York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
24 June 2026

Minutes of the Public Board of Directors meeting held on Wednesday 24 June 2026 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.50pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion) *(Via Teams)*
- Ms Julie Charge
- 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
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:
- Ms Steph Williams, Head of Nursing, Cancer, Specialist and Clinical Support Services Care Group (For Item 6)
- Ms Jo Hadley, Deputy Director of Midwifery (For Item 15)
- Miss Oluwafumbi Olajide, Consultant Obstetrician & Gynaecologist and Guardian of Safe Working Hours (For Item 19)
- 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

- Ros Shaw, Elected Governor – Public
- One member 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

Dr Boyd declared that she had been appointed as a Non-Executive Director for Nimbuscare.

4 Minutes of the meeting held on 27 May 2026

The Board approved the minutes of the meeting held on 27 May 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.*
Mr Barkley suggested that the Patient Experience report recently presented to the Council of Governors should be circulated to the Board, to obtain feedback on whether this meets the request for a fuller, more rounded quarterly patient experience report rather than allocating time at a Seminar. The action was closed .

BoD Pub 64(25/26) *Add comparative figures from month to month in the National Operational Framework rank oversight in the TPR.*
This information had been added and the action was closed.

BoD Pub 70(25/26) *Bring a recommendation for the True North metrics for 2026/27 to the next meeting.*
A revised set of True North metrics had been discussed at the recent Board Development Seminar and would be presented formally to the Board in July.

BoD Pub 73(25/26) *Present an improvement plan for 2-hour Urgent Community Response compliance.*
Ms Hansen reported that compliance with the 2-hour Urgent Community Response (UCR) standard had improved to just under 85%. Breach validations were undertaken to identify themes and trends and there was also robust clinical triage all of referrals to ensure that UCR was the correct pathway. Ms Hansen referenced the forthcoming new community model which would increase community resource further and support compliance with the UCR standard.
The action was closed.

BoD Pub 76(25/26) *Consider including crude mortality trends within the Learning from Deaths report.*
The information was included in the appendix to the report under Item 18. 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 suggested that the results of the audit which was being undertaken should be presented to the Quality Committee first. Mr Barkley agreed but observed that the key assurance for the Board was evidence of improvement in the metrics. Ms Hansen noted that performance against metrics was reported to the Resources Committee. The action was therefore closed.

BoD Pub 04 *Include a graph in the TPR showing actual WTE compared with the plan.*
The graph had been included in the report. The action was closed.

BoD Pub 08 *Add further detail to midwife vacancy and recruitment table in the report.*
The detail had been added. The action was closed.

6 Patient's Story

Ms Williams joined the meeting to share with the Board the work which had been undertaken to improve patient experience with the introduction of bedside handovers. Following a pilot project last summer, bedside handovers had been rolled out across the Trust in November. The focus was on better communication with and involvement from patients about their care. Ms Williams explained how this improved patients' experience and shared feedback data.

Comments and questions were invited.

Miss Smith was very encouraged by this work and asked Ms Williams and Mr Hague how it might be used to ensure that patients were treated more promptly, for example in undergoing diagnostic procedures, which would link to the Trust's future work to eliminate corridor care.

Mr Taylor asked if there had been any barriers to introducing the bedside handovers. Ms Williams explained that some, more inexperienced, staff were nervous of discussing care with patients as they felt they lacked clinical knowledge. Mr Taylor observed that the most valuable discussions with patients were non-clinical ones. He queried whether the use of the bedside handover might lead to earlier discharges. Ms Williams agreed that there was potential for this as it allowed patients the opportunity to express their readiness to go home.

Ms Grantham asked if there were any next steps in terms of improving communication. Ms Williams advised that there was an idea to have pictures of thermometers on wards for patients to register how they were feeling. Mr Hague added that there was also a suggestion to expand ward rounds to include families and carers.

