

**Item 4**

**Minutes**

**Board of Directors Meeting (Public)**

**22 May 2024**

Minutes of the Public Board of Directors meeting held on Wednesday 22 May 2024 in the Boardroom, Trust Headquarters, York Hospital. The meeting commenced at 9.30am and concluded at 12.45pm.

**Members present:**

**Non-executive Directors**

* Mr Martin Barkley (Chair)
* Dr Lorraine Boyd (& Maternity Safety Champion)
* Mr Jim Dillon
* Mrs Jenny McAleese *(via Teams)*
* Mrs Lynne Mellor
* Dr Stephen Holmberg *(via Teams)*
* Prof. Matt Morgan
* Ms Helen Grantham (Associate)

**Executive Directors**

* Mr Andrew Bertram, Deputy Chief Executive/Finance Director
* Ms Claire Hansen, Chief Operating Officer
* Dr Karen Stone, Medical Director
* Mrs Dawn Parkes, Interim Chief Nurse & Maternity Safety Champion
* Miss Polly McMeekin, Director of Workforce and Organisational Development
* Mr James Hawkins, Chief Digital Information Officer (late)
* Mr Steven Bannister, Managing Director of York Teaching Hospitals Facilities Management LLP (YTHFM)

**Corporate Directors**

* Mrs Lucy Brown, Director of Communications

**In Attendance:**

* Mr Mike Taylor, Associate Director of Corporate Governance
* Mrs Lydia Harris, Head of Research and Development (for Item 14)
* Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

**Observers:**

* Ms Julie Southwell, Staff Governor
* Ms Linda Wild, Public Governor (East Coast)
* Ms Carina Wahlgren, Head of Nursing for the Emergency Department at Skane University Hospital (Malmo and Lund), Sweden (Hospitals of EurOPE programme)
* Dr Ritva Kanervo, Chief Medical Officer, Kainuu Hospital, Finland (Hospitals of EurOPE programme)
* One member of the public

**1 Welcome and Introductions**

Mr Barkley welcomed everyone to the meeting, with a particular welcome to Ms Wahlgren and Dr Kanervo from the HOPE programme. Dr Stone provided information about their programme. Ms Grantham was also welcomed to her first meeting as an Associate Non-Executive Director.

**2 Apologies for absence**

Apologies for absence were received from Mr Simon Morritt, Chief Executive.

**3** **Declaration of Interests**

There were no declarations of interest to note.

**4 Minutes of the meeting held on 24 April 2024**

The Board approved the minutes of the meeting held on 24 April 2024 as an accurate record of the meeting.

## 5 Matters arising/Action Log

The Board noted the outstanding actions which were on track or in progress. The following updates were provided:

**BoD Pub 30** *Waiting List Harms Task and Finish Group - proposal for a process of identifying and monitoring patients on waiting lists to be presented to the Quality Committee.* Ms Hansen reported that a paper had been presented at the meeting of the Quality Committee on 21 May. The action was therefore closed.

**BoD Pub 42** *Provide update to the Board on Datix reporting levels*. As agreed at the last meeting, an update had been provided to the Quality Committee on 21 May. The action was therefore closed.

**BoD Pub 44** *Develop action plan from Staff Survey to be brought to the Resources Committee.* An action plan had been presented at the Resources Committee meeting on 21 May. The action was therefore closed.

**BoD Pub 45** *Add dates re: initial targets to CQC report*. These had been added – the action was therefore closed.

**BoD Pub 01** *Make recommendations to the Board on how plans for diagnostic improvement, Urgent and Emergency Care, and elective care programmes could be brought together and where best to present the reports.* Ms Hansen advised that a paper had been presented to the Executive Committee. The format for reporting metrics was still being discussed. It was agreed that the action could be closed.

**BoD Pub 02** *Investigate data for 12 hour trolley waits in the Emergency Department.* Mr Hawkins reported that the target had been removed and the figures should now align. The action was closed.

**BoD Pub 03** *Circulate new strategy for Urgent and Emergency Care, as presented to the Resources Committee in April.* This had been completed.

**BoD Pub 04** *Remove the data on “Cancer two week waits” from the TPR.* This had been completed.

**BoD Pub 05** *Supply more detailed information on patients waiting more than 63 days for referral to treatment, by length of wait and specialty, to the Quality Committee on a quarterly basis.*Ms Hansen reported that she had metwith the Head of Cancer and had drafted a report which would be presented quarterly to the Quality Committee, beginning in July. The action was therefore closed.

