

Minutes

Board of Directors Meeting (Public) 25 February 2026

Minutes of the Public Board of Directors meeting held on Wednesday 25 February 2026 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.20pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Helen Grantham (*Via Teams*)
- Ms Jane Hazelgrave
- Mrs Jenny McAleese
- 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 & 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

Corporate Directors

- Mr Chris Norman, Managing Director, YTHFM
- Mrs Lucy Brown, Director of Communications
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:

- Ms Donna Jack, Head of Nursing, Acute and Emergency Medicine (For Item 6)
- Ms Emily Douse, Patient Equality, Diversity and Inclusion Lead (For Item 6)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Ms Linda Wild, Elected Governor – Public
- Mr Graham Lake, Elected Governor – Public
- Mr Nick Bosanquet, Elected Governor – Public
- Ms Carol Popplestone, Elected Governor – Staff
- Ms Jean Flanagan, Elected Governor – Public
- Dr Adnan Faraj, Elected Governor – Staff

- 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:
Noel Scanlon, Non-Executive Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 28 January 2026

The Board approved the minutes of the meeting held on 28 January 2026 as an accurate record of the meeting.

5 Matters arising/Action Log

The Board reviewed the outstanding actions. The following updates were provided:

BoD Pub 47 *Investigate the apparent inconsistency in Infection Prevention and Control data between the Trust Priorities Report (TPR) and the National Oversight Framework*
Mrs Parkes had emailed an explanation to the Board. The action was closed.

BoD Pub 49 *Ensure that work on understanding referrals is presented to the Resources Committee*

Miss Smith advised that the trajectories associated with this work would be presented to the Resources Committee and to the Board in March.

BoD Pub 51 *Present to Resources Committee and then to the Board, a report on the shape of the curve for RTT numbers and the impact on forecasting.*

Ms Hansen advised that the Referral To Treatment numbers had been discussed by the Resources Committee and the information was also included in the TPR. The action was closed.

BoD Pub 53 *Add the metric recording the number of adults waiting more than 52 weeks for community services to the TPR.*

Mr Hawkins advised that the number of adults waiting more than 52 weeks for community services had been zero for a number of years, and it was agreed that this did not need to be added to the TPR. The action was closed.

BoD Pub 54 *Update the Board on the response from the ICB on the 24/25 unpaid Elective Recovery Fund (ERF) income.*

Mr Bertram reported that he written to the ICB, but no response had yet been received. He advised that the year-end financial position assumed that the 24/25 unpaid ERF would not be received.

BoD Pub 55 *Raise with the Chair of the ICB the proposal to replace the Local Maternity and Neonatal System.*

Mr Barkley had raised the matter with the Chair of the ICB who would look into it. The action was closed.

BoD Pub 57 *Identify separately the number of reports of sexual misconduct made through the reporting tool in the Reportable Issues log presented to the Private Board meetings.* Miss McMeekin reported that the data was now included within the Reportable Issues paper. The action was closed.

BoD Pub 58 Update the Board on the timeline for the approval process for the updated Chaperone Policy
Miss McMeekin advised that the policy had been presented to the Executive Committee for information only, given the minor changes, and had now been published on Staff Room. The action was closed.

BoD Pub 60 *Update the wording regarding Single Tender Waivers in the Standing Financial Instructions as discussed and seek approval via Chair's action*
Mr Taylor reported that the action had been completed.

BoD Pub 61 *Undertake an investigation to inform a full reply to the questioner and update the Board at the next meeting.*
Dr Stone advised that that she had investigated the issue raised and would respond in writing to the questioner. The action was closed.

6 Patient's Story

Ms Jack and Ms Douse joined the meeting to provide a summary of the work which had been undertaken as a result of the feedback from neurodivergent patients on their experiences in the Trust's Emergency Departments (ED). Their experiences had been poor, not due to the quality of care, but to the environment which did not meet their needs. New software used for the Friends and Family Test enabled the collation of feedback in real time, and when triangulated with operational data, it was clear that some neurodivergent patients were leaving the department before being treated or were attending multiple times. In response, a video had been developed in collaboration with York St John University, with input from neurodivergent individuals and their representatives. The video was available on the Trust website and was being shared with new staff at induction and with current staff. Ms Douse and Ms Jack outlined some next steps: a steering group informed by stakeholders would seek funding to continue the work with York St John University.

