

Minutes

Board of Directors Meeting (Public)

29 July 2026

Minutes of the Public Board of Directors meeting held on Wednesday 29 July 2026 in the Trust Headquarters Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.35pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- 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 (*Via Teams*)

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
- Dr Karen Stone, Medical Director
- 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 Kim Hinton, Deputy Chief Operating Officer *deputising for* Ms Claire Hansen, Chief Operating Officer
- Ms Fliss Durrant, Apprenticeship Facilitator, Apprenticeship Team (For Item 6)
- Mr James Pickup, Learning Administrator, Apprenticeship Team (For Item 6)
- Ms Stefanie Greenwood, Freedom to Speak Up Guardian (For Item 15)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 17)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Ms Linda Wild, Elected Governor and Lead Governor – Public
- Ms Jean Flanagan, Elected Governor – Public
- Ms Julie Southwell, Elected Governor - Staff
- One member of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Ms Rukmal Abeysekera, Non-Executive Director
Ms Claire Hansen, Chief Operating Officer
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 24 June 2026

The Board approved the minutes of the meeting held on 24 June 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 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 was presented under Item 7. The action was closed.

BoD Pub 10 *Investigate why the number of zero day length of stay non-elective admitted patients is high.*

Ms Hinton explained that the number had in fact reduced from around 2500 to 1000 which was in part due to a new category of patient recorded as Type 5. It was agreed that the action would be left open while further analysis of the data was undertaken.

BoD Pub 11 *Investigate the reasons for the increase in Whole Time Equivalent staff in the NHS staff infrastructure group.*

Ms Larcum explained that the increase in this group was due to the recent re-classification of some staff roles and was offset by a reduction in the administration and clerical staff group. There were different groups recorded on the Electronic Staff Record compared to the reporting requirements of NHS England.

Ms Larcum was asked to provide a summary paper for further clarification to the Resources Committee.

BoD Pub 12 *Include in the next report, an indication of where the £2.75m from the investment fund is applied in the income and expenditure table and a table showing expenditure against budget for each Care Group, directorate and the LLP.*

Mr Bertram advised that this had been clarified in the report. The action was closed.

BoD Pub 15 *Invite the Resident Doctor Peer leads alongside the Trust's Senior Lead for Resident Doctor Experience to present at a Private Board meeting.*

Dr Stone advised that she would invite the leads when they began in post. The due date was deferred.

6 Colleague's Story

Fliss Durrant and James Pickup from the Apprenticeship team joined the meeting to present the item. Ms Durrant began by providing an overview of the Trust's apprenticeship programme, highlighting the growth since 2017 when the apprenticeship levy was introduced. The programme now supported around 100 apprenticeship starts each year, covering both clinical and non-clinical roles.

Ms Durrant outlined recent government reforms to the apprenticeship programme which included a greater focus on apprenticeship for young people, changes to the funding system and the withdrawal of funding for leadership and management apprenticeships. These changes would have a significant impact, and the Trust would need to plan ahead to maximise usage of apprenticeship funding.

Mr Pickup shared his personal apprenticeship journey as a learning administrator, describing the skills he had gained and his progression within the Apprenticeship team, and details of his current role.

Miss Smith emphasised the opportunities for both apprentices and for the organisation offered by the programme but highlighted the complexities involved in accessing and spending the funding. It was disappointing however that the funding for leadership and management schemes was being lost and the Trust would need to consider how to harness and develop this experience in the future.

In response to Ms Grantham's question, Ms Durrant explained that the apprenticeships were usually awarded to existing staff, in consultation with departments, to fill skills gaps. There were few roles which were externally advertised and the change of the national focus to school leavers might lead to an increase in external recruitment to apprenticeships. Ms Durrant noted that the apprenticeship route was also used by individuals seeking a career change.

Mr Bertram agreed with Ms Durrant that it was disappointing that Level 7 apprenticeships had been withdrawn as these had been valuable for staff in his team. He asked Mr Pickup about the feedback from the apprenticeship survey. Mr Pickup responded that the responses were still being collated but first indications were that they were positive overall. Miss Smith asked that the feedback be shared with the Board in due course.