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

7 True North Report

Miss Smith reminded the Board that a new set of True North metrics would be presented in July; these linked to organisational priorities. Referring to the report, Miss Smith highlighted:

- in relation to the Staff Survey metrics, progress was being made towards initiating the Big Conversation; this was fundamental to the success of the Continuous Quality Improvement (CQI) programme and the elimination of corridor care;
- in terms of the Urgent and Emergency Care metrics, the Emergency Care Standard continued to improve and the percentage of patients waiting more than 12 hours in the Emergency Department continued to reduce although both metrics had been temporarily impacted by the introduction of Nervecentre; Miss Smith flagged the high number of attendances to the Emergency Departments (ED) and challenges to hospital security;
- the cancer Faster Diagnosis Standard continued to be a focus for the Trust;
- the percentage of patients waiting less than 18 weeks for elective treatment was improving month on month and was ahead of trajectory; there were however significant challenges presented by an increase in referrals from primary care; there were certain specialties for which rapid action was needed to manage the demand;
- there had been a reduction in the number of Category 2 pressure ulcers and there were ongoing discussions with the ICB on how these were reported in the community; there was a 20% reduction target for 2026/27;
- Tranche 2 of the new EPR was planned for August 2026 and planning for Tranche 3 was underway; the implementation of Tranche 1 had been managed and delivered excellently;
- the Trust would announce its CQI partner very soon.

Mr Floyd noted that the number of bed days lost to patients with No Criteria To Reside was rising. Miss Smith responded that the rise was linked to the capacity of Community Services to support patients at home. Ms Hansen added that the Trust was working with external partners but there was an increasing number of cases where care homes would not receive residents with certain conditions back from hospital. The programme to eliminate corridor care would also focus on patients with No Criteria To Reside. Miss Smith noted that it would be useful to discuss this whole area at a Board seminar.

In response to a comment, Miss Smith advised that the format of the True North report would be informed by the CQI programme.

Referring to the Productivity and Efficiency Group update, Mr Barkley asked Ms Hansen about her confidence in achieving a year-end target for Patient Initiated Follow Up (PIFU) of 6.6%, which translated to an increase of 0.2% each month. Ms Hansen was confident that the year-end target would be achieved but not with a sustained increase through the year. The Director of the Surgery Care Group had been appointed to lead a working group which would work with specialties. Ms Hansen noted that the level of trust in the PIFU needed to be increased. She hoped to see significant improvement at the end of Quarter 2. Mr Hawkins confirmed that there had been another rise in PIFU usage in June to 5.1%.

In response to a question, Ms Hansen explained that outpatient utilisation encompassed utilisation of time within a clinic, that is, how many patients were seen and whether the clinics ran to time, and also the clinic schedule for the week. Both were a focus for review and improvement. The team was also looking at the availability and use of clinic rooms.

In response to Mr Barkley's question, Ms Hansen explained that there was new national guidance around the use of CT and MRIs in diagnostics against which the Trust benchmarked well. The data would be presented to the Resources Committee in due course.

Mr Taylor observed that, whilst the new Extended Emergency Medicine Ambulatory Care (EEMAC) areas in ED were not classified as corridor care, patient feedback suggested that this was how they were perceived by some. It was noted that this perception might result from the delays still being experienced in Urgent and Emergency Care, but the NHS England definition of corridor care was specific. Ms Hansen added that the new EEMAC and Emergency Assessment Unit (EAU) had significantly improved waiting times.

8 Chair's Report

The Board received the report.

Mr Barkley reported that he had received a draft proposal for a Board Development programme, which he would consider and then bring his recommendation to the Board.

9 Chief Executive's Report

Miss Smith presented her report and highlighted the visit of the King to the Sir Robert Ogden Macmillan Cancer Support Centre at York Hospital. Miss Smith paid tribute to Mrs Brown's and Mr Norman's team for the work in preparing for the visit and commented that the new facility was wonderful example of what could be achieved when charities, partners and NHS organisations worked together with a shared purpose .

