York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
31 July 2024

Minutes of the Public Board of Directors meeting held on Wednesday 31 July 2024 in the Boardroom, Trust HQ, York Hospital. The meeting commenced at 9.30am and concluded at 12.55pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Mrs Jenny McAleese
- Mrs Lynne Mellor
- Prof. Matt Morgan
- Ms Helen Grantham (Associate)

Executive Directors
- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Ms Claire Hansen, Chief Operating Officer
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse & Maternity Safety Champion
- Miss Polly McMeekin, Director of Workforce and Organisational Development

Corporate Directors
- Mrs Lucy Brown, Director of Communications

In Attendance:
- Ms Paula Gardner, Insight Programme
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)
- Mr Steve Lawrie, Deputy Chief Digital and Information Officer *deputising for* Mr James Hawkins, Chief Digital and Information Officer

Observers:
- Ms Rachel Hammond, NHS England Graduate Management Trainee
- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting and introduced Ms Gardner.

2 Apologies for absence

Apologies for absence were received from:

Dr Stephen Holmberg, Non-Executive Director
Mr James Hawkins, Chief Digital and Information Officer
Mr Mike Taylor, Associate Director of Corporate Governance

3 Declaration of Interests

There were no declarations of interest to note.

4 Minutes of the meeting held on 26 June 2024

The Board approved the minutes of the meeting held on 26 June 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 23 – *Share relevant connections with established clinical activities to support portfolio research delivery.*
Dr Stone advised that this should be presented to the Board as part of the Research Strategy. The target due date was amended to November.

BoD 06 – *Investigate and address incomplete data on pathways with an ethnicity code.*
Mr Lawrie advised that, following discussion with the Business Intelligence team, it was clear that the data was incomplete as it was not being captured at source. Ms Hansen added that the question regarding ethnicity had previously been removed from the inpatient admission form which had impacted data collection. The question had now been reinstated.
It was agreed that the action could be closed.

BoD 07 – *Provide further information about children and young people on community waiting lists.*
A report had been submitted for the meeting under Item 5.1 and the action was therefore closed.

BoD 09 – *Prepare brief paper summarising the implications of the Trust adopting the York Poverty Truth Commission Charter.*
A summary of the implications had been included in the Chief Executive's report presented at the meeting in June and the action was therefore closed.

BoD 10 – *Remove the metric on "waits over 78 weeks".*
This action was carried forward.

BoD 11 – *Investigate whether children and young people waiting for Speech and Language Therapy can be categorised in a way which attracts specific funding.*
Mr Bertram advised that there was potential for further funding which he had discussed with Care Group senior leaders. A modelling exercise was being undertaken and a Business Case would be presented to the Executive Committee.
It was agreed that the action could be closed.

BoD 12 – *Add phasing information to the next Finance report, and a year-end forecast based on trends to date and other known factors.*
Mr Bertram explained that phasing information had not been included in the Month 3 Finance, as it depended on the outcome of ongoing discussions with the ICB, but it would be included the Month 4 forecast. Mr Bertram provided further background, noting that there was more work to be done on forecasting.
The action due date was amended to the next meeting in September.

BoD 13 – *Check whether the total number of Emergency Care attendances recorded in the Acute Flow Scorecard includes those for the Urgent Treatment Centres (UTC).*
Ms Hansen advised that attendances at Bridlington UTC had been removed from "other types" of attendances but not from the overall total. This would be amended for next month's Trust Priorities Report. The action was therefore closed.

BoD 14 – *Investigate the reason for the delays in the purchase of IT equipment as a factor impacting performance in diagnostic activity.*
Ms Hansen advised that this issue had been resolved and the IT equipment had been purchased. The action was therefore closed.

BoD 15 – *Send statistics on deaths from strokes to Mr Barkley*
Dr Stone was collating this information for Mr Barkley and the action was therefore closed.

5.1 Children and Young People Community Waiting List

Ms Hansen set out the context for the paper which detailed the current position in respect of waiting lists for community services for children and young people, and the workstreams now in place to address wait times. A new Children and Young People's Board, chaired by Dr Stone, had been established and changes in reporting had been requested which would provide better visibility of those waiting for treatment. Ms Hansen noted that the Business Case referenced by Mr Bertram under Item 5 would support the Speech and Language Therapy (SALT) Service in reducing its waiting list, and extra sessions were planned to address the backlog.

