York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
25 March 2026

Minutes of the Public Board of Directors meeting held on Wednesday 25 March 2026 in the Trust Headquarters Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 11.50am.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Ms Helen Grantham
- Ms Jane Hazelgrave
- 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
- Ms Tara Filby, Interim Chief Nurse
- Ms Claire Hansen, Chief Operating Officer
- Mr James Hawkins, Chief Digital and Information Officer
- Miss Polly McMeekin, Director of Workforce and Organisational Development

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

In Attendance:
- Mr Joe Hague, Chief Nurse Designate *(Via Teams)*
- Ms Alison Chorlton, Nurse Consultant, York and North Yorkshire Sexual Health and HIV Services (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
- Three members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

There were no apologies for absence.

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 25 February 2026

The Board approved the minutes of the meeting held on 25 February 2026 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 49 *Ensure that work on understanding referrals is presented to the Resources Committee.*
Miss Smith advised that a report would be presented to the Resources Committee and the Board in April. The due date was deferred.

BoD Pub 50 *Produce a paper for discussion on reducing sickness absence for presentation to the Resources Committee*.
The paper had been presented to the Resources Committee at its meeting on 17 March. The action was closed.

BoD Pub 54 *Update the Board on the response from the ICB on the 24/25 unpaid ERF income.*
Mr Bertram reported that a reply had been received from the ICB which rejected the claim for the unpaid ERF income, following discussion with the regional team. Mr Bertram advised that, whilst the income was not included in the forecast for 2026/27, there was one final avenue to explore in terms of securing payment. The action was closed.

BoD Pub 63 *Consider how the Safer Nurse Staffing information might be incorporated into the Nursing Quality Assurance Framework paper for Quality Committee*
Ms Filby advised that the Quality Assurance Framework paper for Quarter 4 would be amended to incorporate the relevant information. The action was closed.

BoD Pub 65 *Present the new approach to reporting performance for 2026/27.*
Miss Smith advised that the approach would be presented to the Board as part of the operational planning process. The due date was deferred.

BoD Pub 66 *Update the Board on the meeting with the regional team to discuss the unmet target of 60% of RTT patients waiting less than 18 weeks for elective treatment.*
Ms Hansen reported that she had met with the regional team on 13 March to discuss projected performance targets. There had been no repercussions from this meeting, but Ms Hansen was of the view that there would be consequences arising from the Trust's

position under the National Oversight Framework. However, the performance metrics were showing evidence of improvement in Quarter 4 in most areas other than Referral To Treatment (RTT). The action was closed.

BoD Pub 68 *Provide an update on discussions to progress the hybrid theatre and VIU projects.*
Mr Norman advised that an options appraisal was being worked through and a paper would be presented to the Board in April.

Action: Mr Norman

BoD Pub 69 *Bring an update on the Acute Medical Model.*
This would be covered under Item 13 *Trust Priorities Report.* The action was closed.

6 Patient's Story

Ms Chorlton joined the meeting and shared slides illustrating the aims and successes of the cervical screening service. Ms Chorlton also shared several brief patient stories associated with the service. Questions and comments were invited.

Miss Smith highlighted that the service was a good example of the move to neighbourhood care which would be particularly effective in reaching vulnerable populations. Ms Chorlton was asked if there were any examples of learning which could be applied to other services. She observed that the specific targeting of populations could be replicated in some services.

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

7 True North Report

Miss Smith advised that she would bring a recommendation for the True North metrics for 2026/27 to the next meeting.

Action: Miss Smith

Miss Smith reported that, whilst there had been some improvement in the national Staff Survey outcomes for the Trust in terms of staff recommending it as a place to receive care, there was clearly much further to go. This work would be supported by the development of a clinical strategy and the elimination of corridor care. Miss Smith was pleased to report that the Continuous Quality Improvement Business Case submitted to NHS England by the Trust had been approved which was hugely significant. In terms of recommending the Trust as a place to work, Miss Smith observed that, from her meetings with colleagues across the organisation, it was clear that Trust values and behaviours were not being consistently demonstrated.

Miss Smith advised that efforts continued to reduce the number of bed days lost to patients with no criteria to reside. A pilot of a process to transfer patients without a Trusted Assessor Form would be extended to more wards and further escalations were being explored in terms of long stay patients. The first phase of a new Acute Model of Care was now in place which was providing benefits for both patients and staff in Emergency Departments (ED) and would underpin an improvement in the Emergency Care Standard (ECS) and in the reduction of 12 hour waits in ED. The aim was to eradicate corridor care and 12 hour waits.

