

Minutes

Board of Directors Meeting (Public) 30 July 2025

Minutes of the Public Board of Directors meeting held on Wednesday 30 July 2025 in the Trust Headquarters Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.00pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Helen Grantham
- Ms Jane Hazelgrave
- Prof Matt Morgan
- Mr Noel Scanlon
- Dr Richard Reece, Associate Non-Executive Director

Executive Directors

- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse
- Ms Claire Hansen, Chief Operating Officer
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr Chris Norman, Managing Director, YTHFM

Corporate Directors

- Mrs Lucy Brown, Director of Communications
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:

- Ms Sascha Wells-Munro, Director of Midwifery (For Item 13)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Graham Lake, Elected Governor - Public
- Linda Wild, Elected Governor - Public
- One member of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting, with a particular welcome to Mr Scanlon and Dr Reece who were attending their first Board meeting.

2 Apologies for absence

Apologies for absence were received from:
Mrs Jenny McAleese, Non-Executive Director
Mr James Hawkins, Chief Digital and Information Officer

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 25 June 2025

The Board approved the minutes of the meeting held on 25 June 2025 as an accurate record of the meeting.

5 Matters arising/Action Log

The Board reviewed the outstanding actions which were on track or in progress. The following updates were provided:

BoD Pub 54 (24/25) *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*

Mrs Parkes reported that a suite of health inequality metrics were being progressed by the Deputy Chief Operating Officer and the Chief of Allied Health Professionals, with clinical input. These would be presented to the Quality Committee and the Board in September. The action was therefore deferred.

BoD Pub 59 (24/25) *Update the Board on progress to address the serious concerns raised by the major trauma peer review report.*

Dr Boyd reported that the Associate Chief Operating Officer for the CSCS Care Group had provided an update at the recent meeting of the Quality Committee on the actions being taken to address the serious concerns raised by the review. The Committee had asked for regular updates to monitor progress against the actions. The action was closed.

BoD Pub 60 (24/25) *Present an options paper on improvements to Audiology waiting times to the Resources Committee.*

Ms Hansen advised that the paper would be presented in August.

BoD Pub 2 *Present further details of plans to address:*

- *the shortage of healthcare scientists within Cardiology;*
- *Endoscopy nurse staffing at York Hospital which was challenged due to a mix of vacancies and sickness absence;*
- *the surveillance backlog causing a sharp decrease in Colonoscopy performance.*

A paper describing the workforce plan to address the shortage of healthcare scientists with Cardiology had been previously circulated. Ms Hansen advised that a time out session for the Cardiology team had been scheduled for September to review the specialty's data and to consider proposals for improvement.

Ms Hansen also advised that an improvement plan for Endoscopy, including Colonoscopy, had been developed and was being reviewed through the relevant governance structure. This included a workforce plan which incorporated the training of relevant specialty staff. Ms Hansen expected to see an improvement in Endoscopy capacity from November. The action was closed.

In response to a question, Ms Hansen confirmed that the Cardiology service was led by a consultant level clinical lead and a nursing lead at matron level, but oversight of specialties was one of the aims of an ongoing reconfiguration of Care Groups. Mrs Parkes added that there were issues with governance which were also now being addressed.

BoD Pub 5 *Ensure that the Digital Strategy is amended as discussed and that an accompanying scorecard is developed.*

The Strategy had been amended, and the scorecard would be presented to the Digital Sub-Committee meeting on 1 August. The action was closed.

BoD Pub 7 *Amend narrative summaries in the TPR to show bullet points of highlights and concerns instead.*

Ms Hansen asked for further clarification on the format required and it was agreed that this would be discussed outside of the meeting.

BoD Pub 8 *Report back on progress for options for a new telephony system.*

A progress report had been previously circulated to the Board by email and the action was closed.

BoD Pub 9 *Report to the Board on a full review of Cardiology Services.*

A paper had been circulated prior to the meeting. The action was closed.