Miss Smith asked if there was any practical support for neurodivergent patients attending ED who struggled with the environment. Ms Jack responded that patients who attended ED often had been provided with care plans, and boxes containing distraction aids were available in the department, but this type of support could be expanded.

Dr Reece asked if the team had linked up with any other centres or planned to share their work with other providers in the NHS. Ms Douse explained that the team was seeking funding to continue the work as a blueprint for delivering it on a larger scale.

Board members agreed that the work described by Ms Douse and Ms Jack was a very positive initiative and thanked them for attending the meeting.

7 True North Report

Miss Smith presented the report. She advised that the results of the national Staff Survey would be released in mid-March; the values recorded in the True North report were taken from the quarterly Staff Pulse survey which had a very low rate of engagement. She suggested that the use of the Staff Pulse survey to inform the True North report should be discussed by the Resources Committee.

Miss Smith reported that the sharp increase in the number of bed days lost to patients with No Criteria To Reside was due mainly to the impact of the closure of a local care home in December. The number had now reduced. A trial was being undertaken on transferring patients without the use of a Trusted Assessor Form, with a view to determining the risks and benefits.

Miss Smith recorded her thanks to colleagues working in Urgent and Emergency Care (UEC) for their unstinting efforts to maintain the safety and dignity of patients in the face of significant challenges. There had been a seasonal increase in the number of 12 hour waits in ED but, more positively, this had not been accompanied by an increase in the number of ambulances waiting outside ED. Miss Smith observed that a strong focus on reducing length of stay would be key to improvement in UEC. She also reported that the actions implemented to improve the Faster Diagnosis Standard (FDS) in cancer care were beginning to take effect which would be evidenced in the metrics for February.

Miss Smith noted that the trajectories for the reduction in the number of Category 2 pressure ulcers and the number of Trust onset MSSA bacteraemia continued to be relatively positive. With reference to the financial position, Miss Smith assured the Board that the monitoring of the delivery of the efficiency programme would be more rigorous in the next financial year.

Miss Smith referred to the email she had sent to the Board advising that the new Electronic Patient Record (EPR) programme would not be progressing at this time as planned. This was clearly a disappointment to all concerned. The Trust was still waiting for a response on the Continuous Improvement business case which had been submitted to NHS England. Finally, Miss Smith referred to the Productivity and Efficiency Group update and advised that consideration needed to be given as to how to present this information going forward.

In response to a question, Mrs Parkes confirmed that there was now a consistent process for managing MSSA cases.

8 Chair's Report

The Board received the report.

Mr Barkley advised that Mr Scanlon had tendered his resignation from the Board with effect from 28 February 2026. Mr Barkley updated the Board on the recruitment of Non-Executive Directors and indicated that there was a potential solution to secure the quoracy of the Quality Committee, following Mr Scanlon's resignation.

9 Chief Executive's Report

The Board received the report.

Miss Smith remarked that she had now been in post for three months, and despite the challenges, it had been a positive experience. She reported that a recent event with medical leaders to socialise the clinical strategy had been valuable and the Senior Leaders forum planned for 13 March would also be used to discuss the strategy. Miss Smith underlined the necessity of a cultural shift to an improvement mindset.

Miss Smith reminded the Board that this was Mrs Parkes' last Board meeting as she would be leaving the organisation on 18 March. Miss Smith paid tribute to Mrs Parkes' transformational leadership as Chief Nurse.

Board members were, as always, impressed by the Star Award nominations. There was a brief discussion on whether there was sufficient recognition of more senior clinical staff, such as consultants. Dr Stone assured the Board that they were generally well-represented in the nominations.

