

**Minutes**

**Board of Directors Meeting (Public)**

**26 June 2024**

Minutes of the Public Board of Directors meeting held on Wednesday 26 June 2024 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 10.00am and concluded at 11.50am.

**Members present:**

**Non-executive Directors**

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

**Executive Directors**

* Mr Simon Morritt, Chief Executive
* 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 and Information Officer
* Mr Steven Bannister, Managing Director of York Teaching Hospitals Facilities Management LLP (YTHFM)
* Ms Sarah Barrow, Deputy Finance Director *deputising for* Mr Andrew Bertram, Finance Director

**Corporate Directors**

* Mrs Lucy Brown, Director of Communications

**In Attendance:**

* Ms Sascha Wells-Munro, Director of Midwifery (For Item 12)
* Mr Mike Taylor, Associate Director of Corporate Governance
* Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

**Observers:**

* Two members of the public

**1 Welcome and Introductions**

Mr Barkley welcomed everyone to the meeting, with a particular welcome to members of the public, Julie Charge (new Non-Executive Director) and Sarah Barrow, new Deputy Finance Director.

**2 Apologies for absence**

Apologies for absence were received from:

Mrs Jenny McAleese, Non-Executive Director

Mr Jim Dillon, Non-Executive Director

Mr Andrew Bertram, Finance Director

Professor Matt Morgan had indicated that he would join the meeting late.

**3 Declaration of Interests**

There were no declarations of interest to note.

**4 Minutes of the meeting held on 22 May 2024**

The Board approved the minutes of the meeting held on 22 May 2024 as an accurate record.

## 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 08** - *Investigate options for strengthening the telephony infrastructure.*

Mr Hawkins advised that he had sent an email to the Board detailing his response to this action. In summary, his team were working closely with the Patient Access Team to prepare call queues in readiness for call back request functionality, to add trigger numbers to existing call queues to help manage call flow and potentially to provide an option for an online cancellation form. Once the Patient Access Team were content with the implementation of these measures, the next phase would be to more accurately assess how any call back feature should be configured. However, the strategic intent was not to evaluate alternative platforms, but to enhance and utilise existing infrastructure to leverage evolving technologies across the current infrastructure.  Thetimescale for this had not yet been determined. It was agreed that the action could be closed.

## 6 Chair’s Report

The Board received the report. Mr Barkley reflected that the dominant theme arising from his visits and meetings in the last month had been the gap between demand for the Trust’s services and its capacity to meet them, and the resulting impact on staff morale in key areas.

## 7 Chief Executive’s Report

The Board received the report. Mr Morritt agreed with Mr Barkley that operational pressures were considerable and the impact on staff morale and overall performance was significant. This was a subject of ongoing meetings with the ICB and the wider system. On a more positive note, the Trust was making good progress on elective recovery.

Mr Morritt reminded the Board that industrial action by junior doctors would recommence on Thursday 27 June until Tuesday 2 July; the usual mitigation plans were in place but the impact on services was unavoidable.

Mr Morritt reported that he had met with the Change Makers at an event in Malton to mark the end of the Discovery phase of the Our Voice Our Future programme. This had been a very successful meeting, and it was hoped that the Change Makers would present the outcomes of the feedback they had collated to the Board.

Mr Morritt summarised the other sections of his report, which included the visit of Dame Cally Palmer to the Trust, the Achievement Awards event to be held in September, the success of the Digital team in reaching the finals of this year’s HSJ Digital Awards. Mr Morritt highlighted the contribution of volunteers to the Trust, which was recognised during National Volunteers’ Week, and the award of an OBE to Sally Light, Public Governor.

In terms of the work of the York Poverty Truth Commission, which was discussed at the last meeting, Mr Morritt underlined the importance of the Trust signing up to the four standards outlined in the charter, as part of the city-wide initiative. He recommended that the Board support the adoption of the Charter.

Mr Barkley observed that the aims of the Charter were admirable, but he remained cautious about any extra burden for staff in fulfilling the standards. Mr Morritt responded that the Charter reflected and reinforced the Trust’s values and would not present any addition to workload. Mrs Parkes suggested that the standards could be embedded in Quality Impact Assessments which would help to focus senior leaders on the working practices which needed to be embedded.

