York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
22 October 2025

Minutes of the Public Board of Directors meeting held on Wednesday 22 October 2025 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.20pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Jane Hazelgrave
- Mr Noel Scanlon
- Dr Richard Reece, Associate Non-Executive Director

Executive Directors
- Mr Andrew Bertram, Interim Chief Executive
- 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
- Ms Sarah Barrow, Acting Finance Director

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)
- Ms Virginia Golding, Head of Equality, Diversity and Inclusion (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Ms Clare Smith, Chief Executive designate
- Ms Rukmal Abeysekera, Lead Governor/Non-Executive Director designate
- Mr Graham Lake, Elected Governor – Public
- Mr Nick Bosanquet, Elected Governor – Public
- Mr Peter Morley, Elected Governor – Public
- Ms Elena Clerici, Elected Governor - Staff
- One member of staff

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Ms Helen Grantham, Non-Executive Director
Mrs Jenny McAleese, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 24 September 2025

The Board approved the minutes of the meeting held on 24 September 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.*
Ms Hansen outlined the actions taking place to improve the progress in the collection of ethnicity data which involved working with the teams involved and changes to the patient database. She hoped to see an improvement by the end of the calendar year.

BoD Pub 7 *Amend narrative summaries to show bullet points of highlights and concerns instead.*
The narrative summaries in the Trust Priorities Report (TPR) had been amended as requested. The action was closed.
Mr Barkley complimented Executive Directors on the clarity of the information in the TPR.

BoD Pub 22 *Include the annual staff survey results in the relevant True North metric in Q3 each year.*
Miss McMeekin advised that this information was now included in the True North report. The action was closed.

BoD Pub 25 *Provide a briefing on service decant plans.*
Mr Norman explained that two options for the decant of Maternity Services in Scarborough Hospital were being finalised; whichever was approved by the Executive Committee would be fully aligned to the roof replacement project. A Programme Board had been established. Mr Norman confirmed that plans would be submitted to the Executive Committee at its first meeting in November. The roof replacement would begin in January. The action was closed.

BoD Pub 27 *Share NHSE reviews of the Nervecentre EPR implementation project with the Board for information.*
Mr Hawkins had shared the latest review by email. The action was closed.

BoD Pub 28 *Provide the number of patients transferred to the Return To Treatment (RTT) waiting list as a result of the recent validation work.*
Mr Hawkins had emailed the Board with this information. The action was closed.

BoD Pub 29 *Prepare a paper for the Board to provide assurance on the actions being taken and setting out the Board's responsibilities in terms of the Failure to Prevent Fraud legislation.*
The paper was presented under Matters Arising. The action was closed.

BoD Pub 30 *Update the Board on discussions about the Yorkshire Ambulance Service's Out of Hours patient transport service.*
Ms Hansen reported that the ICB had agreed to extend the service by two hours to midnight each weekday. This was not extended at a weekend, however. Ms Hansen advised that the reduction in transport options would impact on discharges, and inter site transfers, as well as increase pressure on the system, as community services were experiencing the same pressures. She would continue to escalate the issues to the ICB and agreed to prepare a briefing paper for Mr Barkley.

Action: Ms Hansen

The action was closed.

BoD Pub 31 *Provide an update on RTT patients waiting over 65 and 52 weeks.*
This would be covered under Item 11. The action was closed.

BoD Pub 32 *Provide a detailed timeline of the upgrade of the telephony system*.
Mr Hawkins advised that a detailed plan was in place for a like for like replacement which should provide increased resilience at a lower cost. An implementation date of 18 March was scheduled. Mr Hawkins would share the plan.

Failure to Prevent Fraud Legislation

Mr Bertram presented the paper and assured the Board that the Trust took all reasonable precautions to prevent fraud. He drew attention to the draft statement in the paper which would be uploaded to the Trust website if agreed by the Board. The actions arising from the statement would be monitored by the Group Audit Committee. Mr Bertram advised that regular Counter Fraud reports were received by the Committee, including an annual report. Ms Hazelgrave, as Chair of the Committee, would bring any escalations to the Board via the usual meeting report.

Mrs Parkes noted that the Trust was compliant with 35 of the 60 recommendations set out by the NHS Counter Fraud Authority to demonstrate that it had effective processes and measures in place to combat the potential of being prosecuted under the new Failure to Prevent Fraud legislation. She queried whether there was any risk for the Trust in the areas of non-compliance. Mr Bertram was not aware of any risk and explained that there was no expectation that Trusts would be fully compliant with all 60 recommendations. He would discuss with the Counter Fraud team and request that they prioritise the key recommendations for review by the Group Audit Committee.