Mr Dillon advised that the Resources Committee had also discussed this issue. The most significant challenge was capacity in the face of increasing demand for SALT. Mr Dillon asked how this might be addressed. Ms Hansen outlined a number of different strategies, including job plans for Allied Health Professionals, resource from the Business Case noted previously, group therapy sessions and work with other organisations outside community services. Mrs Parkes added that there were opportunities to use the existing capacity differently. Further discussion followed and questions were raised about waiting list harms and the timescale of the planned initiatives. Ms Hansen agreed to bring back a paper in September with a timescale for initiatives to reduce waiting lists, which would include details of numbers of first out-patient appointments each month compared to the number of referrals. Dr Stone confirmed that the waiting lists had been validated.

Action: Ms Hansen

Mr Barkley underlined the importance of reducing the length of time that children and young people were waiting for treatment. Ms Hansen confirmed that a whole system approach was also being discussed.

6 Chair's Report

The Board received the report.

Mrs McAleese queried whether there were any plans to increase the space for the Pathology Service, as Mr Barkley's report indicated that the current accommodation limited the service. Mr Bertram agreed that the space was a limiting factor and, as a result, some samples were being sent externally for processing but there was no resource currently to review the accommodation. Dr Stone noted that there was also a workforce issue as it was difficult to recruit pathologists.

7 Chief Executive's Report

The Board received the report.

Mr Morritt began by highlighting the ongoing operational pressures in Urgent and Emergency Care which reflected a national picture. The newly introduced Optimal Care System was having a positive impact, and performance overall was improving, albeit not consistently month on month. The Trust's data had been negatively affected by the removal of emergency attendances at Bridlington Hospital.

Mr Morritt referred to the latest pay award offer made by the new government to junior doctors which seemed to have been received positively. However, the potential GP ballot for industrial action was very concerning.

Mr Morritt reported that the new approach to Staff Brief was working well, with good engagement. A first senior leadership forum had taken place, and this had also been a successful event.

In response to a question, Miss McMeekin reported that the salary uplift of 5.5% recommended for NHS staff would be backdated to 1 April although the payment date had not yet been confirmed. She reminded Board members that they had taken the decision to award a 2% uplift to the lowest paid staff in advance of the pay award agreement. Mr Bertram advised that a 2% increase had been assumed in the budget and discussions were already underway to determine how the difference would be funded. It was noted that the delay in the agreement and payment of the annual uplift was a matter of concern for many staff. Mr Bertram advised that the Trust had no autonomy to action increases earlier, as a national payroll system was used.

Miss McMeekin provided a brief update on the BMA's published "rate card" guide for NHS consultants in England, which set out how much they should charge their employers for non-contractual work. She advised that the Trust had resisted paying these high rates.

In response to a question, Mr Morritt advised that attendance at the recent senior leadership forum had not been mandated but there had been an expectation that relevant staff would attend. There had been good representation from a range of areas and staff roles. Ms Brown reported that good numbers of staff joined the Staff Brief online session, and a similar number watched the session at a later date. Those engaging were from a range of roles.

8 Quality Committee Report

Dr Boyd briefed the Board on the key areas discussed at the meeting of the Quality Committee on 23 July. She highlighted the following:

- there was a risk that improvement work in Maternity and Neonatal Services would be stalled due to lack of capacity, and it was proving challenging to continue to motivate staff whilst decisions about investment were awaited;
- the Committee had discussed the risks of patient harm arising from delays to ambulance handover in the Emergency Departments; Committee members were provided with some assurance by the creation of an Urgent and Emergency Care Board, to be chaired by the Chief Nurse;
- the Senior Leadership Team of the Surgery Care Group had shared concerns around the care of medical outliers, and particularly the lack of clarity around the responsibilities of junior doctors; Care Group leaders had shared information about work they had undertaken to resolve these issues, which would be disseminated to other Care Groups; however, the Committee had requested further assurance and had discussed how visibility of this issue might be improved.

Mr Barkley noted the increase in reports of violent and aggressive behaviour towards staff which had been flagged in the escalation report. Mrs Parkes explained that there had been work to raise awareness of the issue and as a result there were higher levels of reporting. The themes, however, were different. Staff training was being implemented and this had supported staff in keeping themselves safe. A policy was also progressing through governance routes for approval by the Executive Committee.

9 Resources Committee Report

Mr Dillon provided the report from the meeting of the Resources Committee on 16 July. The Committee had discussed Urgent and Emergency Care performance and the financial position:

- the Trust was adrift of plan by £2m in Month 3;
- there was some positive news in the reduction of bank and agency staff spend, and significant efficiencies of £1.3m this financial year from the e-rostering programme;
- the Cost Improvement Programme had delivered £14m of savings in the first three months in the financial year, £13m of which were recurrent.