Mr Barkley asked if there were any outliers amongst the specialties. Ms Hansen responded that there were longer waits in lung, neurology and colorectal. Workstreams were already in place to effect improvement.

**BoD Pub 06** *Investigate and address incomplete data on pathways with an ethnicity code.*Mr Hawkins advised that efforts were being made to increase the level of information being provided on ethnicity. The Patient Administration group were reviewing procedures with a view to increasing the level of information provided by patients and families. Data might also be sourced from primary care. The action was ongoing, and it was agreed to amend the target date to July.

**BoD Pub 07** *Provide further information about children and young people on community waiting lists.* Ms Hansen advised that work was ongoing with the Digital and Information Service to extract this information which would be presented first to the Children’s Board. The target date was amended to July.

**BOD Pub 08** *Provide an update on possible alternative platforms for the telephony service.* Mr Hawkins referred to the incident affecting call queues to some the Trust’s services which had been the trigger for this action point and advised that a temporary solution had been implemented on the same day. This should have been reported at the last meeting. Mr Hawkins noted that he had not intended to investigate alternative platforms for the telephony, but he would bring options for strengthening the infrastructure to the next meeting.

**BoD Pub 09** *Write a detailed response to the question explaining the Board’s rationale for unanimously supporting the leadership development programme exclusively for BME staff.* A copy of the response had been circulated to Board members and it was agreed that a copy of the letter (suitably redacted) should be added to the minutes of this meeting. The action was therefore complete.

## 6 Chair’s Report

The Board received the Chair’s report.

## 7 Chief Executive’s Report

The Board received the Chief Executive’s report. Referring to the section entitled *Adopting the York Poverty Truth Commission Charter*, Mr Barkley queried the implications for the Trust of adopting the Commission’s Charter for Organisational Standards. Ms Brown advised that this was a city wide initiative which aligned with the Trust’s values. Melanie Liley, Chief of Allied Health Professionals, was involved in the work and it was agreed that she would prepare a brief paper for the next meeting summarising the implications of adopting the Charter.

**Action: Ms Liley**

Mr Barkley highlighted the examples of individuals demonstrating the Trust’s values as illustrated by the Star Awards.

Mrs Mellor also noted the Hull York Medical School Teaching Excellence awards which were a further reflection of the Trust’s values.

The Board recorded its congratulations to all those in receipt of an award.

The Board recognised the contribution of those responsible for the successful outcomes of the recent NHS England tiering review: the Trust was no longer in the tiering process for elective care and had moved from tier 1 to tier 2 for cancer.

## 8 Quality Committee Report

Dr Holmberg briefed the Board on key discussion points from the meeting of the Quality Committee on 21 May:

* concerns had been raised about progress in maternity services being hampered by funding issues; a further £4m in funding was needed to bring staffing to a level to deliver against national standards; this was a significant risk for the department and for the Trust as a whole; Mrs Parkes had commissioned a QIA to identify the implications of a lack of further investment in the service;
* two never events had been reported to the Committee;
* the Cancer, Specialist and Clinical Sciences Care Group had presented to the Committee, and had highlighted a recent review of appointment booking and follow up processes in Ophthalmology which had led to a much more robust system;
* the Care Group had been subject to a number of regulatory inspections recently, all of which had had positive outcomes;
* the implications of the Infected Blood report had been discussed; no specific concerns had been raised in relation to the Trust’s historic practice;
* the Medical Elective Suite had moved permanently to Nelson’s Court; this had been well-received by patients and staff;
* the Committee received the Infection Prevention and Control (IPC) Annual Report which raised a number of concerns; the Committee had mandated Care Groups to report the outcomes of their IPC audits as part of their presentation to the Committee;
* other reports received and discussed by the Committee included:
  + a paper outlining processes to identify waiting list harms;
  + a positive report from the End of Life Service;
  + the Safeguarding Annual Report;
  + a report identifying causes of long waits for children in the Emergency Department; this was due to older children being inappropriately placed on adult pathways and would now be addressed;
  + a paper summarising recent levels of Datix reporting which reflected those of pre-Covid levels; efforts had been made to simplify the reporting process although most of the fields were mandated by NHS England. Mr Barkley asked if the Committee received information on outstanding Datix reports. Mrs Parkes explained that overdue reports would be reviewed at the Care Group Performance meeting.

There was further discussion on the Trust’s performance against national IPC standards. It was noted that the position had been impacted by issues relating to the estate and higher bed occupancy levels. However, Executive Directors were fully sighted on the position and there was a strong focus on a rapid improvement of practice.