Miss Smith reported that she had continued to spend time with colleagues across the Trust. She had spent time at Bridlington Hospital and had met with colleagues regarding the Bridlington Care Unit. The engagement process relating to the proposed closure of the Unit was ongoing. Miss Smith highlighted the Bridlington Surgical Hub optimisation week which been used successfully to significantly increase the number of elective procedures carried out.

Miss Smith referenced the recently published Lord Mann review into tackling racism and antisemitism within the NHS and noted that the Anti-Racism Group would review the report and its recommendations in detail.

Finally, Miss Smith reported that the annual Long Service celebrations had been very successful and she drew attention to the nominations for Star Awards attached to the report.

Mr Taylor recommended to Board members an article in the Health Service Journal on the challenges of decommissioning services.

10 Quality Committee Report

Dr Boyd summarised the key escalations from the meeting of the Quality Committee on 16 June 2026. The Committee had received the Quality Account and recommended it to the Board for approval, and had approved an amendment to its terms of reference requested by the Board. Dr Boyd observed that reports to the Committee evidenced inconsistency of practice and standards across the organisation which was an area for improvement. Dr Boyd also highlighted palliative care as an area of concern: the capacity of the team was

insufficient to provide a consistent level of care across the Trust's catchment area. Dr Boyd commented that the Board should consider more oversight of the service.

Finally, Dr Boyd made reference to the establishment of a Spina Bifida clinic in Scarborough, through the collaboration of paediatricians, paediatric urology, physiotherapy and the Shine charity. Early feedback on the service was very positive.

11 Resources Committee Report

Ms Grantham highlighted the main discussion points from the meeting of the Resources Committee on 23 June 2026. The Committee's focussed reviews had covered the Referral to Treatment (RTT) waiting list position, the Waste Reduction and Productivity (WRAP) programme and the financial position, and opportunities for digital transformation.

With reference to the RTT focussed review, Ms Grantham reported that there had been an improvement in the percentage of patients waiting less than 18 weeks for treatment but there was still improvement needed in other metrics. The Committee has asked for more visibility of the improvement plans.

Ms Grantham reported that the Trust was behind its financial plan in Month 2 and the Committee had discussed what strategic actions would be needed to recover the position. The Committee heard that senior leaders had met to discuss opportunities identified in the KPMG report.

The Committee had received the quarterly assurance paper from YTHFM: the focus continued to be on reducing sickness absence and improving the cleaning standards. The Sustainability report and the first report with details of ongoing major capital projects were also received. Ms Grantham noted the successes described in the Sustainability paper.

Ms Grantham advised that the paper describing opportunities for digital transformation had provoked discussion on the Trust's priorities for investment. The Committee had agreed that a wider Board discussion would be valuable. Mr Hawkins noted that the main opportunity for transformation was in the current project to replace the Electronic Patient Record (EPR) of which Tranche 3 would be transformational for staff and would empower patients through better communication. The challenges to digital transformation lay in the constrained financial environment. Miss Smith highlighted the volume of work which would be needed to prepare for a safe implementation of Tranche 3 of the EPR.

Ms Hansen advised that the Committee had noted concerns around the growth of the Total Waiting List and had discussed the drivers of this. Ms Hansen was, however, confident of reducing the number of patients waiting more than 52 weeks for treatment.

12 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hansen highlighted that Urgent and Emergency Care metrics had met the trajectory, despite the change in processes which accompanied the introduction of the new EPR, and there was certainly capacity for further improvement once the new processes were embedded.

Ms Hansen reported that diagnostic performance was ahead of trajectory, with 76% of patients being seen in under 18 weeks; this had resulted from a focus on patients waiting the longest and had been achieved despite delays to related capital projects as there were successful mitigations in place.
Cancer performance against the Faster Diagnosis Standard (FDS) and the 62-day standard continued to improve: the 62 Day Treatment Standard was ahead of trajectory in April, and was the best position in 12 months, but the FDS remained off trajectory. There would be deep dives of tumour sites as part of the improvement work.