Action: Ms Larcum

Ms Durrant advised that the Trust's apprenticeship levy was £2m and would expire in 12 months if not used. Mr Bertram reminded the Board that apprentices spent time training and the cost of this time away also needed to be factored in.

Ms Durrant and Mr Pickup were thanked for their informative presentation and they left the meeting.

7 True North Report

Miss Smith presented the new True North report which contained a revised set of priorities. She referenced the metrics linked to Urgent and Emergency Care and the treatment of patients in non-designated areas and advised that work to eliminate corridor

care had begun in the form of workshops and engagement events, in preparation for significant changes to be implemented from September onwards. Miss Smith reported that there had been significant operational challenges at both York and Scarborough Hospitals in recent weeks, with very high levels of attendances at Emergency Departments (ED) at Scarborough in particular.

Mr Taylor noted that there were four issues facing the Trust: demand at the front door, patient flow, discharge and the quality of care experienced by patients, particularly in terms of communication. He asked which of these was the principal focus. Miss Smith noted that the focus was on all of the first three issues and observed that failure to communicate effectively with patients was often the result of workload and operational pressures. She agreed that there needed to be a greater focus on patient experience, to ensure that patients were more active participants in choices about their care. There were certainly opportunities for more timely discharge of patients. Mr Taylor commented that it would be useful for the Board to understand in more detail the reasons for attendances to ED.

Miss Smith drew attention to the metric relating to patient waiting times for their first outpatient appointment and highlighted its significance as a theme of complaints to the Trust. She also advised that work continued to reduce the monthly staff sickness absence rate. Mr Hague outlined plans to refresh actions to reduce the incidence of Health Care Acquired Infections.

Miss Smith referred to the priority to achieve sustainable finance and observed that the level of oversight and rigour in terms of the Trust's financial position had not diminished.

Mr Floyd asked about the metric relating to the reduction of Type 1 attendances which had an inpatient admission with a length of stay above zero and questioned if the significant decrease in May was only due to admissions to Same Day Emergency Care (SDEC) areas no longer being included in the data. Miss Smith responded that the information on the slide was not sufficiently clear and would be reviewed before the next meeting. However, she confirmed that the main reason was due to the implementation of the new Electronic Patient Record which had introduced a change in coding.

Mr Floyd also asked if the target of 90% for timely responses to complaints and concerns was realistic. Mr Hague confirmed that this was realistic for non-complex complaints. The focus however would be equally on reducing the number of complaints.

8 Chair's Report

The Board received the report.

Mr Barkley advised that he had agreed to host a person for 12 months starting in September who was part of NHS England's Aspiring NED programme. He would therefore be attending all Board meetings and talk with existing NED colleagues to more fully understand the role etc.

9 Chief Executive's Report

Miss Smith presented her report. She began by referencing the recent fire in the Springwood Unit, operated by the Tees, Esk and Wear Valleys NHS Foundation Trust, on the Malton Hospital site. The hospital had been evacuated as a precautionary measure. Miss Smith paid tribute to the attitude and commitment demonstrated by Trust staff in evacuating patients from the inpatient ward which was also operated by another Trust.

Miss Smith advised that lessons would be learnt from the incident and the wellbeing of staff involved continued to be supported. Miss Smith also recorded thanks on behalf of the Trust to the North Yorkshire Fire and Rescue Service for its rapid action to prevent the fire from spreading and also to staff at Malton School who went above and beyond in offering immediate assistance and in caring for evacuated patients. With local business also stepping up to provide food and drink, the entire response to the incident reflected a strong sense of partnership and community. Mr Barkley advised that he had written letters of thanks to the Chief Fire Officer of the North Yorkshire Fire and Rescue Service and the headteacher of Malton School.

Miss Smith also highlighted the following:

- the Trust had signed the contract with its commissioners, the Humber and North Yorkshire ICB, but the financial plan had still not been formally approved by NHS England;
- Tranche 2 of the new Nervecentre Electronic Patient Record (EPR) was due to go live commencing on 24 August;
- the number of letters and directives issued by NHS England over the course of the last month; these would be worked through and reports brought to the Board as appropriate; a report on patient experience would be presented to the Board in September;
- a Chief Culture and People Officer had been appointed who would begin in post in the autumn; Miss Smith recorded her thanks to Ms Larcum for her ongoing commitment to the interim Director of Workforce and Organisational Development role.