Miss Smith reminded the Board that metrics relating to the performance of the Cancer service were a month behind other performance metrics and improvements should be evidenced in next month's report.

Ms Filby highlighted the targeted work to address the number of Category 2 pressure ulcers and Trust onset MSSA infections. Overall, good progress was being made.

Finally, Miss Smith noted that the Trust awaited confirmation from the NHS England regional team that the implementation of the new Electronic Patient Record (EPR) could proceed in the next few months. As outlined previously, the Business Case for the implementation of Continuous Quality Improvement methodology, which would link to productivity and efficiency work, had been approved and a procurement exercise could now be initiated.

8 Chair's Report

The Board received the report.

Mr Barkley advised that he had, in fact, chaired the meeting of the Digital Sub-Committee on 20 March 2026.

9 Chief Executive's Report

The Board received the report.

Miss Smith observed that, as she reached the end of her first 100 days in post, she had reflected on discussions with a range of colleagues on how it felt to work and to deliver care in the Trust. She would be sharing these reflections with the Board in April and the priorities arising from them would be incorporated into the operational plan.

Miss Smith cautioned that the implementation of the Continuous Quality Improvement programme would be a significant addition to Executive Directors' workload. She reported that the Annual Plan for 2026/27 had been re-submitted and she expected further discussions with the regional and national team around the forecast deficit position.

Miss Smith reported that she and Mr Barkley, Dr Stone, and Ms Hansen had attended an NHS England conference on eradicating corridor care; this had been very valuable and helped to inform the Executive team's commitment to this aim.

Miss Smith also highlighted some evidence of improvement in the results of the national Staff Survey and in the CQC report from the unannounced inspection of Scarborough Hospital. She reported that Tara Filby had been appointed as Interim Chief Nurse, following Dawn Parkes' retirement and until Joe Hague began in post as new Chief Nurse, and that Sarah Coltman-Lovell had joined the Trust as Director of Strategy until the end of May.

Board members had enjoyed, as always, reading the Star Award nominations. Dr Reece asked how patients were made aware of the opportunity to nominate staff. Mrs Brown responded that promotional material should be displayed on all sites, and the website also provided relevant information.

10 Quality Committee Report

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 24 March 2026:

- Surgery Care Group had provided an update, highlighting pressures on responding to complaints within the set timescales and on operating times for patients with a fractured neck of femur; the Committee would continue to monitor both;
- there was continued uncertainty around the future of the Maternity and Neonatal Voices Partnership;
- the Committee received assurances around Maternity Services, and from workstream including complex needs, mortality and learning from deaths, and sepsis;
- the Committee received a comprehensive update on internal audit actions relating to quality and safety.

Dr Boyd reported that, following the Board discussion at the last meeting on the maternity regional heatmap, Ms Wells-Munro had explained the information used for the reported metrics. Dr Boyd assured the Board that directors were already well-sighted on all this information.

11 Resources Committee Report

Ms Grantham outlined the key discussion points from the meeting of the Resources Committee on 17 March 2026. Operational performance was generally below forecast trajectories but there was evidence of improvement. The Committee had undertaken a focussed review of Urgent and Emergency Care and of culture, leadership and behaviours. The significantly increased response rate to the national Staff Survey was welcomed and it was agreed that the survey was now much more representative. The deterioration in scores had been halted which would at least provide a foundation for future improvement. The Staff Survey improvement plan would focus on a fewer number of priorities for greater impact.

Ms Grantham advised that the Committee would receive a monthly update on progress against the Waste Reduction and Productivity (WRAP) programme, alongside the usual financial report. Ms Abeysekera highlighted the WRAP tracking document which had been shared with the Committee as evidence of oversight and accountability.

Miss McMeekin was asked to arrange a demonstration of the Robotic Process Automation tools, Esther and IRIS, for Mr Barkley.

Action: Miss McMeekin

Mr Barkley asked who would be leading on the re-procurement of Urgent Treatment Centre services and what was the timeline. Ms Hansen responded this would be led by the Medicine Care Group and should be concluded in Quarter 3.

It was noted that the Equality Delivery System report was presented to the Resources Committee and the Board as part of the requirement for all NHS providers to implement the Equality Delivery System.