Ms Hansen cautioned that the total waiting list remained the main challenge and the Trust was working with partners to address demand. Ms Hansen highlighted the national direction towards a Single Point of Access for elective care, but this needed a significant amount of work to implement. There was a structural gap between demand and capacity for some specialties, for example the Pain service, and discussions with commissioners to address this were continuing. Other services, for example, oral surgery were impacted by workforce constraints relating to difficulties in recruiting appropriately skilled staff. Pathways in some specialties were also being reviewed.

Ms Hazelgrave noted the sharp decrease in the percentage of admissions of Type 1 patients attending ED. Ms Hansen explained that the deployment of a senior clinician at the front door was supporting this reduction. It was noted that, with the implementation of the new EPR, a new Type 5 category referring to non-admitted patients had been introduced. Mr Barkley observed that the key metrics were the number of non-elective patients admitted for one night or more and the number of bed days occupied by patients with a length of stay of 1 day or more.

Mr Barkley drew attention to the increase in the number of ambulance handovers taking over 45 minutes. Ms Hansen agreed that this metric had deteriorated which was disappointing, and work was underway to identify the reasons. She advised that the department was experiencing record numbers of attendances and the Trust was working with the Yorkshire Ambulance Service to identify alternative pathways.

Mr Barkley highlighted the number of zero day length of stay non-elective admitted patients, which at 1826 was high considering that patients accessing Same Day Emergency Care were not included. Ms Hansen would investigate further.

Action: Ms Hansen

Mr Barkley noted the specialties that were exceeding their FDS target and asked whether they were receiving due credit for their performance. Ms Hansen responded that the Trust could do better at praising teams for performance.

Mr Barkley asked if the Trust held data on the number of GP referrals per thousand patients by GP practice. Ms Hansen explained that this analysis work was in progress.

Mr Barkley queried the significant gap between the actual number and the trajectory for outpatient first attendances. Ms Hansen responded that some appointments had been used for cancer patients as a priority and there had also been a focus on appointments for patients experiencing long waits. There had also been a reduction in additional activity due to financial constraints.

Quality and Safety

Mr Hague reported that the Trust was over the year-to-date threshold for E.Coli, MSSA and pseudomonas bacteraemia. A deep dive of improvement plans would be undertaken

with a view to initiating a step change. The Trust was under the year-to-date threshold for C.Difficile but there was still work to do to improve the position further.

In terms of Category 2 pressure ulcers, the Trust had not achieved the monthly trajectory. Mr Hague provided an update on the work to reduce the number of pressure ulcers. A stretch target of 20% had been agreed for 2026/27. The number of complaints received by the Trust in May was similar to the April number, however, there had been a deterioration in response times.

Dr Stone highlighted the good work associated with medication incidents in terms of reviewing and communicating the learning. The two Patient Safety Incident Investigations referenced in the report were now complete and had significant actions arising from them.

Mr Barkley thanked the team for the excellent executive summary.

Maternity

There were no comments or questions on this section.

Workforce

Ms Larcum advised that, whilst the monthly sickness absence rate had reduced, this was not sufficient to impact on the annual rate which was above plan at 5.4%. There were proactive plans in place to support colleagues to remain at work and reactive plans to manage sickness absence.

Ms Larcum reported that the turnover rate remained below trajectory. The overall vacancy rate had increased as establishments had been added to budgets. Ms Larcum noted that the vacancy rate for Health Care Support Workers was on a downward trajectory. She referred to the additional workforce information added to the report which had been reviewed by the Resources Committee. The overall headcount was reducing according to the plan.

Referring to the table of planned and actual Whole Time Equivalent totals for each staff group, Mr Barkley asked if the increase in the NHS infrastructure staff group was related to the EPR implementation. Ms Larcum would check.

Action: Ms Larcum

Digital and Information Services

Mr Hawkins reported that there had been a first incident of downtime associated with the new EPR; this had been a national incident. Mr Hawkins advised that the EPR had a business continuity function which had proved valuable.

Mr Hawkins referred to the number of calls to the helpdesk in May which had been mitigated by the deployment of floorwalkers and online help functions to support the introduction of the new EPR. He also highlighted excellent compliance with the deadlines for responses to Freedom of Information and Subject Access Requests.

