York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
27 May 2026

Minutes of the Public Board of Directors meeting held on Wednesday 27 May 2026 in the Trust Headquarters Board Room, York Hospital. The meeting commenced at 9.00am and concluded at 12.30pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Helen Grantham
- 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
- Mr Joe Hague, Chief Nurse and Executive Maternity & Neonatal Safety Champion
- Ms Claire Hansen, Chief Operating Officer
- Dr Karen Stone, Medical Director
- Mr James Hawkins, Chief Digital and Information 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

In Attendance:
- Dr Roisin Bradley, Consultant Radiologist and Director of Breast Screening for North Yorkshire (For Item 6)
- Ms Sascha Wells-Munro, Director of Midwifery (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 Jean Flanagan, Elected Governor – Public
- Ms Julie Southwell, Elected Governor – Staff
- Cllr Tim Norman, Appointed Governor, East Riding of Yorkshire Council
- Three members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Ms Julie Charge, Non-Executive Director
Mr Mike Taylor, Associate Director of Corporate Governance

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 29 April 2026

The Board approved the minutes of the meeting held on 29 April 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 62 (25/26) *Allocate time in a Board Development Seminar for further discussion on consideration of patient experience reports.*
The due date was deferred.

BoD Pub 64 (25/26) *Add comparative figures from month to month in the National Operational Framework rank oversight in the TPR.*
Ms Hansen advised that this was a work in progress but should be available in the next version of the Trust Priorities Report (TPR). The due date was deferred.

BoD Pub 70(25/26) *Bring a recommendation for the True North metrics for 2026/27 to the next meeting.*
Miss Smith advised that the recommendation would be presented at the next meeting. The due date was deferred.

BoD Pub 74 (25/26) *Present a report on the work undertaken by KPMG and its outcomes.*
The report would be presented at the Private Board meeting. The action was closed.

BoD Pub 77 (25/26) *Present the Staff Survey improvement plan to the Resources Committee and to the Board for approval.*
The plan had been presented to the Resources Committee on 19 May and was presented to the Board under Item 17. The action was closed.

BoD Pub 01 *Check if a pay award for resident doctors has been implemented.*
Ms Larcum advised that the pay award was added to salaries paid in June, backdated to 1 April. The action was closed.

BoD Pub 02 *Bring more information to the Board on the Chief AHP's work with primary care networks on the health inclusion agenda.*
Ms Hansen would circulate a paper to the Board. The action was closed.

BoD Pub 03 *Report to the Board on the mitigations in place re: returning colorectal cancer referrals with no FIT to primary care.*
Ms Hansen advised that an audit would be undertaken in Quarter 2 and she would report to the Board once this was complete. The due date was deferred.

BoD Pub 05 *Bring further information to the Board on the local birth rate in relation to the population, age range and other measures.*
Ms Wells-Munro reported that the decrease in the birth rate experienced by the Maternity Service was small in comparison with others and there was no evidence that women were choosing to book elsewhere. It was noted that the birth rate for York was significantly lower that the national average. The action was closed.

BoD Pub 06 *Discuss with Mr Barkley how the Board Assurance Framework will be updated for 2026/27.*
This action had been completed.

BoD Pub 07 *Add to the Quality Committee's terms of reference a function to gain assurance around the implementation of actions arising from clinical audits.*
This action had been completed, and the amended terms of reference would be presented to the Quality Committee.

6 Patient's Story

Dr Bradley joined the meeting to share details of a project to develop breast screening facilities for wheelchair users, following a complaint from a patient. Dr Bradley began by describing the work of the breast screening service. She outlined the nature of the complaint, which was that there was currently no facility nationally for breast screening wheelchair users, her initial response to it and how she had come to reframe her view and to work with the researchers from the University of York on a solution.

Board members agreed that Dr Bradley's story was very powerful. Ms Hazelgrave asked when a breast screening service for wheelchair users was likely to be available. Dr Bradley explained that funding was being sought for the next stage of development, but the capability could be available within the next 3-4 years. Dr Bradley confirmed that the commercial potential of the technology was recognised and would be developed appropriately. The Trust's collaboration with University of York colleagues in research and innovation was proving fruitful in a number of areas.

Miss Smith noted that the use of complaints data was key to service improvement.

Dr Bradley was thanked for her presentation and she left the meeting.

