

Minutes

Board of Directors Meeting (Public) 28 January 2026

Minutes of the Public Board of Directors meeting held on Wednesday 28 January 2026 in the Boardroom, Trust HQ, York Hospital. The meeting commenced at 9.00am and concluded at 12.30pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Helen Grantham (*Via Teams*)
- Ms Jane Hazelgrave
- Mrs Jenny McAleese
- Dr Richard Reece, Associate Non-Executive Director (*Via Teams*)

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 Tara Filby, Director of Nursing and Deputy Chief Nurse (shadowing Mrs Parkes, Chief Nurse)
- Ms Caroline Brown, Specialist Physiotherapist (For Item 6)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Mr Graham Lake, Elected Governor - Public
- Mr Nick Bosanquet, Elected Governor - Public
- Mr Peter Morley, Elected Governor - Public
- One member of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

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

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 26 November 2025

The Board approved the minutes of the meeting held on 26 November 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 advised that the collection of ethnicity data was improving and now stood at just over 80%. A project was underway which included training and audits and Ms Hansen expected further improvement. The action was closed.

BoD Pub 34 *Discuss with the Counter Fraud team which of the 60 recommendations to prioritise, in relation to the Failure to Prevent Fraud legislation, and report back to the Group Audit Committee.*

Mr Bertram reported that a report had been presented to the Group Audit Committee. 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 TPR.*

The metrics had been added to the TPR. The action was closed.

BoD Pub 38 *Provide an analysis of the number of outpatient referrals which are not from GPs or consultant to consultant.*

Mr Hawkins advised that the analysis of referrals was still in progress; the majority of those which were not from GPs or consultant to consultant were from other health professionals. Mr Barkley was interested in a breakdown of consultant to consultant referrals. Miss Smith explained that a better understanding of referrals was part of a broader piece of work which should be presented to the Resources Committee. On this basis, the Board action was closed.

Action Miss Smith

BoD Pub 44 *Ensure that an EPR progress report is on each Board agenda, beginning in 2026.*

The item had been added to the agenda for the Private Board meeting. The action was closed.

BoD Pub 45 *Inform the Board of the planned date of submission of the Continuous Improvement Business Case to NHS England.*

The Business Case had been submitted to NHS England on 23 December 2025. The action was closed.

BoD Pub 46 *Include a narrative in the TPR on waiting times over 52 weeks for Children and Young People.*

The narrative had been added to the TPR. The action was closed.

BoD Pub 47 *Investigate the apparent inconsistency in Infection Prevention and Control data between the TPR and the National Oversight Framework.*

This was deferred to the next meeting.

BoD Pub 48 *Circulate a report showing the cumulative volume of activity as at month 6 this year compared to the same period in 2024 (using the same categories as were used for the 6 year comparative position).*

The report had been circulated and the action was closed. Mr Hawkins would respond to Mr Barkley's specific query.

6 Patient's Story

Caroline Brown, Specialist Physiotherapist and Leadership Fellow, joined the meeting to present on the Trust's approach to person-centred care. She described why person-centred care was important: it resulted in better patient outcomes and experience, and a reduction in Health Inequalities. Feedback from patients and themes from complaints demonstrated that patients wanted to be believed, to be treated as equals, to be given a voice, to be actively listened to and to be treated with genuine care and trust. Ms Brown shared the main themes of complaints to the Trust of which communication was prominent. She summarised the actions underway to promote person-centred ways of working across the Trust. A training package, developed in 2021, had been delivered to around 700 members of staff, including Allied Health Professionals and Nurses. The impact of the training had been evidenced in qualitative feedback. In 2025, a project to support learning for all staff on three wards had been initiated. Staff were encouraged to ask patients, "what matters to you"? Ms Brown provided examples of how asking this question provided benefits for both the patient and the Trust. Ms Brown emphasised that a person-centred approach dovetailed with the NHS 10-year plan, and with Trust values and strategies. Work would continue to embed the approach in Trust culture.

Ms Brown was thanked for her presentation and she left the meeting.

Miss Smith noted that this type of presentation was aimed at increasing the Board's understanding of patient experience, with a view to promoting discussion on how to address the issues raised.