Action: Mr Bertram

The Board of Directors approved the statement for upload to the Trust's website.

6 True North Report

The Board received the report.

Mr Barkley referred to the metric *Inpatient: Reduce Bed Days Lost to No Criteria To Reside* and commented that, in visiting wards, he continued to observe a reluctance to escalate issues relating to patient choice. Ms Hansen acknowledged this and noted that there was still work to be done to encourage discussion at the point of admission and then around escalation.

Referring to the Continuous Improvement Update report, Mr Barkley advised that a Business Case would be considered in the Private Board for reasons of commercial confidentiality.

In terms of the Productivity and Efficiency Group update, Mr Barkley expressed concern at the number of overdue appointments and follow ups for the Cardiology Service. Ms Hansen advised that "confirm and challenge" meetings around the service strategy were taking place to address these concerns and further "confirm and challenge" meetings with executives which would inform the annual planning for next year. Ms Hansen confirmed that the recommendations referenced in the section on Administrative Processes had been approved by the Executive Committee.

Mr Scanlon asked that the EPR Update in future reports contain reference to training compliance, the trajectory for this, to the due diligence around processes which were being converted from paper to digital and to the needs of particular specialties such as paediatrics. Mr Hawkins reported that papers had been presented to the Executive Committee and an approach to the go-live of Tranche 1 and to staff training had been formally agreed. He could produce a summary paper for the next Board meeting if required.

Action: Mr Hawkins

A paper on paediatrics had been presented to the Clinical Operational and Design Authority. In terms of Mr Scanlon's specific concerns around processes for 16-17 year olds, Dr Stone advised that this was a wider issue which would be managed through the Children's Board, and a recommendation would be presented to the Executive Committee in due course.

7 Chair's Report

The Board received the report.

All directors who had attended the Trust's Celebration of Achievement Awards event agreed that it had been an excellent evening.

8 Chief Executive's Report

The Board received the report. Mr Bertram highlighted:

- the recent unannounced CQC inspection at Scarborough Hospital;
- the national planning guidance for next year had not yet been published but significant work was already underway in terms of planning for 2026/27, as an initial submission was due in December.

Mr Bertram also referenced the Celebration of Achievements Awards evening and thanked Mrs Brown and the Communications team for their efforts in organising the event which had been extremely successful. Mr Bertram noted that the whole cost of the event had funded by sponsors who were keen to be involved next year as well.

Finally, Mr Bertram reported that the response rate to the national Staff Survey had already improved from the same period last year. Miss McMeekin summarised the strategies used this year to encourage completion.

9 Quality Committee Report

Dr Boyd highlighted the following from the meeting of the Quality Committee on 21 October 2025:

- the Committee had received the Avoiding Term Admissions into Neonatal Units (ATAIN) Annual Report and the Maternity CQC Section 31 Update; no concerns were raised by either report;
- the Committee had received the NICHE update report: the CQC was satisfied with the Trust's response to the report's recommendations and would take no further action;
- there had been discussion on the Board's legal responsibilities in relation to the Mental Capacity Act; the Committee had proposed that relevant information should be included in the Reportable Issues log which was presented to the Private Board meeting;
- the Committee had received the Patient Experience report; there were concerns about the timeliness of responses to complaints which was exacerbated by capacity challenges in the Patient Advice and Liaison (PALS) team; a Rapid Process Improvement Workshop had been undertaken; Mrs Parkes advised that, whilst the complaints handling process had been improved, the time to respond was still a concern; extra capacity for the PALS team had been sourced and improvement in response times should be evident soon;
- the Committee had discussed the impact of the reduction in the Yorkshire Ambulance Service's out of hours patient transport service and had noted concerns about patient safety;
- the Committee had received a paper on the neighbourhood approach to community care which had provided some assurance on the service provided by the Community Rapid Response Team but little assurance on how the changes could improve patient experience of community services; Dr Boyd noted that the Board needed more clarity on the strategic intent of this programme of work; Ms Hansen advised that a Strategic Partnerships meeting had been established.

It was agreed that an item on the community model of care should be added to the Private Board agenda for November.

Action: Mr Taylor

Mr Scanlon reported that the Committee had discussed an emerging theme of complaints relating to the inappropriate use of continence products. Mrs Parkes explained that there was a plan to address this which would be monitored through the Quality Assurance Framework.