**The Board formally pledged its support for adopting the York Poverty Truth Commission Charter and integrating it into the Trust’s working practices.**

## 8 Quality Committee Report

Dr Holmberg briefed the Board on the escalations from the meeting of the Quality Committee on 18 June, which included:

* cultural barriers to improvement remained:
	+ investigations into two never events had identified lack of adherence to protocols, which more junior staff had felt unable to escalate;
	+ basic infection prevention and control practices were still not being followed in some areas;
* incidences of ambulance waits breaching 8 hours were under investigation: both the causes and mitigation of harms would be reviewed;
* it was agreed that, where appropriate, the Committee should be sighted on recommendations from internal audit reports, in order to monitor progress against the actions;
* the Family Health Care Group Senior Leadership Team had presented to the Committee; discussions around paediatric services had included the pressures on the Speech and Language Therapy and autism services; the Committee had been impressed by the innovative strategies used to address the demand but expressed concern that vulnerable children might not be afforded equitable access to the services; further assurance was sought;
* the number of complaints was increasing; the themes were mainly around long waiting times; the re-opening of the complaints process when patients were dissatisfied with the response was an additional time consuming task;
* the Volunteering Service was at risk from a lack of recurrent funding for, currently fixed-term, coordinator roles.

Mr Barkley noted that the substantial increase in demand for paediatric community services, particularly Speech and Language Therapy and autism, was recognised by NHS England.

With regard to the re-opening of complaints, Mr Barkley asked if the level was above normal. Mrs Parkes advised that the number was not higher than normal; the reason that most complaints were re-opened was because the initial response raised more questions from the complainant.

## 9 Resources Committee Report

Mrs Mellor highlighted the key escalations from the meeting of the Resources Committee on 18 June:

* there was concern at the pressures on the Emergency Departments, particularly the continuing high number of Category 4 patients arriving; discussions to mitigate the level of attendances were taking place at system level;
* the Committee received the Workforce Plan; concern was expressed at the mandated slowdown in workforce growth and the associated strategic risk of the increasing gap between supply and demand; it was agreed that a Board discussion on this issue would be valuable;
* the Committee expressed disappointment with the level of response to the Staff Pulse survey and discussed what more could be done to encourage engagement;
* a quarterly deep dive on risk was planned; the Committee discussed risk appetite and it was agreed that this should be revisited when the new Board Assurance Framework was in place.

Mr Barkley queried the reference to paediatric and cancer patients waiting over two years. Ms Hansen advised that these were waits for follow up appointments and that, on review, a significant number had been found to be errors.

Mr Barkley asked what action was in place to increase the response rate to the Staff Pulse survey. Miss McMeekin advised that the survey would feature in the next Staff Brief, amongst other strategies. The data in the Pulse survey could now be analysed at a more granular level and the survey would therefore be more useful in gauging the impact of improvements. Miss McMeekin confirmed that a “you said, we did” approach was being implemented to evidence improvements and increase staff engagement. Anecdotal evidence demonstrated that staff were not completing the Pulse survey due to time constraints and also due to concerns about anonymity. Work would be undertaken to ensure that the questionnaire was short and focussed and that those in leadership roles were encouraging their staff to engage with it.

Dr Boyd queried whether the headroom figure of 22% was an ambition for all clinical areas. Mrs Parkes explained that there was a programme of work in place to scope clinical areas and decisions would be made on the level of headroom, as this would vary depending on the area.

## 10 Trust Priorities Report (TPR)

The Board considered the TPR.

## Operational Activity and Performance

Ms Hansen advised that, whilst there was a small decline in the 28-day Faster Diagnosis Standard in March 2024, the Trust was still ahead of the trajectory submitted to NHS England for the end of April 2024.

Referring to the Acute Flow scorecard, Mr Barkley questioned why the figures for the number of Type 1 attendances and the other types of attendances did not match the total number of Emergency Care attendances. Ms Hansen agreed to check whether the total number of Emergency Care attendances included those for the Urgent Treatment Centres.

**Action: Ms Hansen**

Dr Boyd asked whether the ambition for the Optimal Care Service (OCS) of seeing 95% of patients within 2 hours was mandatory. Ms Hansen responded that it was a guideline for the service. Dr Boyd expressed some concern that meeting this metric might lead staff to treat more straightforward cases first. Dr Stone explained that it would lead to a more effective use of resources as patients needing a lower level of care could be discharged more quickly, freeing up the unit for more serious cases. She advised that some staff on duty would only deal with cases of higher acuity. Ms Hansen advised that the OCS would have a Senior Decision Maker to stream patients on their arrival at the Emergency Department.