BoD Pub 10 *Identify a suitable Board Development Seminar for a presentation from the Director of Midwifery.*

Mr Barkley advised that the Board development seminar on 18 March 2026 had been earmarked for this presentation. The action was closed.

BoD Pub 11 *Investigate options for statutory and mandatory online training delivery for eg. Safeguarding Level 3 and Mental Capacity Act.*

Miss McMeekin advised that options for online training, particularly Level 3 Safeguarding, were being explored with clinical input. She noted that national guidance recommended face to face training for Level 3 Safeguarding, but other providers were using online courses. Dr Stone added that she planned to complete the Level 3 Safeguarding training online to make a judgement on its suitability. The action was closed.

BoD Pub 15 *Work with the authors of the True North report to amend it as suggested.*

This action had been completed.

BoD Pub 16 *Clarify the wording in the True North report around contributing factors to lost bed days.*

This would be referenced under Item 6. The action was closed.

BoD Pub 17 *Ask Mr Scanlon to take on the role of Non-Executive Director Safeguarding lead.*

Mr Scanlon had accepted the role. The action was closed.

BoD Pub 18 *Confirm whether the high number of Cancer referrals to the Head and Neck Service is a result of local GPs withdrawing Dermoscopy services.*

Ms Hansen advised that the Business Intelligence team was providing an analysis of all cancer referrals to the Cancer lead. The number of skin cancer referrals had doubled, which might be a result of the withdrawal of GP Dermoscopy services, but this could not be verified. Ms Hansen noted that a number of GP practices were now not undertaking

routine diagnostic procedures which had previously been in place, and this was leading to more referrals for all cancer sites. GP practices had agreed with the ICB that referrals could now be made without diagnostic input and there seemed no appetite to reverse this decision.

The action was closed.

BoD Pub 19 *Check whether the purchase of audiology booths is included in the capital programme.*

Mr Bertram confirmed that three new audiology booths would be supplied through charitable funding. The action was closed.

BoD Pub 20 *Use the Executive summary section on the report cover sheet to report highlights and concerns in bullet points.*

The format of the Executive summary for the Maternity and Neonatal Report had been amended and the action was closed.

6 True North Report

Mr Morritt reminded the Board that for each True North metric, the narrative in the report was related to the current challenges and also summarised the next steps as set out in the annual plan. A more contemporaneous commentary on the metrics was provided by the Trust Priorities Report (TPR).

Mr Morritt noted that the metric referring to lost bed days had been changed to reflect a national change in the way in which this metric was reported. However, he had agreed with Mr Barkley that the metric for lost bed days originally agreed with the Board should be reinstated in the True North report.

There was some discussion on the level of detail in the True North report. Mr Barkley observed that the True North report should not duplicate the information in the TPR. Ms Grantham noted that the information in both the True North report and the TPR was not sufficiently forward looking, and there was insufficient input from Executive Directors on their principal areas of concern. Mrs Parkes commented that assurance for the Board should be provided by papers presented at the Board's Committees. Mr Barkley reiterated his request for summary pages in the TPR which set out highlights and concerns in bullet points.

Miss McMeekin confirmed that the metrics in the True North report relating to the staff survey were informed by the quarterly Staff Pulse survey which had a much lower response rate than the annual staff survey. Mr Barkley suggested that the metrics should include the annual staff survey results in Q3 each year.

Action: Miss McMeekin

Mr Scanlon queried the metric relating to the reduction of Category 2 pressure ulcers. Mrs Parkes explained that a focus on Category 2 pressure ulcers would also prevent Category 3 and 4 ulcers. The number of Category 3 and 4 ulcers had reduced due to focused work in the previous year, and the relevant metric was reported in the TPR. Mr Scanlon also raised a query about the lack of reference to mattresses, trolleys and beds in the current challenges for this metric. Mrs Parkes explained that there had been a replacement programme for mattresses and beds and the audits of these were now "business as usual".

7 Chair's Report

The Board received the report.

