

Minutes

Board of Directors Extraordinary Meeting (Public) 19 August 2026

Minutes of the Public Board of Directors meeting held on Wednesday 19 August 2026 in the Trust Headquarters Boardroom, York Hospital. The meeting commenced at 2.15pm and concluded at 2.50pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Ms Rukmal Abeysekera
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Helen Grantham
- Ms Jane Hazelgrave
- 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
- Dr Karen Stone, Medical Director
- Ms Claire Hansen, Chief Operating Officer
- 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:

- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Ms Linda Wild, Lead Governor – Public
- Ms Jean Flanagan, Governor – Public
- Ms Peter Morley, Governor – Public
- Ms Graham Lake, Governor - Public
- Six 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 Matthew Taylor, Non-Executive Director

Mr Ian Floyd, Associate Non-Executive Director

3 Declaration of Interests

There were no declarations of interest.

4 Future of the Bridlington Care Unit (BCU)

Dr Stone, the Trust's Medical Director, presented the paper which set out a number of recommendations for the future of the Bridlington Care Unit (BCU) which the Board was asked to consider.

Dr Stone provided some details about the BCU. It had been established during the COVID-19 pandemic as a temporary step-down facility to support patient flow from acute hospitals and to provide additional capacity for patients who were medically optimised but unable to return home due to ongoing rehabilitation, recovery or social care needs. The Unit played an important role in a period of exceptional pressure on the health and care system. Similar units established at the same time in Hull and York had been closed a couple of years ago.

Dr Stone explained that the modern model of care had evolved in line with national policy and clinical evidence and the focus across the NHS was now on supporting people in the least restrictive setting appropriate to their needs, promoting independence and reducing unnecessary reliance on hospital-based care and specialist intervention. There was strong evidence demonstrating that this resulted in better outcomes for patients. Dr Stone highlighted the effects of deconditioning: evidence showed that for patients over 80 years of age, a ten day stay in a hospital bed was likely to result in muscle loss equivalent to ten years of ageing.

Dr Stone advised that the commissioning arrangement supporting the BCU had ended in March 2026, requiring the Trust and the wider health and care system to consider the most appropriate long-term model of care for this patient cohort. In May 2026, following consideration of proposals relating to the future of BCU, the East Riding Health, Care and Wellbeing Oversight and Scrutiny Committee recommended a delay to implementation to allow a consultation exercise to take place. The Board had therefore agreed a three month pause for this work to be undertaken.

On behalf of the Board, Dr Stone recorded her thanks to all those who had contributed to the engagement process. Whilst strong opposition to the closure of the BCU had been expressed, this seemed to stem from concerns about what alternative care would be provided if the BCU was to close. The engagement exercises also highlighted concerns around communication with the local community about service provision.

Dr Stone noted that the Humber and North Yorkshire Integrated Care Board (ICB) had provided assurance that a broader system model was being developed to support the patient cohort historically served by the BCU which included continued investment in proactive care and prevention, neighbourhood health programmes, comprehensive geriatric assessment, frailty pathways, Same Day Emergency Care, improved discharge

planning and strengthened integration between acute, community and social care services. The collective aim of these developments was to reduce avoidable hospitalisation, support recovery closer to home and maximise patient independence. Dr Stone advised that the reduction in the number of beds in the BCU had not resulted in delayed discharges from Scarborough General Hospital which was evidence that the revised model of care was working.

Given the evidence supporting contemporary models of rehabilitation and recovery, findings from the engagement, and the assurance provided by system partners, Dr Stone stated that the recommended option was to permanently close the Bridlington Care Unit. This recommendation should not be viewed as the removal of support for this patient group, but as the transition from a historical hospital-based model of care to a modern, integrated and community-focused model that was better aligned to contemporary evidence, national policy and the future direction of health and care services.

Mrs Brown, the Trust's Director of Communications, provided details of the structured community engagement process which had been undertaken on the recommendation of the Oversight and Scrutiny Committee. The purpose of the engagement was principally to reassure residents as to the future of Bridlington Hospital and provide clarity to them that the previous closure proposal related solely to the Bridlington Care Unit and not to wider services at Bridlington Hospital or the hospital as a whole, and to communicate the longer-term strategic vision for the Bridlington Hospital site. Mrs Brown summarised the means by which feedback was collected and referenced the detailed engagement report and appendices included in the paper. The majority of people who engaged were opposed to the closure of the BCU. Trust leaders acknowledged the level of concern from people who sought reassurance that appropriate care would be delivered at home. There was a strong theme emerging from the responses to the engagement that there was a perceived gap in local services. Trust and ICB leaders also needed to recognise the clear lack of trust and focus on rebuilding this with the local community. Mrs Brown summarised that the responses from the engagement process would inform the Trust's clinical strategy in Bridlington and would underpin a programme of continuous engagement with residents.