Mr Barkley asked when the revised Sickness Absence Policy would be implemented. Miss McMeekin advised that this was still under negotiation with trade union representatives but was being prioritised.

12 Group Audit Committee Report

Ms Hazelgrave highlighted the key points from the meeting of the Group Audit Committee on 10 March 2026:

- 11 internal audit reports had been issued since the last meeting of the Committee: four with significant assurance and seven with limited assurance; as the internal audit programme was risk based, it was expected that a number of areas would return reports with limited assurance, with the priority being to address the recommendations;
- external audit colleagues had begun work on this year's report; a materiality threshold had been set at £18.4m;
- the Committee had received internal audit progress reports for both the Trust and YTHFM and had approved internal audit plans for 2026/27 for both parts of the Group, this being eight fewer days than for 2025/26;
- a report from the Counter Fraud team was presented, and would be going forward at each meeting;
- the Chief Nurse had attended the meeting to report on her recommendations from Internal Audits undertaken in 2025/26; it was agreed by the Committee that this should be the focus of Executive attendance at the meeting;
- the Committee had reviewed its terms of reference and discussed its annual report which was positive overall;
- there were no new risks to escalate.

Mr Barkley referred to the eight overdue recommendations from the Trust's internal audit reports. Ms Hazelgrave responded that the Committee had been assured that these would be addressed by Executive Directors. Mr Taylor added that audit recommendations were reviewed at Risk Sub-Committee and Corporate Directors' meetings. Ms Hazelgrave noted that the Committee received full internal audit reports which would improve transparency.

13 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hansen reported that the first phase of a new Acute Model of Care, which was in line with national guidance, had been implemented at pace at both York Hospital and Scarborough Hospital EDs. The model of care included two new areas: Extended Emergency Medicine Ambulatory Care (EEMAC) and the Emergency Assessment Unit (EAU). Ms Hansen recorded her appreciation for the support received by frontline ED staff from the Digital team during the period of implementation. Ms Hansen reported that the first phase of the new Acute Model of Care had resulted in an improvement in ECS performance in March of around 10% and a reduction in 12 hour waits of around 5%. The environment in the EDs for both staff and patients was calmer as a result of these changes, with patients waiting for specialty input now cared for in a different area. Ms Hansen reported that there had been no 12 hour wait breaches at York Hospital on the previous Sunday and it was agreed that this was extremely positive. Ms Hansen advised that the implementation of the first phase of the Acute Model of Care was more challenging at Scarborough due to the medical staffing establishment which was being reviewed to support future changes.

Ms Hansen reported that work to reduce Length of Stay continued, which was part of a wider programme to address patient flow through the hospitals. Mr Hawkins advised that a

first analysis of the data showed that the new EAU had avoided about 90 admissions in the first week on the York site.
Ms Hazelgrave questioned what the enabler had been for this significant change. Ms Hansen explained that the new model of care had been linked to the go-live of the new EPR and the Digital team had worked out of hours to make the appropriate changes to the current patient database. The changes had also been driven and well led by Dr Smith and Mr Stanley, Care Group directors for Medicine and Surgery respectively.

Ms Hansen advised that cancer performance metrics were gradually improving despite the challenging context. Work on pathways and additional funding received from the Cancer Alliance had supported this improvement. In terms of Referral To Treatment, funded sprints had continued throughout March: an additional 6,000 outpatient appointments had been created, based on the £1m of funding received. As the funding had been received after the start of Quarter 4, the agreed target would not be met. There had been a slight increase in the total waiting list due to the rise in referrals.

Ms Hansen reported that the Trust's diagnostic performance had improved by almost 7% at the end of February 2026, which was the best performance since February 2020. Whilst the end of year trajectory would be missed, the direction of travel was positive and long waits continued to be reduced. Ms Hansen advised that there had been some indication that sprint funding would be continued in April.

In response to a question, Ms Hansen advised that the Scarborough Community Diagnostic Centre was due to open this week for staff training, with operations being brought on-line throughout April.

Mr Barkley asked about the investment in capacity to address the long waiting times for paediatric speech and language therapy. Mr Bertram responded that the investment could not be made, and therefore recruitment could not begin, until the financial plan had been approved by NHS England. Ms Hansen advised that discussions had been taking place with system partners to ensure that children on the waiting list for speech and language therapy were on the right pathway. Mr Barkley emphasised the importance of treating children without delay.