Mr Dillon reported that the Committee had also received an excellent presentation on cancer care and had been assured of good progress, and the plans in place to continue this improvement.

Mrs Parkes noted that the reduction in agency and bank staff costs had resulted in improved care for patients from staff in substantive roles.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley praised the improvements in the metrics on the Cancer scorecard.

Mr Barkley noted that the reduction in the number of patients waiting more than 12 hours for treatment in the Emergency Departments (ED) was encouraging. He commented that Statistical Process Control (SPC) charts for emergency care attendance and Type 1 attendances would be valuable additions to the TPR.

Action: Mr Hawkins

Mrs Mellor asked whether EDs were still experiencing a large number of type 4 patients arriving. Ms Hansen confirmed that this was still the case, but Yorkshire Ambulance Service (YAS) crews were soon to be provided with a revised list of options for type 4 patients which would be more appropriate than conveyance to ED.

Ms Hansen was asked for an estimation of the timescale for improvements to UEC performance. She advised that a two-year improvement plan was in place, and she was confident that the actions would be successful. The pace of implementation needed to be accelerated but it was important to balance this against the need to consider staff wellbeing. The Trust was being supported by regional teams. Mrs Parkes added that she and Dr Stone worked closely with Ms Hansen on UEC performance; progress had been made in changing the culture of ownership of UEC issues across other areas which was encouraging.

Mrs McAleese queried why the Emergency Care Standard data for Type 1 patients, the most seriously ill, was lower than for all patient groups. Ms Hansen explained that this was due to a combination of factors, including lack of beds. There was discussion about the number of referrals to the Same Day Emergency Care (SDEC) service which Ms Hansen advised should increase now that the new Optimal Care Service (OCS) was in place although the SDEC service was limited by capacity.

Mr Barkley asked for an SPC chart to be added to the TPR for non-elective admissions data. Mr Lawrie would ensure that this was added.

Action: Mr Hawkins

A query was raised about the accuracy of the data relating to senior reviews of patients on admission by clinicians. Ms Hansen responded that this was a work in progress; the accuracy would continue to improve.

In response to a question, Mr Bertram provided clarification that £1.2m of funding from the Cancer Alliance was confirmed and a further £250k had been bid from NHS England's cancer performance recovery fund.

Mrs McAleese queried how the Trust maintained services during peak holiday periods. Executive directors explained that annual leave was managed as part of operational planning and the e-rostering system supported with this; there were some decreases in operational activity during peak holiday periods, but these would only impact on additional work.

With reference to a query about health inequalities impacting on Referrals to Treatment, Ms Hansen advised that the Health Inequalities team was reviewing which metrics to report and how these should be benchmarked. Mr Barkley noted that the data demonstrated that the level of deprivation index did not impact on the treatment received.

It was noted that the data on operations cancelled on or after the day of admission seemed to refer to March. Mr Lawrie would investigate this anomaly.

Action: Mr Hawkins

Ms Hansen agreed to bring a paper to the Resources Committee which would provide further detail on follow-up partial bookings for outpatients.

Action: Ms Hansen

Mr Lawrie was asked to update the Board by email on the implementation date for the new automated process which would ensure that Patient Initiated Follow Ups (PIFU) were correctly added to the PIFU list.

Action: Mr Lawrie

It was agreed that the use of the terms “baseline” and “target” in the TPR should be reviewed as it was not always clear which one applied. Mr Lawrie would follow this up with his team.

Action: Mr Lawrie

A question was raised about virtual ward patients. Ms Hansen explained that the Trust accommodated as many patients as possible in the virtual ward, supported by specialties. There were no specific targets to meet. All virtual ward beds were currently being used.

Quality and Safety

Mr Barkley queried the reasons for the reported closures of the maternity unit at York Hospital. Mrs Parkes responded that the maternity unit was only closed if there were insufficient midwives and for a few hours at most. Closure was authorised by the Director of Midwifery or another Executive Director. Mrs Parkes explained that the home birth service could only be offered if trained midwives were available. The increased trend for free births was noted.

Workforce

The Board noted the encouragingly low vacancy rate for Healthcare Support Workers.

Miss McMeekin provided a brief update on the recently opened Mutually Agreed Resignation Scheme (MARS) and advised that the line manager development programme had been launched.

Digital and Information Services

In response to a question, Mr Lawrie reported that the recent CrowdStrike outage had fortunately had minimal impact on the Trust’s services.