Mr Hague, the Trust's Chief Nurse, provided further clinical context to the recommendation to close the BCU. He underlined the need to maximise independence and quality of life by providing care closer to home. Patients in their home environment were more engaged in their rehabilitation which led to better outcomes. The evidence clearly supported a transition from hospital-based models which often resulted in deconditioning and poorer outcomes.

Questions and comments were invited.

Dr Boyd recorded her thanks to all those who had contributed to the work recorded in the papers. She observed that the strategic case for the closure of the BCU was clear, underpinned as it was by the need to get patients home at the earliest opportunity. She noted however that the appropriate levels of support and care in community were key and this was the main concern expressed in the feedback to the engagement process. Dr Boyd questioned whether Trust leaders had seen details of the care about which the ICB had provided assurances. Dr Boyd also queried how the governance around the change in pathways would operate.

Ms Hansen, the Trust's Chief Operating Officer, responded to reassure Dr Boyd. The Humber and North Yorkshire ICB commission a range of services in community to support patients in their own homes, including proactive work to maintain health and

independence, such as Proactive Frailty programmes in both North Yorkshire and the East Riding which had both have seen additional investment in 2026-27 and were aimed at reducing the need for hospitalisation. Linked to initiatives such as Same Day Emergency Care, the programmes also helped to reduce the time patients spent in hospital. Ms Hansen advised that the ICB overall had seen a sustained reduction in delayed discharges from hospital over the last three years but continued to work with its partners, particularly Local Authorities, to improve processes such as Discharge to Assess and pathways to access community care. The ICB had invested additional resource into community services, such as the Bee at Home service, and the East Riding of Yorkshire Council had a well-developed programme on social care improvement, including a comprehensive review of reablement services which were critical to supporting improved discharge and allowing step-up care to avoid admission.

Dr Stone advised that the Trust would be developing transition arrangements with the ICB and had its own arrangements to monitor discharges. Ms Hansen confirmed that the East Riding Place Partnership would provide support and there was also a Bridlington based multi-agency meeting with other providers.

Dr Reece complimented the work undertaken by Dr Stone, Mrs Brown and Mr Hague, but expressed some concern around the timing of the additional services provided by the ICB to ensure that patients were appropriately supported. Miss Smith responded that assurances had been received from the ICB regarding the increased provision, as noted above.

Miss Smith acknowledged residents' concerns around the proposed closure of the BCU and underlined the Trust's commitment to its services in Bridlington.

Mr Barkley summarised what were, in his view, the most pertinent points to consider. Firstly, the BCU was established at the beginning of the COVID-19 pandemic in response to the extraordinary pressure on hospitals. Most actions taken as a result of the pandemic were ceased by the end of 2024 and the conditions under which the Unit was established no longer existed. Secondly, the feedback from the engagement process, specifically the consistent concerns related to access, transport, communication, confidence in community capacity, the coordination of care across organisational boundaries, and the need for a clearer long-term vision for Bridlington Hospital were key to inform the Trust's strategy and future actions, to create a clearer long-term vision for Bridlington. Thirdly, Mr Barkley addressed the recurring area of concern around the closure of the BCU, that patients would be left without suitable alternative care. In fact, patients would remain in hospital until a suitable care package was agreed for them to receive at home in exactly the same way as for patients who were at any of the Trust's hospitals.

Mr Barkley questioned what the next steps would be in terms of a response to the Oversight and Scrutiny Committee. Mrs Brown advised that she had now shared the paper with the Chair of the Committee and had requested guidance on how the response to the Committee should be formulated and what the monitoring framework should look like.

Mr Barkley thanked the Executive Directors for the quality of papers and the time committed to engage with and listen to the public.

The Board of Directors:

- **noted the outcome of engagement exercise;**
- **noted the feedback received from patients, local residents, staff, stakeholders and partner organisations during the engagement process;**

- noted the assurance provided by Humber and North Yorkshire Integrated Care Board (ICB) regarding the continued development of community, neighbourhood health, rehabilitation and Home First pathways to support the patient cohort currently accessing Bridlington Care Unit services;
- agreed that the current Bridlington Care Unit model no longer represents the most appropriate long-term model of care for patients who no longer require acute hospital treatment and are medically optimised for discharge;
- approved the permanent closure of Bridlington Care Unit and the cessation of the current inpatient step-down service model;
- approved the transition of patients who would previously have accessed Bridlington Care Unit to community, rehabilitation, discharge-to-assess and Home First pathways, delivered in partnership with health and care system partners;
- approved the development and implementation of a detailed transition plan;
- noted that separate work will continue through the Trust Clinical Strategy and service planning processes to consider future service development opportunities for Bridlington Hospital, informed by the feedback received through the wider engagement process.

It was noted that the transition of existing patients from the BCU would be managed on an individual basis.

5 Questions from the public received in advance of the meeting

No questions from members of the public had been submitted in advance of the meeting.

6 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.