

## Minutes Board of Directors Meeting (Public) 25 September 2024

Minutes of the Public Board of Directors meeting held on Wednesday 25 September 2024 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 10.00am and concluded at 12.45pm.

### Members present:

#### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Dr Stephen Holmberg (*Via Teams*)
- Mrs Jenny McAleese
- Mrs Lynne Mellor
- Prof. Matt Morgan

#### 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
- Mr James Hawkins, Chief Digital and Information Officer

#### Corporate Directors

- Mrs Lucy Brown, Director of Communications

#### In Attendance:

- Mr Mike Taylor, Associate Director of Corporate Governance
- Ms Stefanie Greenwood, Freedom to Speak Up Guardian (For Item 12)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 13)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

#### Observers:

- One member of the public and one member of Trust staff.

### 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

### 2 Apologies for absence

Apologies for absence were received from:

- Ms Helen Grantham, Associate Non-Executive Director
- Ms Paula Gardner, Insight Programme

### 3 Declaration of Interests

The following new interests were declared:

- Mr Bertram had joined the Board of St Leonard's Hospice as a co-opted trustee
- Mrs Mellor was now a co-owner/director of The Human Digital Collaborative Ltd.

These interests had been added to the register of potential conflicts of interest for the Board of Directors 2024/25 which was published on the Trust's website.

### 4 Minutes of the meeting held on 31 July 2024

The Board approved the minutes of the meeting held on 31 July 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 10** – *Remove the metric on "waits over 78 weeks".*

Mr Hawkins advised that the metric had been removed except for one line: "RTT – waits over 78 weeks for incomplete pathways" which needed to remain to meet national requirements. The action was declared closed.

**BoD Pub 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 advised that this information had been provided in Finance section of the Trust Priorities Report (TPR). The action was therefore complete.

**BoD Pub 17** – *Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.*

This would be discussed under Item 11. The due date for the action was extended to October.

**BoD Pub 18** – *Statistical Process Control (SPC) chart to be added to the TPR for non-elective admissions data.*

Mr Hawkins advised that information on Same Day Emergency Care admissions was published in the TPR; further clarification was needed on the data to be provided. This would be discussed under Item 11. The due date for the action was extended to October.

**BoD Pub 19** – *Investigate anomaly in data on operations cancelled on or after the day of admission.*

Mr Hawkins advised that the data was not anomalous in referring to March rather than June in the last TPR: the data was declared quarterly and would be unvalidated if presented more frequently. It was agreed that the unvalidated monthly data should be included in the TPR.

**Action: Mr Hawkins**

**BoD Pub 21** – *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.*

The implementation had taken place in the week commencing 22 July; this date had been communicated to Board members on 6 August and the action was therefore closed.

**BoD Pub 22** – *Review use of the terms “baseline” and “target” in the TPR.*

Mr Hawkins advised that the use of these terms had been reviewed. It was noted that some inconsistencies remained which would be raised under Item 11. The due date for the action was extended.

**BoD Pub 23** – *Include information on the development of the new Electronic Patient Record (EPR) in the TPR.*

Following a brief debate, it was agreed that data on the use of the new EPR and down times would be included in the TPR once the system had been implemented. The development and implementation of the EPR would be monitored by the Digital Sub-Committee. On this basis, the action was closed.

**BoD Pub 24** – *Dr Stone to ensure that Care Groups are advised of Trust practice re: letters from clinicians detailing ongoing treatment plans.*

Dr Stone had completed this action.

**BoD Pub 25** – *Make amendments to Fit & Proper Persons report as discussed.*

Mr Taylor had made the amendments, and the revised report had been presented to the Council of Governors.

## **6 Chair's Report**

The Board received the report.

Mr Barkley referred to his attendance at the penultimate session of the Leadership Development programme that the Trust had commissioned for Black and Minority Ethnic (BME) colleagues. He had subsequently contacted the previous chair of the Board to commend him on the decision to commission the programme which was proving so valuable to those undertaking it.

Mr Barkley reported that the meeting held with members of the Bridlington Health Forum had been very constructive. Mr Barkley also reported that the York Public Constituency Meeting had been a very worthwhile exercise, with good engagement from those attending. The decision to hold the meeting in the evening had resulted in better attendance and a similar event would be scheduled for Hambleton, Ryedale and East Coast constituencies.

## **7 Chief Executive's Report**

The Board received the report.

Mr Morritt referred first to the key findings of Lord Darzi's report of the independent investigation of the NHS in England published on 12 September, noting that the work to address these findings would begin now.

Mr Morrith advised that, whilst the junior doctors' industrial action had been brought to an end by the offer of an improved pay award, the Royal College of Nursing had rejected a 5.5% pay award.

Mr Morrith also highlighted:

- the Trust's "No Excuse for Abuse" campaign;
- the accreditation by the Joint Advisory Group (JAG) for the Trust's endoscopy services which was a significant achievement;
- the campaign to raise awareness of organ donation;
- information on Star Award winners appended to his report;
- the Celebration of Achievement event held at York Racecourse.