7 True North Report

Miss Smith presented the report and drew attention to the following metrics:

- Staff Survey: a full review of the Staff Survey outcomes would be undertaken; the completion rate this year was higher;

- Reduce Bed Days Lost to No Criteria To Reside: a number of actions were in progress but reducing length of stay would be a key focus for 2026/27;
- Urgent and Emergency Care: the metrics were behind trajectory; there had been a significant increase in attendances at Emergency Departments and improvement work would need to be linked to the overall clinical strategy for 2026/27;
- Cancer Faster Diagnosis Standard: a number of actions had been implemented which were beginning to have some impact; this metric would require further focus in 2026/27, particularly around diagnostic capacity;
- Improve RTT: the strategy would need to be re-evaluated as there was unlikely to be additional finance available in 2026/27; the NHS England RTT validation sprint would continue in Quarter 4;
- Reduce Category 2 pressure ulcers: the number had reduced below the trajectory; Mrs Parkes noted that performance had been supported by the new supervisory status of ward managers;
- Reduce the number of Trust onset MSSA bacteraemia: significant work in infection prevention and control had reduced the number below trajectory;
- Achieve financial balance: the Trust was in a challenged position; this would be discussed under Item 13 *Trust Priorities Report*.

Referring to the Electronic Patient Record (EPR) update, Miss Smith highlighted that there were now 29 days to the first roll out. The focus was on training, risk management and staff engagement. In terms of continuous improvement, the Trust had submitted a business case to NHS England and a response was awaited. This support would be key to improving the Trust's position in 2026/27.

Mr Barkley highlighted that the Cancer Diagnosis Standard had deteriorated to 60% which was very concerning, although the reduction in Category 2 pressure ulcers and MSSA infections was positive. Ms Hansen provided further explanation of the service reviews and clinic utilisation referenced in the Productivity and Efficiency Group update.

8 Chair's Report

The Board received the report. Mr Barkley drew attention to the appointments of new Non-Executive Directors. He reported that the Trust's Annual Business Planning Day, which had taken place after the report was written, had been successful and he was looking forward to reading the facilitators' notes from the group discussions.

9 Chief Executive's Report

Miss Smith began by noting that she was now halfway through her first 100 days as Chief Executive. Much of her time had been taken up in visiting the Trust's sites and in meeting colleagues. She led a weekly online question and answer session, Y&S Live, with executive colleagues and had hosted her first Senior Leadership forum on 18 December. Miss Smith was optimistic about the opportunities for improvement, whilst not underestimating the challenges faced by the Trust, not least the forecast year-end deficit of £33m which had been submitted to NHS England.

Miss Smith also referenced the following:

- the recent resident doctors' industrial action; Trust leaders expressed their gratitude to colleagues who had stepped in to support services during this period;
- the implementation of the new Electronic Patient Record which was possibly the most significant change programme that the Trust had undertaken;

- the retention of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation for Endoscopy across the Trust, following the annual review, which was very good news;
- following Mrs Parkes' decision to retire, a new Chief Nurse had been appointed with a start date of 5 May; Ms Filby had agreed to fulfil the role of Chief Nurse in the interim period;
- the appointment of a Chief Executive of NHS Humber and North Yorkshire Integrated Care Board (ICB); Miss Smith acknowledged the challenges facing ICB colleagues involved in significant changes to the structure of the NHS.

The Board recorded its appreciation of all those colleagues nominated for Star Awards in December.

10 Quality Committee Report

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 20 January 2026. The Committee had discussed the potential for known and unknown clinical and safety risks during the implementation of the new EPR go-live. The Committee had also undertaken a focussed review on the Board Assurance Framework Principal Risk 3 *Working ineffectively with the Trust's partners to contribute to effective patient care, good patient experience and system sustainability*. Ms Hansen, as the risk owner, had highlighted the complex landscape of partnership working, resulting from multiple organisations with different governance structures. This was a resource intensive area and there was a risk that this resource was not being used effectively and efficiently. Dr Boyd commented that the risk would benefit from greater Board visibility and oversight and a clear understanding of the links to its strategic priorities

Responding to the risks around the EPR implementation, Mr Hawkins explained that there were five clinical safety cases being finalised through the appropriate governance processes and these would be discussed at the next meeting of the Executive Committee. Miss Smith added that EPR associated risks was a standing agenda item for the Risk Sub-Committee. She underlined that the risks associated with the go-live of the new EPR were a collective responsibility of the Executive and the frequency of meetings had been increased as the go-live date approached.

