

Minutes

Board of Directors Meeting (Public)

24 September 2025

Minutes of the Public Board of Directors meeting held on Wednesday 24 September 2025 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.40pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Helen Grantham
- Ms Jane Hazelgrave
- Mrs Jenny McAleese
- 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
- Mr James Hawkins, Chief Digital and Information 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 Stefanie Greenwood, Freedom to Speak Up Guardian (For Item 14)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 16)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Ms Madelaine Warburton, Observer on behalf of NHS Providers' Well-Led Review
- Ms Rukmal Abeysekera, Lead Governor
- Dr Graham Lake, Elected Governor – Public
- Ms Mary Clark, Elected Governor – Public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting, noting that this was Mr Morritt's last Board meeting as the Trust's Chief Executive.

2 Apologies for absence

Apologies for absence were received from:
Mr Noel Scanlon, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 30 July 2025

The Board approved the minutes of the meeting held on 30 July 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 advised that the Health Inequalities Steering Group was developing a set of metrics to reflect the NHS Performance Assessment Framework. Mr Barkley stressed that the metrics would be of no value if ethnicity data was not collected from patients. He questioned why this administrative process was still not being consistently implemented. Ms Hansen explained that the process had been refreshed but the implementation was not managed consistently. This would be addressed by a reconfiguration of Care Group line management which would be discussed in the Private Board meeting.

Action: Ms Hansen

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

Ms Hansen advised that this had been addressed as part of a deep dive of Diagnostics undertaken by the Resources Committee and would continue to be monitored by the Committee. The action was closed.

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

This would happen from October reports onwards.

BoD Pub 21 *Ensure that patient quintiles are included in the relevant graphics in the Learning from Deaths report.*

Dr Stone advised that these had not been included in the report as the data could not be presented in any format which would prove valuable. The action was closed.

BoD Pub 23 *Email the Board to confirm that the sharp rise in 12 hour trolley waits in the spring of 2024 was due to a change in data collection.*

Ms Hansen reported that, in the most up to date SPC chart, the data from the spring of 2024 no longer appeared anomalous. The action was closed.

BoD Pub 24 *Ensure that information about challenged specialties is included in the Cancer performance narrative of the TPR.*

Ms Hansen advised that high level information had been included in the Cancer section of the Trust Priorities Report. The Cancer Board had refreshed its approach to specialty improvement plans, and it was suggested that this should be a deep dive area for the Resources Committee. The action was closed.

Action: Ms Hansen/Ms Grantham

BoD Pub 25 *Provide a briefing on service decant plans.*

Mr Norman reported that an options appraisal for the decant of Maternity Services at Scarborough Hospital, due to the roof project, would be discussed on 26 September. He provided further details of some of the options. The roof project would also provide opportunities to improve the environment in Maternity Services which would address concerns raised by the CQC. Mr Norman advised that the recommended decant plan would be presented to the Executive Committee for approval. He assured the Board that the Director of Midwifery and relevant clinical teams had been fully involved in the decant plan and that the plan would deliver in time to access the national funding. Ms Hansen highlighted that the impact on patients of the decant plans would be analysed to determine any impact on performance trajectories. NHS England had been kept fully sighted on the complexities of the project and the potential impact on performance. Mr Norman agreed to update the Board next month.

Action: Mr Norman

6 True North Report

Mrs McAleese expressed concern that the majority of True North metrics were not showing improvement which did not reflect the number of completed actions in the Quarter 1 Annual Operating Plan update and thus raised questions that the actions were not the right ones to address the True North metrics. Ms Hazelgrave also queried whether the trajectories were realistic. Executive Directors were confident that the actions in place would prove successful and Mrs Parkes gave the example of C.Difficile infections which had been significantly reduced over time and the same actions were now being used to reduce MSSA infections. There was also discussion on the trajectories and the thresholds used for the RAG rating.

Mr Barkley noted that the performance metrics for the Scarborough Hospital Emergency Department (ED) were disappointing given the investment in the new Urgent and Emergency Care Centre. Ms Hansen responded that her team held fortnightly performance meetings with the Scarborough ED team; focus for improvement included the model of care and the medical staffing. Ms Hansen was also prioritising 12 hour waits as performance had deteriorated; a Rapid Process Improvement Workshop on continuous flow had been commissioned. Mrs Hansen noted that the ED at York Hospital had also been supporting other Trusts as there had been pressure on EDs across the system.

