

## Minutes Board of Directors Meeting (Public) 29 April 2026

Minutes of the Public Board of Directors meeting held on Wednesday 29 April 2026 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.35pm.

### Members present:

#### Non-executive Directors

- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge (Deputy Chair) (*Via Teams*)
- Ms Helen Grantham
- Ms Jane Hazelgrave
- Mr Matthew Taylor
- Mr Ian Floyd, Associate Non-Executive Director
- Dr Richard Reece, Associate Non-Executive Director

#### Executive Directors

- Miss Clare Smith, Chief Executive
- Mr Andrew Bertram, Finance Director and Deputy Chief Executive
- Ms Tara Filby, Interim Chief Nurse and Executive Maternity Safety Champion
- Ms Claire Hansen, Chief Operating Officer
- Ms Lydia Larcum, Interim 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:

- Miss Nicola Topping, Deputy Medical Director *deputising for* Dr Karen Stone, Medical Director
- Ms Nicola Coventry, Chief Nursing Information Officer *deputising for* Mr James Hawkins, Chief Digital and Information Officer
- Mrs Sarah Coltman-Lovell, Interim Director of Strategy
- Mr Joe Hague, Chief Nurse Designate (*Via Teams*)
- Ms Sascha Wells-Munro, Director of Midwifery (For Items 6 and 15)
- Ms Alex Kilbride, Programme Manager for Maternity and Neonatal Services (For Item 6)
- Ms Stefanie Greenwood, Freedom to Speak Up Guardian (For Item 16)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

## Observers:

- Ms Linda Wild, Elected Governor and Lead Governor - Public
- Mr Graham Lake, Elected Governor - Public
- Ms Julie Southwell, Elected Governor - Staff
- Ms Ros Shaw, Elected Governor - Public
- Two members of the public

## 1 Welcome and Introductions

Ms Charge welcomed everyone and advised that she would chair the meeting until Mr Barkley joined the meeting as he had been delayed.

Round the table the introductions were made.

## 2 Apologies for absence

Apologies for absence were received from:

Dr Karen Stone, Medical Director

Mr James Hawkins, Chief Digital and Information Officer

## 3 Declaration of Interests

There were no new declarations of interest.

## 4 Minutes of the meeting held on 25 March 2026

Ms Hansen advised that references to the new Acute Model of Care in the minutes should read “the first phase of the new Acute Model of Care”.

With these amendments, the Board approved the minutes of the meeting held on 25 March 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.*

A paper had been presented to the Resources Committee at its meeting on 28 April. The action was closed.

**BoD Pub 52** *Bring a recommendation to the Board on a future strategy for Community Services.*

The paper would be presented at the Private Board meeting. The action was closed.

**BoD Pub 56** *Include more details about the Hospital Standardised Mortality Ration (HSMR) in the next report, including why it is significantly different from the SHMI.*

A paper had been presented to the Quality Committee. The action was closed.

**BoD Pub 59** *Ensure that the scoring of BAF risks is discussed by Executive Directors.*  
This action had been completed.

**BoD Pub 62** *Allocate time in a Board Development Seminar for further discussion on consideration of patient experience reports.*

Mr Taylor would discuss with Mr Barkley that week. The due date was deferred.

**BoD Pub 64** *Add comparative figures from month to month in the National Operational Framework rank oversight in the TPR.*

This was still being discussed by Ms Hansen and Mr Hawkins. The due date was deferred.

**BoD Pub 65** *Present the new approach to reporting performance for 2026/27.*

A paper describing the new approach would be presented at the Private Board meeting. The action was closed.

**BoD Pub 67** *Ensure that workforce figures by staff group, including details of bank and agency staff, are reported in the TPR, to be monitored by the Resources Committee.*

The figures were included in the TPR. The action was closed.

**BoD Pub 68** *Provide an update on discussions to progress the hybrid theatre and VIU projects.*

The paper would be discussed at the Private Board meeting. The action was closed.

**BoD Pub 70(25/26)** *Bring a recommendation for the True North metrics for 2026/27 to the next meeting.*

Miss Smith advised that a recommendation would be presented at the meeting in May. The due date was deferred.

**BoD Pub 71(25/26)** *Arrange a demonstration of the Robotic Process Automation tools, Esther and IRIS, for Mr Barkley.*

This action had been completed.