10 Quality Committee Report

Dr Boyd summarised the key escalation points from the meeting of the Quality Committee on 21 July 2026:

- the Committee was pleased to hear the report that paediatric surgery sessions had commenced at Bridlington Hospital, supporting patient care closer to home;
- the Committee had received the Annual Chaplaincy report which had been very positive; the team had achieved its goals for the year and had made an impressive contribution to patient and staff experience and wellbeing; a copy of the report would be circulated to members of the Board;
- pathways for sepsis diagnosis and treatment for hip fractures remained challenging, due to operational pressures; the Committee would monitor the position through escalations from the Patient Safety and Clinical Effectiveness Sub-Committee and the quarterly sepsis updates.

Ms Hazelgrave observed that the Board needed more high level information on key challenged areas such as sepsis, hip fractures and stroke. Miss Smith responded that discussions on the most effective way to report this type of information to the Board would be held with the Trust's Continuous Quality Improvement partner.

11 Resources Committee Report

Ms Grantham reported that the meeting held on 21 July had focussed on three key areas: the Waste Reduction and Productivity (WRAP) programme, performance of cancer services, and workforce. In terms of the WRAP programme, Ms Grantham reported that delivery remained behind plan. The discussion around the challenges facing different areas of cancer services had been valuable. The Committee had expressed its support for

the Big Conversation initiative which was aimed at reshaping the culture and values of the organisation.

Ms Grantham advised that the Committee had also received a progress report on diagnostic performance which was very positive, albeit that the improvement remained fragile given the workforce and equipment challenges. Improvement in Urgent and Emergency Care metrics had been impacted by the implementation of the Nervecentre EPR, and reviews were being undertaken to ensure that the systems and processes associated with the first phase of the Acute Model of Care were as effective as possible.

12 Well-Led Action Plan Q1 Progress Report

Miss Smith presented the report, noting that actions scheduled for Quarter 1 linked to the Continuous Quality Improvement model, the Integrated Accountability Framework and the Big Conversation had not been fully completed but were all on track.

A request was made for the action plan to be re-formatted to make it easier to read and determine which actions were progressing according to plan. Miss Smith would discuss this with Mr Taylor, Associate Director of Corporate Governance.

Action: Miss Smith

Mr Barkley asked about the timeline for Action 14.4 *To further embed the Managing Violence and Aggression policy launched in 2025 to manage patients who are racist or discriminatory to colleagues*. Mr Hague advised that the policy would be reviewed by September but there was a wider piece of work to understand the impact of violence and aggression across the organisation which would take 6 to 12 months but the scope of this should also be determined by September. It was agreed that the wording of the action would be amended to describe this work and the due date moved to Quarter 4, subject to recording that the original action had been completed.

Action: Mr Taylor/Mr Hague

Mr Barkley noted that the progress update for Action 35 *The Trust should consider ways in which it can strengthen the dissemination of learning within and across Care Groups. This should also include consideration of the formal mechanisms and processes for triangulating learning across multiple data points* described what was already in place, not how it was being strengthened. Mr Hague would progress this for the next report.

Action: Mr Hague

13 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hinton presented the summary of operational activity and performance, beginning with Urgent and Emergency Care:

- the Emergency Care Standard was off trajectory in June by 0.4%; Miss Smith described the ongoing improvement work which included a review of rotas;
- Type 1 12-hour waits remained ahead of trajectory;
- community and social care capacity was impacting on the ability to discharge patients in a timely manner;
- ED teams were working through Nervecentre optimisation with Digital colleagues and set of priority actions had been agreed;
- an audit of “missed opportunities” was being undertaken with a review of the process for ambulance handovers and discussions with the Yorkshire Ambulance

Service on alternative pathways, and the reinforcement of pathways to the Extended Emergency Medicine Ambulatory Care (EEMAC) unit;

- there was also dedicated work on improving Urgent and Emergency Care paediatric metrics.