Mr Barkley congratulated on behalf of the Board all those colleagues who had been involved in the successful go-live of the new Laboratory Information Management System. Ms Hansen added that the smooth implementation was also testament to the partnership working with primary care.

With reference to the Continuous Improvement update, Mr Barkley advised that a Business Case would be presented at the Private Board meeting in October.

7 Chair's Report

The Board received the report. Mr Barkley welcomed the appointment of Ms Abeysekera as a Non-Executive Director. She would join the Board formally once a new Lead Governor had been elected.

8 Chief Executive's Report

Mr Morritt referred to the following:

- the first segmentation scores and associated performance dashboard and league tables from the new National Oversight Framework had been published; as part of this Framework, the Board was required to complete a self-assessment due by 22 October which would be key to the segmentation process;
- the new NHS Planning Framework had been released; further detailed guidance was awaited;
- the National Adult Inpatient Survey results for 2024 had been published; the Trust's outcomes were broadly similar to the previous year; Mrs Parkes confirmed that Care Groups were drafting improvement plans based on the results which would be presented to the Quality Committee;
- Jason Stamp had been appointed as the Chair of the Humber and North Yorkshire ICB;
- Star Award nominations for August and September.

9 Quality Committee Report

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 16 September 2025:

- the impact on the Dermatology Service of the withdrawal of Dermoscopy services by some GP practices;
- the issue of the withdrawal of the out of hours patient transport service was still unresolved;
- evidence was presented of improved compliance with the Mental Capacity Act and Deprivation of Liberty requirements which the Committee welcomed;
- evidence was presented of improvements in the identification and treatment of sepsis;
- the CSCS Care Group had presented to the Committee and had escalated a risk relating to the replacement of the Pharmacy cold store: Executive Directors at the meeting had agreed to progress this project; the Committee had discussed escalation processes and the importance of frequent evaluation of the capital programme in response to changing priorities;
- the Committee had noted a theme from Care Group presentations in relation to the digital interface between specialist software and the new Nervecentre Electronic Patient Record (EPR) and had highlighted the importance of a clear governance structure to underpin the implementation of the new EPR.

Mr Bertram assured the Board that the funding to replace the Pharmacy cold store had been allocated in the 2025/26 capital programme. The delay had arisen from the lack of project management capacity.

Mr Hawkins provided further context to the specific digital interface issues raised at the Quality Committee meeting, which related to the Ophthalmology software, Medisight and to the electronic Prescribing and Medicine Administration System (ePMA). He assured the Board that the retention of current digital interfaces was enshrined in the contract with Nervecentre. All decisions relating to the development of the new EPR were reviewed by the Clinical and Operational Design Authority, with any escalations going to the EPR Executive Steering Group. There would be extensive user testing and the Nervecentre product was a long term resource for the NHS which would be built on.

Mr Hawkins advised that the Digital team was working with both the Chief Pharmacist and the Ophthalmology Department to mitigate issues with the ePMA module on Nervecentre and the Medisight system respectively. An integration engine had also been procured which would support more effective digital interfacing.

Ms Hansen noted that opportunities for the use of Artificial Intelligence were a focus for a number of clinical areas and the Digital team needed to have capacity to respond to developments which would increase productivity. The EPR procured by the Trust would support these opportunities and had capacity to be further developed.

Ms Grantham queried how the cultural changes needed to ensure successful implementation of the new EPR were being managed. Mr Hawkins responded that the Digital team was collaborating with clinical teams to design processes which would be consistent across the Trust's different sites. A team of clinicians had been seconded to the project, but it would be important to manage expectations. In terms of a communication strategy, these clinicians would act as Nervecentre EPR champions in addition to advising on implementation. Mr Hawkins advised that communications on the implementation of Tranche 1 were about to be launched which would increase general awareness.

In terms of Board assurance around the new EPR, it was noted that progress reports were presented to the Digital Sub-Committee, and escalations were to the Resources Committee. Mr Hawkins advised that external assurance was provided by NHS England who undertook formal reviews on a regular basis. These could be shared with the Board for information.