**BoD Pub 72(25/26)** *Clarify if there has been a previous error in reporting non-elective length of stay or whether the national guidance has changed.*

Ms Coventry advised that there had not been an error in the reporting of non-elective length of stay but clarification on the guidance had been sought, the result of which was that maternity data was not now included in the reporting. The action was closed.

**BoD Pub 73(25/26)** *Present an improvement plan for 2-hour Urgent Community Response compliance.*

It was agreed that the due date should be deferred to June.

**BoD Pub 75(25/26)** *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.*

The Associate Medical Director had attended the meeting of the Quality Committee on 21 April. The action was closed.

## **6** **Colleague's Story**

Ms Wells-Munro and Ms Kilbride joined the meeting to share their experiences of leading work in Maternity Services to improve colleague experience. Ms Wells-Munro outlined the approach which had been successfully used in other organisations and which she had worked with Ms Kilbride to implement when she joined the Trust.

Ms Kilbride shared details of the improvement journey which began in 2023 with an engagement event, where colleagues were asked their views on actions needed, the impact of these actions and how this would be measured. At the next engagement event, an action plan was presented, and colleagues' views were also sought on how to improve communication. Two further engagement events were held, in March 2025 and April 2026. Ms Kilbride described the format of the events and the areas of focus.

Ms Wells-Munro explained how the impact of the actions was monitored to ensure they were sustained and moved to "business as usual" once senior leaders were confident that they were embedded. The model of improvement was one in which all staff could engage, and this was key to its success. It was closely aligned to the national maternity and neonatal framework.

Miss Smith referenced the unannounced CQC inspection of the Maternity and Neonatal Service which had taken place recently: initial feedback demonstrated that staff were engaged and proud of the Service. This was clearly the result of the consistent and focussed improvement work led by Ms Wells-Munro which would inform similar work in other areas as part of the Continuous Quality Improvement (CQI) model.

*Mr Barkley joined the meeting and took over as Chair from Ms Charge.*

Ms Grantham highlighted the need for the Trust to build on the success of the strategic approach to the improvement of colleague experience as implemented in Maternity Services. Ms Larcum noted that Ms Wells-Munro and Ms Kilbride had already been asked to contribute to a Trust-wide approach.

In response to a query about the external partner selected to lead the CQI programme, Miss Smith assured the Board that the Trust would take ownership of the programme with the aim of building on good practice already in place. There was some discussion on how engagement from all staff would be secured.

Dr Boyd confirmed that, in her visits to Maternity Services as the Non-Executive Maternity Safety Champion, the positive difference in staff engagement was palpable.

Directors thanked Ms Wells-Munro and Ms Kilbride and they left the meeting.

## **7 True North Report**

Miss Smith reminded directors that the True North metrics would be reviewed for 2026/27. She highlighted the following:

- there had been some improvement in the Staff Survey results but there was clearly still work to do, the pace of which needed to be accelerated; there had recently been events to promote the inclusion agenda which would continue to be a focus;
- there had been a marked improvement in the Emergency Care Standard metric and a reduction in the number of patients waiting more than 12 hours in the Emergency Departments; the reduction in average ambulance handover times had been sustained through 2025/26;
- there had also been a marked improvement in the Cancer Faster Diagnostic Standard in February;
- there had been significant activity to reduce the number of patients on Referral to Treatment (RTT) waiting lists.

Ms Filby advised that there had been a reduction in the number of Category 2 pressure ulcers although the trajectory had not been met. The number of Trust onset MSSA Bacteraemia was below trajectory in March which was positive; there had been a reduction of 12% in the number of cases over the year and this improvement had been recognised externally.

Miss Smith reported that approval had been received for the implementation of the new Electronic Patient Record (EPR). Ms Coventry advised that the period since the last planned go-live date had been used to test and refine the product.

Miss Smith also reported that the Trust had begun a tendering process for a CQI external partner. She referenced the use of model hospital and Getting It Right First Time (GIRFT) data to inform productivity and efficiency improvements.