Mr Barkley referred to Section 5 of the report and asked if there would be any impact on the Trust. Mrs Parkes explained that Band 5 nurses could not now take charge of clinical areas; this would clearly have an impact which needed to be worked through. The work on reviewing the duties of Band 5 nurses to reflect their job description would be undertaken by the Regional Chief Nurse to ensure consistency across all providers.

10 Quality Committee Report

Dr Boyd highlighted the key escalations from the meeting of the Quality Committee held on 17 February 2026:

- the increase in 12 hour waits in ED and the potential impact on the quality of care; the Committee had noted the mitigations in place and had requested an assurance paper which would be presented in March;
- the Committee had discussed the new maternity heat map and agreed that there was a lack of clarity around the scoring; Ms Wells-Munro had raised this with NHS England;
- the Family Health Care Group had presented to the Committee: there had been a discussion on the reasons for the delays in completing After Action Reviews on pressure ulcers in the community; assurance had been provided that any learning was being identified at the first opportunity, with the backlog being around delays in the process;
- the Committee had received assurance on the clinical risks associated with the EPR;
- whilst the Trust was rated top regarding C.Difficile infections under the National Oversight Framework, this was a reflection of the improvement made and should not deflect from the task to reduce absolute rates of infection.

Mr Barkley queried the scores on the maternity heat map, specifically those which were below the regional average. Dr Boyd responded that the scoring had raised a number of questions. Mrs Parkes added that the heat map was new and would continue to be monitored and further information was being sought to fully understand the scoring methodology.

Mr Barkley questioned whether, in the light of the recently published Aubrey report, the Board should receive patient experience reports, for example, on maternity services and cancer tumour site services. Miss Smith suggested that the Quality Committee could review all the various patient experience reports, and recommend which were the most important for the Board to consider on a regular basis. Mrs Parkes observed that these

could be amalgamated with the complaints report which would provide a more balanced view. It was agreed that time for further discussion would be allocated as part of a Board Development Seminar.

Action: Mr Barkley/Mr Taylor

11 Resources Committee Report

Ms Grantham highlighted the key discussion points from the meeting of the Resources Committee on 17 February 2026:

- the Committee had undertaken focussed reviews on Elective Referral To Treatment (RTT) and on the Staff Survey actions from the 2024 survey and initial outcomes from the 2025 survey;
- the Committee had noted that both RTT and Cancer performance were off trajectory but robust plans for improvement were shared, which provided some assurance of better performance by year-end; a draft three year improvement plan would be presented in March;
- the Committee heard details of the revised financial plan for 2025/26, which had now been submitted to NHS England, and of the robust oversight of the Waste Reduction and Productivity (WRAP) plan for 2026/27; the Committee would monitor the delivery of the WRAP plan;
- the Committee had noted the high rate of staff sickness absence and would receive a paper at the next meeting describing actions to address this.

Dr Boyd questioned whether the Safer Nurse Staffing report should also be presented to the Quality Committee to be reviewed through a quality and safety lens. Mrs Parkes agreed that the report was appropriate for both Committees and she would give some consideration as to how it might be incorporated into the paper on the Nursing Quality Assurance Framework which was currently presented to the Quality Committee.

Action: Mrs Parkes

12 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hansen reported that the Trust was unlikely to meet the operational plan which had been agreed with the NHS regional team at the start of the financial year. In order to meet the performance targets set for 2026/27, there would need to be a wholesale revision of current practice which would be supported by the operational management re-structure in Care Groups, the Patient Administration Operational Toolkit and the resetting of the Medicine Care Group clinical leadership. With reference to the latter, Ms Hansen explained that the Associate Chief Operating Officer was focussed on elective care and Care Group finances, and the Deputy Chief Operating Officer was leading on improvements to Urgent and Emergency Care as part of concerted efforts to focus on ending the year as well as possible. The Trust had received extra funding from NHS England to increase the number of appointments for RTT patients until 31st March.

Ms Hansen advised that the Medicine Care Group director had been engaging with colleagues in the development of a new acute model of care, in collaboration with Surgery Care Group, which would change the way in which ED functioned, with the focus on Same Day Emergency Care and joint assessment of patients. This had been designed with the new EPR in mind but would now need to be re-considered in the light of the decision to defer implementation, as reported previously.