There was discussion on the introduction of Ambient Voice Technology (AVT) in ED which, in other Trusts, had been shown to benefit patients by reducing waiting times and also to contribute to improved job satisfaction for doctors who had adopted it. Ms Hansen advised that there were a number of clinicians in ED who had piloted AVT. Mr Hawkins added that the new EPR had an AVT function which would provide a better experience for staff. The challenge would be in demonstrating that the savings from using AVT would offset the investment required in licences. The Board would need to take a decision on the

investment. Dr Stone underlined the importance of educating and training clinicians to use AVT effectively should the decision to invest be made.

Finance

Mr Bertram reported that the current plan, which was for a year-end deficit of £22m, had not yet been formally approved by NHS England. In Month 2, there was a year to date deficit of £5m, a £0.9m negative variance to the planned deficit of £4.1m. £0.6m of this variance related to the costs of the resident doctors' industrial action for which there would be no external support. The WRAP programme had delivered £20.6m in full-year terms against the £61.6m target but was behind plan by £2.7m as at Month 2, in terms of monthly delivery. Mr Bertram advised that the cash position was £3m adrift of plan. This was a growing area of concern, and his team was already preparing a working capital submission and discussing the position with the regional team. Mr Bertram noted that a VAT repayment was awaited from HMRC which would boost the cash position.

Mr Bertram provided further details relating to the NHS England and ICB income variances. He noted the £1.1m cost pressure from high cost drugs and devices which he was hopeful would be offset by income from commissioners.

Mr Bertram drew attention to the new information in the report on the use of the investment reserve: this had been reduced by £3m to offset the overall deficit and by a further £2.7m to offset the WRAP shortfall over the first two months of the year. £1.7m had been drawn from the fund for activity related investments. Mr Bertram underlined that the WRAP savings must be accelerated to forestall any further use of the investment fund to offset underdelivery. Mr Floyd agreed that the use of the investment fund to offset the shortfall in the WRAP programme was not sustainable and drew attention to the number of medium and high risk schemes. He noted that the significant risk that the full WRAP target would not be delivered had been flagged by the Resources Committee and should be a matter for discussion by the Board. Ms Hazelgrave also highlighted the £5m overspend, and the risk to the cash position, and the need for a Board discussion on a course of action.

Mr Bertram outlined the steps taken this year for better grip and control of the WRAP programme; these had resulted in tangible improvements to delivery but were not sufficient. Senior leaders had been working through key areas identified in the KPMG report. These needed to be added to the list of schemes, with Senior Responsible Officers and delivery leads identified. Mr Bertram reported that the Trust was now part of the Challenged Provider Programme and was in discussions with NHS England about external support for delivery of the WRAP programme.

Mr Barkley asked for clarity in the next report on where the £2.75m from the investment fund had been applied in the income and expenditure table. He also requested that future finance reports include a table showing expenditure against budget for each Care Group, directorate and the LLP.

Action: Mr Bertram

Mr Bertram confirmed that the use of the investment fund to offset the under delivery of the WRAP programme would impact on activity if not repaid.

Mr Barkley questioned the £0.4m spent on over activity when it was clear from the TPR that that activity was not being delivered. Mr Bertram explained that the activity plan for 2026/27 had been based on the 2025/26 tariff with an assumption about the cost uplift factor. The 2026/27 tariff had been released in April with fundamental changes in tariffs. Mr Bertram confirmed that the value of the activity had risen by more than inflation.

In response to Mr Barkley's question, Mr Bertram explained that the key driver of the operational pay overspend was medical and dental costs, particularly bank usage at premium rates. This was a focus for the WRAP programme.

13 Trust Strategy Scorecard

Ms Hansen presented the report and noted that the priorities identified by Miss Smith in her 100 day report reflected the strategic priorities which had already been identified in the Trust Strategy.

