York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
26 November 2025

Minutes of the Public Board of Directors meeting held on Wednesday 26 November 2025 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.30pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Helen Grantham
- Mrs Jenny McAleese
- Mr Noel Scanlon
- Dr Richard Reece, Associate Non-Executive Director

Executive Directors
- Miss Clare Smith, Chief Executive
- Mr Andrew Bertram, Finance Director and Deputy Chief Executive
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse and Executive Maternity and Neonatal Safety Champion
- 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 Sascha Wells-Munro, Director of Midwifery (For Item 13)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Ms Linda Wild, Public Elected and Lead Governor
- Ms Mary Clark, Public Elected Governor
- Mr Nick Bosanquet, Public Elected Governor
- Mr Graham Lake, Public Elected Governor
- Prof Gerry Richardson, Appointed Governor
- Cllr Tim Norman, Appointed Governor
- Ms Elena Clerici, Staff Elected Governor

- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting with a particular welcome to Ms Smith, attending her first meeting as the new Chief Executive, to Ms Abeysekera, joining her first meeting as a Non-Executive Director, and to new governors observing the meeting.

Mr Barkley recorded his thanks to Mr Bertram for his outstanding service as interim Chief Executive.

2 Apologies for absence

Apologies for absence were received from:
Ms Jane Hazelgrave, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 22 October 2025

Ms Hansen proposed the following as an amendment to Item 5 *Matters Arising/Action Log,* with respect to BoD Pub Action 30:
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.

Subject to this amendment, the Board approved the minutes of the meeting held on 22 October 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 26 *Schedule a deep dive of Cancer performance for the Resources Committee*
The deep dive had taken place. The action was closed.

BoD Pub 32 *Provide a detailed timeline of the upgrade of the telephony system.*
Mr Hawkins had circulated the timeline. The action was closed.

BoD Pub 33 *Prepare a briefing paper for Mr Barkley on the impact of the reduction in the out of hours patient transport service.*
Mr Barkley had received the briefing paper. The action was closed.

BoD Pub 35 *Produce a summary paper for the Board on the approach to the EPR Tranche 1 go live date and to staff training.*
Mr Hawkins had circulated two papers to address the action, which as closed.

Ms Smith advised that the new Electronic Patient Record (EPR) programme would be a standing item on the Risk Sub-Committee agenda going forward. Mr Barkley confirmed that a monthly EPR progress report would be on the Board agenda from January for at least 2026.

Action: Mr Hawkins & Mr Taylor

BoD Pub 36 *Add an item on the community model of care to the Private Board agenda for November.*
The item had been added, and the action was closed.

BoD Pub 37 *Include the metrics used by NHS England to determine the Trust's position under the National Oversight Framework in one section of the Trust Priorities Report (TPR).*
Mr Hawkins had circulated the metrics, and work was underway to include these in the TPR. A paper on the Trust's position in relation to the Framework had also been circulated. The due date was deferred to January.

BoD Pub 38 *Provide an analysis of the number of outpatient referrals which are not from GPs or consultant to consultant.*
Mr Hawkins had provided the analysis by email although the data only recorded referrals from consultants and GPs. Ms Hansen undertook to provide further details about the referrals to bring back to the Board. The due date was deferred to January.

BoD Pub 39 *Ask the Director of Midwifery to include information about the number of women affected by closures of Maternity Units in her reports to the Board.*
Mrs Parkes advised that the Director of Midwifery would provide a verbal update when she joined the meeting and the information would be included in her report going forward. The action was closed.

BoD Pub 40 *Provide further details of the adverse variance in debtors.*
Mr Bertram advised that the debts highlighted at the last meeting had now been cleared and the TPR showed a much improved position. The action was closed.

BoD Pub 41 *Consider which maternity metrics in the TPR could be removed from the report and add details of the number of women affected when a Maternity unit is temporarily closed.*
Mrs Parkes advised that the Director of Midwifery would add the key metrics to her monthly report, and these would be removed from the TPR. The action was closed.