Mr Barkley noted that the Same Day Emergency Care (SDEC) service was underused at the York site compared with Scarborough. Ms Hansen agreed and outlined the actions to be taken to improve the process.

The Board noted the 25% increase in ambulance arrivals since the same period last year. Ms Hansen advised that this figure had been externally validated.

Mr Bannister confirmed that the internal infrastructure works at Selby Hospital would be completed by early September.

Mr Barkley queried the delays in the purchase of IT equipment which had been recorded as a factor impacting performance in diagnostic activity. Ms Hansen agreed to investigate.

**Action: Ms Hansen**

The rise in delays to discharge, which was linked to the demand on community resource, was highlighted. Ms Hansen advised that a discharge improvement plan was built into the new Urgent and Emergency Care plan. Local Authorities and community teams were also involved, and further capacity and efficiencies were being identified. She confirmed that Primary Care Networks were linking into other discussions: a number of GPs were interested in working with the Trust. Mr Barkley commented on the increase in referrals to Community Response Teams. Ms Hansen advised that demand on resources was challenging, despite improvements in the process.

## Quality and Safety

The Board was pleased to note the reduction in inpatient acquired pressure ulcers.

## Workforce

Referring to the Workforce scorecard, Mr Barkley observed that figures for the use of agency and bank staff were still an issue for the Trust. Miss McMeekin responded that there had been a significant reduction in the last three months and the Trust was on track to reduce nursing staff agency spend to zero by September. Progress was also being made on reducing dental and medical agency spend. Dr Stone added that Care Groups were challenged on their agency spend.

Mr Barkley asked that future information on responses to the quarterly Staff Pulse be more detailed, specifically to the two key questions around recommending the Trust as a place to work and a place to received treatment. It was noted that the metrics for these questions in the report were taken from the Staff Pulse survey.

## Digital and Information Services

A question was raised about the number of Freedom of Information requests received by the Trust. Mr Hawkins advised that the number had been increasing; the reason for this was not clear.

## Finance

Ms Barrow reported that the operational plan showed an adjusted deficit for 2024/25 of £16.6m, after income of £4.2m had been received from the ICB. This latest income would not impact on the Cost Improvement Programme (CIP). Ms Barrow noted that the Month 2 position still showed an adjusted deficit of £20.8m; this would be updated for Month 3. The variance to plan in Month 2 was £3.3m of which £1.3m related to the CIP. Ms Barrow noted specifically the variance relating to high-cost drugs.

Ms Barrow reminded the Board of the 2024/25 efficiency target of £53.3m of which £24.9m had been identified in the Corporate Programme and £20m in the Core Programme, the latter being 100% of the required target. Ms Barrow cautioned that some of the cost saving schemes identified were high risk. Mrs Mellor advised that the Resources Committee had asked for a 12 month plan for the CIP.

Mr Morritt noted that the financial plan for Humber and North Yorkshire had not been received and the Trust was still awaiting a response to its formal submission.

Mr Barkley surmised from the figures in the report that the run rate had improved from Month 1 to Month 2. Ms Barrow explained that position had been improved by the Elective Recovery Fund (ERF) income rather than a decrease in the run rate, but she was expecting improvements to the run rate from the work to reduce the use of bank and agency staff. Mr Morritt confirmed that the ERF position was very positive, and services were being encouraged both to increase activity and to code accurately, to maximise income. He observed that further benefits would be seen as work being completed on more efficient rostering was implemented.

*The meeting was adjourned at 11.10am and reconvened at 11.22am.*

## 11 CQC Compliance Update Report

Mrs Parkes presented the report and highlighted the following:

* performance against the Journey to Excellence framework was progressing well; the remaining actions were more challenging, and it was important to ensure that they were embedded and sustained before being closed; as a result, it was likely to that extensions to deadlines may become more frequent;
* 37 CQC actions were closed as of 31 May 2024;
* the Mental Health Risk Assessment protocols were embedded and working well at Scarborough and had now been implemented in York; engagement was being monitored and the Trust was now looking to evidence that it met the conditions of registration placed on it in January 2020.