Ms Hansen advised that another Multi-Agency Discharge Event was taking place which would support a reduction in the number of patients with No Criteria To Reside. Ms Hansen noted that performance for the Cancer FDS remained off trajectory but there had been improvement in February, not least as the ICB had reached an agreement with GP practices to reinstate dermoscopy imaging. Ms Hansen expected to be able to maintain an improved position of 75% for the FDS and 67% of Cancer patients treated within 62 days of referral. There had been a re-design of pathways for challenged tumour site services which had supported an improvement in performance, alongside the Board's commitment to focus on cancer.

Ms Hansen reported that the RTT waiting list was above trajectory. There continued to be a substantial number of referrals, and the priority was to work with primary care colleagues on demand management. This was already in train, led by the ICB's Executive Director of Clinical and Professional. Ms Hansen noted that some 10,000 RTT clocks would need to be closed over the next 5 weeks to meet the year-end target; currently, the average was c3.5k a month so this would clearly be a very challenging task. Ms Hansen highlighted the management of outpatient appointments: almost a quarter were now delivered virtually, and the number of first appointments had increased. However, the number of follow-up appointments had also increased; Ms Hansen underlined the need to go much further with the use of Patient Initiated Follow Up (PIFU).

Ms Hansen reported that diagnostic performance had remained stable since December and she expressed some confidence that the percentage of patients waiting less than six weeks for a diagnostic procedure should be maintained at about 70% to the end of March. The percentage would be impacted by extra activity to reduce RTT and cancer waiting times.

Finally, Ms Hansen alerted the Board a national shortage of bone cement which would impact the supply for the next 8 to 10 weeks. As a result, 13 patients had had routine elective surgery cancelled. Other suppliers of bone cement had now been identified, and it was hoped that stocks would arrive by the end of the week. Ms Hansen confirmed that patients not needing bone cement had been substituted into theatre lists.

Ms Hazelgrave asked if the target for stopping clocks was a local one. Ms Hansen explained that the target had been agreed with NHS England. The extra funding received to increase the number of patient appointments was with an expectation to meet the year-end target, but Ms Hansen noted that the money had not been received until late January which had reduced the opportunity to put on additional activity. There had also been staffing issues which had not been foreseen and had hindered recovery in challenged specialties. NHS England and the regional team were aware of the issues.

Ms Hazelgrave asked for a comparative figures from month to month in the National Operational Framework rank oversight so that it was clear whether the Trust's position had improved or deteriorated.

Action: Ms Hansen

Ms Hazelgrave noted that the setting of locally agreed trajectories which were different to the original plan made oversight of performance difficult. Miss Smith responded that this had already been discussed and a clear approach to reporting performance in 2026/27 would be presented to the Board in March.

Action: Miss Smith

Mrs McAleese referred to the narrative on Acute Flow and the comment that more than half of audited cases of low acuity patients conveyed to ED in an ambulance were deemed to be clinically inappropriate for treatment in ED. Ms Hansen explained that she had asked the Collaboration of Acute Providers to work with the Yorkshire Ambulance Service on this issue as it affected other EDs in the ICB.

Mrs McAleese was of the view that the high sickness absence rate was beginning to impact on performance and that sickness absence had become too normalised. This was a challenge for organisation and should be a priority to address. Miss McMeekin noted that a paper would be presented to the Resources Committee which would describe measures to address sickness absence. She summarised that these were underpinned by a focus on being more reactive when a sickness absence first occurred and being more proactive in encouraging staff back to the workplace, supported by electronic rostering which allowed data to be pulled in real time. Other strategies included support for staff from psychological medicine, from the Wellbeing team and the Freedom To Speak Up process, coaching support for line managers and the use of final attendance reviews at an earlier stage.

Dr Reece asked if there had been any impact on staff from the cancellation of procedures due to the issue with bone cement. Ms Hansen commented that the team would no doubt have been affected. Directors discussed issuing a press release once the supply of bone cement had been definitely re-established.