BoD Pub 42 *Circulate information on how many SAS and Locally Employed doctors are HYMS graduates.*
Dr Stone provided details and advised that this would in future be added to the regular Medical Education report. The action was closed.

BoD Pub 43 *Work on the WRES action plan to be presented to the Board again at its meeting in November.*
The action plan was presented under Item 15. The action was closed.

6 True North Report

The Board received the report.

Miss McMeekin reported that completion rates of the national Staff Survey, which would close on 28 November, had thus far reached 53.7%, as compared to 36% for the equivalent date last year. Ms Smith noted that the higher completion rate would afford leaders a broader understanding of staff members' views of the Trust. Directors agreed that the improved completion rate was positive.

Ms Smith acknowledged that neither the Emergency Care Standard (ECS) metric, nor the number of 12 hour waits in Emergency Departments (ED) were acceptable, but she was encouraged, in visiting ED, to hear staff members actively discussing the continuous flow model and keen to improve the ECS figure.

In relation to the Faster Diagnosis Standard (FDS) for Cancer. Ms Hansen reported that there had been agreement between the ICB and GPs to undertake dermoscopy services which would reduce the number of referrals and improve the FDS metric. However, there was a backlog of referrals to manage and no extra funding for resource. The improvement trajectory would be monitored by the Resources Committee.

Ms Hansen provided an update on the Referral To Treatment (RTT) waiting list. She cautioned that the year-end trajectory might not be met as the Trust had made the decision to focus on reducing waiting times for Cancer services. Weekly meetings with challenged specialties were being held.

A question was raised as to whether the reduction in the number of Category 2 pressure ulcers and Trust Onset MSSA Bacteraemia infections was sustainable. Mrs Parkes expressed confidence that the work with ward managers would underpin sustainable improvement in these areas.

Mr Barkley queried an action described in the report in relation to the number of bed days lost to patients with No Criteria To Reside, which was around discharge training for staff. Ms Hansen explained that the training had been rescheduled. There was some discussion on the application of the Choice on Discharge Policy: Mr Barkley was keen to see evidence that patients were moved in a timely way to more appropriate settings. Ms Hansen advised that more work was planned with ward managers and discharge teams to ensure that the policy was applied correctly and consistently. This would involve a change in culture.

Mr Barkley asked why the FDS metric had not improved when the Board had agreed to prioritise cancer referrals. Ms Hansen responded that the data was from September; October's data should evidence an improvement.

Mrs Parkes undertook to inform the Board of the planned date of submission of the Continuous Improvement Business Case to NHS England.

Action: Mrs Parkes

7 Chair's Report

The Board received the report.

Mr Barkley reported that the letter following the mid-year review of the Trust by NHS England had been received. The review included determining whether the Board had sufficiently strong ambition to achieve NHS constitutional standards and achieve financial balance. The letter confirmed that Mr Barkley and Mr Bertram had successfully communicated the Board's commitment to these obligations. NHS England colleagues had

acknowledged the significant performance and financial challenges facing the Trust but were assured that the Board was clear on its priorities. The financial plan must be delivered. The letter also acknowledged the challenges of working within an ICB system which was in flux, but wanted to see more evidence of partnership working. The Trust's progress against the actions would continue to be monitored and future support was conditional on progress being made.

Ms Hansen advised that NHS England representatives had discussed with the ICB issues previously noted around GP dermoscopy services and the reduction in the Patient Transport Service, which had been beneficial for the Trust. Mr Barkley added that NHS England had also been supportive of the decision to prioritise patients waiting for cancer services. Ms Smith added, however, that the trajectory for RTT still had to be met. Corporate Directors would allocate time to discuss the outcomes of the mid-year review.

8 Chief Executive's Report

The Board received the report, which was presented by Mr Bertram, this being his last report as Interim Chief Executive.