Ms Hazelgrave asked about the single point of access for ambulance conveyances which had been in place. Ms Hinton advised that this had not been funded for this financial year and agreed that this was disappointing as it had helped ambulance crews to navigate the multiple options available for receiving and treating emergency cases.

Ms Hinton reported that the monthly trajectories for both the Cancer Faster Diagnosis Standard (FDS) and the 62 first definitive treatment standard had been exceeded, building on a period of sustained improvement, but meeting year-end trajectories would be challenging. The Trust was sourcing support for work on demand and capacity. Ms Hinton provided an update on work to improve the performance of Cancer Services, which was primarily focussed on the causes of delays in pathways which included capacity challenges in diagnostics and digital pathways in pathology. She highlighted a significant increase in referrals from primary care for skin cancer and the need to agree a position on who would undertake dermoscopy imaging when the Local Enhanced Service agreement ended in November.

Mr Barkley queried why 62 day performance had deteriorated in May. Ms Hinton explained that this was directly related to the previous months' FDS performance, which had been particularly impacted by the increase in skin cancer referrals, but she expected to see improvement in future months. Miss Smith underlined the need to inform patients in timely manner about the results of their diagnostic tests, and this was proving a challenge currently. Ms Hinton advised that work was underway to extend the use of Ambient Voice Technology in Cancer services to address administrative delays.

Ms Hinton reported that there had been a small reduction in the total waiting list although the continued demand was driving an increase in the Referral To Treatment (RTT) position. This had increased by 9% in June driven by referrals to the Pain and Gastro Services. The Trust would be sharing this data with the ICB to discuss demand management action which needed to be taken. Ms Hinton noted that the proportion of appointments assigned as first appointments was not sufficient and she described the action being taken to address this. Miss Smith added that there was a risk that some patients would breach 65 week waiting times for the Pain service. There was some discussion on the use of virtual appointments and the new NHS England requirement for a Single Point of Access. Ms Hinton added that work on pathway changes had identified a number of opportunities for greater efficiency.

In response to Mr Barkley's question, Ms Hinton advised that the proportion of patients waiting more than 52 weeks for a first outpatient appointment rather than for surgery depended on the specialty. Mr Barkley highlighted that there was still a failure to record patients' ethnicity. Ms Hinton would raise this with the Chief of Allied Health Professionals who was the Health Inequalities lead.

Action: Ms Hinton

Ms Hinton advised that the percentage of patients using Patient Initiated Follow Up (PIFU) had increased to 5% which was positive but there were further opportunities to extend this.

Ms Hinton referenced the Single Point of Access project which was a significant area of work. A project board had been established and clinical workshops had commenced. The

work would include determining the temporary impact on performance of transferring time in consultants' job plans to triage. Progress on the project and its impact would be reported to the Resources Committee.

In terms of diagnostic performance, Ms Hinton reported that a positive position had been maintained for the last few months. She noted the reliance on insourcing and bank staff in some diagnostic modalities. She advised that the Community Diagnostic Centre in Scarborough was open and now fully operational. In terms of risks, performance in Echocardiography was the most significant, and Ms Hinton described the actions underway to support improvement. Mr Barkley noted the deterioration in performance in Neurophysiology. Ms Hinton explained that this was covered by a single practitioner whose annual leave it had not been possible to cover with the use of bank staff.

The Board acknowledged the significant improvement in diagnostic performance, particularly in the number of patients waiting more than 13 weeks.

With reference to services for children and young people, Ms Hinton advised that the paediatric pathway in ED was under review. In terms of outpatient appointments, risks remained to performance in Ear, Nose and Throat and oral surgery specialties.

Ms Hinton reported that the 2-hour Urgent Community Response compliance was at 75.6% in June. A Business Case for a new model of community care was due to be presented to the Executive Committee in August for approval. Ms Hinton was asked to provide an explanation of the difference between Community Response Team (CRT) referrals and 2-hour Urgent Community Response referrals.

