

# Annual Members Meeting (incorporating the Annual General Meeting)

DATE: 26 October 2023

TIME: 12:00pm – 1:30pm

VENUE: Via MS Teams





# Agenda

## Annual Members Meeting (Incorporating the Annual General Meeting) 26 October 2023

SUBJECT	LEAD	TIME
<b>1. Welcome and Introduction</b> To receive any apologies for absence.	Mark Chamberlain Chair	12.00 – 12.05
<b>2. Annual General Meeting</b> To approve the minutes of the last meeting	Mark Chamberlain Chair	
<b>3. Annual Report</b> Summary of the past year and an overview of the current year to date	Simon Morritt Chief Executive	12.05 – 12.35
<b>4. The Quality Report</b> Annual Quality Report and a summary of the quality work undertaken in the Trust	Dawn Parkes Interim Chief Nurse	12.35 – 12.50
<b>5. Annual Accounts</b> Summary of the past year and an overview of the current year to date	Andrew Bertram Finance Director	12.50 – 1.05
<b>6. The Governors' Role and Perspective</b> Council of Governors review of the past year and an overview of the current year to date	Rukmal Abeysekera Lead Governor	1.05 – 1.20
<b>7. Open to the Floor</b> Questions to be taken from the floor	Mark Chamberlain Chair	1.20 – 1.30
<b>8. Close</b>  Thank you for attending the Annual Members Meeting (incorporating the Annual General Meeting)	Mark Chamberlain Chair	1.30



**York and Scarborough  
Teaching Hospitals**  
NHS Foundation Trust

<https://www.yorkhospitals.nhs.uk/about-us/publications/>

Minutes from the Virtual Annual Members' Meeting/Annual General Meeting of York & Scarborough Teaching Hospitals NHS Foundation Trust held on 2 November 2022

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**Present:**

Mr A Downey, Chair  
Mr S Morritt, Chief Executive  
Mr A Bertram, Deputy Chief Executive & Finance Director  
Miss P McMeekin, Director of Workforce & Organisational Development  
Mrs H McNair, Chief Nurse  
Mr J Hawkins, Chief Digital Information Officer  
Dr L Boyd, Non-Executive Director  
Mrs D McConnell, Non-Executive Director  
Mr A Clay, Associate Non-Executive Director  
Mr M Taylor, Associate Director of Corporate Governance

**Governors:**

Ms S Light, Lead Governor & Public Governor for York  
Mr M Reakes, Public Governor - York  
Mrs R Abeysekera, Public Governor - York  
Mrs B Dale, Public Governor - York  
Mrs C Thompson, Public Governor - Hambleton  
Ms D Clements, Stakeholder Governor – Hospices  
Mrs M Ibbotson, Public Governor – East Coast of Yorkshire  
Mr A Stephenson, Public Governor- Selby  
Mr G Richardson, Appointed Governor – University of York  
Mr P Johnson, Appointed Governor - YTHFM  
Miss A Denyer, Staff Governor – York  
Mrs W Loveday, Public Governor, Selby  
Mrs S Smith, Public Governor – Ryedale and East Yorkshire  
Mr B Chalk, Public Governor - East Coast of Yorkshire  
Mr P Johnson, Stakeholder Governor – YTHFM LLP  
Mrs L Wild, Public Governor - East Coast of Yorkshire  
Mr F Villani, Staff Governor – Scarborough and Bridlington  
Mrs J Southwell, Staff Governor – York  
Mrs M Clark, Public Governor – York

**In attendance:**

Cheryl Gaynor, note taker  
Tracy Asley, note taker  
20 further attendees including members of the public

**Apologies:**

Prof. M Morgan, Non-Executive Director, Mrs L Brown, Director of Communications  
Mrs L Mellor, Non-Executive Director, Mr J Dillon, Non-Executive Director, Mr S Holmberg, Non-Executive Director

## Welcome

Mr Downey opened the Annual Members' Meeting incorporating the Annual General Meeting of York & Scarborough Teaching Hospitals NHS Foundation Trust and welcomed members of the public to the event.

Mr Downey noted that the meeting would begin with a presentation from the Chief Executive and end with a presentation about the Governors' role and perspective and there would be an opportunity to ask questions after the presentations.

## Annual General Meeting

The minutes of the last meeting held on 26 October 2021 were approved as a true record.

## Annual Report – summary of the year 2021-22 (a year of sustained challenge)

Mr Morritt, Chief Executive, gave an overview of the Trust. He described that Covid-19 had significantly impacted the hospital's capacity and isolation requirements as we enter the third year of the pandemic. Despite staff's phenomenal efforts, the strain was beginning to show, and the impact of recovering while managing waves and peaks was evident. High numbers of Covid-19 patients remained in the hospital, with the highest ever number at the end of the year. The need to follow the same management guidelines impacted hospital capacity and staff absence requirements. The virus's nature was changing, and vaccines and treatments had effectively limited severe Covid-19 illness. In the new financial year, the Trust was to focus on living with Covid-19, protecting clinically vulnerable individuals, and ensuring acute care for patients with various conditions and needs.