10 Resources Committee Report

Ms Hazelgrave advised that the meeting of the Resources Committee on 21 October 2025 had focused on deep dives into the performance of Cancer services and the cost reduction programme. The deep dive into Cancer services had included an analysis of performance by tumour site. The Committee had heard that performance had been impacted by a significant in increase in demand and a lack of diagnostics capacity. Senior leaders had provided detailed plans to address the deterioration, but the year-end trajectory was still at risk without further difficult decisions around demand management. Ms Hansen added that

four key actions had been presented to the Executive Committee; the Equality Impact Assessments were being prepared to inform the Committee's decision on which to progress. There was further discussion on how referrals to Cancer Services might be managed.

Ms Hazelgrave summarised the cost reduction programme deep dive and noted that the Committee had requested a deep dive into the overall financial position for the meeting in December. Mr Barkley observed that the under delivery of the Cost Improvement Programme was the most material factor in the budget.

Ms Hazelgrave reported that a total workforce table had been added to the Trust Priorities Report at the Committee's request, and further information on workforce trends would also be added. The Committee had received the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports which would be considered by the Board under Item 15.

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Referring to the Chief Operating Officer's report, Ms Hansen advised that the date of 17 October was an internal deadline for Care Groups to submit plans for 2026/27.

It was noted that figures relating to Length of Stay and to patients with No Criteria to Reside continued to reduce.

Mrs Parkes referred to the increase in patients waiting more than 12 hours in Emergency Departments (ED) and assured the Board that these patients received nursing care.

The deterioration in Cancer performance was a cause of concern for the Board. The increase in Referral To Treatment (RTT) patients waiting over 52 and over 65 weeks was queried. Ms Hansen explained that these long waits were in specific specialties: Cardiology in particular, but also Gastro and Respiratory. Ms Hansen met weekly with the teams involved, including clinical leads, to review plans for each individual patient. She assured the Board that patients were treated in order of clinical priority. Mr Barkley reiterated that the target was to have no patients waiting more than 65 weeks by Christmas, in order to achieve the year-end trajectory. Ms Hansen was confident that this would be achieved. She highlighted the growth in the RTT waiting list due to the validation work which had been taking place and added that colleagues from NHS England had requested a meeting to understand the reasons behind the growth in the Trust's waiting list.

It was agreed that the metrics used by NHS England to determine the Trust's position under the National Oversight Framework should be contained in one section of the TPR.

Action: Ms Hansen/Mr Hawkins

Mr Barkley was pleased to note improvements in the percentage of patients treated by the Rapid Access Chest Pain clinic within 14 days.

Mr Barkley queried the number of outpatient referrals which were not from GPs or consultant to consultant. Mr Hawkins undertook to provide an analysis.

Action: Mr Hawkins

The Board noted the deterioration in diagnostic performance. Ms Hansen explained that plans were in place which would improve the position and the new Community Diagnostic Centre in Scarborough would also support this once it was operational early in 2026.

Mr Barkley queried why two children had waited more than 12 hours in ED in September. Mrs Parkes explained that this was often because the child was 16 or 17 years old and this brought added complexities with treatment pathways. Dr Stone added that complexities often arose when the individuals concerned had mental health issues.

The Board noted the reduction in the numbers of children and young people waiting more than 52 weeks for community services.

Quality and Safety

Mrs Parkes highlighted the reduction in C.Difficile infection rates and advised that the same strategies were being deployed being used to reduce MSSA bacteraemia infections.

Mr Barkley expressed concerned at the low proportion of fractured neck of femur patients treated within the gold standard timeframe. Ms Hansen responded that more clarity was needed over what the metric was reporting. Mr Hawkins explained that the metric recorded the percentage of patients who presented in ED with fractured neck of femur and then underwent surgery within 36 hours, which was the national standard based on NICE guidelines.

Maternity

Mr Barkley asked how many women were affected by the closure of the Maternity Unit at Scarborough Hospital on one occasion in August. Mrs Parkes would ask that Ms Wells-Munro included this information in the Maternity paper in future. She noted that the Maternity Units would close on occasions due to staffing capacity.

Action: Mrs Parkes

Workforce

Mr Scanlon asked what the ambition was for staff flu vaccinations. Miss McMeekin responded that a rate of 30% had been achieved last year and the expectation was to increase this by 5%. However, it was hoped that rates would exceed this.