Mr Bertram recorded his congratulations to colleagues in Maternity Services following the removal of the Section 31 conditions on the Trust's registration for Maternity Services at York Hospital. He drew attention to the new 10 Point Plan to improve the working lives of resident doctors which Dr Stone would lead. This had been reviewed by the Resources Committee. The Committee requested that the Board include resident doctors in its programme of monthly visits to areas and services, and this was agreed.

Mr Bertram reported that all Chief Executives had been asked to consider their organisation's Anti-Racism Statement. The Trust's Statement had been revised and updated, following review by the Anti-Racism Steering Group, and Mr Bertram sought the Board's approval for the new version. A question was raised as to how staff working for the Trust could be clear that the organisation was anti-racist and how the actions would be evaluated and progress monitored. Mr Bertram referenced the No Excuse for Abuse campaign and explained that the success of the programme would be monitored via the Staff Survey which had specific questions relating to racism at work. These strategies would be supported by the NHS Workforce Race Equality Standard action plan. Miss McMeekin added that a new policy on managing violence and aggression had been published which needed to be fully communicated.

The Board of Directors approved the Anti-Racism Statement for publication on the Trust's website.

Mr Bertram reported that the planning guidance for 2026/27 had been published. The Trust would be submitting a 3-year revenue plan and a plan for performance. The guidance included details of a 4-year capital programme which would support the development of a multi-year capital programme. Mr Bertram noted that a number of elements in the guidance were new and needed to be worked through. The submission of the first draft of the plan for 2026/27 was due on 17 December with the final submission due in February. Mrs Parkes added that a robust Equality Impact Assessment (EQIA) process was now in place; directors were therefore sighted on the consequences of their decisions and the level of risk to patients and staff.

Mr Bertram also highlighted the financial control measures which must be implemented; the impact of these would be monitored through the Resources Committee and the Trust Priorities Report. Patient safety would be paramount.

The Board noted the publication of the Strategic Commissioning Framework and the ongoing recruitment process at the ICB for a substantive Chief Executive.

Directors were pleased to see the number of support workers nominated for Star Awards. Mrs Parkes was pleased to report that two Health Care Support Workers had been nominated for a national Chief Nurse award.

9 Quality Committee Report

Dr Boyd highlighted the key escalations from the meeting of the Quality Committee on 18 November 2025:

- the Trust had received a response from NHS Resources following a request for clarification of the Maternity Incentive Scheme (MIS) Safety Action 5 which related to safe midwifery staffing; the implications of this were being assessed;
- the Committee was pleased to note the removal of the Maternity Section 31; all information previously included in the Section 31 report was now incorporated in the other maternity papers presented to the Committee;
- the work resulting in the removal of the Section 31 notice and the ongoing improvement in Maternity services had been noted; the Maternity and Neonatal Voices Partnership (MNVP) had been central in the response to the CQC;
- the time taken for patients to access surgery for hip fractures remained a concern; a proposed increase in theatre capacity was going through the business planning process;
- water safety risks were being considered for escalation to the Corporate Risk Register, and the Committee had requested further assurance on this work;
- the Committee had discussed how best to monitor Board Assurance Framework risks, and it was agreed that it would focus on the three highest risks in future meetings.

Mr Barkley queried whether the Board should be concerned about safeguarding statutory compliance and quality of assurance. Mr Scanlon had noted gaps in the safeguarding report as there had been no reference to safeguarding activity which he would expect to see and thus it did not provide full assurance. The Head of Safeguarding had agreed to revise the report to include more information which would assure the Committee.

10 Resources Committee Report

Ms Grantham highlighted the key discussion points from the meeting of the Resources Committee on 18 November 2025:

- the Committee had undertaken a focussed review of diagnostic services; Ms Hansen had cautioned that the year-end trajectory would not be met due to MRI equipment and staffing capacity;
- a report had been received detailing actions to improve the performance of Cancer services; an EQIA had been undertaken for each of the proposed actions;
- a financial recovery plan was presented to the Committee; this required further work;
- in terms of assurance, the Committee had received the Safer Nursing Staffing report, and an update from York Teaching Hospitals Facilities Management (YTHFM); the six facet survey was due to be presented at the next meeting;

- there had been discussion on using innovation to drive improvement.