In response to a question, Mrs Parkes advised that an extended deadline would be added to Action 38 for the next report. She added that there had been a number of actions with deadlines extended by six months to ensure that there was sufficient time for them to be embedded.

It was noted that closure of actions was agreed by the senior leadership team at Journey to Excellence meetings and reported to the Quality Committee. A report was also shared with the Quality Improvement Board so that it was sighted on the process and the reasons for extensions. Mrs Parkes also provided monthly updates to the CQC.

## 12 Maternity and Neonatal Reports

Ms Wells-Munro was welcomed to the meeting.

## Maternity and Neonatal Quality and Safety Update

Ms Wells-Munro referred to her report and began by reporting that there had sadly been two stillbirths and three neonatal deaths in April 2024; these were being reviewed under the standard processes which now included input from the families affected. The cases had also been reported to the coroner and feedback was awaited. Ms Wells-Munro advised that there were no immediate safety concerns to report, pending the outcomes of the reviews.

Ms Wells-Munro reported that the number of Post-Partum Haemorrhages (PPH) over 1500mls had reduced again in April 2024 but was still above the national recommended target. The rate was still subject to variation month on month, and it had been agreed that a full review of all cases since November 2023 should be undertaken. There had been 49 cases in total but no themes in terms of the profile of the mothers or the mode of birth had been identified, although a substantial percentage of the women had been induced. Ms Wells-Munro was of the view that the risk of PPH associated with induction could be reduced. Other reasons for PPH had been identified and the results of the review would be carefully analysed. In response to a question, Ms Wells-Munro observed that the national measures put in place via the Savings Babies Lives Care Bundle resulted in more and earlier inductions, which may result in a higher risk of PPH, but the method of induction also needed to be reviewed, with changes to clinical practice implemented.

Ms Wells-Munro returned to her report and highlighted the following:

* there had positive work done around Workstream 1 *Listening to service users and families with compassion*: service information boards had been co-produced and key information for women was now available in nine languages;
* a neonatal lead for the Maternity and Neonatal Voices Partnership had been appointed;
* a report from the Culture Score survey was expected in July at which time actions would be taken to address any issues raised;
* a new process was in place which would provide more rigour around access to professional development opportunities;
* there was a significant number of vacancies on the Scarborough site; Ms Wells-Munro was pleased to report that some of the recent cohort of trainee midwives had been successfully encouraged to apply;
* the recent recruitment process for a Deputy Director of Midwifery had been unsuccessful and would be repeated;
* NHS Resolution had undertaken a thematic review of early notification cases received from the York and Scarborough service between 1 April 2017 and 21 October 2023; there had been no cases requiring to be reported by the Trust from late 2022 to date; the findings of the cases had been reviewed, along with the recommendation made by NHS Resolution, and a full response would be provided in July.

## CQC Section 31 Update

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

## Maternity and Neonatal Staffing Review

Ms Wells-Munro presented the paper and invited questions. In response to a query, she explained that some midwives were trained to complete newborn examinations (NIPE) but it was currently not possible to establish a midwife led clinic due to capacity and this was hindering flow out of units and using paediatrician time.

## 13 Infection and Prevention Control Annual Report

Mrs Parkes presented the report and began by highlighting staffing changes in the Infection Prevention and Control (IPC) team in 2023/24. The paper set out in detail the IPC position within the Trust and included actions in place to reduce the level of Healthcare Associated Infections. Mrs Parkes drew attention to the steps being taken to move towards the National Standards for Healthcare Cleanliness 2021. Mr Bannister noted that cleaning standards were rated “green” across all areas for the second successive month which demonstrated excellent progress.

## 14 Q4 2023/24 Mortality Report – Learning from deaths report

Dr Stone presented the report, which had been recently presented to the Quality Committee. She highlighted the sharper focus on themes from Structured Judgement Reviews.

Mr Barkley referred to the Summary Hospital-level Mortality Indicator (SHMI) data in the report which was distributed by diagnostic group and asked if deaths from strokes should be included. Dr Stone explained that the graph showed only the groups which affected the SHMI. She would send the relevant stroke figures to Mr Barkley.

**Action: Dr Stone**

## 15 Questions from the public received in advance of the meeting

No questions had been received.

## 16 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 31 July 2024 at 9.30am at York Hospital.