Mr Barkley asked what the implication would be of not meeting the revised March 2026 target of 60% of RTT patients waiting less than 18 weeks for elective treatment. Ms Hansen responded that she had met with the regional team to work through the planned activity, as well as any other opportunities to increase activity. A further meeting was scheduled to discuss the implications of not meeting the target.

Action: Ms Hansen

In response to Mr Barkley's question, Miss Smith advised that the changes to the acute model of care would be presented to the Resources Committee and to the Board in March.

Mr Barkley questioned why the Trust's four hour performance in ED for patients who were not admitted was the worst in the region. Ms Hansen explained that a number of factors were responsible including overcrowding in the department, inefficient streaming at the Front Door, although this had improved, and the time to be seen by a doctor. A review was being undertaken of the medical workforce as part of the new acute model of care. This would place a senior decision maker at the front door.

Quality and Safety

Mrs Parkes advised that the Trust remained below trajectory for C.Difficile infections but over trajectory for E.Coli infections. Infection prevention and control strategies continued to focus on hand hygiene including a reduction in glove usage and visual aids on wards to remind staff of best practice.

Mrs Parkes reported that new principles around "corridor care", which had replaced the term "temporary escalation spaces", had been published by NHS England. Mrs Parkes assured the Board that patients in temporary escalation spaces on Trust sites were not cared for on corridors. As a result of the new guidance, a gap analysis had been completed and the Standard Operating Procedure updated. Mrs Parkes noted that the Board needed to be sighted on patients receiving corridor care which was also a core theme of complaints to the Trust, as it was clearly a poor experience for patients and

families. Mrs Parkes advised that Health Care Support Workers were undertaking regular walkarounds as part of care for patients not accommodated in bed spaces.

Mrs Parkes reported that Trust staff were collaborating with the ICB to reduce the number of pressure ulcers in the community as many of the patients were not under the Trust's care. The Trust would continue to support investigations.

Maternity

It was noted that the Maternity section of the TPR was to be reviewed, with some of the metrics transferred to the monthly report.

Workforce

Miss McMeekin reported that there had been an increase in the overall vacancy rate. The Executive Committee had approved more robust governance processes required by the double and triple lock implemented by the ICB and NHS England. There was a focus on consistency in the use of clinical bank staff. The Chief Nurse's team was also working to address the Health Care Support Worker increased vacancy rate.

In response to Ms Hazelgrave's question, Miss McMeekin advised that the total workforce number was reported in the TPR and was rigorously monitored. She noted that the metric did not include additional hours or overtime. Ms Hazelgrave asked that the Board be kept apprised of the workforce figures by staff group, including details of bank and agency staff and it was agreed that this would be regularly reviewed by the Resources Committee.

Action: Miss McMeekin

The Board congratulated the Occupational Health team on the award of its quality accreditation for a further 12 months.

Digital and Information Services

Mr Hawkins reminded the Board that the Digital team had been fully focussed on the implementation of the new EPR, which was not now proceeding, and would now need to take stock.

Mr Hawkins reported that the number of Priority 1 incidents had been low in January. The number of calls to the Service Desk had increased, as had the number of Subject Access Requests and Freedom of Information requests.

The Board recorded its thanks to Mr Hawkins for his leadership of the EPR programme and acknowledged the huge disappointment which the decision not to proceed had caused.

Finance

Mr Bertram referred to the extra information included in the Income and Expenditure table, which related to the Deficit Support Funding of £4.1m which had been withheld by NHS England. The Trust was £12.1m adrift of plan and a year-end deficit of £28.5m was forecast. This comprised an operational overspend of £16.5m, plus £13m in unpaid Elective Recovery Fund (ERF) income from 2024/25 and sparsity funding for Scarborough Hospital. Mr Bertram emphasised that this forecast position must be delivered and noted that the rate of deterioration from the plan was slowing.

Mr Bertram reported that the Cost Improvement Programme had delivered £33m as of Month 10 and he was confident that a further £2m would be delivered to meet the year-

end forecast. A weekly tracker for the programme was now in place and was rigorously monitored.