7 True North Report

Miss Smith presented the report. She referenced first the staff survey metrics and noted that, following on from her 100 day report which had now been communicated to the organisation, the drive to eliminate corridor care and the reaffirmation of the Trust's values and behaviours would support improvement in both metrics and would link to the planned Continuous Quality Improvement (CQI) programme and to a new integrated accountability framework. The contract for the CQI was out to tender and Miss Smith underlined that this programme was a significant opportunity for the Trust to move forward.

Miss Smith highlighted the improvement in the Urgent and Emergency Care (UEC) metrics but cautioned that the further improvement would be temporarily stalled by the implementation of the new Electronic Patient Record (EPR) as this and other new systems in the Emergency Departments needed time to embed.

Miss Smith assured the Board that the Cancer Faster Diagnosis Standard (FDS) continued to be a priority as did improvement in the Referral To Treatment (RTT) waiting list position.

Mr Hague advised that he was reviewing the approach to preventing incidences of Category 2 pressure ulcers and Trust onset MSSA bacteraemia.

Mr Floyd asked, in relation to the metrics, what would be realistic targets for the next six to twelve months. Miss Smith responded that the current True North metrics were very different in terms of their drivers and the actions needed. There was evidence of improvement in UEC and FDS metrics but those related to the staff survey would take much longer to improve.

Mr Taylor asked how the various initiatives, such as the new Clinical Strategy and the CQI programme, would be aligned and communicated to staff. Miss Smith explained that the new initiatives would be presented as facilitators for better patient care and would be underpinned by a reset of the Trust's culture and values to enable to staff to work better together.

8 Chair's Report

The Board received the report.

Mr Barkley reflected that it had been a huge honour and privilege for the Trust to co-host the visit of the King with Macmillan to the new Cancer Care Centre on 26 May.

9 Chief Executive's Report

Miss Smith also referenced the King's visit and recorded her thanks to Mrs Brown and Mr Norman and their respective teams for the work which had preceded the visit. Miss Smith agreed with Mr Barkley that the visit had been a fillip for staff at a difficult time and noted that the Centre would be a great asset to the Trust once completed.

Miss Smith highlighted the following points from her report:

- the increased visibility of the Executive team across the Trust's sites;
- her continuing efforts to engage with local MPs, councillors and patient groups;
- the publication of her 100 day report;
- the major transformation for the organisation ensuing from the implementation of the new EPR; the first tranche of the system was implemented successfully with good colleague engagement whilst maintaining patient safety; the contractor, Nervecentre, had underscored the success of the rollout; Miss Smith recorded her thanks to Mr Hawkins and his team, particularly Kevin Beatson who had been the architect of the CPD system which the EPR was replacing, and to the Chief Pharmacist and his team;
- the planning update in Section 3 of the report;
- the process around the proposed closure of the Bridlington Care Unit which had been established in 2021 as part of a system-wide response to the pandemic; whilst the closure was not considered a substantial variation in service, a wider

consultation process had proved necessary following a meeting of the Health, Care and Wellbeing Overview and Scrutiny Sub-Committee on 11 May;
- the first annual Scarborough Coastal Health and Care Research Collaborative (SHARC) event which took place in April.

Miss Smith welcomed the new Chief Nurse, Joe Hague, and recorded her thanks to Ms Filby for her leadership as Interim Chief Nurse and drew attention to the Star Award nominations.

Mr Floyd asked about the benefits and opportunities of the new EPR. Mr Hawkins explained that the original Business Case had been developed to move away from an in-house patient record system but the new system would improve patient care through more structured processes and pathways, and more streamlined administration. He confirmed that the benefits were being tracked and he expected that the system would provide a significant return on investment.

10 Quality Committee Report

Mr Barkley presented the escalation report from the meeting of the Quality Committee on 19 May 2026. He highlighted the Trust's Sentinel Stroke National Audit Programme (SSNAP) scores and expressed concern that these had not been escalated to the Committee given that the Trust had the lowest possible rating of E. Mr Barkley noted that whilst the standards expected had increased, there were only 11 Trusts nationally with a lower rating. He had therefore requested that SSNAP data should be escalated to the Board via the Quality Committee and queried whether the correct balance of staff was in place in the unit, given the low score for therapy input. Ms Hansen reported that the SSNAP score had been higher in recent years and the stroke service was highly regarded but acknowledged that workforce issues in therapy services had had a negative impact. Work was underway to address the issues.

There was a brief discussion on how key metrics, such as the SSNAP score, should be reported to the Board and Miss Smith advised that the TPR would be fully reviewed in the light of the CQI programme and the integrated accountability framework.