Action: Ms Hinton

Quality and Safety

Mr Hague reported that the Trust was under trajectory for C.Difficile and klebsiella bacteraemia infections but over trajectory for all other Health Care Acquired Infections. A deep dive review would be undertaken to identify the drivers of poor performance, and this would also link to the work to eliminate corridor care.

Mr Hague advised that the number of Category 2 pressure ulcers was slightly above the monthly trajectory. New patient chairs had been ordered which should contribute to an improved position. Mr Hague reported that the number of patient falls per thousand bed days was below the monthly threshold however, which was positive. In terms of complaints to the Trust, there had been a slight improvement in performance, but long term plans focussed on addressing the themes of complaints to prevent them arising. Mr Hague was asked to investigate the discrepancy between the number of complaints recorded in the narrative as opposed to the graph in the report.

Action: Mr Hague

Maternity

There were no comments or questions on this section.

Workforce

Ms Larcum reported a slight increase to the rate of staff sickness absence in June which was disappointing; work to address this continued at pace. She advised that resident doctors had voted to accept the Government's pay and jobs offer but consultants had now voted in favour of industrial action. The ballot result provided a mandate for industrial action for the next 12 months, although none had currently been announced.

Ms Larcum also reported that the staff turnover rate remained low and workforce numbers were stable, with a small reduction in the number since the same period last year. Eight new medical colleagues had been welcomed to the Trust in June. Ahead of the changeover in August, the Trust was onboarding 207 resident doctors; there had been the usual challenges in obtaining information in a timely manner.

Ms Larcum highlighted the continuing reduction in the vacancy rate for Health Care Support Workers and the scheduling of interviews for pre-registered nurses.

Digital and Information Services

There were no questions or comments on this section.

Finance

Mr Bertram reported at Month 3 that the Trust had a £9m deficit against a planned deficit of £6m. He confirmed that no further amounts from the investment fund had been used to offset the deficit.

Mr Bertram advised that contract overperformance had been added to the monthly position, £2m of which related to high costs drugs and devices, and £0.6m to variable activity, the latter being linked to the significant increase in referrals highlighted by Ms Hinton. Mr Bertram reported that, in terms of the Waste Reduction and Productivity (WRAP) programme, the Trust had delivered £23.9m in full year terms against a target of £61.6m of which £17.2m was recurrent savings. The monthly WRAP programme delivery was £3.5m behind plan. The key pressure areas were the cost of cover for the resident doctors' industrial action, high cost drugs and devices, medical bank cover and the cost of funding the Bridlington Care Unit. The report now included the best, most likely and worst case scenario modelling for the overall forecast position.

Mr Bertram expressed disappointment at the run rate position and underlined the need for rapid action. He shared details of external support which had been sourced to provide further capacity and expertise. He drew attention to the forecast cash position in September and advised that the Finance team was preparing an application for emergency cash support. He would share more detailed cash modelling information with the Resources Committee in advance of the application being presented to the Board for approval.

Ms Charge voiced some concern about the £2.6m weighted activity position which was above plan. Mr Bertram advised that, as at Month 3, there was £1.8m with the Humber and North Yorkshire ICB of which £1.5m related to high cost drugs and devices, and the remainder to day case work. He would discuss payment for both areas with the ICB at the Contract Management Board. He assured the Board that the risk of non-payment was not the same as that relating to previous overtrades.

There was some discussion on the impact of medical bank staffing costs on delivery of the WRAP programme particularly where these were at premium rates. Executive directors gave assurances that significant work was underway to recruit to substantive posts and to reduce premia, but this was challenging when the medical staff involved had expertise which was scarce.

Mr Floyd commented that there were significant risks in the projections in the report. He also suggested that the level of information included in the report should be reviewed to include a greater focus on strategy and longer term planning and that it would be useful for

finance to be an agenda item in and of itself. Miss Smith responded that the next version of the TPR would be developed in collaboration with the Board.

With reference to the capital programme, Mr Barkley questioned why the RAAC elimination project at Scarborough Hospital was £4.9m behind plan. Mr Norman explained that this was because the investment had been phased over more than one year, due to the complexity of the project and the link with the de-steaming project.