Mr Morritt discussed the performance and described that the Trust had experienced a high level of operational pressure for several months, resulting in longer wait times in emergency departments, delayed discharged patients, lengthy ambulance handovers, and further delays for patients waiting for planned operations. Prioritising cancer and urgent care, the Trust had managed to maintain this. However, the high Covid-19 rates and staffing pressures have left the hospital with a backlog of waiting patients, affecting both patients and staff. Mr Morritt acknowledged the challenges in providing quality care.

Quality and safety were discussed and Mr Morritt described that the Trust had made significant progress in quality and safety despite the challenges posed by the pandemic. During the last inspection by the CQC, the Trust was rated as 'Requires Improvement' and faced several conditions on its registration. Since then, the Trust had responded positively to the CQC's recommendations and made progress against the action plans. The Trust had also undergone a fuller inspection of York Hospital, including emergency departments, medicine, and maternity, and was awaiting formal feedback.

In terms of a financial overview, Mr Morritt reported that the Trust reported an income and expenditure surplus of £0.702m at the end of the financial year, which was adjusted by a series of technical adjustments to £0.6m. The final regulator assessed position is a £0.1m surplus. The emergency finance regime during the pandemic ended at the end of the year. Mr Morritt stressed that the current financial year (2022/23) will be challenging, and the system must work together to deliver recovery from Covid-19 and manage acute care.

The NHS staff survey results for 2021-22 showed a challenging situation for staff, with most organisations experiencing a decline in performance. The Trust recognised the need for more support and the focus had been on staff wellbeing during the pandemic. As the recovery phase progressed, it was crucial to revisit some basic aspects that staff had expressed as improving their work experience.

Mr Morritt went on to describe that the Board had committed to addressing four priorities over the next 12 months: Our People, Quality and Safety, Elective Recovery and Acute Flow. They aimed to strengthen the workforce, improve staff experience, deliver an elective recovery program while maintaining acute flow, and improve care fundamentals. The most crucial priority was improving working life, listening to staff, retaining excellent recruits, and embedding values and behaviours into leadership and all aspects of their operations.

Mr Morritt described investing in the future and noted that the Trust had announced several significant developments this year, including the opening of a new ICU Pod in York, a scheme to redesign and expand the emergency department, and the opening of a new helipad at Scarborough Hospital. The new helipad, funded by a £500,000 donation by the HELP Appeal, provided a lifeline for the emergency department due to the hospital's rural location and proximity to the sea. The Trust had also received confirmation that a £47 million scheme to build a new urgent and emergency care centre at Scarborough Hospital had been approved. This was the largest investment ever made by the Trust, aiming to create improved facilities for urgent and emergency care and consolidate Scarborough's critical care service into a single dedicated unit. This was a significant step forward in providing vital urgent and emergency care for the community.

Looking ahead, Mr Morritt described that Integrated Care Systems (ICSs) will be statutory from July 2022, and they were aligning their operations with future operating arrangements. Despite ongoing restrictions and Covid-19 recovery, staff fatigue and recruitment and retention challenges persist. To address these issues, The Trust would respond positively, listening to staff whilst working collaboratively with health and care partners to prioritise patients' needs.

Mr Morritt concluded with a thank you from himself and the wider Board of Directors, as a Trust we were incredibly proud and thankful for everything our staff have done, and continue to do, in the face of sustained pressure and challenges, continuing to be humbled by their strength, resilience, and tenacity.

Governor Michael Reakes question how the Trust was evaluating progress in staff retention and what specific actions were being taken. Miss McMeekin advised that monthly reports on staff turnover were provided and discussed at the Board of Directors and Executive Committee. Polly went on to describe the 4 workstreams under the People priority agenda that were underway which were discussed in more detail under the Workforce section of the agenda.

Governor Maria Ibbotson questioned if there was any information similar in terms of investment for the other sites of which the Trust operates its services from and the future plans for those. Mr Morritt responded that there were investments and mentioned in particular those that had gone into Bridlington around NetZero impact and would be happy to share this separately through the Council of Governors and publicly. Mr Bertram added that the Trust capital programme is split into 2 elements, one being the internal programme and generated from the Trusts own depreciation funding. This programme is £12m to maintain all hospital and community sites and infrastructure and largely is used on replacing equipment and not new developments. The programme is managed on a prioritised basis working with clinicians and care groups on where priority needs for investment are. Mr Bertram gave some examples of some community investments that had been made.