Mr Barkley asked about progress towards a stakeholder engagement plan. Mrs Brown reported that the Head of Strategy and Planning was progressing this, and a Strategy and Partnerships Sub-Committee had been established. Miss Smith added that a broader discussion on stakeholder engagement was needed, which would be informed by the Well Led review report. At the end of her first 100 days, she would make a recommendation to the Board as to how this should be progressed.

11 Resources Committee Report

Ms Hazelgrave highlighted the key escalations from the meeting of the Resources Committee on 20 January 2026:

- the Committee had undertaken a focussed review of Diagnostic performance: whilst there had been some improvement between September and November 2025, there had been a seasonally driven deterioration in December; plans were in place to achieve a year-end target of 75.6% of patients referred for diagnostic tests being treated within six weeks; a Diagnostic deep dive with NHS England was planned which it was hoped would prove valuable; some modalities would achieve the 95% national standard by March 2026;

- the Committee had discussed investment in Digital and had sought assurance that that this was to be included in the business planning process;
- attendances in Emergency Departments (EDs) had decreased over November and December but were still above 2024 levels; however, the number of ambulance attendances had increased substantially;
- the number of 12 hour trolley waits in EDs had increased due to the complexity; the average ambulance handover time was, however, ahead of trajectory;
- the Committee had discussed the latest financial position, including the cash position;
- the Medical and Dental Workforce paper had been received; the Committee had sought assurance that the reduction in bank and agency usage would not compromise patient safety; the improved revalidation and appraisal rate was noted;
- the Safer Nursing Staffing paper had been received; the completion of nurse staffing establishment reviews was noted.

Ms Hazelgrave highlighted the risk that the impact of additional NHS England funding to meet Referral To Treatment waiting times could further increase the demand for diagnostics which would impact on diagnostic performance; in addition, there continued to be a risk associated with equipment breakdown. She alerted the Board also to the rising levels of staff sickness absence.

Dr Boyd observed that the increase in 12 hour trolley waits in EDs was a concern. It was noted that the wait time clock was begun at the point that the decision to admit the patient was made.

Concerns were raised by Mrs McAleese about the high levels of sickness absence and the impact on patient care, staff morale and the financial position. Miss McMeekin advised that the main reasons for absence were stress, anxiety and depression and coughs, colds and flu. Her team continued to analyse the reasons in depth and to revise strategies for reducing absence. Miss McMeekin welcomed further discussion on and suggestions for reducing sickness absence. She noted that the rise was despite an increase in the flu vaccination uptake. Miss McMeekin would present a paper to the Resources Committee in March on reducing sickness absence.

Action: Miss McMeekin

12 Group Audit Committee Report

Ms Hazelgrave highlighted the key points from the meeting of the Group Audit Committee on 13 January 2026:

- nine internal audit reports were brought to the Committee, of which six had limited assurance;
- the external auditor reported that the delayed audit certificate for the 2024/25 accounts had now been issued, audits had now been completed for YTHFM and the Trust charity (November) with no issues to report and work on the 2025/26 external audit had begun;
- there were no outstanding audit recommendations for YTHFM which was very positive;
- a report on Single Tender Waivers had been presented which had provoked discussion because of the number and that they had not been reported to each Group Audit Committee for quite some time;
- of the 60 recommendations relating to new anti-fraud legislation, there were three rated amber and one rated red which would remain, and it was likely that this would prove acceptable to the NHS Counter Fraud Authority;

- the Committee had discussed its remit in relation to the Board Assurance Framework and the Corporate Risk Register, noting that its role was to gain assurance about the process of risk management, not to discuss risks in detail;
- the Committee had recommended that a standard process for changing audit recommendation due dates be adopted;
- the Committee had escalated the internal audit report on the Safe Storage of Medicines to the Quality Committee.

It was agreed that the due date of high priority recommendations could only be changed once, and of lower priority recommendations twice. Only the Executive sponsor had authority to approve changes in due dates but the challenge and confirm process should be more robust. Audit recommendations actions were monitored by the Risk Sub-Committee.

Dr Boyd advised that the internal audit update presented to the Quality Committee was being revised to provide better assurance on the actions taken and the impact, in triangulation with other sources of information.

13 Trust Priorities Report (TPR)

The Board received the TPR.

Mr Barkley highlighted that, under the National Oversight Framework, the Trust was ranked first in terms of the lowest proportion of C.Difficile infections.