Ms Hansen observed that the performance of certain diagnostic services was a significant concern. As noted above, equipment and staffing were the key factors but the priority now being given to cancer referrals would have an impact. She was confident that the team were reviewing every option to increase capacity.
Mr Scanlon reported that cancer diagnostic performance had also been discussed at Quality Committee, where Ms Hansen had provided assurance that employee relations issues in the MRI department were being addressed.

Ms Smith and Ms Hansen again drew the Board's attention to the clinical impact of the decision to prioritise cancer referrals. Ms Hansen emphasised that the impact of the actions agreed had been robustly assessed through the EQIA process.

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley expressed concerned at the increase in 12 hour trolley waits. Ms Hansen was confident that the figure would be much improved in November. A daily rhythm of meetings had been established which was facilitating patient flow from ED to the wards. The ward managers' new supervisory status was underpinning this. Ms Hansen added that senior leaders had engaged staff in the improvement plans which had been very impactful.

Ms Hansen reported that the response from teams in managing the impact of the resident doctors' period of industrial action had been remarkable. There had been minimal gaps in services and acute flow had improved due to the seniority of the decision making.

Mr Barkley drew attention to the positive metric for the 31-day treatment standard for cancer which was at 97.6% overall, achieving the national target of 96%.

There was some discussion on the Trust's approach to accepting lower gastrointestinal suspected cancer referrals without an accompanying faecal immunochemical test (FIT). Ms Hansen advised that this was under discussion with primary care.

Mr Barkley asked if Ms Hansen was confident that there would be no patients waiting over 65 weeks for treatment by year-end. Ms Hansen explained that patients were being tracked individually. Eleven patients waiting for cardiology services were most at risk of breaching the deadline and the delay arose from the wait for results of diagnostic procedures. She was, however, optimistic overall.

The Board noted the significant improvement in the number of patients accessing the Rapid Access Chest Pain Clinic within 14 days of referral and the significant improvement in CT diagnostic performance.

Ms Hansen was not confident that a target of zero children and young people waiting over 52 weeks for treatment would be met. She would include more information in the written commentary in the next TPR.

Action: Ms Hansen

Quality and Safety

Mr Barkley noted that the National Oversight Framework data which had been circulated before the meeting by Mr Hawkins demonstrated that the Trust's performance in infection prevention and control was deteriorating, whereas the TPR showed a more positive picture. Mrs Parkes would investigate this apparent inconsistency.

Action: Mrs Parkes

Mrs Parkes confirmed that there had been no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) for a few months as there had been a focus on improved cannula care, this having been the cause of a number of MRSA infections.

Mr Barkley drew attention to the high number of formal complaints received by the Trust. Mrs Parkes outlined the actions implemented to address the management of complaints which included a standard process across Care Groups and a zero tolerance of breaching deadlines for responses. Mrs Parkes expressed confidence that the position was improving and confirmed that robust leadership of the complaints process was now in place.

Maternity

There were no comments or questions on this section of the TPR.

Workforce

The Board noted that the substantive staff proportion of the total workforce had risen to over 93%, with a corresponding reduction in the use of bank and agency staff, which was positive.

Mrs McAleese drew attention to the sickness absence rate which was significantly above the target. This had also been discussed by the Resources Committee.

Miss McMeekin reported that the Trust had met the target for staff flu vaccinations set by NHS England and she confirmed that all clinical staff were now on eRoster which was very positive.

A question was raised about the changes to the national immigration policy. Miss McMeekin advised that these would impact on the Trust: international staff who could apply for leave to remain after 5 years were not doing so due to the cost and were therefore requesting that the Trust fund extensions to their time-limited visas which was an unbudgeted cost. Miss McMeekin flagged the need to create robust staff pipelines domestically and to invest more in apprenticeships. Plans for active international recruitment had been stepped down. Mrs Parkes confirmed that the Trust would support employees to be successful to meet the new English language requirements. It was noted that the NHS had benefited significantly from international staffing, so the government's direction of travel was disappointing.