## 9 Resources Committee Report

Mrs Mellor briefed the Board on the key discussion points from the meeting of the Resources Committee on 21 May:

* the Committee had discussed recent 8 hour ambulance handover breaches; it was noted that those affected were mainly Category 4 patients whose treatment pathway was not through the Emergency Department; processes were being reviewed with clinicians, the Yorkshire Ambulance Service (YAS) and the wider system to improve patient prioritisation;
* the Committee had received the Workforce Race Equality Standard (WRES) Annual Report and the Workforce Disability Equality Standard (WDES) Annual Report and expressed disappointment at the lack of progress in improving the metrics recorded in both reports; the correlation with the outcomes of the Staff Survey was noted and was followed by a broader discussion of the raft of pressures on the workforce and the plans in place which aimed to address these issues;
* the Committee received papers which offered assurance on the nursing workforce and noted that the vacancy rate trend was downwards; a new inpatient nursing review paper had been presented, and would be presented bi-annually, to provide robust assurance of safe staffing levels; it was noted that the Board should be kept informed of the outcomes of these reviews as the accountable body;
* in terms of finance, the Committee noted that the efficiency programme had started well, albeit with challenging targets still to meet;
* Mr James, Director of Procurement at the Humber & North Yorkshire Procurement Collaborative, had attended the meeting to report on the benefits realised thus far and the next steps, which would be around the standardisation on contracts and product pricing;
* improvements in the Emergency Care Standard, and the Faster Diagnosis Standard and in cancer waiting times were noted by the Committee;
* the Committee had received the Staff Survey Improvement Plan, to which the Change Makers had contributed; the Committee asked for further assurance with a request for more detail on the current plan including regular checks on the impact of actions;
* in terms of risks identified, a data cleansing exercise on waiting lists might uncover further issues; Ms Hansen had been asked to report back.

Mrs Parkes referred to the Inpatient Nurse Staffing review and explained that this was the first review of a process which was now being implemented. She observed that the review did not suggest that an increase in inpatient nurse staffing was needed but further exploration would be required before any conclusion could be drawn. She highlighted that the review was a statutory procedure as the Board was accountable for safe staffing levels. The report would be presented to the Board at the next meeting.

Dr Boyd asked if ambulance waits were significant at both York and Scarborough. Ms Hansen responded that there were long waits at both sites, but the 8 hour breaches were confined to York. The new model of acute flow would improve the position and an implementation date in July was currently foreseen. Ms Hansen reported that she had also met with representatives from YAS: the proportion of patients not being conveyed to the Emergency Departments had improved and compared well with other areas. However, there was a continuing rise in the volume and acuity of patients being conveyed: the numbers of patients arriving at Emergency Departments had increased by 21% in April, with a 15% rise in ambulance arrivals, compared to the same period in 2023.

## 10 Group Audit Committee Report

Mrs McAleese highlighted the key points from the meeting of the Group Audit Committee on 13 May, noting that the meeting had focussed on preparations for year-end:

* External Audit was progressing well, not least due to the engagement and timely responses from the Finance Team to requests from the external auditors;
* the Head of Internal Audit was likely to issue a significant assurance opinion, subject to the continued implementation of audit recommendations in a timely manner;
* the accounts would be agreed on a Going Concern basis.

Mrs McAleese flagged that the Committee sought clarification about the audit on space utilisation, specifically the link between the current right-sizing work and a future review of the clinical strategy. Ms Hansen explained that the results of the right-sizing work had been presented to the Executive Committee at its last meeting and the recommendations approved. Services had been identified for relocation, which would provide larger assessment units. Space for 17 additional side rooms had been identified and this would support IPC measures. The right-sizing work addressed current issues with the use of the estate and did not directly influence the clinical strategy long term, which would underpin a programme of service transformation.

## 11 Trust Priorities Report (TPR)

The Board considered the TPR.

## Operational Activity and Performance

There was a brief discussion on discharge processes. Ms Hansen reported that she was continuing to discuss with Local Authorities the discharge of patients with No Criteria to Reside and she provided further details, noting that all parties were in agreement on the actions needed. She had requested a plan, with a timeline, to be drafted by the summer.

With reference to the Referral to Treatment (RTT) scorecard, it was noted that further information was needed around the metric for the proportion of incomplete pathways waiting less than 18 weeks. Mr Hawkins was asked to remove the metric of waits over 78 weeks as this was no longer relevant.

**Action: Mr Hawkins**

The Board noted the number of RTT “clocks stopped” in April which, at 9,300, was the highest monthly total in the last two years. Ms Hansen confirmed that the majority of these patients had now been treated and the remainder had not needed treatment.