Operational Activity and Performance

Ms Hansen provided a summary:

- December had seen sustained operational pressures: ambulance conveyances to EDs continued to increase although there was evidence that some could be diverted to more appropriate settings or patients could have been treated at home; discussions with the Yorkshire Ambulance Service were ongoing;
- Emergency Care Standard, 12 hour trolley waits and Cancer performance were all below the trajectory;
- RTT recovery was mixed: there had been a reduction in the number of patients waiting more than 65 weeks but waiting lists continued to grow;
- diagnostic performance had deteriorated in December;
- community services remained under pressure and backlogs remained in paediatric Speech and Language Therapy despite the implementation of a treatment model which had been recognised nationally; discussions with the ICB around demand management continued;
- assessment times for paediatric patients in Emergency Departments had improved significantly;
- transfers to Same Day Emergency Care (SDEC) within 60 minutes were increasing, supporting better flow through ED;
- quality standards and the acute model of care were being finalised which would be key to reducing waiting times in ED and supporting staff safety and morale;
- improved ambulance handover triage and waiting times to see a doctor had been sustained;
- the Trust was the best in the region for discharges before 5pm and third best for minimising the time from discharge ready date to actual discharge;
- a “fit to sit” model was being implemented to move patients more efficiently from ED to SDEC or the assessment unit;

- a Multi-Agency Discharge Event was planned for February which would support with the transition to the new EPR;
- the voluntary sector was being engaged to support with discharges and also possibly in ED;
- discussions were taking place with the care sector to reduce the number of patients coming from care homes to ED;
- paediatric capacity in ED was being expanded;
- a targeted sprint was underway to reduce length of stay, focussing on Oak Ward in Scarborough;
- the capacity of the Endoscopy service was being increased to improve cancer and diagnostic performance;
- support had been secured from another local Trust to address the backlog in skin cancer referrals which had built up when GPs had ceased their dermoscopy imaging services; this backlog had impacted on cancer performance metrics, along with an overall increase in cancer referrals;
- work had been undertaken to help improve Colorectal performance and reduce the number of inappropriate referrals.

Ms Hansen briefly described actions in other specialties which would improve Cancer performance and reduce waiting times for RTT. In response to a question, she confirmed that there was sufficient support from external partners for the Multi-Agency Discharge Event and agreed that the event needed to be repeated as effective discharge processes were not embedded.

Ms Hazelgrave raised a concern about the increased length of stay metric. Ms Hansen responded that the figures had risen over the Christmas period as external partners reduced staffing, and thereby their response rate, by up to 50%.

Dr Boyd asked about the comment in the TPR which read: *Resources cannot support tests of change, for example having senior decision makers from specialties (Acute / Frailty) in the EDs.* Ms Hansen explained that the tests of change implemented by the Medicine Care Group had been effective in reducing waiting times in EDs but were not sustainable due to the costs. Senior leaders were considering other options.

Mr Barkley referred to the total waiting list numbers and asked that Ms Hansen report at the next meeting on the shape of the curve for RTT numbers and how this would influence forecasting. It was agreed that this would be presented first to the Resources Committee.

Action: Ms Hansen

In response to Mr Barkley's question, Ms Hansen explained that patients were often being seen in SDEC, when they should be referred to outpatient clinics. Work was underway to appropriately stream these patients to hot clinics. The capacity in outpatient clinics to treat these patients should be increased as the use of Patient Initiated Follow Ups and telephone catch ups increased.

Mr Barkley noted that the Urgent Community Response metric was poor and the Trust had a comparatively high number of patients waiting for treatment in the community. Miss Smith responded that improvement work in Community Services was linked to a broader strategy which needed to be underpinned by a clearer vision. She would bring a recommendation to a future meeting.

Action: Miss Smith

Mr Barkley asked that the metric recording the number of adults waiting more than 52 weeks for community services should be added to the TPR.

Action: Mr Hawkins

Quality and Safety

Mrs Parkes highlighted some risks around the level of Health Care Acquired Infections (HCAIs), particularly MRSA, E.Coli and Pseudomonas infections, although levels of C.Difficile and MSSA infections had been successfully reduced, and the same methodology would be used to continue to reduce the level of all HCAIs. Focused work was taking place on improving hand hygiene and reducing the number of gloves used.

In terms of the number of complaints to the Trust, Mrs Parkes noted that the number had remained within the limits of normal variation and work continued to reduce the number by improving patient experience. The bedside handover strategy had received good feedback from patients.