8 Chief Executive's Report

The Board received the report.

Mr Morritt drew out the following points:

- the government's 10 Year Health Plan had been launched on 3 July; there was as yet no plan for delivery;
- Dr Penny Dash had published a review of patient safety across the health and care landscape; Dr Dash had recommended the abolition of the National Guardian's Office and of the local Healthwatch network; Mr Morritt assured the Board that there was no intention on the part of the Trust to scale back the Freedom to Speak Up programme;
- a national maternity and neonatal review had been announced;
- an independent review of Physician Associates and Anaesthesia Associate roles had been undertaken by Professor Leng: the implementation of the recommendations was being progressed by the Trust;
- the CQC report on the inspections which took place in January had been published on 2 July; Mr Morritt observed that the report was evidence of an improvement trajectory although he acknowledged the significant amount of work still to be done;
- the first period of resident doctors industrial action had taken place: Mr Morritt outlined the impact and noted that there would be no resource available to the Trust to support the costs of managing the impact; Ms Hansen reported that doctors' shifts in acute care had been managed well, due to the comprehensive plan in place;
- an Anti-Racism Statement, as advocated by the Anti-Racism Steering Group, had been published on the Trust's website.

Mr Scanlon asked if there had been any reaction locally to the recommendation to close Healthwatch. Mr Morritt confirmed that there had certainly been disappointment and City of York councillors had written to ministers to express this.

Directors referenced the Star Award nominations which, as always, reflected outstanding values and qualities demonstrated by Trust staff. Mrs Parkes added that positive feedback from staff about staff was reported via Greatixes and the Board should consider how these might be shared.

9 Quality Committee Report

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 15 July 2025. The Committee had expressed disappointment that the treatment of medical patients on surgical wards was still being escalated by the Surgery Care Group as there had been limited progress towards a solution; concern was expressed that ward staff may not be using escalation routes, particularly around discharge, due to a lack of response. Weekend coverage was also an issue. The Committee had received assurance that deteriorating patients were escalated appropriately, however. Dr Boyd reported that a Rapid Process Improvement Workshop had been recommended to progress a resolution.

Dr Boyd reported that Surgery Care Group leaders had escalated surgical treatment delays for neck of femur patients. She cautioned that there might be insufficient urgency in addressing the issue given the known negative outcomes which arose from delays to surgery. The Trust's mortality rates for this cohort of patients were, however, in line with the national average

Dr Boyd reported that the Chief Pharmacist had attended the meeting to present an assurance paper around prescribing practice.

Mr Scanlon observed that more assurance was needed around business planning for neck of femur patients and he also noted that a gap in provision in interpretation services had been highlighted in the Patient Experience update.

Ms Hazelgrave highlighted the increase in the number of complaints to the Trust and questioned whether this could be related to the vacancies in the Patient Advice and Liaison Service. Mrs Parkes explained that, following a recent Rapid Process Improvement Workshop, the process for managing complaints and concerns had been streamlined, and the capacity of the team would be reviewed in the light of this.

Mr Barkley stated that he had been informed by theatre colleagues that an emergency weekly list had been converted to an elective list since Covid, which might be contributing to not achieving the best practice standard for undertaking surgery on patients with a fractured neck of femur due to the focus on elective recovery work since the pandemic. Ms Hansen responded that theatre lists were being reviewed to ensure that they met demand.

10 Resources Committee Report

Ms Grantham highlighted the key discussion points from the meeting of the Resources Committee on 15 July 2025:

- challenges to Cancer performance which included the impact of ageing diagnostic equipment; the Committee had discussed the CT scanner replacement plan;
- the growth of the Referral To Treatment list due to the ongoing validation work; there had been discussion on how to ensure that the process of allocating patients to waiting lists was more efficient when the new Electronic Patient Record (EPR) was introduced;
- an update on improvement plans for the Rapid Access Chest Pain clinic had been provided; the Committee would continue to monitor performance;
- the improvement in Urgent and Emergency Care performance was acknowledged as was the positive progress towards Nursing and Associate Health Professional (AHP) priorities;
- the new process for agreeing medical agency spend was noted.