Action: Mr Hawkins

10 Resources Committee Report

Ms Grantham advised that the Committee's agenda had been revised to incorporate deep dives on priority areas. The meeting held on 16 September 2025 had focussed on Diagnostics as performance metrics had been deteriorating. The Committee heard that there were issues with ageing equipment and staffing capacity. Mitigations were discussed along with planning for capital priorities. Ms Grantham noted that the Committee would not review the TPR in detail but would focus on Trust priority metrics which were not meeting their trajectories. The Committee had also discussed the latest financial position and had received positive reports on nursing workforce priorities, the Winter Plan and progress towards full eRostering. Ms Grantham advised that the six-facet survey currently being undertaken would be reviewed by the Committee, along with any impact on capital priorities.

In response to Mr Barkley's question, Ms Hansen agreed to provide the number of patients transferred to the Return To Treatment (RTT) waiting list as a result of the recent validation work.

Action: Ms Hansen

Ms Hansen confirmed that the validation work had been completed but more might arise from the transfer of waiting lists to the Nervecentre EPR. Mr Hawkins agreed that this was likely to be the case but highlighted that the validation work already undertaken been extremely valuable.

Mr Barkley noted the deterioration in Cancer performance. Ms Hazelgrave reported that the Committee had discussed the performance trajectories which had been agreed with NHS England and had requested more detail on in-house trajectories. Ms Hansen advised that there may be an opportunity to review the previously submitted trajectories. Mr Morritt observed that, as Cancer performance metrics varied from month to month depending on a number of factors, he would advise caution when considering changing trajectories.

11 Group Audit Committee Report

Ms Hazelgrave provided a summary of the meeting of the Group Audit Committee held on 9 September 2025:

- the internal audit plan was slightly behind schedule due to capacity issues within Audit Yorkshire; three changes to the audit plan had been agreed;
- auditors could not issue the audit certificate for the 2024/25 external audit until confirmation had been received from the National Audit Office that no further work was required on the Whole of Government Accounts; this was a national issue for all auditors;
- the Committee had received progress reports from the internal auditors; Ms Hazelgrave provided details;
- the Committee had approved the Treasury Management policy and had reviewed losses and special payments;
- the Committee received an update on new legislation which made failure to prevent fraud an offence, and on the work taking place to ensure compliance;
- the role of Committee in reviewing the Board Assurance Framework and the Corporate Risk Register was discussed, and further clarification of roles and responsibilities was sought;
- Mr Hawkins had attended the meeting and contributed to a detailed discussion of Cyber Security; the Digital Sub-Committee would receive a benchmarking report in relation to the Data Security and Protection Toolkit;
- the number of overdue internal audit actions had reduced, which was positive.

There was a brief discussion on the Trust's compliance with the Failure to Prevent Fraud legislation. Ms Hazelgrave noted that the Trust was already compliant with the majority of the standards and, in general, the NHS was successful at recognising and countering fraud. Mr Bertram advised that he had asked the Counter Fraud Manager to prepare a paper for the Board which would provide assurance on the actions being taken and would set out the Board's responsibilities in terms of the legislation.

Action: Mr Bertram

12 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley drew attention to the reduced number of 12 hour trolley waits. Mr Hawkins advised that this was the lowest number since December 2021.

Mr Barkley highlighted the underutilisation of community beds. Ms Hansen explained that the decision by the Yorkshire Ambulance Service (YAS) to cease its out of hours patient transport service at very short notice was hindering use of community beds. This was a significant issue for the Trust. A meeting with YAS and the ICB was scheduled for 30 September. Ms Hansen would update the Board at the next meeting.

Action: Ms Hansen

Ms Hansen agreed with Mr Barkley that the RTT patients waiting over 65 and 52 weeks must be reduced to zero by December in order to achieve this requirement. She assured the Board that each individual patient was being tracked and would provide an update to the Board at the next meeting.