Mr Floyd and Mr Taylor, as new Directors, shared reflections on the Board papers. Mr Barkley explained that the True North report contained the indicators considered most relevant to the Trust's ambition of providing "an excellent patient experience every time" and was an executive summary in itself. Further narrative linked to the metrics was available in the TPR. The aim was to reduce the number of metrics overseen in the TPR report by the Board in detail as sustained improvement was evidenced. Mr Taylor queried whether the improvements noted in the True North metrics were linked to the end of winter pressures. Miss Smith responded that Statistical Process Control (SPC) charts provided oversight of longer term trends; there had been some purposeful actions in last quarter which had improved performance, notwithstanding the easing of winter pressures. Ms Hazelgrave noted that the improvement in a number of performance metrics had been discussed by the Resources Committee.

## **8 Chair's Report**

Mr Barkley advised that there was no written report in April as he had been on leave for the month.

Mr Barkley reported that Professor Nick Bosanquet, a Governor for the Trust and a well-known and respected public figure, had sadly passed away.

Mr Barkley noted that Miss McMeekin, former Director of Workforce and Organisational Development, had begun a new role with Leeds Teaching Hospitals NHS Trust and he wished her well on behalf of the Board.

Mr Barkley welcomed new Non-Executive Directors, Mr Floyd and Mr Taylor. He extended a welcome to interim and deputising directors, and recorded his thanks to Ms Charge for deputising as Chair of the Board in his absence.

## **9 Chief Executive's Report**

The Board received the report.

Miss Smith highlighted:

- her continued focus on engagement with the Trust's people and partners: she had met with representatives from Healthwatch and other local stakeholder groups, which would inform the development of the Trust's Clinical Strategy;
- discussions with regional and national colleagues about the Trust's financial position: a £7m reduction in the forecast deficit had been proposed which would

- increase the savings target to £62m; the Annual Plan had not yet been approved, and the Trust would move into NHS England's Challenged Provider Programme;
- the report from the unannounced CQC inspections at Scarborough Hospital had been published: the report reflected progress made but also highlighted areas for improvement in Urgent and Emergency Care; CQC officers had recorded their appreciation of the engagement demonstrated by Trust staff and had highlighted the strengths of Multi-Disciplinary Team working, good governance, compassionate care, the depth and breadth of specialist care and the continuity of care;
- the EPR go-live planned for May;
- the resident doctors' industrial action which had taken place from 7 to 13 April; ballots on further action were planned;
- changes to the Executive team: Miss Smith welcomed Ms Larcum and Mrs Coltman-Lovell and thanked Ms Filby for her support as Interim Chief Nurse.

Finally, Miss Smith highlighted the examples of exceptional patient care reflected in the Star Awards.

In response to a question, Ms Larcum confirmed that the national pay award for Agenda For Change staff had been applied in the April payroll. She would check if a pay award for resident doctors had been implemented.

**Action: Ms Larcum**

## 10 Quality Committee Report

Dr Boyd highlighted the key escalations from the meeting of the Quality Committee on 21 April 2026. The Committee had received a presentation from the Medicine Care Group. Whilst performance metrics in Emergency Departments were improving, the reliability of quality and safety assurance mechanisms deteriorated under pressure. Complaints about the Care Group's services were an area of concern: the number of complaints continued to increase whilst complaint handling timescales were falling below expected standards. Mr Barkley queried whether a monthly dashboard relating to complaints was produced. Ms Filby confirmed that a monthly complaints dashboard was reviewed by each Care Group's Patient Experience group and at the Care Group performance meetings. Dr Boyd noted that the dashboards were included in Care Groups' presentations to the Quality Committee. Ms Filby described the issues, and actions taken to improve the timeliness of complaints handling which would be reported to the Board in due course. A rapid process improvement event had been held, and the policy had been reviewed. The quality and timeliness of responses were beginning to improve.

## 11 Resources Committee Report

Ms Grantham highlighted the key discussion points from the meeting of the Resources Committee on 28 April 2026:

- the Committee had received a presentation on how performance against the Annual Plan would be monitored, with the new approach offering better grip and control; Ms Grantham described the processes which provided better assurance in principle; Ms Hansen shared further details, noting that Care Groups must flag in good time where trajectories would be missed and what actions would be taken;
- the Committee had received a presentation on staff wellbeing which provided good assurance on the work in progress;
- the Committee had received the quarterly assurance report from York Teaching Hospitals Facilities Management which was mainly positive, with some areas for

improvement in compliance with statutory and mandatory training, in levels of sickness absence, and in cleaning standards;

- there had been a robust debate on the financial plan; a new reporting approach to the Committee would be in place from May and the Committee had noted the very significant challenge represented by the increased £62m savings target;
- the Committee had received the Research and Innovation team's quarterly update which was positive;
- an update on Sexual Safety had been received.