14 CQC Compliance Update

The Board received and noted the report.

15 Freedom to Speak Up (FTSU) Quarterly Report

Ms Greenwood, Freedom to Speak Up Guardian, joined the meeting to present the report. She reported that FTSU activity had reduced in terms of the number of concerns raised but this should not necessarily be interpreted as an indication of an improvement in organisational culture and workforce experience. Ms Greenwood reinforced the link between organisational culture and patient safety which was demonstrated by the concerns raised. She advised that staff continued to use the FTSU route for escalation when their concerns were not addressed through local routes. Behaviour and culture remained key issues.

Ms Greenwood recommended that the Board remain curious about the increase in medical and dental staff contacts, in the context of the number of overall concerns reducing, and it should be cognisant of continuing concerns relating to equality, diversity and inclusion, racism or race discrimination and sexually inappropriate behaviour. Ms Greenwood referenced recent national reports which had identified failures where colleagues were not listened to and their concerns were not acted upon.

Miss Smith observed that the report reflected the important themes of the Big Conversation initiative around reinforcing standards of behaviour.

Ms Greenwood was asked about the causes of the reduction in concerns raised in Quarter 1. She explained that this could be related to her period of annual leave or to natural variation. Dr Stone noted that the rise in medical and dental staff FTSU concerns might be the result of a national campaign to encourage speaking up. Ms Greenwood observed that the information contained in her report could be interpreted in triangulation with other information which the Board received.

Ms Greenwood agreed to add data from previous quarters to the report as a comparison..

Action: Ms Greenwood

16 Trust response to post death care and key actions following the Fuller enquiry

Dr Stone presented the paper which had been prompted by the Nottingham Maternity Enquiry findings on post-death care, the Human Tissue Authority (HTA) regulatory requirements and the recommendations from the Fuller enquiry relating to mortuaries, related storage areas and wider arrangements for the care of people after death. The Board was asked to confirm executive ownership and oversight arrangements, and to support submission of the required Board Assurance Statement by the national deadline.

A time-limited Mortuary and Post-Death Care Assurance Programme had been established, chaired by Dr Stone, and she referenced the key actions detailed in the report. Dr Stone advised that the Trust was compliant with all of the Board assurance statements and, in line with the requirement, had retrospectively identified incidents which now needed to be reported to the HTA.

Miss Smith queried the second of the Board assurance statements: *The Board has undertaken a review of progress against the 29 recommendations immediately relevant to the NHS as made by the Fuller Inquiry. Where the Trust is not fully meeting a specific recommendation, a time-limited action plan is in place to close any gaps.* Dr Stone confirmed that the review of progress had taken place in 2025 and she would source the evidence for Miss Smith and Mr Barkley.

Action: Dr Stone

Subject to an appropriate amendment to the identified statement, the Board approved submission of the Board Assurance Statement.

17 Maternity and Neonatal Reports

Ms Wells-Munro presented the reports beginning with the Maternity and Neonatal Safety report. She highlighted:

- there were no reportable neonatal deaths in May and no cases met the criteria for referral to the Maternity and Newborn Safety Investigation (MNSI) programme;
- workforce growth continued following the additional maternity investment approved by the Board; another cohort of new Band 5 midwives would begin in post in the autumn, and a bid had been submitted for resources to support the over recruitment of newly qualified midwives; a well-qualified of Band 6 midwives had applied for vacation positions; the workforce position overall was improving with these new recruits;
- interviews would take place shortly for a Clinical Standards and Culture lead midwife and a Head of Midwifery; both posts had attracted a strong field of applicants; the new Deputy Director of Midwifery was proving a very valuable appointment;
- training compliance remained on track;
- the rate of Post-Partum Haemorrhages over 1500mls was 1.4% for May.

Ms Wells-Munro summarised the key risks and concerns which included gaps in the workforce despite recent recruitment and the uncertainty caused by the planned disestablishment of the Local Maternity and Neonatal System (LMNS) and the Maternity and Neonatal Voices Partnership (MNVP). Ms Wells-Munro noted that 55 milestone actions in the Single Improvement Plan were currently off track, but she assured the Board that there was no risk to the safety of women and babies.