Mr Barkley referred to the bullet point on page 86 of the report which read *"The average non-elective Length of Stay (LoS) acute for patients staying at least one night in hospital was 7.5 days during January 2026 (3,795 spells of care covering 28,425 bed days). Please note, this metric was modified from January 2026 onwards to correctly match the national guidance on how to calculate (all Trust sites which make up the spell have been included with maternity spells removed)".* He questioned how data governance was overseen. Mr Hawkins advised that the national reporting of data was overseen by him, under the delegated authority of the Chief Executive. He would clarify if there had been a previous error in reporting non-elective length of stay or whether the national guidance had changed.

Action: Mr Hawkins

Mr Barkley highlighted the increase in referrals. Miss Smith reminded the Board that a paper would be presented to the Resources Committee on the reasons for, and the impact of, the increase.

The Board acknowledged the improvement in the metrics for diagnostics, particularly the reduction in the number of patients waiting more than six weeks for Audiology, MRI and Colonoscopy procedures.

Mr Barkley noted however the disappointing metric for the 2-hour Urgent Community Response compliance and requested that an improvement plan be brought to the Board in April.

Action: Ms Hansen

Quality and Safety

Ms Filby reported that the progress to reduce C.Difficile infections had been sustained and the Trust's position as first out of 134 Trusts under the National Oversight Framework for improvement in this metric had been recognised nationally, as Ms Filby had been asked to share the Trust's improvement journey with the Regional Directors of Nursing. Ms Filby also reported that there had been reductions in February of cases of E.Coli and Klebsiella Bacteraemia. She referenced the current improvement actions in the report and advised that governance around Infection Prevention and Control (IPC) had strengthened. An internal audit report on IPC governance had recorded significant assurance.

Ms Filby advised that in terms of pressure ulcers, the monthly target had been missed in February. Data was being used to drive focussed areas for improvement which were monitored closely. As reported at the last meeting, discussions had begun with system partners to initiate improvement work across other providers, particularly in how pressure damage which had developed in a care home setting was reported.

Maternity

There were no question or comments on this section.

Workforce

Miss McMeekin reported that the Health Care Support Worker (HCSW) vacancy rate stood at 14% with the majority of vacancies being in the Medicine Care Group. This position was being managed closely. Miss McMeekin noted that some HCSWs had moved onto nursing apprenticeships which was positive. A number of new HCSWs were currently undergoing recruitment checks or being trained through the Health Care Academy. Miss McMeekin assured the Board that no agency staff were being used to cover the vacancies.

Miss McMeekin also reported that the Scarborough Hospital staff wellbeing room had been completed and the one at York Hospital was due for completion next week.

The Board was pleased to note the use of apprenticeships to retain HCSWs within the organisation and to provide a stepping stone for their development.

Digital and Information Services

Mr Hawkins advised that the overall impact of the delay to the implementation of the new EPR was being mitigated whilst further communication was awaited from NHS England. He reported that the Trust had purchased licences to extend the trials of Ambient Voice Technology. The Service was also progressing the electronic ordering of radiology in primary care. The Digital Sub-Committee had met on 20 March when the pressures on the IT Service Desk in the lead up to the planned implementation of the EPR had been discussed. The team was reviewing the lessons learnt.

Finance

Mr Bertram reported that at Month 11, the Trust was on target to meet the revised year-end trajectory, which was a deficit of £32.6m. Good progress had been made against the financial recovery programme and it was expected that the £5m target for recovery actions would be delivered. The overtrade against the Elective Recovery Fund was being

corrected to ensure that it was in balance at year-end and that there was no exposure to risk.

In terms of the Cost Improvement Programme, Mr Bertram advised that £37m had been delivered in full year terms and the total was expected to reach £39m by year-end, although he cautioned that the majority of savings were non-recurrent. Care Groups and Corporate areas had been asked to review their savings line by line to identify more which could be recurrent.

Mr Bertram reported that £44m of the capital programme had been spent at Month 11. The procurement team was making every effort to ensure that the significant amount of remaining capital was spent by year-end.

In response to a question, Mr Bertram advised that KPMG were due to finish their work by the beginning of May. A report would be presented to the Board.