In response to a question, Mrs Parkes explained that the Nursing and AHP priorities were around patient-centred care, well-led, the right approach and involving everyone in decisions.

Miss McMeekin provided a brief update on progress towards creating wellbeing spaces in York and Scarborough Hospitals.

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley congratulated the Chief Operating Officer and the relevant teams on the continued reduction in 12 hour trolley waits. He referred to the SPC chart of non-elective admissions and queried the sharp rise in the spring of 2024, which had since been sustained. Ms Hansen responded that the increase was likely to be a result of a change in data collection; she would email the Board to confirm.

Action: Ms Hansen

The Board acknowledged the improvement in the proportion of all patients attending the Emergency Department having an initial assessment within 15 minutes. Ms Hansen explained that the tests of change developed by teams were beginning to impact on performance. It was noted that this improvement was in the context of a continued increase in ambulance arrivals.

Mr Barkley referred to the Cancer performance narrative and commented that none of specialties with challenges were identified. Ms Hansen would ensure that this omission was rectified for the next report.

Action: Ms Hansen

There was some discussion on the current performance of and the large numbers of referrals to Cancer services. Ms Hansen advised that, despite the increase in referrals, the number of cancers diagnosed had not increased. She was asked to share forecasts for the service at the annual business planning meeting scheduled for September.

Mr Barkley noted the improving picture in terms of long waits for Referral To Treatment. Ms Hansen expressed concern, however, about the impact of the rising number of referrals on the waiting list.

Mr Barkley referred to the large capital programme planned for 2025/26 which could impact on elective and theatre capacity. He asked if plans to decant the relevant services were well advanced, given the requirement to spend the project funds by the end of the financial year. Mr Norman agreed to provide a briefing on the decant plans at the Board's meeting in September.

Action: Mr Norman

Ms Hansen commented that forecast operational planning figures would need to be revised based on decisions about relocating services.

Quality and Safety

Mrs Parkes drew attention to the sustained improvement in the numbers of C.difficile infections. She explained that this resulted from a number of factors, including ward managers now having a clear understanding of their role and their level of accountability, better hand hygiene, appropriate sampling, and a multi-disciplinary team approach to antimicrobial stewardship.

Maternity

A query was raised about the capacity of the Special Care Baby Unit (SCBU) at Scarborough Hospital. Mrs Parkes responded that work was in progress to review its usage. She provided further explanation of the SCBU data in the TPR.

Workforce

Mr Barkley asked for an explanation of the last two metrics on the Workforce Scorecard 1. Mrs Parkes explained that the metric of 22% relating to headroom did not include maternity leave. As there was currently a high level of maternity leaves, the figure for

unavailability had risen to 27%. She added that for certain areas, the headroom figures also did not allow for the required specialist training.

Mr Barkley noted that 41 Whole Time Equivalent (WTE) Health Care Support Worker (HCSW) vacancies would be removed from budgeted establishments to account for the use of long day shifts and suggested that this should provide a cost saving. Miss McMeekin advised that the savings were already earmarked for investment elsewhere. Mrs Parkes referenced the areas of nurse staffing which had been identified as priorities for investment.

Ms Hazelgrave highlighted the increase in the AHP vacancy rate. Miss McMeekin advised that there had been an increase in the establishment of 13 WTE, and there had been around 10 WTE leavers.

Mr Barkley queried the reason for the numbers of doctors employed being above the budgeted establishment. Mr Bertram explained that there was work being undertaken with each speciality to determine the reasons for this which would take some time due to the complexities.

Digital and Information Services

There were no comments or questions on this section.

Finance

Mr Bertram reported that, at the end of Quarter 1, the Trust was £2.9m adrift of plan with a variance of £1.9m. He referred to the list of variances detailed in the report, noting that Employee Expenses was a major factor. Finance deep dives were to be undertaken with Care Groups and in many cases, there would be difficult decisions to make.