In response to a query, Miss McMeekin explained that there was little appetite in the region amongst temporary staff to join a collaborative bank.

Digital and Information Services

There were no comments or questions on this section.

Finance

Ms Barrow highlighted a risk around the deficit support funding for Quarter 3 as the system's position had deteriorated from Month 5 to Month 6.

Mr Barkley queried the £2.5m adverse variance in debtors. Ms Barrow agreed to provide the details.

Action: Ms Barrow

Mr Bertram explained that the Trust dealt with a wide range of providers; debtors were monitored carefully and escalated to the Finance Director if appropriate.

Ms Hazelgrave drew attention to the £16.5m forecast adverse variance linked to Care Group budgets. She expressed concern about other significant risks to the financial

position which would need to be reviewed by the Board in December as previously agreed. It was noted that this adverse variance did not take into account that some expenditure on activity may have been income generating, and that the report lacked information about other areas of the organisation, which might be reporting an underspend. A fuller report would be included in the paper to be presented in December.

Ms Hansen underlined the impact of the financial constraints on staffing levels and the corresponding impact on the Trust's capacity to manage increasing levels of demand.

Mr Scanlon referred to the capital programme being behind the plan at Month 6. Mr Norman advised that additional resource had been brought in to deliver the major projects which would mitigate the risks. Mr Bertram added that the capital programme was one of the largest the Trust had delivered and that work on projects would accelerate as the year progressed. The trajectory at Month 6 was fairly typical and Mr Bertram was confident that the programme would be delivered to time.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes recorded her thanks to the relevant teams at Scarborough Hospital who had responded so positively to the recent CQC inspection. She advised that the data requested after the inspection needed to be submitted to the CQC by Friday 24 October.

Mrs Parkes advised that the Trust awaited a response from the CQC regarding the removal of the Section 31 Notice on Maternity Services.

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

Ms Wells-Munro presented the report and highlighted:

- there had been an error in the Post-Partum Haemorrhage (PPH) over 1500mls audit data which had since been corrected;
- a workforce review was being undertaken which had already identified a deficit in the neonatal workforce in relation to recommended standards;
- there were risks around the Maternity estate at Scarborough Hospital which were already articulated in the Single Improvement Plan;
- work continued with the Estates Department on plans for the decant of Maternity Services at Scarborough Hospital: two options had been identified which needed further work;
- Maternity leaders were preparing options to improve the Maternity Unit environment at Scarborough Hospital;
- CTG tocos and transducer cables provided by an external supplier had proven faulty; new equipment was being provided;
- a successful recruitment exercise had taken place and the first cohort of newly recruited midwives began in post on 20 October with further cohorts beginning in January and February which would reduce the establishment gap to 40 Whole Time Equivalent midwives;
- the roles of Deputy Director of Midwifery and Deputy Head of Midwifery were currently vacant;
- new and extensive national reporting requirements for Maternity Services, mandated by NHS England, would commence in November; the Perinatal Early Notification Portal (SPEN) had already been launched; there was also an extensive list of actions for Maternity Services set out in a letter received on 13 October from the Secretary of State and the Chief Nursing Officer for NHS England.

In response to a question, Ms Wells-Munro explained that the aim was to be fully compliant with the Maternity Incentive Scheme safety actions, and the Trust would be able to demonstrate that significant progress had been made since last year.

Ms Wells-Munro advised that a two year recruitment plan to fill the 44WTE midwifery staffing gap would be presented to the Executive Committee, and a timeline would be presented to the Board. Mrs Parkes explained that recruitment would be easier when student midwifery courses were ending. She confirmed that there would be sufficient capacity in the current workforce to manage the number of Band 5 preceptorships.

Ms Wells-Munro confirmed that PPH rates had stabilised, and the Trust was not an outlier compared with the national average. Continuing actions to reduce the risk could also be evidenced. She also confirmed that the results of the Maternity and Neonatal Voices Partnership (MNVP) audit on delays in administering epidurals would be presented to the Quality Committee.

Mr Barkley asked about the new Maternity Outcomes Safety Signal (MOSS). Ms Wells-Munro explained that the data was extracted from that which had already been submitted; it was still unclear what would trigger a safety referral.

The Board approved the CQC Section 31 Update.

Mrs Parkes agreed to consider which maternity metrics in the TPR could be removed from the report but to add the number of women affected when a unit was temporarily closed.