Action: Ms Hansen

Mrs McAleese referred to the “factors impacting performance” in the Outpatients and Elective Care narrative: *Delays in roll out of PIFU pathways across specialities due to issues with call handling capacity. Alternative patient contact methods being investigated by the Y&S Digital team with completion expected in during Q2 2025/26.* Mr Hawkins advised that an upgrade to the telephony system had been procured which would improve capacity in the next few months. Mr Hawkins would provide a more detailed timeline.

Action: Mr Hawkins

Ms Hansen advised that plans to improve waiting times for the Rapid Access Chest Pain Clinic had been refreshed; she was not confident that the improvement evidenced in the metric was sustained.

Mr Barkley queried the origin of outpatient referrals which were not from GPs or consultant to consultant. Ms Hansen explained that these could be from a range of other professionals such as Allied Health Professionals. However, the number was higher than she expected so she would ask for some analysis to be undertaken. Mr Bertram agreed that the referral data reflected a complex picture. Ms Hansen confirmed that referrals were triaged and advised that her team was undertaking a review of elective improvement plans at specialty level. She also confirmed that Care Group directors had been encouraged to reject inappropriate referrals.

Quality and Safety

Mrs Parkes highlighted the significant reduction in the rate of C.Difficile infections which was a success story for the Trust.

Maternity

Workforce

Digital and Information Services

There were no comments or questions on these sections of the TPR.

Finance

Mr Bertram reported that the Month 5 position was an adverse variance to plan of £0.2m which was due to the costs of the recent resident doctors' industrial action. The Trust had undertaken a total of £4.5m of elective activity over the funded level; it was assumed that this income would be received but Mr Bertram cautioned that there may need to be a reduction in elective activity due to financial constraints in the second half of the year.

Mr Bertram advised that, at Month 5, £15m of the £55m Cost Improvement Programme target had been delivered in full year terms. He was increasingly concerned about the number of schemes which were not being delivered within the timescales, and a time out

session with senior leaders had been scheduled with the aim of refreshing the programme to ensure more timely delivery.

Mr Bertram referred to the 2025/26 forecast outturn and recovery action plan which had been required by NHS England and was contained in the report. The recovery actions reduced the residual risk to £5.1m.

Ms Hazelgrave noted that there was a continuing risk around accruing for the sparsity payment for Scarborough Hospital and Elective Recovery Fund income from 2024/25. Mr Bertram agreed that the Elective Recovery Fund income was a concern, but he was working with the ICB to identify resource to support payment of the sparsity fund. Mr Barkley proposed that further discussion on the financial position should be scheduled for the Board Development Seminar in December.

13 Quarter 1 Annual Operating Plan Progress Report

The report was received and noted.

14 Freedom to Speak Up Annual Report

Ms Greenwood joined the meeting to present the report and highlighted the following:

- there had been a steady rise in Freedom To Speak Up (FTSU) cases over the last 5 years;
- culture remained a significant concern across the organisation, with a majority of FTSU cases relating to inappropriate behaviours, bullying, staff wellbeing and patient safety.

Ms Greenwood summarised details relating to staff groups raising concerns which were contained in the report. Given the increase in cases, she recommended an increase in FTSU Guardian capacity.

A query was raised about the closure rate of FTSU concerns. Ms Greenwood explained that a concern would only be closed once the staff member who had raised it was satisfied with the outcome or when a related HR process had run its course.

Miss McMeekin asked if more Fairness Champions could be trained. Ms Greenwood responded that her role did not allow sufficient time for training, and in addition, Fairness Champions had limited capacity to commit to FTSU concerns, as the work was in addition to their substantive roles.

Miss McMeekin noted that the new leadership framework would support managers in addressing concerns, but she queried how managers would be aware of FTSU concerns given the confidential nature. Ms Greenwood explained that general information about FTSU themes could be shared with departmental leads.

Mr Barkley referred to Ms Greenwood's recommendation in her report *Ensure leaders at all levels visibly champion psychological safety and model respectful behaviours* and encouraged Ms Greenwood to refer concerns raised about leaders to the Chief Executive, whilst maintaining the confidentiality of the member of staff raising the concern.

Mrs Parkes questioned why students were included in FTSU data. Ms Greenwood explained that this was in response to a national directive. Students raising concerns about the Trust with their university would be asked to raise them direct with the Trust.

Mrs Parkes noted that it would be helpful for the data on professional groups speaking up to be shown as a percentage of the workforce.