Referring to the information about the Elective Recovery Fund (ERF), Mr Bertram reminded the Board that the Fund was capped this financial year. At Month 3, the Trust was £2.7m of activity over the funded level. The costs of delivering this extra activity were being closely monitored. Ms Hansen observed that there was a balance to be maintained between the level of elective activity and performance against RTT metrics.

Mr Bertram advised that deficit support funding of £4m per quarter had been paid for Quarters 1 and 2. He cautioned that this would be more difficult to secure in Quarters 3 and 4.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes presented the report. She paid tribute to the staff teams in Urgent and Emergency Care and in Medicine who had contributed to the positive CQC inspection report published on 2 July. She reported that the action plan required by the CQC had been endorsed by the Journey To Excellence Group and had now been submitted to the CQC where it had been perceived positively.

Mrs Parkes reported that the CQC had made an informal visit to the new Urgent and Emergency Care Centre (UECC) and to Maternity Services at Scarborough Hospital on 8 July. CQC officers were very positive after conversations with staff and patients in the UECC but less positive about the built environment in Maternity Services.

There was a brief discussion about compliance with training in relation to the Oliver McGowan Code of Practice which was demanding. Mrs Parkes advised that the Trust was performing well in this regard.

In response to a question, Mrs Parkes confirmed that the Journey To Excellence Group would remain in place and would monitor progress against a new action plan based on gaps identified from the data submissions made to the CQC, as well as the action plan submitted to the CQC.

13 Maternity and Neonatal Reports (including CQC Section 31 Update)

Ms Wells-Munro presented the report and highlighted:

- concerns raised by substantive staff at both York and Scarborough Hospitals regarding safe midwifery staffing levels; there had been an increase in roster gaps since May, but these were being mitigated using agency staff; specialist staff were also being deployed to cover gaps;
- recent concerns regarding support for perinatal mental health had been addressed and the Service would be working collaboratively with Tees, Esk and Wear Valleys Trust (TEWV);
- concerns had been raised by service users about the availability of birthing pools on the York site; work had been undertaken to remedy this position and two of three pools had since reopened;
- the position as regards open incidents had improved and the backlog had been reduced further since the report was published;
- options for the relocation of York Hospital SCBU, whilst the refurbishment project took place, were being considered;
- a summary of compliance with the Maternity Incentive Scheme (MIS) was included in the report.

Professor Morgan referred to the fifth key risk to the delivery of the Single Improvement Plan which referenced the need for key equipment. Ms Wells-Munro advised that the project was progressing with funds from the MIS as the equipment was necessary to fulfil one of the safety actions.

Mrs Parkes reminded the Board of previous discussions around midwifery staffing levels, women and baby safety impacts and concerns related to reduced workforce capacity. Mrs Parkes reminded the Board of its level of accountability to own maternity safety and risk; she then provided an update of the current workforce investments. She referenced the recent review of the Nursing Education team which had now been centralised, releasing funding of £230k, which had been invested in Maternity Services and would fund 4 WTE midwives. A further £142k of MIS funds would be invested in midwifery staffing but this was noted as non-recurrent. Mrs Parkes advised that a paper proposing a reduction in maternity theatre scrub nurse practitioners was due to be presented to the Executive Committee in August. If approved, this proposal would release funding for between 9.5 and 12 WTE midwives, depending on appointed bands. Mrs Parkes summarised that, with the funding outlined above and assuming the scrub nurse proposal was agreed, the original investment requirement for a further 44 WTE midwives would be reduced to around 30 WTE. Recycling and re-prioritising current funding was addressing the first third of the Birth Rate Plus investment requirement. Very recent discussions with NHS England had also resulted in an offer of funding for 12 months from September. The exact value and number of midwives this would support was currently under negotiation but was expected to improve the position still further.