Mrs Parkes emphasised that clear improvement trajectories were in place, both for complaints and HCAIs. She was confident that improvements in infection prevention and control would be sustained as the Care Groups had taken ownership and the improvement methodology was proven. Miss Smith asked if there was sufficient focus on the root causes of complaints to the Trust. Mrs Parkes responded that the number of complaints from inpatients had reduced due to the strategies for better communication now in place. Themes of complaints were now primarily linked to waiting times and communication with outpatients. This would be addressed through Care Group Patient Experience improvement meetings. Mrs Parkes reported that complaints linked to staff attitude had also reduced.

Dr Stone highlighted the challenge presented by winter respiratory viruses on infection prevention and control and the positive impact this year of the winter plan on bed availability.

Workforce

Miss McMeekin flagged the level of sickness absence which had risen sharply in November, and the increase in the vacancy rate to 6.5%. The latter metric had been impacted by the triple lock protocol and the number of vacancies ringfenced for employees who might need to be redeployed as part of the organisational change processes. The Health Care Support Worker vacancy rate now stood at 11.4%, mainly due to vacancies within the Medicine Care Group arising from an establishment review in the autumn when recruitment had been suspended. Senior leaders were working on plans to close this gap. Mr Barkley queried the decision to devolve recruitment of Health Care Support Workers to Care Groups, given that the vacancy rate would likely result in the use of bank or agency staff. Miss McMeekin responded that overall, the delegation worked better. Mrs Parkes added that she had asked Medicine Care Group leaders for a recovery plan.

With relation to the organisational change processes, Miss McMeekin reported that 45 day consultations had taken place during which the Trust had worked closely with unions and a number of restructures were now progressing to implementation, although the Care Group restructures were still not agreed in full and implementation would be deferred until agreement by all four Care Groups was reached. A review of the organisational change process had been commissioned.

Miss McMeekin was pleased to report that Whole Time Equivalent use of agency staff was at its lowest rate in the past eight years.

Digital and Information Services

Mr Hawkins reminded the Board that there were only 29 days until the first tranche of the new Electronic Patient Record (EPR) go-live on 27 February 2026. He provided an update on the current position and highlighted the current focus on training.

Mr Hawkins reported that delivery of the wider digital portfolio continued with a focus on the scanning of paper records, and support for Artificial Intelligence trials in both diagnostics and in Alternative Voice Technology (AVT). The latter was a key focus also for NHS England. Mr Hawkins noted that there had been good staff engagement with Microsoft Co-pilot. The main risks in his area included capacity to manage the full range of digital activities and the known gaps in the Trust's compliance with the Data Security and Protection Toolkit (DSPT). In terms of next steps, Mr Hawkins advised that there needed to be consideration of the Trust's patient portal strategy. His team would be supporting the rollout of electronic ordering for image diagnostics in primary care, alongside support for the Trust's capital programmes, including the new Community Diagnostic Centre at Scarborough.

There was some discussion on the AVT options available to the Trust.

Finance

Mr Bertram reported that at Month 9, there was a deficit of £10m against a planned deficit of £1m, so the Trust was £9m adrift of plan. This reflected the trajectory and Mr Bertram was encouraged that the deficit had not worsened during December. There had been a significant increase in the delivery of the Cost Improvement Plan in December, and the Trust remained on track for a full year delivery of £35m of efficiencies. This however was significantly below the target of £55m.

Mr Bertram reported an adverse cash variance of £20.6m variance although he did not anticipate any difficulties with the cash position in Quarter 4. There was a lack of clarity around allocations which was making it difficult to plan for 2026/27.

Mr Bertram advised that a forecast outturn position of £33m deficit had been submitted to NHS England and a response was awaited. With recent developments, the deficit had improved to £24m. These included the receipt of £2m to cover the costs of the resident doctors' industrial action and sparsity funding of £2m from the ICB. The forecast outturn also included £5m of Elective Recovery Fund (ERF) income in relation to 2024/25 overtrade activity, for which a strong case for payment had been made.

Mr Bertram noted that the non-delivery of the Cost Improvement Programme was the main driver of the deficit. Recently implemented cost recovery actions had added £5m of savings which were included in the forecast total delivery of £35m. Mr Bertram referenced the financial controls now in place which included the full triple lock on expenditure. The regional productivity lead had offered support to the Trust, and a financial improvement partner had been commissioned.

In response to Ms Hazelgrave's question, Mr Bertram set out the steps he had taken to secure the 2024/25 ERF income and advised that he was awaiting a response from the ICB and would update the Board next month.