11 Resources Committee Report

Ms Grantham outlined the main discussion points from the meeting of the Resources Committee on 19 May 2026. The Committee had undertaken two focussed reviews, on the Waste Reduction and Productivity programme and on the staff survey improvement plan. There had been a detailed discussion on finances and how the position would be recovered, and the level of information which needed to be provided to the Committee. Committee members had been supportive of the staff survey improvement plan which identified fewer priorities for a sharper focus. Ms Larcum had agreed to report to the Committee in July on work to improve Trust culture.

The Committee had received an update on diagnostic waiting times which were being impacted by ageing and unreliable equipment and by workforce challenges. The Committee had received a paper on strategic partnerships and had requested more information. The Committee had noted the improvement in UEC metrics and also the improved compliance with the Emergency Preparedness, Resilience and Response (EPRR) standards.

12 Group Audit Report

Ms Hazelgrave reported the key discussion points from the meeting of the Group Audit Committee on 12 May 2026 which included an update on internal and external audit processes. The Committee had received the internal audit reports finalised since the last meeting and had noted a common theme of inconsistent processes across the Trust. Ms Hazelgrave referenced the internal audit report on backlog maintenance, noting that the significant assurance outcome related to processes not to the completion of the maintenance. The Committee had received an update from the Counter Fraud team and Mr Hawkins had attended the meeting to provide an update on his internal audit actions. He had also reiterated his concern around the increased threat from cyber-attacks.

Ms Hazelgrave reported that the Head of Internal Audit had provided a draft overall opinion of significant assurance for 2025/26.

Mr Barkley queried the outstanding internal audit actions under Mr Norman's remit. Mr Norman explained that recent changes in staffing had delayed the completion of the actions and that some due dates would be revised. Ms Hazelgrave reported that a new, more robust, process for revising due dates had been agreed.

13 Well-Led Action Plan Progress Report

Miss Smith presented the report which demonstrated progress against the Well-Led Action Plan. She reminded the Board that the external Well-Led review report had identified areas to be addressed which included visibility of leaders, mistrust of management and other cultural concerns, and that the action plan had been agreed collectively. Miss Smith reported that all actions due in 2025/26 had been completed and the 2026/27 Quarter 1 actions were all on track. The Board noted this positive progress and looked forward to the next update report in July.

14 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hansen advised that there would be a dip in performance against the Emergency Care Standard (ECS) in May due to the implementation of the new EPR. However, the new pathways introduced ahead of the EPR implementation had made for a smoother transition.

Ms Hansen reported that, in respect of RTT data, the Trust had met all its year-end trajectories apart from a small number of patients waiting more than 52 weeks, mainly to be seen by the Pain Service. Improved performance against the Cancer metrics had been sustained and the FDS metric in April was the best ever recorded by the Trust but there was still much improvement to be made. Cancer performance had been impacted by delays to diagnostic procedures.

Ms Hansen noted that the focus on eliminating corridor care would also support improvement in the ECS and in reducing 12 hour waits in Emergency Departments (ED). Another priority was work on pathways with primary care to manage the number of referrals and to ensure that all referrals were appropriate.

Mr Taylor reflected that a fundamentally different way of engaging with primary care was needed. Ms Hansen explained that work on key specialty pathways with Primary Care Networks had already begun; there would be opportunities as part of this work. Ms Abeysekera noted that there may be a role for a Non-Executive Director on the Strategy and Partnership Sub-Committee.

Ms Hazelgrave drew attention to the long waits being experienced by children and young people for some services. Ms Hansen described some of the strategies being developed to reduce waiting times, which included clinic days set aside for children and clinics being held at different sites across the Trust.

Mr Barkley was pleased to note the very low number of 12 hour trolley waits in ED. He queried the doubling of attendances to Same Day Emergency Care (SDEC). Ms Hansen explained that this was due to a change in the pathway. Mr Hawkins added that the number would change in future reports as patients attending SDEC would no longer be counted as inpatients. Miss Smith observed that the key to more improvement was to ensure that patients were seen in ED by senior clinical decision makers at the earliest opportunity as this would reduce admissions and would help direct patients to more appropriate care settings.

In response to a query, Ms Hansen confirmed that an improvement plan was being developed for colorectal cancer referrals.

Quality and Safety

Mr Hague reported that improvement plans for infection prevention and to reduce pressure ulcers were being refreshed.