Mr Bertram reported that he was not anticipating any issues with cash this financial year. The cash position was supported by delays to the capital programme. Mr Bertram advised that the capital programme would be £4m under-delivered at year-end but the Trust would not lose funding. There had been significant issues in delivering a large capital programme, including a major contractor going into administration. Forward purchases were being made to ensure that the capital was used.

Mr Barkley asked about the hybrid theatre and MRI capital schemes which had been impacted by contractor issues. Mr Norman explained that complex discussions were currently underway and he would provide an update at the next meeting.

Action: Mr Norman

13 Quarter 3 Annual Reporting Plan Progress Report

The Board received the report.

Ms Hazelgrave asked about the Acute Medical Model referenced in a number of the actions. Miss Smith advised that an update would be brought to the Board at the next meeting.

Action: Ms Hansen

In response to a question, Mr Hawkins confirmed that the work on reviewing the DM01 logic in CPD would be transferable to Nervecentre.

14 CQC Compliance Update

The Board received the report.

Mrs Parkes advised that the draft report from the CQC inspection of Urgent and Emergency Care and Medical Care Services at Scarborough Hospital in October had now been received. Updates would be provided to the Board.

Mr Barkley referred to Section 3.3 of the report and asked if the Trust was using the new resource for triangulating feedback from patients on discharge. Mrs Parkes noted that any new resource would be considered for use through the relevant governance processes.

15 Maternity and Neonatal Report

Ms Wells-Munro presented the report which included the data for December. She highlighted:

- the month-on-month reduction in the use of agency midwives;
- the Maternity Service had submitted a critical safety alert generated by the Maternity Oversight Safety Signals (MOSS) in December and a second in January; these had been externally reviewed and accepted with no adjustments or additional actions;
- a Deputy Director of Midwifery had been successfully recruited;
- the key risk to the Service around water ingress at the Scarborough Maternity Unit was being well managed with excellent support from the Estates team;
- there had been a reduction in the Homebirth service in response to the Preventing Future Deaths report issued by the HRH Coroner; midwives attending home births

had been allocated compensatory rest; the service would be reviewed once more detailed guidance was received.

Mr Barkley raised some queries which Ms Wells-Munro would respond to in the Private Board meeting. She did assure the Board, however, that in relation to the sad cases of stillbirths and neonatal deaths in December, all the women had received the relevant information consistently throughout their pregnancies. Although there had been 18 clinical incidents graded as moderate or above in December, Ms Wells-Munro reported that there had been no Patient Safety Incident Investigations in December. There had been an increase in the number of Caesarean Sections which had impacted the rate of Post-Partum Haemorrhages over 1500mls. Ms Wells-Munro provided details of cases where women had been diverted to another maternity unit.

16 Complaints Report (half-yearly)

Mrs Parkes presented the report. She noted that the number of complaints received by the Trust from April to September 2025 had increased by 12% compared to the previous six months. The themes of complaints were centred on delays in ED and in outpatients, and on follow-up care. Complaints about inpatient care had reduced. Care Groups were using complaints to inform improvements and a Strategic Patient Experience Improvement Plan had been developed, the actions from which were beginning to impact on the number of complaints, particularly around inpatient care.

Mrs McAleese expressed disappointment that there were complaints to the Trust about staff attitude. Mrs Parkes advised that these were not centred on one particular area and were actively managed. Leaders were being supported to have appropriate conversations with staff about whom the complaint had been made.

Ms Charge noted that the prevalence of Artificial Intelligence might have impacted on the number of complaints, as it had become easier to formulate complaints. Miss Smith responded that complaints needed to be triangulated with other sources of feedback on patient experience. Dr Boyd added that patients might be more willing to complain about long waiting times. Mrs Parkes observed that this could be mitigated by better communication with patients.

17 Questions from the public received in advance of the meeting

There were no questions from members of the public.

As this was the last Board meeting for both Mrs McAleese and Mrs Parkes, Mr Barkley led a tribute to both on behalf of the Board.

18 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 March 2026 at 9.00am at York Hospital.