In response to a question, Miss McMeekin confirmed that the Trust offered a Health and Wellbeing programme and funded an employee assistance programme which had received very good feedback. She explained that it could not be determined from figures on sickness absence whether stress or anxiety was work-related or not. The support in place for staff experiencing financial difficulties was outlined.

Mr Barkley was pleased to note the number of Nursing Associates who had graduated to Band 5 nursing roles. Mrs Parkes advised that the Nursing Associate vacancies were being filled to maintain the pipeline.

Digital and Information Services

In response to a query, Mr Hawkins confirmed that the experiences of other Trusts in implementing Nervecentre modules were being fully monitored to inform the Trust's own programme. In terms of the go-live of the Tranche 1 module scheduled for February 2026, Mr Hawkins advised that more non-functional testing was planned.

Mrs McAleese noted that Mr Hawkins had highlighted the need for investment in the transformational opportunities offered by the Nervecentre EPR to realise the full benefits. Mr Hawkins provided some examples but acknowledged that there was a risk that opportunities might be missed due to the need to focus on the current delivery of the programme.

Finance

Mr Barkley asked that a report be circulated showing the cumulative volume of activity as at Month 6 this year compared to the same period in 2024 (using the same categories as his team had used for the 6 year comparative position).

Action: Mr Hawkins

Mr Bertram reported that, at Month 7, the Trust was £3.2m adrift of plan which included £0.5m attributed to the resident doctors' industrial action in October. The main driver of the deficit was the delivery of the Cost Improvement Programme which was behind plan. Mr Bertram emphasised that there would be no more funding provided. Referring to the projections in the TPR, Mr Bertram forecast that, if there was no further efficiency delivery, the year-end deficit would be £26m. Actions to reduce the deficit were already underway which Mr Bertram outlined.

Mr Bertram referred to the delivery of the Cost Improvement Programme, particularly the lack of progress to implement low risk efficiency schemes as these would help to close the gap. He acknowledged that the efficiency target would not be met and advised that a list of financial recovery plans had been devised, which could reduce the year-end deficit to £5m if all were able to be actioned.

In addition to this likely deficit, risks to the financial position included the sparsity payment for Scarborough Hospital and last year's ERF overtrade, both of which were included in the budget but for which income had not yet been received. Discussions with the ICB continued to secure this income. Ms Hansen flagged the opportunity to evidence work undertaken by the Trust for the wider system in these discussions. Combined with the operational in-year deficit, these risks now posed an increasing likelihood of the Trust missing its financial plan.

Mr Bertram report that the cash position was close to plan but was masked by income set aside for large capital programmes which were behind schedule. He underlined that the cash position must be protected by the recovery actions.

It was noted that the worst case deficit could be significantly higher than £26m. Mr Bertram did not expect that the position would deteriorate further due to the mitigations being put in place.

12 Q2 Annual Operating Plan Progress Report

Ms Hansen presented the report. She advised that 70% of actions due in Quarter 1 and Quarter 2 within the Annual Operating Plan had been completed. Some actions had been carried forward, with delays due to staffing capacity, progress through governance

structures or Business Cases, or actions being rolled out. She had no concerns about the delivery of the plan which had not already been raised.

13 CQC Compliance Update Report

Mrs Parkes presented the report. She highlighted again the removal of the Section 31 notice on Maternity Services at York Hospital and advised that the draft inspection report from the unannounced CQC inspection of Urgent and Emergency Care and Medical Care Services at Scarborough Hospital was imminent.

Mr Barkley referred to the numbers of open CQC enquiries/cases and asked if the Board should be concerned about any. Mrs Parkes responded that she had no concerns to raise.

