>	

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Bo.1.26.4	<p>Matters Arising</p> <p>There were no matters arising.</p> <p>SJ thanked colleagues for arranging the pre-meeting tour of the new Endoscopy unit.</p>	
Section 2: Business Reports		
Bo.1.26.5	<p>Report from the Chair</p> <p>SJ introduced her report which was largely taken as read. SJ highlighted that this was her last meeting of the BTHFT Board as she takes up the Chair role at Airedale NHS Foundation Trust (AFT) from 1 February and Bradford District Care NHS Foundation Trust (BDCT) on 1 March, and during this period will temporarily step back from BTHFT. Karen Walker, Deputy Chair, will act up into the Chair post during this absence.</p> <p>SJ also highlighted the forthcoming Strategic Advisory Forum at the University of Bradford and encouraged attendance.</p> <p>The report was noted by the Board.</p>	
Bo.1.26.6	<p>Report from the Chief Executive</p> <p>MP introduced the report and highlighted the following:</p> <ul style="list-style-type: none"> - The strike action concluding on 22 December had not been included in the paper; mitigation enabled maintenance of urgent and emergency care and 95% of planned elective activity. - Planning submissions for finance, performance, and workforce for the next three years are due on 12 February. This would be discussed in further detail during the course of the meeting. - The Trust hosted Baroness Amos and her team on 1 and 2 December as part of the national maternity review, with preliminary feedback about the process as a whole received and more formal, Trust specific findings expected in Summer. <p>KD updated the Board on maternity record sharing challenges. A temporary portable electronic record solution was now in place.</p> <p>The report was noted by the Board.</p>	
Section 3: Patient Care		
Bo.1.26.7	<p>Report from the Chair of the Quality Committee: January 2026</p> <p>JA gave an overview of the report from the Quality Committee meeting held in January. The report highlighted the continued financial pressure and the need for Board-wide monitoring of decision-making to protect safety. The report also alerted the Board to an ongoing high level risk relating to renal capacity, with work underway to identify short-, medium- and long-term mitigations.</p> <p>ZA raised longstanding issues with coding accuracy. JB confirmed progress is being made through joint work across Digital, Medical and Performance teams</p>	

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	<p>but is taking time to resolve given it is a multifaceted issue. MP noted that AI-supported analysis is also being explored to more rapidly improve coding accuracies.</p> <p>The Board noted the report and the assurance provided.</p>	
<p>Bo.1.26.8</p>	<p>Maternity and Neonatal services update and Maternity Incentive Scheme, Year 7</p> <p>CSt joined the meeting to present the paper which sought to provide the Board with assurance that a monthly review of maternity and neonatal quality and safety activity relating to November and December 2025 was presented at the Quality Committee in January, and key elements were discussed. The paper also included assurance that action plans and audits required to declare compliance with safety Action 4 of the Maternity Incentive Scheme (MIS) were presented to, and approved by, the People Academy in November 2025. The People Academy also received and approved the Obstetric Consultant attendance audit report.</p> <p>CSt also presented the MIS Year 7, audit tool, which provides an update against all ten MIS criteria and confirmed that the Trust is proposing to declare non-compliance with standard 1 and compliance with standards 2 to 10, resulting in an overall recommendation of non-compliance for year 7 of the scheme. Discussions with MBRRACE-UK who externally validate Safety Action 1, Perinatal Mortality Review Tool (PMRT), suggest that there is a possibility that the decision to declare non-compliance for this standard, may be overturned, subject to the review and acceptance of the supporting action plan and the mitigation provided.</p> <p>KD noted that the Trust has met the MIS Scheme every year since implementation. She was hopeful that with this strong track record, MBRRACE would look favourably on the Trust with regards to the overturning of the non-compliance.</p> <p>In relation to the Maternity and Neonatal services update, the Board:</p> <ul style="list-style-type: none"> • confirmed they were assured that the Quality Committee had reviewed and discussed the contents of the November and December 2025 Maternity and Neonatal (Perinatal) services update papers, as a committee of the Board with delegated authority; • noted the intention to declare non-compliance with Safety Action 1 of the Maternity Incentive Scheme, and the impact this has on the overall self-declaration of the Year 7 scheme; • noted that in November 2025, the People Academy received and approved the Neonatal medical and nursing staffing action plans, as stipulated in the Maternity Incentive Scheme; and • noted that in November 2025, the People Academy received and approved the Obstetric Consultant attendance audit report as stipulated in the Maternity Incentive Scheme; and • noted the reduction in stillbirths from 30 in 2024, to 16 in 2025. <p>In relation to the Maternity Incentive Scheme, Year 7, the Board:</p> <ul style="list-style-type: none"> • acknowledged the contents of the paper and attached appendices; • supported the decision to declare non-compliance with the scheme; • approved the action plan and mitigation for safety action 1, which would be submitted with the Board declaration form and was hoped to be accepted by 	