Action: Mr Bertram

Mr Barkley queried the overspend of £900k in Community services. Mr Bertram explained that this had been driven by additional staffing needed to cover high levels of sickness.

In response to Mr Barkley's question, Mr Bertram explained that the adverse variance in the capital position of £19.7m was driven by a number of factors. Everything possible was being done to avoid losing capital monies and his team had liaised with YTFHM to map out the spend of Capital Departmental Expenditure Limit funds over year-end. A programme was in place to ensure that no funding would be lost. Ms Hansen added that a new governance process for capital programmes had been established.

14 CQC Compliance Update Report

The Board received the report. Mrs Parkes reported that officers from the CQC were onsite at York Hospital that day to inspect Nuclear Medicine.

15 Maternity Reporting

Ms Wells-Munro joined the meeting to present the reports

15.1 Maternity and Neonatal Report

Ms Wells-Munro noted that the data in the report related to October and November 2025.

With relation to the Maternity Incentive Scheme, Ms Wells-Munro reported that the Trust would declare compliance with six out of ten of the Safety Actions. Mitigations to ensure compliance with Safety Action 1 were being prepared which she hoped would secure compliance with this Safety Action. Year 8 of the Maternity Incentive Scheme would be launched soon.

Ms Wells-Munro highlighted the following:

- the rate of Post-Partum Haemorrhage (PPH) over 1500mls continued to show that the improvement had been sustained;
- there was now a very clear decant plan for the Scarborough Hospital maternity unit, which would be moved for the roof to be replaced;
- a new Maternal Care Bundle had been launched by NHS England, with all five elements needing to be implemented by the end of March; Ms Wells-Munro cautioned that there would be significant gaps and she would report back to the Board on these and any funding available to address them;
- one safety alert had been triggered under the Maternity Outcomes Signal System and a return had been submitted by the deadline; Ms Wells-Munro advised that issues with the system had been resolved;
- there had been five applicants for the Deputy Director of Midwifery post.

In response to Mr Barkley's query, Ms Wells-Munro confirmed that the ICB had proposed ceasing the Local Maternity and Neonatal System and replacing it with a senior midwife reporting to the Director of Nursing. Ms Wells-Munro expressed concern at the possible impact on the allocation of funding. Mr Barkley undertook to raise this with the Chair of the ICB.

Action: Mr Barkley

Ms Wells-Munro clarified that a neonatal outreach service existed in York but was needed in Scarborough. She confirmed that the issues with capital prioritisation flagged in the report had moved forward since it was written.

15.2 Maternity Safety Champion Report

Ms Wells-Munro advised that the report summarised the work undertaken by the Maternity Safety Champions since April 2025. The walkabouts had been particularly valuable.

The Board noted the improvement in the tone of staff feedback.

15.3 Workforce: Midwifery, Neonatal, Nursing, Neonatal Medical and Obstetric, Anaesthetic reports

Ms Wells-Munro explained that the report provided an overview of the key professions supporting Maternity Services in Quarters 1 and 2, using nationally recognised workforce metrics.

Ms Wells-Munro remarked that the Board was well sighted on the midwifery staffing gap but the Trust was also not meeting British Association of Perinatal Medicine (BAPM) standards for neonatal nursing and medical staffing. A business case was being developed to address the gaps. An action plan, linked to the Single Improvement Plan, was in place to address other gaps identified in the report.

Ms Hazelgrave questioned how the workforce could be established with certainty given the variability in the number of births. Ms Wells-Munro explained that the establishment was based on the number of births annually but the use of the metric of the number of midwives linked to the number of births was not helpful, due to the increase in the number of Caesarean sections and complex cases.

In response to a query, Ms Wells-Munro assured the Board that sickness absence was being very well managed, with weekly reviews undertaken by Human Resources. She reflected that the workforce was tired and some cases of sickness absence were long term and complex.

The Board noted the contents of the report and the non-compliance with minimum safe staffing levels for midwifery, neonatal nurse and medical staffing and supported the actions being taken to meet full compliance.

15.4 Maternity and Neonatal Voices Partnership (MNVP) Annual Report

Ms Wells-Munro paid tribute to the work of the MNVP which had been an important addition to the improvement work in Maternity Services, particularly in relation to the Maternity Incentive Scheme. She was therefore disappointed to note that the MNVP might be lost due to a lack of resources.

The Board acknowledged the very valuable work of the Maternity and Neonatal Voices Partnership.