Ms Grantham expressed some concern that the escalation process from the Digital Sub-Committee to the Resources Committee was not as robust as it might be and planned to discuss this further with the Chair and the Associate Director of Corporate Governance.

## 12 Trust Priorities Report (TPR)

The Board considered the TPR.

### Operational Activity and Performance

Ms Hansen highlighted the improvement in the Emergency Care Standard, in the reduction of 12 hour waits and in average ambulance handover times, the latter of which remained consistently ahead of trajectory.

Ms Hansen reported that the Cancer Faster Diagnosis Standard (FDS) metric, which reached 76.2% in February, was the highest recorded by the Trust since the metric was introduced. The 62-day performance was the best for 12 months and 31-day performance metric remained compliant. Ms Hansen noted that the performance of Cancer services remained a focus overall, but the direction of travel was positive.

Ms Hansen advised that the "Did not attend" rate for outpatient appointments stood at 4.4% and remained consistently better than average. The continued growth in demand would be a subject of discussion with primary care colleagues at specialty level. The total waiting list number remained above trajectory and the number of patients waiting more than 52 weeks for treatment was high and presented a risk. Ms Hansen advised that there were fortnightly meetings to monitor the position and intensive support was in place for challenged specialties.

In terms of Diagnostic performance, Ms Hansen reported that this had improved from January but had not met the year-end trajectory. Performance had been impacted by ageing equipment and workforce challenges.

Ms Hansen cautioned that the reduction in the number of patients with No Criteria To Reside had stalled due to delays in discharge processes. She was optimistic that the new EPR would support better patient flow, along with future work to reduce length of stay and eliminate corridor care, which was linked to the Miss Smith's 100 day report.

In summary, Ms Hansen reported that the Trust was still operating below the required national standards in several core areas. Escalation and governance processes had been strengthened and there were early signs of improvement in some key areas. There continued, however, to be risks around the backlog of patients on the RTT waiting list, those waiting for diagnostic procedures and around patient flow through the wider system.

Ms Hazelgrave queried the reason for the high number of attendances at Emergency Departments. Ms Hansen confirmed that this had continued throughout April and that

further analysis was being undertaken to determine the reasons and to then discuss them with system partners. Mr Taylor emphasised that the issue of high demand needed to be addressed in a strategic and systematic way.

It was noted that the Chief of Allied Health Professionals, as the lead for Health Inequalities, was working with Primary Care Networks on the health inclusion agenda and high intensity users. More information would be brought to the Board on this.

**Action: Ms Hansen**

Mr Barkley was pleased to note the much reduced number of 12 hour trolley waits.

Dr Boyd referred to the action being taken to reduce demand for colorectal cancer services whereby referrals with no Faecal Immunochemical Test (FIT) were being returned to primary care. She sought assurance that no harm to patients would result from this. Ms Hansen would check the mitigations in place and report back.

**Action: Ms Hansen**

### Quality and Safety

Ms Filby highlighted:

- the Trust's performance was better than the annual objective for cases of C.Difficile and it had reported 26 cases fewer than the previous year;
- performance to reduce cases of other infections was mixed, indicating that there was still work to be done in infection prevention and control; Ms Filby described the actions underway;
- in terms of Category 2 pressure ulcers, a number of hotspots had been identified which would be a focus for improvement.

### Maternity

There were no questions or comments on this section.

### Workforce

Ms Larcum reported that the monthly sickness absence rate had decreased; benchmarking data had been included in the narrative for information. Ms Larcum noted that it was positive to see reductions in the top four reasons for sickness absence. She advised that there had been a small reduction in February in the number of Whole Time Equivalent (WTE) which included substantive, bank and agency colleagues.

Ms Larcum highlighted the improved compliance with statutory and mandatory training and noted that changes to locally mandated training would release 21k hours back to the organisation.

Ms Larcum described the actions being taken to address the high vacancy rate for Health Care Support Workers, mainly in the Medicine Care Group. This would continue to be monitored as the actions began to take effect.

In response to a question, Ms Larcum explained that the increase in administrative bank activity in March was linked to the rollout of the new EPR and to long term sickness which would impact on patient safety if not covered by temporary staff.