Action: Mr Bertram

Dr Reece highlighted the amount which could be saved by stopping the use of first class post. Mr Bertram commented that the organisation was a significant user of postal services but there was now much greater awareness of the spend, and the need to use first class post had been challenged which had led to a substantial reduction. Mr Hawkins advised that the Trust had the capability to move to digital communication, but patients needed to be voluntary users of the Patients Know Best system which was a challenge.

14 CQC Compliance Update

Ms Filby reported that a recent IR(ME)R inspection of Nuclear Medicine at York Hospital had identified no breaches and two areas for improvement, with an action plan due by 7 April 2026.

Ms Filby advised that the CQC report from the October 2025 inspection of Scarborough Hospital had been published on 20 March and described improvements in Medical Services and further improvements to make in Urgent and Emergency Care. A Trust response to the recommendations was due by 10 April 2026. Trust representatives continued to meet regularly with the CQC, and some non-inspection visits were planned for later in the year.

The Board recorded its congratulations to the Medicine Care Group for the positive report on Medical Services and the improvements in Urgent and Emergency Care.

15 Maternity and Neonatal Report

Ms Wells-Munro presented the report and highlighted the key assurances set out in the executive summary, in particular that the Trust's perinatal mortality rate remained at 3.8 per 1000 births, this metric being taken from the 2023 MBRRACE report. Ms Wells-Munro noted that the most recent report had now been received and the mortality rate had reduced. She would bring a full summary of the MBRRACE report to the next meeting.

In terms of the rate of Post-Partum Haemorrhage over 1500mls, the rate for January 2026 was 3.2%. A review of all the actions currently in place was being undertaken to identify any further improvements, although Ms Wells-Munro cautioned that this was in the national context of increased inductions of labour and a significantly increased rate of Caesarean sections.

Ms Wells-Munro confirmed that the Maternity Incentive Scheme submission had been made to NHS England by the deadline. The Trust had declared compliance with seven of the ten safety actions, and this might increase to eight if the mitigations for Safety Action 1 were agreed by NHS England. The number of safety actions had been reduced to six in Year 8 of the Maternity Incentive Scheme; Ms Wells-Munro would provide more information about these in her May report.

Ms Wells-Munro reported that a Deputy Director of Midwifery had been appointed and would begin in post on 1 June and that Community Midwifery Services in Scarborough and the East Coast were about to move into a facility called the Street which would enable women to have greater access to antenatal and postnatal community care as well as antenatal education and infant feeding support

Ms Wells-Munro flagged the key risks and concerns to the Service which included the risk that maternity services may not receive the funding requested from NHS Resolution in full to progress the implementation of transitional care across York and Scarborough and to deliver the two key elements within Saving Babies Lives Care Bundle. The WRAP target of £1m was also a concern.

Finally, Ms Wells-Munro highlighted the assurance visit from the Local Maternity and Neonatal System, noting that the feedback received was positive and all actions had been completed.

A question was raised about the impact of a reduction in the number of births at both York and Scarborough. Ms Wells-Munro explained that, whilst the national birth rate had reduced, the complexity of cases and length of stay of both mothers and babies had increased.

Mr Barkley asked why there were gaps on the rota given the increase in the number of midwives overall. Ms Wells-Munro explained that the gaps were due to maternity leave, sickness absence and new Band 5s midwives being supernumerary.

Ms Wells-Munro was thanked for her report and she left the meeting.

16 Mortality Review – Learning from Deaths Report

Dr Stone presented the paper, noting that it had been reviewed by the Quality Committee. She advised that the report did not contain Hospital Standardised Mortality Ratio (HSMR) data as this was no longer received. Dr Stone referred to the Summary Hospital-level Mortality Indicator (SHMI) funnel plots and highlighted that the Trust was in a good position in comparison to its peers. Dr Stone also referenced the comparison of observed versus expected deaths by diagnosis group, and the reduction in deaths from sepsis and pneumonia. There were no areas causing concern.

Dr Stone advised that she had requested that the Learning from Deaths team undertake some triangulation of the data from sepsis treatment by completing a Structured Judgement Case-note Review on deaths from sepsis.

Mr Barkly asked what the impact for the Trust was of not subscribing to the Healthcare Evaluation Data (HED) system. Dr Stone would ask the Associate Medical Director for Patient Safety to attend a Quality Committee meeting to speak to the next Learning from Deaths paper and to outline the reasons for not subscribing to the HED system.

Action: Dr Stone

Mr Barkley suggested that it would be valuable to include crude mortality trends within the paper.