Referring to the Diagnostics scorecard, Mr Barkley questioned whether the Board could be confident that there was sufficient capacity for echocardiography, given the high proportion of patients waiting over six weeks. Ms Hansen responded that there was a plan in place to address this, but it would be challenging to improve the metrics significantly in the short term. It was noted that the target for all diagnostics on the scorecard was for 95% of patients to be waiting less than six weeks from referral. The graphs represented performance over a two year period, as required by NHS England.

It was noted that the number of outpatients with an overdue follow-up partial booking had reached over 26,000. Ms Hansen explained that this reflected challenges around capacity and prioritisation. She acknowledged that work needed to be done in this area and that she was mindful of potential harms to patients waiting for treatment.

Mr Barkley queried whether the figure for children waiting for Speech and Language therapy could be categorised in a way which would attract specific funding. Mr Bertram agreed to investigate.

**Action: Mr Bertram**

There was a brief discussion on the reasons for the large waiting list and actions being taken in mitigation.

## Quality and Safety

With reference to the IPC information, Mrs Parkes agreed with Mr Barkley that the actions needed to reduce infection rates were not difficult to implement. She confirmed that infection rates could be analysed by ward and that each ward had an improvement plan, which matrons were leading. Mrs Parkes provided further details about the strategies in place. Dr Holmberg commented that he had noticed a significant change in practice as senior nurses were now much more focussed on leading their teams to raise IPC standards. It was noted that Board members could also challenge poor practice when undertaking their ward visits.

Mr Barkley flagged the increasing level of complaints which, when paired with low staff morale, was a concern for the Board in terms of the potential impact on patient safety. Mrs Parkes agreed that senior leaders must focus on investigating safety concerns. She agreed that more responses to the Friends and Family test and other methods of collating patient feedback were needed.

## Maternity

It was noted that the data regarding mothers smoking was incomplete. Dr Stone advised, in response to a question, that women at higher risk of blood loss during birth were always cared for in York, hence the difference in the metric for York and Scarborough.

## Workforce

In response to a query, Miss McMeekin explained that health surveillance was provided by the Occupational Therapy service which now had an increased presence on the York site. This had increased the number of appointments available.

The Board noted the impressively low staff turnover rate and overall vacancy rate.

## Digital and Information Services

The Board noted the significant increase in Freedom of Information requests in the last quarter.

## Finance

Mr Bertram reminded the Board of the £53m savings target for 2024/25 which represented 7% of budget and reported that the adjusted position for the year overall showed a £20.8m deficit. The predicted deficit was typical of the position across the NHS and, as the deficit plan was not affordable nationally, he was expecting further pressure to be exerted to reduce the gap.

Mr Bertram referred to the Month 1 position which showed an actual adjusted deficit of £4.67m against a planned deficit of £2.9m, this being £1.2m adrift of plan. The most material source of the variance was a shortfall against the savings programme.

Mr Bertram reported that the Efficiency programme had begun well. On the Core Efficiency Programme, £2.3m of recurrent savings had already been delivered. On the Corporate Efficiency Programme, £6.8m of savings had been delivered in full year terms, most of which was due to a £4m reduction in the utility bill. In summary, £9.1m of the efficiency total of £53m had been delivered in April. The Efficiency Delivery Group had met twice, and the next meeting would focus on a deep dive into nurse staffing. Mr Bertram underlined that the programme was challenging and would need to maintain momentum.

Mr Bertram advised that the Elective Recovery Fund continued to perform well with 112% of activity delivered in April, which represented £0.75m of surplus income. The increased activity would also impact positively on waiting lists. In response to a query, Mr Bertram agreed to add phasing information to the next report and a year-end forecast based on trends to date and other known factors

**Action: Mr Bertram**

Mr Barkley noted the significant variances in the cost of drugs and clinical supplies and services. Mr Bertram reported that the Trust had agreed a position with the ICB to address pressures from contracts, but the figures were a reflection of growth in demand. He advised that some costs were offset by elective income and there was some compensating income for high cost drugs from NHS England. He acknowledged, however, that the trend was concerning and had continued from last year. It was noted that financial pressures on the system added to concerns around patient safety. Mrs Mellor commented that the position on high cost drugs and devices had been discussed by the Resources Committee and it had been agreed to invite the Chief Pharmacist to a meeting for a discussion on whether costs could be reduced further with work on the supply chain. Mr Bertram highlighted the growth in demand from GPs on pathology services; the Trust was working with the wider system to address this as currently the Trust was not being recompensed for this growth.