Ms Grantham asked if staff performance reviews covered expectations of appropriate behaviours. Miss McMeekin responded that staff appraisals were in line with Trust values and would be aligned with the national competency framework.

Ms Greenwood was thanked for her report, and she left the meeting.

15 CQC Compliance Update Report

Mrs Parkes reported that, following the CQC inspections in January, the improvement plan developed in response to the six identified breaches of regulations had been submitted to the CQC and had been agreed.

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

Ms Wells-Munro presented the report and highlighted:

- a new risk around delayed specialist care and transfer to specialist neonatal units for babies born at Scarborough due to the time and distance for Embrace transport to reach the maternity unit; this could result in poor outcomes for babies;
- the new Maternity Outcomes Signal System (MOSS) developed by NHS England and currently being piloted by some Maternity Services; Ms Wells-Munro explained the purpose of the new system and how it would operate;
- the Trust was on track to be compliant with seven of the ten safety actions in Year 7 of the Maternity Incentive Scheme;
- recruitment events to increase midwifery staffing levels had taken place at the beginning of September; 24.5 Whole Time Equivalent (WTE) midwives had been recruited to fill the roster gap, and further recruitment would take place; Ms Wells-Munro confirmed that newly appointed Band 5 midwives would be starting on a staggered basis.

There was further discussion on resource to address the midwifery staffing gap. Mrs Parkes reiterated that the 24.5 WTE midwives recently recruited would only fill current vacancies. A further 7 WTE midwives would be recruited in January to begin to address the establishment gap.

In response to Mr Barkley's query about the vacancies for Maternity Support Workers, Ms Wells-Munro explained that the process of reviewing Band 2 and Band 3 job descriptions once complete would inform future recruitment. She outlined the strategies being used to cover the current vacancies.

Returning to her report, Ms Wells-Munro highlighted:

- a fourth engagement day would take place in November to progress actions within the culture score action plan;
- in terms of the Single Improvement Plan, the focus in August, September and October was on "business as usual" key priorities which would impact on progress towards meeting actions within the timeframe set out in the plan; Ms Wells-Munro assured the Board that any deferred actions would not impact on quality or safety.

A question was raised about bereavement services for parents. Ms Wells-Munro advised that, whilst there were bereavement midwives to support parents in the time immediately

after a bereavement, the Trust had no specific internal counselling service staffed by trained counsellors. This was a significant gap which she hoped to address.

Ms Wells-Munro reported that the terms of reference for the national review of Maternity Services had been updated recently. They were being scrutinised with a view to aligning the Single Improvement Plan with them so that any recommendations from the outcome of the review could be pre-empted.

The Board approved the CQC Section 31 Update.

17 Winter Plan 2025/26

Mr Barkley observed that this was a comprehensive and well-developed plan. Ms Hansen advised that the plan had been reviewed by the Resources Committee. The financial impact of the plan was noted and Ms Hansen added that escalation processes would be rigorously managed to keep costs to a minimum whilst maintaining the quality and safety of services. There was further discussion on the details of the plan.

The Board of Directors approved the Winter Plan for 2025/26.

18 Mortality Review – Learning from Deaths

The Board received the report.

19 Responsible Officer Annual Report

Dr Stone presented the report which demonstrated progress and assurance around doctors' appraisal and revalidation. She highlighted that the deferment rate for revalidation in 2024/25 had reduced to 8%, against the national average of 15%. The appraisal rate was challenged by a lack of trained appraisers. Dr Stone advised that the transition to new software for appraisal and job planning earlier in 2025 had been very successful. In response to Mr Barkley's question, Dr Stone explained that there had been a few non-engagement notifications referred to the General Medical Council, but these would appear in the 2025/26 report. Every effort was made to engage with the individual before this process was initiated.

Directors were pleased to note the overall improvement in appraisal and revalidation rates.

20 Emergency Preparedness Resilience and Response (EPRR) Update

The Board extended its congratulations to the Head of Emergency Preparedness Resilience and Response and his team for the improved compliance with the national standards.

21 Questions from the public received in advance of the meeting

There were no questions from members of the public.

22 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 22 October 2025 at 9.00am at York Hospital.