Action: Dr Stone

17 Staff Survey Annual Report

Miss McMeekin presented the paper. She highlighted the response rate to the 2025 survey which had increased by 19% to 55%. The results showed an improvement in all People Promise themes but the Trust was only above the benchmark group as regards "we work flexibly", although gaps had been closed in other response areas. Miss McMeekin noted that the results demonstrated that the experience of Black and Minority Ethnic colleagues and those with a disability was less positive but there were fewer reported incidences of bullying and harassment from colleagues and managers. Incidences of sexual harassment from other members of staff had reduced, but not those from patients. Colleagues not based at any of the Trust's main delivery sites reported the most positive experience.

Miss McMeekin advised that a new improvement plan was being developed which would consolidate focus on two or three key areas. The team developing the plan would engage with groups such as the Change Makers, trade unions and other staff networks as usual and would also attempt to engage beyond, to staff who were not part of these networks. The improvement plan would be presented to the Resources Committee and to the Board for approval.

Action: Miss McMeekin

Miss Smith noted that colleague experience was key to the organisation achieving its ambitions. She recorded her thanks to Miss McMeekin and Mr Bertram for their efforts to increase the response rate to the survey, to the extent that the results could now be judged as representative. Miss McMeekin confirmed that the response rate had increased in all areas. She also confirmed that results had already been communicated to all areas and local improvement plans were already being developed.

Mr Barkley emphasised that the most important metrics for the Board were the percentage of staff recommending the Trust as a place to work and as a place to receive care, and there was still a significant gap to the benchmarked average. It was in this context that the agreement for funding for the implementation of a Continuous Improvement methodology was so important.

18 Equality Delivery System

Miss McMeekin presented the paper and reminded the Board that reporting had begun in 2022. The Equality Delivery System (EDS) was split into three domains: Domain 1 changed each year and Domains 2 and 3 were consistent. Domain 3 was peer assessed by Harrogate and District Foundation Trust. The only areas not showing improvement were those flagged by Mr Barkley as the most important metrics for the Board. However, this was based on the 2024 survey and so should show improvement next year. Miss McMeekin referenced the action plan included in the paper.

Miss McMeekin advised that the Board's view on the effectiveness of the EDS process in delivering positive change had been fed back to NHS England.

19 Corporate Governance Update

Annual Committee Effectiveness Reviews

The Board received the Group Audit Committee annual effectiveness review.

Ms Hazelgrave advised that the Committee had reviewed its agenda over the year, with a view to focusing more on its core purpose. She highlighted the year on year reduction in overdue internal audit actions.

The Board received the Resources Committee annual effectiveness review.

Ms Grantham advised that the Committee had reallocated time to focus on key priorities. It was agreed that this had worked well.

Committee Terms of Reference Amendments

Subject to the addition of an Associate Non-Executive Director to the quorum of the Committee, the Board of Directors approved the Resources Committee Terms of Reference.

Board of Directors' Work Plan

The following amendments were agreed to the Board of Directors' public meeting workplan:

- a report on patient experience and complaints to be received on a quarterly basis, beginning in April;
- a quarterly update on progress against the Staff Survey plan to be received, having first been reviewed by the Resources Committee.

With these amendments, the Board of Directors' public meeting workplan was approved.

Modern Slavery Act Statement

The Board of Directors approved the Modern Slavery Act Statement.

20 Questions from the public received in advance of the meeting

Questions had been received from the public in advance of the meeting. Mr Barkley read out the questions and the responses as follows:

Funding Disputes and Patient Safety (Inter-Agency Failure)
What is the Trust's policy when a high-risk patient requires 1-to-1 'Enhanced Care' but a funding dispute arises between the Hospital and Social Services? Specifically, does the Board find it acceptable for life-critical 1-to-1 support to be withdrawn solely because of a 'payment wrangle,' and what is the Board's 'Safety First' protocol to ensure care continues while financial disputes are resolved in the background?

The Trust's policy is explicit: care is provided solely on the basis of clinical need and is never withdrawn because of funding disputes. Enhanced care is delivered following an individual assessment of need and is supported by both an electronic patient care system and established policy.

The Mental Capacity Act (MCA) provides the legal framework within which we operate to keep patients safe, ensuring that all decisions are made using the least restrictive options available.