## **Workforce**

Miss McMeekin gave an overview of staff currently in post in the Trust and the range of staff groups across the organisation. She advised that the vacancy rate had reduced from 8% to 5%. Governor Bernard Chalk questioned what the changes were in the vacancy levels for Nursing and Midwifery and Medical and Dental staff. Miss McMeekin responded that the breakdown was not available but was able to provide the current financial years data – she advised that the

overall vacancy rate for the Trust was 8.6% and registered nurses for inpatient areas was up at 17.2% due to influx at the moment who had joined and were part of the preceptorship. The Trust was on trajectory and international recruitment programme was a significant element to this. Medical and Dental vacancy rate currently reported at 5.8%.

Miss McMeekin described the NHS 2021 Staff survey results, highlighting 9 themes, the Trust was below average on 7 of the 9 themes however, above average for working flexibly and average for always learning (workforce development). The 2022 survey will close end of November. The questions on the staff survey were now aligned to the People Promise as laid in the National People Plan published in July 2020.

As part of the staff wellbeing initiatives to support staff, Miss McMeekin described that the Trust had implemented Covid-19 and Flu vaccinations (30,615 Covid-19 vaccines and 7350 flu vaccines given), the Trust was focusing on values and engagement through virtual workshops, developing calm spaces, and promoting agile and flexible working. The Trust had appointed 74 mental health first aiders, expanded staff networks, and implemented flexibility payments, including vaccination as a condition of deployment.

Mrs McMeekin went on to describe staff developments through adopting a national Core Skills Training Framework, incorporating a blended learning approach, modular and individually targeted leadership and management development, team/individual coaching and mentoring including commencement of reciprocal mentoring, and 89 new apprenticeships, resulting in an overall 431 apprentices.

Looking ahead, Miss McMeekin reminded of the Trust priority in workforce recovery and advised on 4 key workstreams of culture change, working life (fixing the basics) recruitment and workforce planning. Cost of living support was also a focus, in particular around financial wellbeing newsletters, free staff car parking and increased fuel reimbursement.

## **The Quality Report**

Mrs McNair, Chief Nurse, began with discussing the challenges faced during the year, especially around leading quality improvement whilst 'Living with Covid-19', driving to improve acute flow and elective recovery, CQC inspection of Medicine York and Ockenden visit for Maternity. Despite this, she explained that significant progress had been made in the Trusts improvement journey and described the agreement of the Trust priorities and quality improvement methodology and a renewed focus on improving fundamental standards of care.

Mrs McNair described the completion of a comprehensive workforce reviews around recruitment, retention and carer development, wellbeing and recognition and equality, diversity and inclusion. She went on to describe what the Trust had set out to achieve around focusing on improving pressure ulcer and falls prevention, reviewing incident management and serious incident processes, enhancing safety metrics, involving patients and carers in service development, strengthening audit and clinical effectiveness, implementing a perfect ward, developing dementia-friendly services, and fostering a culture of quality improvement.

Infection prevention and control was discussed, and it was shared that this remained to be a challenging area for the Trust and improvement trajectories were in place but mitigating risk in an old estate remained a challenge, particularly in isolation facilities and adequate ventilation in clinical areas. A question was asked given the pressures on beds and infection control challenged with old estate, why is more use of Bridlington as the newest hospital not being made. Mr Downey responded to assure that there was a significant increase in the number of services carried out at the Bridlington site including orthopaedics, ophthalmology and more recently a care ward (a step down ward to support a patients discharge from hospital). Mr Morritt added that the Trust was looking hard to get the most out of its Bridlington site,



expanding outpatient procedures, pre and post operative checks, the Stroke rehabilitation service there had seen some work. The Trust would continue to develop this work collaboratively with the Bridlington forum.

Mrs McNair described the Trust's Covid-19 recovery plans with an ICU modular build in York which included six side rooms. There was a focus on teaching staff to return to safe practices post-pandemic. A focus also on sustainability and preserving staff skin by reducing glove use. The IPC workforce was increasing to manage patients with other Healthcare Associated Infections (HCAIs), with efforts shifted towards reducing HCAIs across the Trust.

Mrs McNair closed to say that next steps in quality was to continue on the improvement journey working alongside the users of the service, ensuring that they have a voice.

### **Annual Financial Accounts**

Mr Bertram, Deputy Chief Executive & Finance Director, presented the financial overview for 2021-22. He gave a summary of the Trust's finances and explained that the Trust had a turnover of over £660m, with daily spending exceeding £1.8m. The annual pay bill was £434m, accounting for 70% of costs. Monthly payroll was £36m, and the annual drug bill was £66m, accounting for 10% of costs. Mr Bertram clarified that the accounts were covering the period April 2021 through to March 2022. The usual NHS funding regime was suspended for the full financial year, while the emergency COVID-19 NHS financial regime, introduced the previous year, was still in operation.