14 Maternity and Neonatal Report

Ms Wells-Munro presented the report. She summarised the key risks:

- the CTG tocos and transducer cables currently used in the Trust were made from material that was prone to damage and cracking; attempts were being made to progress a resolution with the supplier;
- the rate of Post Partum Haemorrhage (PPH) over 1500mls had increased in September to 15 cases, eight of which were in the Scarborough Maternity Unit; a thematic review had been undertaken which had identified actions around risk assessments; a multi-disciplinary team approach had been adopted to effect further improvement.

Key concerns included the impact on the midwifery workforce and on mothers-to-be of the tragic case of a homebirth in Manchester and the implications of the coroner's issue of a Prevention of Future Deaths letter to multiple organisations across England. Ms Wells-Munro advised that women had a choice under the NHS constitution to give birth at home but there was no national guidance for homebirths. The Trust had already taken action on shift patterns to prevent midwives being on call when they had worked all day.

On a more positive note, Ms Wells-Munro highlighted the formal removal by the CQC of the Section 31 conditions on maternity services at York Hospital, and the go-live of the Badgernet system in the Neonatal Unit which had received very good feedback from staff. The Single Improvement Plan had been reviewed against the terms of reference of the national maternity review, and gaps around addressing racism and discrimination had been identified. A refreshed weekly briefing had been introduced, covering safety, news, actions and knowledge. This had been co-developed with frontline staff.

Mr Scanlon queried the reference to the increase in workload which would result from the introduction of a daily situation report for maternity and neonatal services by 11.30am seven days a week. Currently the report was required only on weekdays. Options for deploying staff to complete the report at weekends were being explored but more detail on the requirements was awaited from NHS England. Ms Hansen advised that an automated process was being considered so that the report would not be an added task for the clinical teams.

The Board congratulated Ms Wells-Munro on her leadership of improvements which had resulted in the removal of the Section 31 notice.

Mr Barkley asked about plans for the decant of Maternity Services at Scarborough Hospital during the roof project. Ms Wells-Munro explained that a number of options had been considered and reduced to two of which one was more viable. Mr Norman advised that the options paper would be presented to the Executive Committee on 3 December.

Mr Barkley questioned why the Trust's extended perinatal mortality rate was higher than its peers. Ms Wells-Munro explained that this was the result of the health inequalities and the service provision on the East Coast. A community engagement event had been arranged with the MNVP to help shape future service provision.

As requested by Mr Barkley under action BoD Pub 39, Ms Wells-Munro provided details of the number of unit closures in September, the number of suspensions to the home birth service and the number of women affected.

15 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans

Miss McMeekin presented the WRES and WDES action plans which had been strengthened as a result of discussion at the previous meeting. She highlighted the WRES action: *Implement a process for BME representation on recruitment panels at band 7, expanding to Band 8a and upwards in the future* and advised that the process would begin at Band 7 recruitment panels and more senior staff recruitment panels would be added gradually.

Mr Scanlon queried the focus on the victim, not sanctions for the perpetrator, in the actions to address bullying and harassment. Miss McMeekin clarified that actions to address individuals who bullied or harassed had been in previous action plans.

16 Annual Pay Gap Report

Miss McMeekin noted that the information was a snapshot of Trust staff as at 31 March 2025. There had been a slight deterioration but, if medical and dental staff pay was excluded, pay was broadly equitable across different cohorts. She drew attention to the action plan included in Appendix 2. Dr Stone observed that Clinical Excellence awards were impacting the gender pay gap as these were mostly held by male consultants. As these were no longer offered, the pay gap should reduce. Miss McMeekin reported that there was an ethnicity pay gap of 8.5% although this was not formally recognised by NHS England as it was in favour of ethnic minority staff.

17 Review of the Remuneration Committee Terms of Reference

The Board approved the Remuneration Committee's Terms of Reference.

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

The next meeting of the Board of Directors held in public will be on 28 January 2026 at 9.00am at York Hospital.