Ms Hazelgrave asked that the TPR include a graph showing actual WTE compared with the Plan so that this could be tracked.

**Action: Ms Larcum**

Mr Barkley expressed concern regarding the high Health Care Support Worker vacancy rate which had continued to deteriorate since the recruitment process for this cohort of staff was de-centralised. Ms Filby responded that the high vacancy rate was an issue only for Medicine Care Group as they had paused recruitment, an error which was now being addressed. It was noted that support for recruitment was overseen centrally and that Health Care Support Worker vacancies were covered by bank staff.

### Digital and Information Services

Ms Coventry highlighted the new Single Point Of Failure which had been identified when a contractor had damaged external connections between York and Scarborough.

Ms Coventry was asked if there were any significant concerns about the planned EPR go-live. She responded that, although training compliance had reached 80%, it was vital that all staff on duty on the go-live days had completed the training. She noted that feedback from the recent go-live at another local Trust would be very valuable.

### Finance

Mr Bertram reported that the Trust had met the re-forecast deficit position of £28.5m at year-end. This was composed of the non-receipt of sparsity funding and the Elective Recovery Fund (ERF) overtrade for 2024/25, totalling £13m, with the other £15m linked to the non-delivery of the Cost Improvement Programme. The Trust had delivered £40.5m of savings in 2025/26 against the target of £55.3m, the majority of which was non-recurrent. The non-recurrent savings were being reviewed in case they could be made recurrent in 2026/27. Mr Bertram reported that the year-end accounts had been produced and the external audit had begun.

Referring to the cash position, Mr Bertram advised that of the year-end total of £27m, £22m was a favourable variance from capital creditors. Mr Bertram also highlighted the significant pay variance which was a technical adjustment relating to the full impact of the Trust's employer pension costs and would be offset by equivalent income. The recovery actions in Quarter 4 totalled £6.5m. Mr Bertram highlighted the significant reduction in costs relating to agency staff.

Mr Bertram advised that there was no ERF risk carried into 2026/27 and that the small overspend in capital in 2025/26 had been permitted due to the underspends of other providers in the system.

## 13 Quarter 4 Annual Reporting Plan Progress Report

The Board received and noted the report.

## 14 CQC Compliance Update

Ms Filby presented the report, drawing attention to the letter from the CQC dated 20 April 2026 in which feedback from the CQC inspection of Maternity Services at both York and Scarborough Hospitals was shared.

Ms Filby confirmed that the action plan developed following the October 2025 inspection at Scarborough Hospital had been submitted by the deadline. She reported that an inspection of Surgery at York Hospital scheduled for 21 April had been postponed.

Mr Barkley noted that the content and tone of the CQC letter were positive overall.

## 15 Maternity and Neonatal Report

Ms Wells-Munro presented the report and highlighted the following:

- there had been a slight reduction in the perinatal mortality rate to 3.9% which was average for similar Trusts; the MBRRACE report would be shared at the next meeting;
- the rate of Post-Partum Haemorrhages over 1500mls for February was 4%; based on national data, the Trust was not an outlier;
- the appeal around Safety Action 1 of the Maternity Incentive Scheme had not been successful and therefore the Trust remained compliant with 7 out of 10 of the actions;
- there was a risk that the Service would not receive the funding requested from NHS Resolution in full to progress the implementation of transitional care and to deliver on two key elements with the Saving Babies Lives Care Bundle;
- key concerns included roster vacancies, the Waste Reduction and Productivity target for Maternity Services, and the reallocation of the Maternity and Neonatal Programme Manager to support another organisational programme.

In response to a question, Ms Wells-Munro confirmed that the level of detail in the report was a requirement for Boards to receive. The report contained a snapshot of capacity and demand, with performance being reported in the TPR. A new maternity dashboard was being developed as the Board needed to be sighted on 27 key metrics; these would be accompanied by an explanatory narrative.

Mr Barkley asked about the reasons for the relatively low number of births recorded given the Trust's catchment population. Ms Wells-Munro explained that the Service was impacted less by the birth rate than by the high rate of pregnancies not proceeding to full term often due to health inequalities. She would bring further information to the Board on the local birth rate in relation to the population, age range and other measures.