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	<p>the external reviewers, and noted that this may change the overall submission to one of full compliance; and</p> <ul style="list-style-type: none"> noted that the audit tool and intention to declare non-compliance with the scheme will be discussed with the Accountable Officer for the Integrated Care System and Lead Midwife for the West Yorkshire and Harrogate Local Maternity and Neonatal System, prior to completion of the Board Self-Declaration form. 	
Bo.1.26.9	<p>CQC Reports</p> <p>KD gave an overview of the paper which sought to provide the Board with assurance on the Trust's current position in relation to Care Quality Commission (CQC) inspections and associated improvement activity. The report summarised recent inspection outcomes, progress against agreed action plans, and the governance arrangements in place to oversee delivery.</p> <p>KD advised that the A&E inspection report was still awaited but was expected to reflect areas of improvement already familiar to the Board. She confirmed that, following the visit in September 2025, the service had developed an action plan addressing the immediate issues identified, and this is being monitored through the Executive Team Meeting. The action plan will be updated upon receipt of the draft report to incorporate any further required improvements.</p> <p>A further report to the Board would be brought back in four months time including an overarching action plan responding to all elements of the CQC reports. This would also be presented to the Council of Governors (CoG) for assurance.</p> <p>The Board:</p> <ul style="list-style-type: none"> noted the progress to date; and supported the continued delivery and resolution of outstanding actions. 	
Section 4: People		
Bo.1.26.10	<p>Report from the Chair of the People Academy: January 2026</p> <p>KW gave an overview of the report from the People Academy meeting held in January, alerting the Board to the continuous challenge around staff absence which, whilst lower than anticipated in November (6.94% against an anticipated 7%), did increase in December as winter illnesses became prevalent. KW has asked for an action plan with milestone dates for absence reduction for February's Academy meeting. She had also suggested that the Director of HR work with the Head of Organisational Development to improve the reporting culture in relation to absence, appraisals and training as this was a consistent issue.</p> <p>KW also alerted the Board to the progress made on the triangulation of patient and people experience data, noting that a dashboard is in progress to collate the data in an accessible format.</p> <p>The Board discussed the need for a realistic sickness absence target reflecting the local population and representation of the population within the workforce profile. MP commented that whilst the NHS England Regional Director had acknowledged that the Trust's workforce profile results in higher than average sickness absence, there was still a need to reduce the overall absence figure.</p>	

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	<p>The Board received the report and noted the assurance provided.</p> <p>Workforce Report: The Board noted the report. BM felt it would be helpful for a clearer analysis of the data to be included within the narrative, and FL would include this in future reports.</p> <p>The Board noted the contents of the report.</p>	<p>Bo26001 Director of HR</p>
<p>Bo.1.26.11</p>	<p>Nursing & Midwifery staffing establishment review</p> <p>KD presented the bi-annual Nursing and Midwifery Strategic Staffing Review. The Board was asked to consider the assurance that a robust review process had been undertaken, and support the recommendations of the Chief Nurse as below:</p> <ul style="list-style-type: none"> - Ward F5: Recruit an additional Registered Nurse (RN), increase of 2.4 WTE, costing £124,256. - Emergency Department: Increase establishment by an additional four Band 5 RNs on every shift (21 WTE including uplift), at a total cost of £1,161,355. A business case relating to this had been put forward to the Executive Team meeting in December for consideration. - Maternity: Establishment uplift on ward M4 only (24-hour cover), increase of 5.37 WTE, costing £214,643. <p>BM queried how the approval of these additional roles would impact the headcount of the Trust recognising the need to reduce the workforce overall. FL confirmed that plans allow for some headroom around approval of these posts, however there is an intent to reduce temporary staffing and increase into substantive posts which will help to address this.</p> <p>With regards to the emergency department Matron cover, the initial establishment review suggested the addition of a Matron to ensure oversight of the department. This was rejected by the Executive Team and KD confirmed that she would review her existing Chief Nurse team roles and responsibilities to identify a lead for providing this oversight to the department.</p> <p>The Board:</p> <ul style="list-style-type: none"> • supported the skill mix changes as outlined in Appendix 1 to the report; and • approved the recommendations of the Chief Nurse outlined above. 	
<p>Section 5: Finance and Performance</p>		
<p>Bo.1.26.12</p>	<p>Report from the Chair of the Finance and Performance Committee: January 2026</p> <p>BM gave an overview of the report from the Finance and Performance Committee meeting held in January 2026. He alerted the Board to the significantly challenging financial position, including the forecast adverse variance to plan which is now in the range of £15.1m (best case) to £27.1m (worst case). The Chief Executive had attended the meeting to discuss the Financial Recovery Plan which outlined the actions being taken and the risks and mitigations to delivery, and this was well received by the Committee.</p>	