In response to Mr Floyd's query, Miss Smith agreed that the successes identified in the report could be more explicitly communicated to the organisation. Mr Taylor suggested that there should be greater reference to the Trust's external partnerships and, although it was difficult to identify suitable metrics to evidence progress, the Board needed to accept more accountability for partnership working. Ms Hansen suggested that partners could be asked for feedback. Mrs Brown responded that this had been undertaken as part of the Well-Led review. A stakeholder engagement plan had been developed and an evaluation of this could be completed. The Resources Committee was responsible for oversight of partnership working. Ms Hansen advised that a member of her team was now working for two days each week on better alignment with partners.

Mr Barkley thanked Ms Hansen for the well-written report.

14 CQC Compliance Update

The Board received and noted the report.

15 Maternity and Neonatal Reports

Ms Hadley, the newly appointed Deputy Director of Midwifery, was welcomed to the meeting.

Mr Hague presented the report and highlighted:

- a reduction in the rate of Post-Partum Haemorrhages (PPH) over 1500mls and improved compliance with PPH risk assessments at 36 weeks;
- recruitment of midwives to current vacancies was progressing well.

Service risks included:

- a decrease in compliance with completion of intrapartum PPH risk assessments; targeted work was underway to address this;
- the disestablishment of the Local Maternity and Neonatal System (LMNS) on 31 July; the ICB would assume a commissioning role but options to replace the service user role of the LMNS were being considered.

Miss Smith asked if appropriate support was in place for newly qualified midwives. Mr Hague had discussed this with the Director of Midwifery and was confident that the preceptorship was robust and the progressional points were clearly identified. The key challenge was in recruiting too many newly qualified midwives at one time.

Mr Barkley and Ms Hadley agreed that the LMNS had been key to engagement with stakeholders and that there should be a continuation in some form. Mr Barkley asked that an update on progress to a solution be brought to the Board in the next quarter.

Action: Ms Wells-Munro

15.1 Saving Babies' Lives Care Bundle

The Board received and noted the report.

Mr Barkley asked how Trust compared with peers in terms of compliance with the Care Bundle. Ms Hadley advised that, with 78% of the interventions fully implemented, the Trust was slightly behind peers, but actions were in place to address the outstanding elements.

15.2 Maternal Care Bundle Interim Review

Mr Hague advised that the Maternal Care Bundle had been published in January 2026. The paper described the internal interim review which had taken place before the publication of the national implementation tool. This had now been published and would be used to finalise priorities, timelines and develop an implementation plan.

16 Infection Prevention and Control (IPC) Annual Report

Mr Hague presented the paper, noting that it covered Quarter 4 data and as well as being the annual overview for 2025/26. The Trust had made credible progress in reducing Health Care Acquired Infections (HCAIs), notably with C.Difficile, and there had been an improvement in MSSA infections. Mr Hague referenced the internal audit of IPC governance which had returned an opinion of significant assurance and advised that the team had been asked to share their improvement work outside of the Trust.

Mr Hague noted that the Trust was still an outlier in relation to peers in terms of HCAIs in relation to patient bed days. Stretch objectives were in place for 2026/27. Mr Hague also highlighted the vacancies within the IPC team.

Mr Barkley expressed concern that the report lacked detailed reasons why the Trust benchmarked so poorly against others and what the solutions were to the root causes. Mr Hague acknowledged these concerns and agreed to report back to the Board.

Action: Mr Hague

Ms Abeysekera queried whether there was information about mortality rates in relation to HCAIs. Dr Stone responded that all incidents of infection were subject to review regardless of the outcome for the patient and a Structured Judgement Case Review would be undertaken if any concerns were raised by the review.

17 10 Point Plan: Improving Resident Doctors' Working Lives

Dr Stone presented the paper, noting that the 10 point plan was a national requirement. Progress in implementing the actions had been good thus far: Senior and Peer Resident Doctor leads were now in place, a Non-Executive Director lead had been appointed, exception reporting reforms had been implemented as well as recognition of prior learning to fulfil some statutory and mandatory training requirements. The Trust had also appointed a Clinical Leadership Fellow in Improving Resident Doctors' Working Lives who would begin in post in August. Dr Stone advised that there were still gaps in compliance relating to work schedules and rosters, and payroll issues. She drew attention to the Self-Assessment Summary Report attached to the paper.