Finally, Mr Morrith reported that he and Mr Hawkins had just received confirmation that the full Electronic Patient Record Business Case had been approved by NHS England with no conditions applied. The committee making this decision had been very complimentary on the work completed thus far.

The Board offered its congratulations to the teams involved in both the JAG accreditation and the development of the EPR Business Case.

## **8 Quality Committee Report**

Dr Holmberg briefed the Board on the key discussion points from the meeting of the Quality Committee held on 17 September. He reported that improvements in Maternity Services were evident, despite the increase this month in Post-Partum Haemorrhages over 1500mls. There were no specific concerns raised by the cases. Dr Holmberg advised that lack of further funding to increase staffing levels was the main obstacle to further rapid improvement. Members of the Quality Committee would continue to monitor and seek assurance on the quality and safety of the Trust's Maternity Services.

Dr Holmberg noted that the backlog of coding of patients attending Emergencies Departments (ED) had again been reported to the Committee. The non-allocation of a code to patients attending ED resulted in poor communication with primary care and the potential for safeguarding risks.

Dr Holmberg reported that the Cancer Specialist and Clinical Support Services Care Group leaders had presented to the Committee. They had highlighted:

- improvements to the ophthalmology booking system;
- concerns with infection prevention and control (IPC); the Care Group had established an IPC monitoring group;
- JAG accreditation for endoscopy services;
- the increase in the number of complaints; themes included staff attitude and waiting times for appointments;
- unauthorised access to the mortuary at York Hospital and to the body store at Scarborough Hospital; access was not with malicious intent but in ignorance of protocols; the Mortuary Policy had been updated and training delivered.

Finally, Dr Holmberg highlighted the clear evidence of a positive, collaborative relationship between Corporate and Care Group teams, the former offering challenge but also support to improve.

## **9 Resources Committee Report**

Mrs Mellor updated the Board on the main discussion points from the meeting of the Resources Committee on 17 September. She observed that, whilst there were signs of improvement in operational key metrics, the Committee had expressed concern regarding the continuing rise in the number of ambulance arrivals and patient flow in Urgent and Emergency Care settings. Visibility of Yorkshire Ambulance Service and Primary Care plans would support discussions. The Committee had welcomed improvements in Referral To Treatment (RTT) metrics, particularly relating to patients waiting over 65 weeks, which had reduced significantly. Mrs Mellor reported that there had also been improvement in diagnostic waiting times across a number of specialties, particularly echocardiography.

In terms of the financial position, the Trust was expecting a cash injection of £17m, this being its share of the £50m ICB deficit which NHS England had agreed. Mrs Mellor advised that the Committee had received a presentation from the Director of Procurement, from the HNY Procurement Collaborative, and had congratulated him and the Finance Team on the level of savings being delivered. This was an example of positive collaboration between the Trust and the Integrated Care System.

In response to a question, Ms Hansen outlined plans to accelerate discharge to improve patient flow; she noted that these depended in large part on work being done by partner organisations.

## 10 Group Audit Committee Report

Mrs McAleese provided an update on the main points discussed at the meeting of the Group Audit Committee on 10 September. These included:

- a report from the Freedom To Speak Up Guardian; escalations from this report would be raised under Item 12;
- overdue audit recommendations; the Committee heard that the process for supplying evidence for closure had been tightened and Committee members had requested that Executives work to improve the reporting process;
- the appointment of external auditors; Mrs McAleese noted that the Council of Governors had approved the process recommended by the Committee.

## 11 Trust Priorities Report (TPR)

The Board considered the TPR.

### Operational Activity and Performance

Mr Barkley congratulated all those involved in the significant reduction in 12-hour trolley waits in ED. He queried the data for attendances at ED which was divided into *Type 1* and *Others* and noted that further sub-divisions would be useful for the Board to track the impact of the Optimal Care Service (OCS) and the use of the Urgent Treatment Centres (UTCs). Ms Hansen would ensure that this data was added to the TPR.

**Action: Ms Hansen**

Ms Hansen noted that the number of patients seen by the OCS was lower than she would have expected and, as a result, further work was taking place with ED staff on streaming patients to the correct pathways. Dr Boyd asked how patients were categorised when arriving at ED and whether the Board could be assured that this process was effective. Ms Hansen explained that patients arriving by ambulance were categorised at the time of the call by the Ambulance Service according to a nationally set algorithm. She was unsure how patients who did not arrive by ambulance were categorised, but she would provide this information to the Board.

Ms Hansen explained that there was a higher number of admissions to inpatient wards than was actually required as the assessment units were not large enough. The clinical estates work currently in progress would address this. She also clarified the terminology “soft breach” in respect of waiting times in ED: a soft breach was a waiting time between four and five hours, where the four-hour breach could have been avoided. A new internal process should reduce the number of soft breaches.