It was agreed that information on the development of the new Electronic Patient Record (EPR) should be included in the TPR.

Action: Mr Hawkins

Finance

Mr Bertram reported that, at the end of Quarter 1, the Trust was £2m adrift of its financial plan. He referred to a graph in the TPR which represented the profile of the financial plan and advised that the growth of the deficit was forecast to slow down through Quarter 3 and then to remain flat through January and February. Income from the ICB was expected in March 2025 which was represented by an upturn in the trajectory.

Mr Bertram outlined the best and worst case scenarios for the forecast deficit. In terms of variances to the plan, there was currently a £2m shortfall in the efficiency plan and cost pressures from high-cost drugs and devices. There was no additional funding in the system for new high-cost drugs, but a working group had been established, through which information would be shared and resource for new drugs discussed. Recently approved new drugs would cost the Trust £250k.

Mr Bertram noted that medical agency costs were more than had been assumed but nursing agency costs had been significantly reduced.

Mr Bertram highlighted that the Elective Recovery Fund was currently at 118% of its 2019/20 benchmark; the Fund was forecasted to provide £4.5m of income over the financial year which would be crucial to the Trust's budget management plan.

In terms of the Cost Improvement Programme, Mr Bertram reported that £14m of savings had been delivered against the aim of £53m, and plans were in place for a further £30m, leaving a gap of £9m. Mr Bertram cautioned that £18m of possible savings were considered medium or high risk in terms of delivery. Other teams were working on risks to quality of care of cost saving schemes. Mr Bertram highlighted the progress made: £3m of savings had been delivered in Month 3. However, the Cost Improvement Programme was beginning to lose pace and Mr Bertram expected difficult discussions with the ICB regarding the financial plan.

Mrs Mellor asked whether the efficiencies in procurement referred to by the director of the procurement collaborative at a recent meeting of the Resources Committee would be realised. Mr Bertram responded that efficiencies had been identified and programme of work with Care Groups was underway. The potential savings were already included in the plan but there was a possibility that they might be exceeded.

11 Staff Survey Improvement Action Plan

Miss McMeekin presented the Staff Survey Improvement Action Plan which had previously been presented to the Resources Committee and the Executive Committee. Miss McMeeken advised that the action plan had been co-created by the Change Makers. The action plan presented was aimed at corporate areas of the workforce, and other areas would review the plan to ensure that it was bespoke for their workforce. Miss McMeekin invited comments and questions, noting that the team were already reacting to comments made at the Resources Committee meeting to make the targets more measurable.

There was discussion about the importance of digital access for all staff in recording their views via the staff surveys, as some staff roles did not have access on a day-to-day basis. Mr Bertram assured Board members that this was a current focus as paper pay slips would soon be discontinued, and all payslips issued through the NHS England payroll system would be electronic.

Ms Grantham asked if the Change Makers would continue to be involved once the programme had finished. Miss McMeekin confirmed that they would; she hoped to grow the number of Change Makers as their contribution to communicating the Trust's plans was proving invaluable.

Mrs Parkes challenged as to whether the target for improving the scores for a compassionate and inclusive culture was sufficiently ambitious given the two-year programme of improvement. It was agreed that consideration would be given to revising the target.

Mr Barkley queried the role of the People Promise manager. Miss McMeekin explained that this was a nationally approved role focussed on retention which was funded by NHS England for 12 months. A midwife from the Trust was currently in post and her work was aligned to the Our Voice Our Future programme.

Mr Barkley noted the action *address staff feedback that 'nothing changes'* and suggested that staff should be asked to be more specific about the changes they wanted to see. Miss

McMeekin explained that the survey system redacted some details such as personal information from the free text comments; the key point was to encourage completion rates.

12 Annual Inpatient Staffing Review

Mrs Parkes presented the paper, noting that the review aligned with the established requirements of the National Quality Board (NQB, 2016) and the NHS Improvement (NHSI 2018) Workforce Safeguards to ensure that the Board was cited on the assessed and recommended nurse staffing workforce required to care for inpatients. The review had taken into account quality metrics, professional judgement and the staff required to meet the needs of patients. Mrs Parkes advised that the Board would receive the Inpatient Staffing Review twice a year, one of which would be in-depth. Staffing reviews for all other nursing areas would also be completed.

Mrs Parkes advised that ward staff were using the Safer Nursing Care Tool Audit which was becoming embedded but further assurance was needed on the accuracy of the data provided. Teams were prone to requesting higher level staffing levels than acuity or bed levels required. The staffing review would need to be completed several times to refine the outcomes. Mrs Parkes highlighted the opportunities for the role of a nursing associate and drew attention to plans for a deeper dive into nurse staffing in acute assessment units, respiratory and stroke areas.