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	<p>BR also referred to the updates received by the Committee relating to KPI exceptions and performance challenges, including the mitigations in place to help recover.</p> <p>The Board received the report and noted the assurance provided.</p> <p>Finance Report: BR highlighted the notification by NHS England that £1.9m of non-recurrent funding will be allocated to the Trust in Quarter 4 to offset the costs of industrial action in November and December, however the Trust is required to improve its recovery plan forecast by a commensurate amount.</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>Performance Report: The Board received the report and noted the assurance provided.</p> <p>Green Plan Progress Update: The Board received the report and noted the assurance provided.</p>	
Section 6: Strategy & Partnerships		
Bo.1.26.13	<p>Strategy – emerging issues</p> <p>MHi informed the Board that he and MP had been working with partners to develop a Place Provider Partnership and MP has now taken up Chair of a meeting to ensure progress on this. The alignment of this work with existing collaboration structures will be considered as it progresses. MP and MHi will keep the Board updated.</p> <p>JA suggested that a clearer overview of how governance structures across Place interconnect would be helpful as the work is established.</p> <p>SJ reminded colleagues of the importance of keeping Governors informed and engaged.</p> <p>The Board noted the update provided.</p>	
Section 7: Governance		
Bo.1.26.14	<p>High-level risks</p> <p>KD presented the paper which provided a profile of risks, controls and mitigations related to the High Level Risk Register (HLRR). She advised that Internal Audit time was set aside to look at how the organisation reviews risks and opportunities to improve, including the implementation of a risks and issues log.</p> <p>KD highlighted the increasing pressure on renal dialysis capacity. Short-term measures are in place, supported by capital investment for expansion; longer-term solutions must be incorporated into the new hospital programme. KD</p>	

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	<p>assured the Board that the executive team were fully aware of the challenges and had been fully briefed at the recent Executive Team Meeting on 26 January.</p> <p>BR advised that capital monies has been set aside to increase capacity at current sites, including expansion of Skipton Renal Unit, and this was expected to provide sufficient capacity until 2030.</p> <p>The Board confirmed it was assured that all risks on the high-level risk register were appropriately recognised and recorded, and that all appropriate actions were being taken within appropriate timescales where risks were not appropriately controlled.</p>	
Bo.1.26.15	<p>Bradford Hospitals Charity 12 month review</p> <p>LR joined the meeting to present the Bradford Hospitals Charity 12 month review, including key achievements in 2025, progress on the Home from Home appeal, and the timeline for moving to Independence. AS reflected on the positive return on earlier investment in the Charity team.</p> <p>MHi noted the Charity's success in being named Broadway Bradford's Charity of the Year, which was expected to bring in additional funds for the Charity as well as helping to raise the local profile.</p> <p>The Board thanked LR and her team for their work in driving progress of the Charity.</p> <p>The Board noted the update and assurance provided.</p>	
Bo.1.26.16	<p>Bradford Hospitals Charity Draft Annual Report & Accounts 2024/25</p> <p>BR gave a brief overview of the paper which sought the Board's approval of the charity's Annual Report and Accounts for the financial year ended 31 March 2025, following completion of the independent examination. Following approval by Board, the accounts will be signed by the independent examiner and then submitted to the Charity Commission.</p> <p>The Board:</p> <ul style="list-style-type: none"> • approved the Bradford Hospitals Charity 2024-25 report and accounts; and • approved the annual report and accounts to be electronically signed by the Chair, Chief Executive and Chief Financial Officer. 	
Section 8 Board Meeting Outcomes		
Bo.1.26.17	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.1.26.18	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no issues to refer elsewhere.</p>	

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Bo.1.26.19	<p>Review of Meeting</p> <p>There were no comments in relation to review of the meeting.</p> <p>MP thanked SJ for her leadership and contributions during her time as Chair of BTHFT, recognising the progress the Board has made with her support. This was echoed by the Board and SJ would be missed during her temporary absence from the Trust. In turn, SJ thanked KW for acting up as Chair during this interim period.</p>	
Bo.1.26.20	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> • 26 March 2026 – 9.30am 	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 29 January 2026

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo26001	Bo.1.26.10	Report from the People Academy – Workforce Report: BM felt it would be helpful for a clearer analysis of the data to be included within the narrative, and FL would include this in future reports.	Director of HR	March 2026	
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 November 2025.	Director of Strategy and Transformation	April 2026	The Strategic Partnering Agreement is currently being reviewed in light of Place Provider Partnership arrangements and an updated version will be presented to the Board in April 2026.
Bo250014	Bo.5.25.10	Report from the Chair of the People Academy: April & May 2025 – Guardian of Safe Working Hours Annual Report: Information on the Junior Doctoring gaps and where the fillers are being deployed to be included as part of the next iteration of the report.	Chief Medical Officer	May 2026	