Maternity

There were no questions or comments on this section.

Workforce

Ms Larcum reported that sickness absence rates continued to decrease as would be expected at this time of year, alongside a programme of sickness absence reduction across the organisation. Turnover and vacancy rates were low and below the target threshold. The number of Health Care Support Worker (HCSW) vacancies had increased but this was in part due to the HCSW establishment being expanded. The bulk of HCSW vacancies were with the Medicine Care Group; leaders were being supported to recruit to fill these vacancies. Significant progress had been made and a career pathway for HCSWs was being developed. Mr Barkley challenged that the Trust should not be increasing the number of HCSWs when it was required to reduce its overall headcount. Mr Hague responded that the decision had been made following establishment reviews and was not a cost pressure.

Discussion followed on the actions being taken by the Trust to ensure staff were able to return to work promptly from sickness absence. Ms Larcum observed that reduced sickness absence would result from an improvement in staff culture. She confirmed that the Trust held detailed data on the reasons for staff absence and there were actions to address specific issues, for example, additional physiotherapy support was offered for staff experiencing musculoskeletal issues. Whilst the granular level of this data was not presented in the TPR, the overwhelmingly consistent message from staff was that wellbeing issues were caused by working in the organisation. Mr Barkley commented that the moral injury to staff caused by corridor care was also a factor and added that the Trust would benefit financially from investing in actions to reduce long term sickness absence. .

Ms Larcum advised that the Sickness & Absence policy was currently under review. She added that a more detailed workforce report would be presented to the Resources Committee in future. Miss Smith highlighted that the level of sickness absence should be considered in the context of the majority of committed colleagues working in the organisation.

Mr Barkley queried the administrative bank staff usage recorded in the report. Ms Larcum explained that administrative bank shifts were only sanctioned where patient safety was at risk.

Digital and Information Services

Mr Hawkins was pleased to report that the migration to Tranche 1 of the new EPR had been very smooth overall: there had been no downtime and no need for any recourse to paper systems or other workarounds. The changeover had been a team effort as part of a highly supportive culture. The Trust had benefited from central funding to prepare the digital infrastructure for the new EPR so there had been very few complaints about the performance of the system. Mr Hawkins shared further information about the implementation process, which demonstrated the support which had been in place and the engagement with the new system. The Board recorded its congratulations and thanks to Mr Hawkins and his team.

Finance

Mr Bertram advised that the financial position and the progress of the WRAP programme had been reported and discussed in detail at the recent meeting of the Resources Committee. The Committee had made suggestions on how the reporting templates might be improved.

Mr Bertram reported that the financial position was £384k adverse to plan in Month 1. There had been a shortfall in the WRAP programme of £1.9m in Month 1 although £17m of the £62m target had been delivered in full year terms, of which almost £15m was recurrent savings. Mr Bertram noted the need to accelerate progress in delivering efficiencies across the organisation and advised that Executive Directors had taken a decision to use £1.5m from the planned investment in additional activity to offset the in-month shortfall as the Trust must limit the expansion of its cost base if the required savings were not being delivered. The focus would be on accelerating the WRAP programme to recoup the investment funds.

Mr Bertram assured the Board that Elective Recovery Fund activity would be managed over the financial year to avoid the risk of an overtrade. The cash position however would deteriorate over the year if deficit support funding was not received. Miss Smith underlined that the WRAP programme must be triangulated with delivering activity and balancing income and expenditure. A Senior Leadership Forum was scheduled for 2 June at which this would be discussed. The new Clinical Strategy would inform decisions around the use of income which would result in improved patient care and staff experience.

Mr Bertram explained the RAG rating which had been applied to the schemes in the WRAP programme, noting that there were still many schemes which had not been fully worked up. He outlined how WRAP targets were allocated and recorded in local budgets.

15 CQC Compliance Update

The Board received the report.

Mr Hague reported that the CQC had undertaken an unannounced inspection of the renal dialysis unit at Easingwold. Inspectors had received positive feedback from patients. The formal report was awaited.