Action: Mrs Parkes

14 Medical Education Annual Report

Dr Stone presented the report and began by summarising the numbers of students and doctors supported by the Medical Education team. She advised that the Trust was continuing to increase the number of undergraduate students it supported. The partnership with the Hull York Medical School (HYMS) was successful and HYMS' ranking in national league tables was positive. Dr Stone highlighted the support for Ukrainian medical students over the summer months, the implementation of the new Medical Licencing Assessment, the professional development programme for consultants and the response to the National Student Survey.

A question was raised about whether Specialty and Specialist (SAS) doctors and Locally Employed doctors could be tracked to determine how many were HYMS graduates. Dr Stone confirmed that they could be tracked, and she would circulate this information.

Action: Dr Stone

There was some discussion on the increasing trend for doctors to work less than full-time. The Trust offered flexibility in this as part of its recruitment and retention strategy.

Mr Scanlon asked how training opportunities could be expanded in emergency specialties, as clinical opportunities may be limited. Dr Stone confirmed that classroom simulations were used but there were also opportunities to expand the kit which was used. There were challenges around the capacity of staff to support training, and this was a focus for 2026/27.

15 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

Ms Golding joined the meeting to present the reports. Board members focussed on the action plans.

Referring to the WRES action plan, Mrs Parkes questioned how reflective it was of staff experience given the number of responses; she asked how many members of staff had been involved in developing the actions. Ms Golding explained that an invitation had been sent to all staff for the engagement event held in August 2025, but attendance had been disappointing with only 30 members of staff. However, relevant information and staff feedback was also captured throughout the year. Mrs Parkes was of the view that there might have been opportunities to engage differently with staff to provide a better information for the actions. Miss McMeekin added that data was also extracted from the national Staff Survey and from the Electronic Staff Record but it was from last year and the time lag was unhelpful. It had been helpful to feed in the work of the Anti-Racism Steering Group and the anti-racism principles agreed by the group would provide a strategic framework for actions.

There was further discussion on the actions in the WRES plan. It was agreed that more could be done to manage violence and aggression experienced by colleagues from ethnic minority backgrounds from patients or their relatives, and that more could be done to encourage reporting of this and other negative experiences. Board members also agreed that the objectives in the plan should be more ambitious, such that the ambitions, in terms of the percentage of staff, should be increased to at least the peer average. Mr Barkley observed that bold, different steps needed to be taken to effect an improvement in the experience of colleagues from ethnic minority backgrounds. There needed to be evidence that the high impact changes published in 2023 were being implemented. He underlined the Board's accountability in tackling racism in the Trust.

Miss McMeekin and Ms Golding would develop a more far reaching action plan to be presented to the Board again at its meeting in November.

Action: Miss McMeekin/Ms Golding

<u>WDES Report</u>
Mr Barkley noted that this was a much more positive report. Miss McMeekin was of the view that the action plan, as for the WRES, should reflect more ambition. Other Board members agreed.

16 Premises Assurance Report (PAM)

Mr Norman presented the report, noting that the self-assessment had been submitted to NHS England on 30 September, having been reviewed through the YTHFM governance process. The assessment reflected a generally positive trajectory in Estates and Facilities performance. Mr Norman highlighted, however, that standards were not being met in "Soft FM" which represented cleaning standards. A costed action plan to achieve compliance had been appended to the report but decisions would need to be made on what standard to aim for given the financial constraints.

Mr Scanlon questioned the accuracy of the self-assessment in the safety domain given the quality of the estate and queried whether frontline staff had been involved in the meetings which informed the report. Mr Norman explained that the purpose of the self-assessment was to report on Estates and Facilities services alongside health and safety. The quality of

the environment was not one of the domains but would be covered under the Place assessment.

The Board agreed that the receipt of funding for the de-steaming of the Scarborough site was very good news.

17 Q2 2025/26 Board Assurance Framework (BAF) Report

Mr Taylor referred to the additions to the report in terms of further documentation of assurance, and encouraged Executive Directors to consider how actions could be completed to ensure that target risk scores could be achieved. He reported that the internal audit of the Board Assurance Framework had commenced. This would feed into the Annual Report at year-end.

18 2026/27 Board of Directors Meeting Dates

The Board of Directors approved the meeting dates for 2026/27.

19 Questions from the public received in advance of the meeting

There were no questions from members of the public.

20 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 26 November 2025 at 9.30am at Scarborough Hospital.