16 Mortality Review – Learning from Deaths Report

Dr Stone presented the report and highlighted the following:

- the Trust's position according to the Summary Hospital Mortality Index (SHMI) was positive and the variation between York and Scarborough Hospitals had diminished;
- work on the interrogation of diagnostic groups continued; these had become more accurate as the depth of coding had improved;
- work on learning from deaths continued; consultants were being encouraged to train in Structured Judgement Case-Note Reviews.

Dr Stone agreed to include more details about the Hospital Standardised Mortality Rate (HSMR), including why it was significantly different from the SHMI, in the next report.

Action: Dr Stone

17 Update on actions to prevent Sexual Misconduct in the NHS – Trust Response

Miss McMeekin presented the paper and explained that, following a recent NHS England audit around the adoption of the sexual misconduct policy framework for all organisations delivering NHS care, the Trust was required to provide assurance of the actions being taken to safeguard its staff against sexual misconduct. There would also be changes regarding sexual misconduct under the Employment Rights Act 2025. Miss McMeekin assured the Board that a number of actions had already been taken, including the adoption of the Sexual Safety Charter in 2024 and the implementation of a Sexual Misconduct Policy in March 2025. An anonymous reporting tool had also been launched in 2025. A Sexual Safety Task and Finish group was in place to oversee the application of the Charter.

Miss McMeekin advised that NHS England had set out additional actions which included training for staff conducting investigations and a review of the Chaperone Policy. The Trust was also reviewing its process in making direct referrals to the Disclosure and Barring Service. Miss McMeekin agreed that the number of reports of sexual misconduct made through the reporting tool would be separately identified in the Reportable Issues log which was presented to the Private Board meetings.

Action: Miss McMeekin

Miss McMeekin was also asked on the timeframe for the approval of the updated Chaperone Policy and would report back to the Board.

Action: Miss McMeekin

It was noted that assurance on the framework in place to prevent sexual misconduct would be overseen by the Resources Committee.

18 Emergency Preparedness, Resilience and Response (EPRR) Annual Self-Assessment

Ms Hansen was pleased to report that the Trust was now 82% compliant with the EPRR core standards and this had been validated by the ICB.

The Board of Directors approved the report and assurance rating of partial compliance with the NHS England EPRR Core Standards for the period 2024/25.

Directors recorded their appreciation to the EPRR team for the tremendous progress they had made.

19 Q3 2025/26 Board Assurance Framework

The Board received the Board Assurance Framework (BAF) for Quarter 3. Mr Taylor referenced the internal audit report on the BAF and the work to be undertaken as a result of the recent external Well Led review.

Mr Barkley raised concerns with the scoring of some principal risks for example, in relation to Principal Risk 1 *Inability to provide consistently effective clinical pathways leading to poor patient outcomes, experience and possible harm* regarding the lack of mitigating actions and the accuracy of the scoring of the risk when so many patients experience significant waiting times. Miss Smith explained that this would be discussed in detail by the Risk Sub-Committee.

Action Miss Smith

20 Annual review of the Trust's and YTHFM Governance Framework

20.1 Review of the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders

Mr Taylor summarised the changes to the documentation, noting that the Scheme of Delegation had been amended to provide better control over the procurement of IT hardware and software.

In relation to the Standing Financial Instructions, it was agreed that amends to the formal tendering procedures might only be waived "in exceptional circumstances" and that this phrase would be added to the relevant paragraph. Mr Bertram confirmed that all Single Tender Waivers were approved by the Chief Executive. Mr Bertram and Mr Taylor would finalise the wording to ensure that this was clear and the amended wording would be approved via Chair's action.

Action: Mr Taylor/Mr Bertram

Subject to the amendment discussed, which would be approved via Chair's action, the Board of Directors approved the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders.

20.2 Review of the YTHFM Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders

Subject to the amendment discussed to the section on Single Tender Waivers, which would be approved via Chair's action, the Board of Directors approved the Trust Reservation of Powers and Scheme of Delegation, Standing Financial Instructions and Standing Orders.

21 Questions from the public received in advance of the meeting

A question had been raised regarding a specific clinical interface between the Trust and Hull University Teaching Hospitals NHS Trust. Dr Stone agreed to undertake an investigation to inform a full reply to the questioner, and would update the Board at the next meeting.

Action: Dr Stone

22 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 February 2026 at 9.30am at Scarborough Hospital.