**Action: Ms Wells-Munro**

## 16 Freedom to Speak Up Quarterly Report

Ms Greenwood presented the report, noting that there had been an increase in FTSU activity which was positive as it reflected staff engagement with the process. FTSU resource had been boosted with an increase in the Guardian's hours to full-time which would allow for more proactive and strategic work.

Mr Floyd suggested that the increase in reporting might reflect more concerns rather than simply better engagement, and there was a balance to be found. Ms Greenwood agreed and observed that reporting concerns to the FTSU Guardian might indicate that local avenues for reporting concerns were not working well and this was being addressed with support for managers and leaders to better respond to concerns.

Mr Barkley noted that the number of concerns raised by Trust staff direct to the CQC was low which was positive and suggested that staff had confidence in FTSU Guardian, whilst also reflecting that some staff did not feel able to raise concerns with their manager. Staff Survey results indicated that there was much to do for staff to feel confident about raising concerns with managers and that those concerns would be acted upon.

Mr Taylor asked how Ms Greenwood interpreted the concerns raised to her. Ms Greenwood explained that, after five years in the role, she had formed good relationships across the organisation and was able to triangulate themes of concerns. Miss Smith added

that the Guardian reported on these themes to the Chief Executive, whilst the details of individual concerns were of course kept confidential to the Guardian. Ms Greenwood was thanked for her report and she left the meeting.

## **17 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

Ms Larcum presented an update on the WRES and WDES action plans, noting that the key objectives rated red in the plans had now been addressed.

Ms Larcum advised that her team had begun to analyse the Staff Survey results in relation to the WRES Metrics *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, or from staff, in the last 12 months*. There had been a reduction where this related to harassment, bullying or abuse from other members of staff but not from patients. Ms Larcum underlined the importance of accelerating the implementation of actions to address this issue.

In response to a question, Ms Larcum confirmed that the two actions at the end of the plans were national actions which were added to the local plan. All actions were cross referenced to NHS England's Equality, Diversity and Inclusion improvement plan.

Mr Barkley referred to the action to ensure Black Minority Ethnic (BME) representation on recruitment panels at Band 7 which was still not complete. Ms Larcum explained that work had now commenced to train BME staff for interview panels and advised that BME colleagues would be represented on recruitment panels from June.

Mr Barkley also referred to the action to explore career pathways through the British Association of Physicians of Indian Origin (BAPIO) and emphasised that, in his experience, forming a formal partnership with this and its sister organisation, the British Association of Indian Nurses (BINA), would have a positive impact on the some aspects of culture in the Trust.

Ms Abeysekera advised that the Anti-Racism Steering Group met regularly every other month with Miss Smith now chairing the meetings.

Miss Smith was of the view that the Trust underestimated the number of neurodiverse colleagues and she had initiated work for better provision for them. In response to a question, she advised that it was difficult to establish if sickness absence was linked to neurodiversity as colleagues did not always declare this information for the Electronic Staff Record.

## **18 2025/26 Q4 Board Assurance Framework**

**The Board received and approved the Quarter 4 Board Assurance Framework.**

Mr Taylor, Associate Director of Corporate Governance, would discuss with Mr Barkley how the Board Assurance Framework would be updated for 2026/27.

**Action: Mr Taylor**

## **19 Corporate Governance Update**

**Quality Committee Annual Report and Effectiveness Review**

The Board of Directors received the review. Dr Boyd reflected that the Committee had improved accountability and the assurance it received was now more relevant. The attendance of Care Group leaders at meetings had been discussed and whilst this was considered valuable, the length of the meetings was an issue. With this in mind, there had been a commitment to reducing the length of the meeting.

Mr Barkley asked how the Committee received assurance that the results of clinical audits were acted upon. Dr Boyd advised that this had been discussed at the last meeting. Mr Taylor would add this function to the terms of reference.

**Action: Mr Taylor**

### Group Audit and Quality Committees Terms of Reference

**The Board of Directors approved the terms of reference for the Group Audit Committee and the Quality Committee, subject to the amendment discussed above.**

### **20 Fire Safety Policy and Strategy**

**The Board of Directors approved the Fire Safety Policy and Strategy, subject to proof reading to correct grammatical and spelling errors.**

### **21 Questions from the public received in advance of the meeting**

There were no questions from members of the public.

### **22 Date and time of next meeting**

The next meeting of the Board of Directors held in public will be on 27 May 2026 at 9.00am at York Hospital.