What is the Trust's formal policy regarding 'Clinical Escalation' when a high-risk neurodivergent patient repeatedly refuses vital sign monitoring? Specifically, does the Board find it acceptable for a junior staff member to fail to escalate this refusal to a senior clinician or a 'Patient Safety Lead' for more than four hours, and what audit is being done to ensure this lack of escalation is not a common practice on general wards?

The Trust's Deteriorating Adult Patients Monitoring and Escalation Policy sets out the organisation's responsibility to ensure that all patients are assessed and managed appropriately, reducing the risk of clinical deterioration and potential cardiac arrest. Registered Nurses are required to escalate concerns in line with the deteriorating patient escalation pathways.

As a minimum standard, all adult patients must have their observations recorded at least every 12 hours unless an alternative frequency is clinically indicated. Observation frequency should increase in response to clinical concern or in accordance with the escalation pathways. It would be expected that a junior member of staff seeks advice from a more senior nurse or medical colleague if, in their clinical judgement, a patient's refusal poses a risk to their safety—particularly in the case of a high-risk neurodivergent patient. Assurance regarding compliance is provided to the Patient Safety and Clinical Effectiveness Subcommittee through the Deteriorating Patient Group, supported by regular audit activity and established safety-governance structures. Any significant concerns are escalated to the relevant Board subcommittees.

Training Compliance (The 10% Gap) - In light of the Oliver McGowan Mandatory Training requirements, how is the Board addressing the current 10% compliance rate for Tier 2 training among frontline staff at York Hospital?

We have offered an online general-awareness resource since June 2023, with current compliance at 86.2%. In addition, Tier 2 face-to-face training was introduced in April 2025. The Trust's completion target for this training is 62% by 31 January 2028. To support improved compliance, we are expanding our workforce to increase the availability of training opportunities.

We now have a suite of qualified training facilitators within the Trust, including two Lead Trainers who can train additional trainers and co-trainers in-house. This increases our overall training capacity and reduces delays. We also have 16 affiliated expert co-trainers, 13 of whom are now experienced and confident in delivering training, enabling us to increase delegate numbers and enhance capacity further.

What 'Immediate Risk Mitigation' is in place for autistic patients currently on wards where the vast majority of staff have not received this legally mandated training?

The Trust demonstrates compliance with the Equality Act 2010, the NHS Learning Disability & Autism Improvement Standards, the National Autism Strategy, and associated statutory guidance through a comprehensive blend of operational mitigations and robust governance oversight.

A suite of identification and support systems—including Electronic Patient Record (EPR) alerts, Hospital Passports, and the Autism Spectrum Condition (ASC) register—ensures

that reasonable adjustments are consistently recognised, recorded, and acted upon. This is supported by specialist input from the Autism Liaison Team and clear escalation processes that activate when adjustments are not delivered.

Governance arrangements, including monitoring of mandatory training compliance, autism-specific Datix surveillance, rapid learning briefings, LeDeR reporting, and routine submissions for the Improvement Standards, provide assurance regarding quality, safety, and continuous improvement.

Mitigations in place:

- Autism Liaison Team established to provide oversight, specialist advice, and training.
- EPR alerts identifying patients' reasonable adjustment needs, linked directly to Hospital Passports.
- One-click access to Hospital Passports within the EPR.
- ASC register (with patient consent) enabling real-time notifications of admissions so that reasonable adjustment provision can be monitored.

Current governance actions:

- Monitoring of autism-related training compliance.
- Datix flagging of all autism-related incidents.
- Rapid learning briefings shared with ward teams.
- Escalation processes initiated where reasonable adjustments are not met.
- LeDeR reporting undertaken as required.
- Routine submission of evidence for the Learning Disability & Autism Improvement Standards.

Medication Security & Environmental Risk - Following recent incidents involving unauthorised access to restricted medication, has the Board commissioned an independent 'Environmental Safety Audit' of all treatment rooms and drug storage areas on general wards to ensure they meet modern security standards for vulnerable patients.

Safe medicine storage is audited on a weekly basis. Where themes or concerns emerge from these audits, security measures related to medication storage are communicated through our Staffing Briefing systems. All new builds and refurbishments are required to meet security specifications and standards for drug trolleys and cupboards. Where these specifications are not yet met, risk assessments are completed and mitigation measures are put in place until full compliance is achieved.

21 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 29 April 2026 at 9.30am at Scarborough Hospital.