Professor Morgan asked how Mrs Parkes would know when the data collated was sufficiently reliable for an accurate Whole Time Equivalent (WTE) to be determined. Mrs Parkes responded that there were a number of factors to be taken into account and nurse staffing in some areas was mandated. The Safer Nursing Care Tool needed to be used consistently as this would provide most helpful data.

Mrs McAleese asked how the Board could be assured that staffing levels were appropriate. Mrs Parkes responded that the data in the report did not necessarily reflect the quality of care, which was not lacking. She was confident that all services were safe.

Ms Charge asked about the reference to an approximate number of beds. Ms Hansen responded that the number was approximate due to a number of unplanned areas being currently open.

Mrs Parkes observed that, despite the constraints on investment, there were opportunities to better use resources. Mr Bertram cautioned that there would be difficult choices, due to the pressure to implement the Cost Improvement Programme and to reduce the run rate. Mrs Parkes confirmed that work was already in progress to re-align the nursing workforce.

The Board received the Nurse Staffing Inpatient report and noted the need for further nursing data assurance and analysis.

13 Annual Complaints Report

Mrs Parkes presented the report and agreed with Mr Barkley that it should include input from the Patient Liaison and Access Service (PALS), and other patient experience areas such as concerns. She suggested that a Patient Experience report would fulfil this remit in future, although the themes arising from these areas mirrored those of complaints.

Mr Barkley noted good practice shared by the Medicine Care Group in the report: matrons were introducing themselves to families on the ward at visiting times so that any concerns

could be raised informally. Mrs Parkes confirmed that this practice would be encouraged in other Care Groups.

Board members agreed that including comments and recommendations made at Committee level on the report cover sheet was useful, and further strengthened the governance process.

Mr Barkley drew attention to complaints to the Surgery Care Group from patients who were not clear about their ongoing treatment plans as the letter from the clinician to the GP had not been copied to them. Dr Stone noted that the letter should be addressed to the patient, with a copy to the GP. It was agreed that this should be Trust practice. Dr Stone to follow this up with Care Group Directors.

Action: Dr Stone

14 CQC Compliance Update Report including Journey to Excellence

Mrs Parkes presented the report.

Mr Barkley asked if all the CQC actions could be completed by the end of the calendar year. He expressed confidence in the rigorous process in place for agreeing the closure of actions but was unsure about the practice of agreeing multiple extensions. Mrs Parkes responded that there was an ongoing process to agree with the CQC that some actions could be moved within the remit of programme boards, thus becoming “business as usual”. A position statement was in the process of being drafted. Mrs Parkes thought that the actions could be completed by the end of December that were not those that necessitate continuous attention as part of the remit of programme boards such as achieving UEC standards.

15 Maternity and Neonatal Reports (including CQC Section 31 Update)

Mrs Parkes presented the reports. She began by reporting that there had been one neonatal death in May, which was being reviewed under the normal processes. There had also sadly been one death of a mother visiting the area, nine weeks after giving birth; Mrs Parkes provided further details.

Mrs Parkes highlighted the month on month reduction in Post Partum Haemorrhages over 1500mls and commented that this now seemed to be a sustained trend.

Mrs Parkes drew attention to the details in the report which set out the potential impact of continued underinvestment on the implementation of service’s improvement plan. Work continued to identify other options to resource staffing. In response to a question, Mrs Parkes updated the Board on work on the maternity theatres and confirmed that theatre practitioners had been appointed.

The Board approved the Section 31 Update.

16 Emergency Preparedness Resilience and Response (EPRR) Core Standards Assurance - Quarterly Action Plan Update

Ms Hansen presented the report which had also been presented to the Resources Committee.

The Board noted the progress against the actions.

17 Board Assurance Framework Q1 Report

Board members were in agreement that the new format for the Board Assurance Framework was helpful. There was some discussion on the ratings for particular risks and it was noted that the risks themselves would be reviewed once the new Trust strategy was approved.

The Board approved the Quarter 1 2024/25 Board Assurance Framework.

18 Fit & Proper Persons Test Annual Report

The Board noted the assurance provided in compliance with the NHS England Fit and Proper Person Test Framework for Board members.

Some amendments were suggested to the register.

Action: Mr Taylor

19 Questions from the public received in advance of the meeting

There were no questions from the public received in advance of the meeting.

20 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 25 September 2024 at 10.00am at Scarborough Hospital.