17.1 The National Maternity Review: Amos Final Report and Recommendations

Ms Wells-Munro explained that the paper summarised the findings of the independent national maternity investigation undertaken by Baroness Amos and included the national 10-Point Plan, with progress to date. Ms Wells-Munro highlighted the increased role of the Board in the scrutiny of real-time patient outcomes, experience and audit data and the dual Board level accountability for maternity and neonatal care outlined in the Plan.

Ms Wells-Munro assured the Board that the Single Improvement Plan was already aligned with the recommendations, and she would continue to provide the Board with progress reports against the 10-Point Plan.

Referring to the 10-Point Plan, Miss Smith highlighted the role of the MNVP in listening to women and families and expressed concern that this would no longer be fulfilled. Ms Wells-Munro advised that there was an indication that the ICB had identified some funding to maintain a similar service.

Dr Stone advised that the Maternity Assurance Group, which she chaired, was a key element in the governance process and escalated through to the Quality Committee and to the Board. She confirmed that the Group had clinical input. Ms Wells-Munro outlined the changes already made to ensure the safety of the Home Birth service pending further national guidance.

Ms Wells-Munro noted that the Board had agreed to support a focus on the 10-Point Plan, the Saving Babies' Lives Care Bundle, the Maternal Care Bundle and the Maternity Incentive Scheme as a priority.

17.2 Nottingham Review Findings, Conclusions and Essential Actions

Ms Wells-Munro advised that the paper provided the Board with a summary of this key report.

A typographical error was noted: the recommended actions were for the Trust, not the Humber Health Partnership.

17.3 Maternity Feedback Survey

Ms Wells-Munro reported that the paper summarised the results from the newly developed in-house maternity survey. The paper had been presented to the Quality Committee and there had been discussion on how to increase the number of responses.

17.4 Perinatal Equity and Anti-Discrimination Programme (PEADP)

Ms Wells-Munro reported that participation in the Perinatal Equity and Anti-Discrimination programme was mandatory for all maternity services and would commence in September. She drew attention to the intensive resource it would require to deliver the programme which would not be nationally funded. The cost pressure resulting from the backfill needed would be £38k.

17.5 Bi-annual Maternity, Obstetric, Anaesthetic and Neonatal Workforce Report Quarters 3 and 4

Ms Wells-Munro summarised the key areas of compliance and non-compliance, noting that the Service was now in a much stronger position.

Mr Barkley referred to the table of red flags and the number relating to the delay between presentation and triage of 30 minutes or more on the York site. Ms Wells-Munro explained that the demand on York services was higher than Scarborough and peaked at certain times of the day, specifically between 4pm and 8pm. A twilight shift had been added to increase capacity.

18 Annual Complaints Report

The Board received the report and acknowledged the work undertaken to improve response times to complaints. Mr Hague underlined the work still to be done, particularly in reducing the number of complaints.

In response to a question, Mr Hague outlined the support and training in place to support complaint investigators. There was also opportunity to introduce more digital solutions.

Mr Hague would investigate if complaints data relating to delays in treatment could be split into non-elective and elective care.

Action: Mr Hague

19 Public Sector Equality Duty (PSED) Report

Ms Larcum presented the report, summarised the contents and invited questions. It was noted that the links to the report in the paper would function on the public website.

20 Fit and Proper Persons Test (FPPT) Annual Report

The Board received and noted the report.

21 Q1 2026/27 Board Assurance Framework (BAF)

Mr Taylor presented the paper, noting that the new Board Assurance Framework had been developed based on recommendations from the external Well-Led Developmental Review report and internal audit. The framework introduced a formal assurance opinion for each strategic risk, and each risk would be reviewed by the relevant assurance committee of the Board.

The Board of Directors approved the 2026/27 Quarter 1 Board Assurance Framework and note the amendments to the assurance provision process for 2026/27

22 Questions from the public received in advance of the meeting

There were no questions from members of the public.

23 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 30 September 2026 at 9.30am at Scarborough Hospital.