16 Maternity and Neonatal Report

Ms Wells-Munro presented the report and drew out the following points:

- the Trust had received £470k from NHS Resolution to address Safety Actions 3 and 6 from Year 7 of the Maternity Incentive Scheme;
- Maternity Services were successfully delivering the RSV vaccination programme with uptake at 79% of pregnant women using the service, against a national average of 64%; work had begun to track the impact of the vaccination on neonatal admissions;
- the Sands and Tommy's Policy Unit paper on *Better board oversight needed to save babies' lives* had been included in the papers for directors' information; Ms Wells-Munro assured the Board that the recommendations were already covered;
- there had been an increase in cases of Post-Partum Haemorrhage over 1500mls to 5.1% (16 cases) in March; each case had been individually reviewed but there had been no common themes;
- the latest recruitment exercise for midwives had attracted over 320 applicants but most were newly qualified Band 5 midwives; Ms Wells-Munro cautioned that appointing newly qualified midwives was an extra cost to the Trust so the advertisement had been closed to Band 5 midwives, with only Band 6 midwives being sought;
- a maternity and neonatal equalities dashboard had been included in the report: the Trust was above the national average in all areas; Ms Wells-Munro outlined future actions which included better recording of ethnicity and a focus on reasons for pre-term births; a comprehensive review of the data would be presented to the Maternity Assurance Group and to the Quality Committee;
- a summary of the MBRRACE-UK perinatal mortality report for 2024 had been included in the report;
- a new Safety Action in Year 8 of the Maternity Incentive Scheme was concerned with the responsibilities of Trust Boards; there was an opportunity for directors to join webinars to learn more and Ms Wells-Munro encouraged as many directors as possible to attend.

In response to a question about suspensions of the Home Birth service in York and Scarborough, Ms Wells-Munro explained that the metrics would improve but the service was constrained by the 12 hour limit on midwife shifts.

Ms Wells-Munro was asked to add further detail to midwife vacancy and recruitment table in the report.

Action: Ms Wells-Munro

In respect of the complex governance oversight of maternity services, Ms Wells-Munro noted that it was the responsibility of the Director of Midwifery to ensure that the Board was presented with the correct information, and it was agreed that her attendance at Board meetings was an important escalation route. A greater level of detail was presented to the Quality Committee. In answer to a question, Ms Wells-Munro confirmed that Directors of Midwifery across the ICB met to share good practice and learning.

Mr Barkley referred to the deprivation data for maternity bookings and observed that it would be interesting to see this split between York and Scarborough. 52% of women

booking into the Service were in deprivation quintiles 4 and 5, whereas nationally this was 32%. This reflected the comparatively low level of deprivation in the Trust's catchment population.

17 Staff Survey Improvement Plan

Ms Larcum presented the report which contained analysis of the free text comments submitted as part of the 2025 national staff survey. The colleague experience improvement plan was also presented. Ms Larcum advised that there was a strong focus on fewer, deliverable, actions in four key areas. The actions and areas correlated with the Chief Executive's 100 day report and other sources of colleague feedback and were fully integrated with other Trust strategies.

In response to a question, Ms Larcum advised that the aim was to engage colleagues via consistent messaging. The Big Conversation initiative would be a driver to improve colleague experience, as would the CQI programme.

Mr Barkley noted that the action in the plan to ensure that the workforce had access to the fundamentals should also include improved servicing of toilets and cleaning of offices. Ms Larcum advised that the plan would be amended in response to comments.

The Board supported the delivery of the 26/27 Colleague Experience Improvement Plan in all areas of the Trust.

18 Research and Innovation - Annual Report

Dr Stone presented the report, reminding the Board that a new Trust Research and Innovation Strategy had been published in 2025. She referred to the strategic scorecard included in the report and advised that the Trust had exceeded trajectories in all but one of the metrics. The report also included details of successful grant applications and awards, clinical trials and partnerships. Dr Stone noted that the Trust ranked well nationally and regionally against peers in terms of the number of research students and accruals.

Dr Stone referenced new internal innovation engagement which included training videos and an inaugural innovation competition which had attracted 90 applications submitted by staff across the Trust. Miss Smith added that all ideas would be reviewed even if not shortlisted for the award.

Dr Stone highlighted new expectations on Trusts to develop more research and to enrol patients more quickly.

Ms Abeysekera asked about the success rate of bids for grant funding. Dr Stone responded that whilst a specific success rate was not included in the report, it had risen as bid writers had been recruited to the team. She would ask for the success rate to be included in future reports.

Action: Dr Stone

Mr Floyd asked if there were any lessons learnt from unsuccessful bids. Dr Stone responded that bid activity had increased due to the receipt of a large amount of funding for one study and it was important to dovetail bids with individuals' interests. She outlined different routes for bidding opportunities. She agreed with Mr Floyd that the aim was for research to support organisational priorities; SHARC was an example of this.