Mr Bertram went on to describe that NHS England analysed monthly spend levels pre-Covid and averaged them to determine the core funding for 2020/21. Inflation increased this figure to fund 2021/22 core cost levels, with adjustments made for efficiency, growth areas, and elective recovery work. The Trust had received an additional £22m in funding for managing COVID-19, including additional staff for segregated services, wards, and discharge support. This expenditure was managed within the Trust's allocation of funding, including directly recharged costs for the vaccination and testing programs.

Looking forward to 2022/23, Mr Bertram reminded that the Covid-19 financial regime largely remained in place, with COVID allocations reducing by half. A national efficiency programme had been reintroduced, requiring operational budget reductions over 2%. However, the NHS had provided additional funding to organisations to deliver 104% of pre-pandemic elective activity levels, known as the Elective Recovery Fund (ERF).

The NHS Trust was currently running at is facing a £2.9m operational deficit at the halfway point of the financial year, with the NHS Pay Award contributing £1m to the position. The balance of the overspend was attributed to pay pressures, high agency costs, deployment of an additional mobile CT scanner, inflationary cost pressures, and struggling to deliver COVID-19 spend reductions and the efficiency programme. The Trust acknowledged that there was still a long way to go to return the NHS to its desired state.

Mr Bertram closed with final thoughts around focusses on recovering elective activity, with all organisations expected to have sufficient resources for the remainder of the financial year. The financial objective for 2022/23 was to deliver an income and expenditure balance.

Mr Bertram praised staff for their efforts in managing healthcare services, COVID-19, and for their resources sensibly during this challenging period.

### **The Governors' Role and Perspective**



Ms Light, Lead Governor, presented the Governors' perspective on the year. She outlined the role of a governor and the work governors had completed during the year especially in relation to their statutory duties around holding the Non-executive Directors to account and representing members.

Moving forward, Ms Light spoke about the Governors' aims for the following year including developing work with new governors, focusing on East Coast community services, and working with the Chair to represent communities and hold Non-executive Directors (NeDs) accountable. The Governors were exploring ways to encourage community involvement and find new ways to represent their voices and aimed to support an effective Board and encourage community participation.

And finally, Ms Light wanted to thank the governors for their commitment and enthusiasm to the role and to thank the Chair, NeDs and staff of the Trust for being open and receptive to the challenges posed. She also thanked the local people for bringing concerns and issues to the attention of the Governors and for caring so much about the Trust and its community services.

## Questions

Mr Downey invited questions from the floor.

Maria Ibbotson asked who was responsible for fighting for national funding and was there any action being taken to secure improved packages for staff so that union action isn't actually taken? Mr Downey advised that the Trust was working continuously to try and secure the best possible funding outcome for the organisation. Mr Bertram added his assurance that this is taken seriously and involved as active participants.

Judith Webster questioned the impact of Covid-19 on people's mental health, what was the percentage of extra people you have seen with mental health issues and had to arrive in A&E because there was no 24/7 help out in the area for the service users and carers. Mrs McNair advised that this was not something that would be coded on the system and rather what patients presented with, often mental health patients wouldn't initially present with this as their reason and will transpire through their stay. That said, it was recognised that a lot of patients were seen that were struggling to access services elsewhere and continues.

Judith went on to ask – it was mentioned that the Trust was continuing to work with service users to improve services, what about the carers, Judith references the slide that mentioned caring for carers and highlighted that there had been no reference to carers throughout the meeting. Mrs McNair acknowledged that there has been a gap in involving service users and their carers and now have a team in place and a Lead for Patient and Public Involvement and agreed to put Judith in touch with them.

James Cannon asked What is the current position re delayed discharges and was the situation improving? Mr Downey responded that a lot of work had been put into improving this and although there is progress, this was slower than desired. Mr Morritt added that there had been some marginal improvement, but this was not sustained improvement. One of the Trust's challenges was to reduce bed base to improve staffing ratios on wards but in order for this it would require seeing a significant step change in delayed discharges. Local authority partners had included additional capacity but there was not a sustained improvement seen yet.

No further questions were asked.

Mr Downey closed by describing that the whole of the NHS is in crisis and not as a result of the pandemic but as a result of pressures that were building pre pandemic in terms of demand and aging population, also under investment in certain areas. In those circumstances, Mr Downey

wanted to thank all staff, who were coping remarkably well in very difficult circumstances, Mr Morritt and other Executive colleagues and Non-executive Director colleagues on the Board, particularly to the Governors who give their time voluntarily to try and keep the pressure up to improve services.

Mr Downey acknowledged that the Trust was not currently working at the level it would like to in terms of its safety of its services but understood that the Trust was working hard to get there and would do the best possible to improve for the population the Trust serves. Mr Downey further acknowledged that the staff were enormously resilient and continued to do a fantastic job in what were and will be very challenging and difficult circumstances.

The meeting closed.