Mr Barkley suggested that it would be valuable for the Board to hear from the Resident Doctor Peer leads (RDPLs) alongside the Trust's Senior Lead for Resident Doctor Experience (SLRDE). Dr Stone would progress this.

Action: Dr Stone

Ms Hazelgrave asked if any of the actions in the plan should be of concern to the Board. Dr Stone responded that the Trust needed to look beyond the 10 point plan to consider the experience of resident doctors working in the organisation. It was agreed that this would be considered when the RDPLs and SLRDE presented to the Board.

18 Q4 Mortality Report - Learning from Deaths

Dr Stone presented the report and highlighted the alert received by the Trust regarding its mortality rates in relation to the National Emergency Laparotomy Audit. The increased mortality rate had not been evidenced by the Summary Hospital-level Mortality Indicator (SHMI) tool so the team was analysing the coding to identify why the Trust was an outlier.

Dr Stone expressed some concern that the SHMI funnel plots may reflect inaccurate data and she had requested further analysis.

19 Guardian of Safe Working Hours Annual Report

Miss Olajide, Guardian of Safe Working Hours, presented the annual report from 2025/26. She highlighted a sustained increase in exception reporting across the year and persistent workforce pressures and rota gaps due to staffing gaps, rota design and operational pressures. Miss Olajide noted however that there was strengthened governance following early adoption of the national exception reporting reforms from January 2026.

Miss Smith noted that there may be opportunities for digital solutions to reduce pressure on the medical workforce.

In response to Miss Smith's query, Miss Olajide noted that current roster designs were often inappropriate for the service and needed additional staffing to function effectively. Dr Stone reported that a paper had recently been presented to the Executive Committee covering medical rostering and its oversight. Some issues with rosters would be caused by the design but some would require extra capacity which might be mitigated by the new EPR. She advised that solutions were in train which would support resident doctors. Dr Stone confirmed that the report from the Guardian would be triangulated with the 10 point action plan for resident doctors. It was positive that there was an increase in reporting as this would inform actions. Dr Stone observed that better oversight of rosters was needed to ensure that they were appropriate and there needed to be better assurance around the timing of issuing rosters, both of which had been covered in the paper presented to the Executive Committee. There were gaps in assurance around allowing time in rosters for training and educational opportunities.

Miss Olajide asked about the possibility of raising business cases to increase staffing levels. Mr Barkley responded that the financial constraints under which the Trust was operating would almost certainly prohibit this. Miss Smith added that any investment would need to be agreed by the Executive Committee.

Directors thanked Miss Olajide for her report and for her support for resident doctors.

Miss Abeysekera asked how the Board could be assured that the Medical Education programme was fit for purpose. Dr Stone responded that there was appropriate monitoring in place for undergraduate and postgraduate students which was reported to the Resources Committee.

20 Questions from the public received in advance of the meeting

Mr Barkley had received questions from a member of the public regarding its publicising of the National BAME Health and Care Awards, and he responded as follows.

He confirmed that neither the Trust nor the York and Scarborough Hospitals Charity had provided financial sponsorship or support to the National BAME Health and Care Awards. They had simply shared information about the awards, should any colleagues wish to enter. The Trust and the Charity took the same approach with any external other awards scheme which may be of interest or relevance to colleagues, including the Nursing Times Awards amongst others. The Trust had its own recognition schemes: the monthly Star Awards and the Annual Celebration of Achievement Awards, and these were open to all colleagues.

The Trust had used the term BAME, as this was the term used by the Awards organisers; the Awards were called the National BAME Health and Care Awards.

In relation to the question regarding whether the Trust had carried out due diligence with regard to the National BAME Health and Care Awards, it had not, as it was not deemed to be required.

21 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 29 July 2026 at 9am at York Hospital.