Mr Barkley referred to the grant awarded for the evaluation of Martha's Rule and commented that it would be interesting to see the outcome of this research.

19 Emergency Preparedness Resilience and Response (EPRR) Action Plan Update

The Board received the report and congratulated the EPRR team on the progress towards compliance with the standards.

20 Corporate Governance Update

Proposed Changes to the Constitution

The Board of Directors approved the proposed amendments to the Trust's constitution.

21 Questions from the public received in advance of the meeting

Mr Barkley referred to a petition from Mr Charlie Dewhirst, Member of Parliament for Bridlington and the Wolds, regarding the proposed closure of the Bridlington Care Unit which Miss Smith had referenced above. This would be discussed at the Private Board meeting before a formal response was made. The Trust would undertake the structured engagement as requested by the Health, Care and Wellbeing Overview and Scrutiny Sub-Committee. Mr Barkley acknowledged that Trust leaders needed to regain the confidence of the local community.

Mr Barkley advised that a further petition had been received from councillors representing wards local to York Hospital which is reproduced here:

Thanks for the opportunity to speak with Chair this morning along with my two Guildhall Ward colleagues, Cllrs. Tony Clarke and Rachel Melly.

Guildhall ward covers the stretches from the city centre east side up to the Cocoa works at the top end of Haxby and Wigginton Roads including the York Hospital site. Many of our residents directly experience the impacts of the hospital related traffic congestion in the area. Concerns have been raised with us since we first stood in the ward three years ago, and the queues spread at peak times back through the Crichton Avenue and the Clarence Street / Haxby road junction and even the Clarence Street / Lord Mayor's Walk / Gillygate one at times. The impact in delays and disrupted journeys for everyone, unreliable bus services, noise, pollution, vehicle intrusion, dangerous driver behaviours such as driving the wrong way down the opposite traffic lane to get into the hospital, have all been flagged to us.

We therefore set up a petition to ask yourselves and the City Council "to work together to urgently undertake measures to address the serious and regular congestion and queuing back from the hospital car park into Wigginton Road".

1830 primarily local people have signed our on-line petition on the Change,org platform and we separately provide their names in the attachment. Many are hospital patients with comments about the difficulties, delay and consequential stress about getting to their appointments on time. We also picked up a lot of suggestions for solutions and means to tackle the problems, some in the Trust's gift, some in the Council's and some needing a joint approach. They range from simple low cost administrative ones like ensuring all

appointment letters outline the limited car parking availability on site and outlining alternative means of accessing the site and other nearby car parks through to more difficult and expensive measures - see appendix for the ones pertinent to the trust – will be flagging others to the Council similarly in the near future.

However our biggest ask is that the Trust develop and adopt, hopefully with the Council's assistance, a strategic approach and proper plan for managing access to and parking at the hospital and optimising use of alternatives to the car that keeps parking within the site's capacity and avoids queue back into the junction with Wigginton road and in the process helping to ensure that patients, staff, visitors and suppliers can reliably access the hospital site, and that the surrounding community, road and local bus users past the hospital no longer suffer the repeated current congestion problems.

Appendix:

- *Better info in appointment letters, and on the York Hospital website regarding the limited on site parking, less busy times if a visitor, alternative local car parks, bus services past or close to the hospital and nearest bus stop locations, cycle parking facilities on site;*
- *Better management of car parking – booking system linked to priority for patients with limited mobility / remote location / other needs requiring car transport to the hospital, ensuring no non-hospital related usage;*
- *Optimisation of different NHS facilities and the appointment system to shift those services that can be provided nearer where patients live as much as possible and that patient appointments are made to the nearest service point as far as reasonably possible so as to reduce the pressure for car journeys to the hospital;*
- *Alterations to shift and visiting times to spread the arrival times;*
- *Physical alterations within the hospital curtilage to remove the queues off Wigginton road (on road alterations including signing on arrangements when the car park is full will be raised with the Council);*
- *Creation and adoption of a strategic travel plan to cover all journeys to and from the hospital to ensure non-car mode use is increased sufficiently, including development of additional offers, such as reinstatement of a dedicated Park and Ride service to the hospital to intercept car journeys and transfer them to more efficient way of getting people (staff, patients where appropriate and visitors) to the hospital, and to ensure that queuing from the site never normally stretches back into Wigginton Road.*

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 24 June 2026 at 9.30am at Scarborough Hospital.