Mrs Parkes reported that 14 midwifery students had been offered employment with the Trust. She cautioned that the service could only support a managed number of Band 5 junior midwives due to the training and supervision requirements to deliver the national maternity standards framework.

Mr Morritt commented that the midwifery staffing gap had been flagged with the ICB as, under fixed contractual envelopes, this was a commissioning issue. However, in the absence of financial support from the ICB, he was of the view that the Board should commit to the necessary investment in Maternity Services over a two to three year period and should recruit midwives as they are available to be recruited, whilst continuing to assess workforce requirements on a regular basis. Mrs Parkes again highlighted the Board's collective accountability for the safety of mothers and babies using its Maternity Services and for ensuring a safe appropriate workforce.

Discussion followed. Directors were supportive of the proposal to invest in Maternity Services to fill the gap of required midwives from the recent staffing review over a three year period with this current year being Year 1, and to commit to ensuring the finances required were made available in the operational planning and budget setting for subsequent years. Mrs Parkes would work with Ms Wells-Munro to map out a realistic two year recruitment plan. Ms Wells-Munro was confident that she would be able to recruit a sufficient number of experienced midwives over this period. Recognising the progress this year, the Board resolved to commit to funding 15 midwives in 2026/27 and the final, circa 15 midwives, during 2027/28 at the very latest (Year 3). Should financial opportunities present to progress this issue at a faster pace, this would be reviewed.

Ms Wells-Munro referred to the Perinatal Quality Surveillance Model which had been included in the report for the first time.

Mr Scanlon asked about the support for perinatal mental health. Ms Wells-Munro responded that she had been encouraged by discussions with TEWV on better collaborative working. Ms Hansen added that the ICB should also be involved in discussions about the allocation of resources for perinatal mental health support.

The Board approved the CQC Section 31 Update.

14 2024/25 Quality Account

Mrs Parkes reported that the Quality Account had been previously endorsed by the Quality Committee. She noted that it referenced the new Quality Strategy. If approved by the Board, the Quality Account would be sent to the ICB and Healthwatch for comment.

Ms Hazelgrave highlighted the Trust's good performance in response to Freedom of Information requests within the required timescales.

The Board of Directors approved the Quality Account.

15 Annual Complaints Report

Mrs Parkes presented the report and began by highlighting the rise in the number of complaints to the Trust which reflected a national trend. She reported that a Rapid Process Improvement Workshop had been held in June to standardise and streamline the response to complaints across Care Groups and Corporate areas. Care Groups had now assumed ownership of complaints and strategies to prevent complaints were being

shared. Mrs Parkes was optimistic that this collaborative approach would reduce the number of formal complaints.

In response to a question, Mrs Parkes advised that the main themes of complaints mirrored those reported nationally, for example, communication and staff attitudes. The key to reducing complaints was to address more specific areas, for example, complaints about communication were often related to discharge processes.

Mr Barkley observed that concerns had reached him about the timeliness of responses to complaints, particularly in relation to the Patient Advice and Liaison Service. Mrs Parkes was confident that the work undertaken as part of the recent Workshop would begin to address these issues.

16 Fit and Proper Persons Test (FPPT) Annual Report

The Board received the report.

17 2025/26 Q1 - Board Assurance Framework

Mr Taylor presented the Board Assurance Framework (BAF). He noted that the score for principal risk 1 *Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm* had reduced from 16 to 12 following the implementation of the identified actions.

Following the discussion at the recent Board Development Seminar on risk appetite, Mr Taylor would continue to work with Executive Directors on newly identified risks, risk categories and risk appetite. There was some discussion on where deep dives of BAF risks should take place and whether the Board was sufficiently monitoring the key risks to the organisation, as set out in the BAF.

18 Questions from the public received in advance of the meeting

There were no questions from members of the public.

19 Date and time of next meeting

As this was Professor Morgan's last meeting, he was thanked for his much valued contribution to the work of the Board of Directors.

The next meeting of the Board of Directors held in public will be on 24 September 2025 at 9.30am at Scarborough Hospital.