Mr Barkley highlighted that the Trust was already adrift of the financial plan and that a key focus for NHS England would be the cost of agency and bank staffing. Board members agreed that the Trust faced a challenging year and that they must be united in taking difficult decisions.

The meeting was adjourned at 11.41am and reconvened at 11.52am.

## 12 CQC Compliance Update Report

Mrs Parkes presented the report and highlighted the following:

* 33 actions had been completed since the last report;
* four actions were off track but had been put forward for closure;
* actions relating to the Section 31 Mental Health Risk Assessment had now been implemented and the Trust would look to evidence compliance, as a move towards closure of the Section 31;
* five concerns had been raised with the CQC; Mrs Parkes shared further details and noted that the CQC was reviewing its internal processes for reviewing concerns.

Mr Barkley reported that final confirmation that the Trust would remain in Segment 3 of the CQC framework had now been received.

## 13 Maternity and Neonatal Reports

## Maternity and Neonatal Quality and Safety Update

Mrs Parkes presented the report and highlighted the following:

* there had been an increase in the number of cases of babies born without an appropriate health care professional present; Ms Wells-Munro had been asked to investigate the circumstances of each case;
* there had been an increase in Post Partum Haemorrhages over 1500mls; Mrs Parkes observed that there should be evidence of a steady improvement soon, but it was disappointing that the actions implemented were not yet showing a sustained impact;
* feedback from staff who had attended the recent engagement event was evidence of a significant improvement in morale and culture from that received at a similar event in November 2023; Mrs Parkes outlined strategies being implemented with a view to addressing some areas of negative feedback; Ms Brown advised that more frontline staff would be involved in the next engagement event which would support this;
* the culture survey used as part of Workstream 2 *Growing and Retaining our Workforce* had received a response rate of 37%; the responses were currently being analysed.

## CQC Section 31 Update

**The Board approved the Section 31 Update.**

## 14 Research and Development Annual Report

Lydia Harris, Head of Research and Development, joined the meeting to present the report. She shared a Powerpoint presentation and highlighted the following:

* the Trust had had its strongest year for grant submissions and wins, including a first major NIHR grant for Professor Turvill;
* the Trust’s commercial research portfolio continued to grow; Mrs Harris provided details;
* the Scarborough Coastal Health and Care Research organisation (SHARC) had been established;
* challenges included difficulties in filling research opportunities with local universities and a lack of staff willing to act as principal investigators.

Mrs Harris shared plans for the year and advised that she would present the annual Research and Development strategy to the Board in October. She explained that the strategy would be developed to take account of national themes, and to align with other work in the Trust. Mrs Harris advised that consultants received communication by email about the Research and Development programme but there was not a high level of response.

Mr Barkley suggested that, if possible, the East Coast governors should be invited to the opening of SHARC.

*Post meeting note: all Governors had been invited to the opening of SHARC.*

Dr Stone thanked Ms Harris on behalf of the Board for the work of the Research and Development team.

## 15 WRES and WDES Annual Reports

Miss McMeekin presented the reports, explaining first that both sets of data now included staff employed by YTHFM and that the reports were due to be submitted at the end of May. She highlighted a deteriorating picture across both standards. A two year action plan was now in place and her team would seek engagement with staff at regular intervals to determine if any changes to the plan were needed. Professor Morgan had agreed to work with Miss McMeekin to clarify some of the metrics used in the report before publication.

Mr Barkley asked if the Trust had adopted the NHS England high impact measures for Equality, Diversity and Inclusion. Miss McMeekin confirmed that these were included in the action plan. She emphasised that a substantial amount of work had already been done in these areas, but it would take time to change ingrained culture. The last staff engagement programme had been interrupted by the pandemic, and this had not set the best platform for a new plan to be implemented. Referring to the downturn in metrics, Miss McMeekin observed that it was also important to increase the numbers of staff completing the survey, as there was a risk that the minority who had completed it this year were more disaffected than the majority. There was further discussion: the Board noted the role of line managers at all levels to engage in change and to share this with their teams, and to demonstrate a zero tolerance approach to poor behaviour.

**The Board approved the WRES and WDES Annual Reports, subject to the amendments agreed with Professor Morgan.**

## 16 Cancer and Elective Care Tier Review Update

The Board noted the update and the good news it contained.

## 17 Questions from the public

There were no questions from the public.

There was a brief debate on whether the letter written to the question raised at the last meeting should be shared on the website.

The Board noted that the response to the Infected Blood Inquiry had been published and expressed its regret for the impact of the scandal on its patients. The Trust would continue to work with affected patients and staff.

## 18 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 26 June 2024 at 10.00am at Scarborough Hospital.