In response to a question about attendances at the Same Day Emergency Care (SDEC) service, Ms Hansen explained that patients were being treated in SDEC who had been asked to re-attend for follow-up treatment which was not the purpose of the service. This was being addressed by the development of more appropriate clinical pathways.

Dr Holmberg observed that the acute flow metrics reported delays at different stages of the process; the Board needed to be assured that the whole patient journey was safe. Ms Hansen emphasised that patient safety underpinned the development of pathways, and a new governance structure had been put in place as oversight. Other measures included the Urgent and Emergency Care (UEC) risk on the Corporate Risk Register, additional staffing in UEC and increased support from regional experts in clinical decision making. Mrs Parkes added that the UEC assurance group would report to the Quality Committee.

Professor Morgan noted that the number of ambulance arrivals was still increasing and questioned when the impact of the new strategies implemented by the Yorkshire Ambulance Service (YAS) might begin to take effect. Ms Hansen did not envisage any significant decrease in ambulance arrivals as demand overall continued to rise. However, strategies to ensure that patients were streamed into correct pathways was in place. An audit on “avoidable attendance” had been undertaken which would feed into discussions with YAS and Place partners. Mr Barkley advised that the CEO of YAS had indicated that arrivals may be impacted by out of hours availability of alternatives to EDs. Ms Hansen responded that discussions were already in progress with Place partners around maximising the use of the workforce to effect economies of scale at peak times of demand.

In response to a question, Ms Hansen confirmed that the Trust was learning from best practice in high-performing Trusts with regards to managing ambulance arrivals; she provided examples.

Dr Boyd highlighted the reference to the Community Improvement Group and queried where the clinical accountability sat. Ms Hansen responded that this was with the Unplanned Care Improvement Programme (UCIP), which reported to Executive Committee, and also with the UEC Place Board. There were different clinical leads for different areas, but the identification of an overarching clinical lead still needed to be resolved. Ms Hansen suggested that a Non-Executive sponsor for the Unplanned Care Improvement Programme would be valuable.

It was noted that some of the targets in the TPR metrics represented rolling monthly targets, based on an identified trajectory. Ms Hansen and Mr Hawkins would discuss how these might be better described, such that the Board could gain assurance that progress was being made towards defined targets.

There was some discussion on the value of the metrics in the TPR for the Board and a view was expressed that there was too much operational detail which was difficult for the Board to interpret to gain assurance that improvement was being made.

Mr Morrith asked if the target of zero RTT patients waiting more than 65 weeks at the end of September would be met. Ms Hansen responded that it was assumed now that 25 patients would breach this deadline as they would not be treated until October. For some, this had been a matter of choice. Whilst this was disappointing, it compared well with figures in other Trusts. Ms Hansen reported that the work undertaken on children's and young people's elective waiting lists had been shared with regional colleagues as best practice.

Mr Barkley noted that the ethnicity data on patients waiting for Referral to Treatment was still lacking. Ms Hansen advised that the importance of collecting this data had been emphasised to staff and training had been delivered. Processes to collect this data formed part of the elective care improvement programme. Ms Hansen agreed to provide further information on the deadlines for this work to be complete.

**Action: Ms Hansen**

### Quality and Safety

Mrs Parkes highlighted efforts to improve infection prevention and control using learning from cases. The establishment of Care Group Infection Prevention and Control Groups was further assurance that issues were being addressed.

It was noted that the target rate for the Trust's Duty of Candour at all three stages should be 100%. Mrs Parkes would investigate this anomaly.

**Action: Mrs Parkes**

Mr Hawkins undertook to ensure that the metric relating to Serious Incidents was removed from the TPR as these were now managed under the Patient Safety and Incident Response Framework (PSIRF).

**Action: Mr Hawkins**

The Board noted that data from the Friends and Family Test showed that 99.2% of those responding would recommend the Maternity Service to others. Mrs Parkes would check the figure of two antepartum stillbirths one of which she was unsure of.

**Action: Mrs Parkes**

### Maternity

Mr Barkley referred to the increase in formal complaints made to the Maternity Service at York Hospital. Mrs Parkes advised that Ms Wells-Munro and her team were working on strategies to address the level of complaints.

### Workforce

Board members were pleased to note the significant improvement in the vacancy rate for Health Care Support Workers, which stood at 3.6% in August. Mrs Parkes advised that the Healthcare Academy had been nominated for a Nursing Times award.

### Digital and Information Services

Mr Barkley suggested that the reduced IT Service Desk capacity due to more colleagues than usual not being at work, relative to demand which was flagged in the report should be explained to staff via the Staff Bulletin.

**Action: Mr Hawkins/Ms Brown**

Mr Hawkins explained that a key issue behind the increase in calls to the Service Desk was the reduced level of IT training time allocated for new junior doctors. He would discuss learning points from the induction programme with Dr Stone.

**Action: Mr Hawkins/Dr Stone**

## Finance

Mr Bertram advised that an ICB-led summit was due to take place on 27 September to review the 2024/25 financial plan and to discuss system-wide action to manage the second half of the financial year.

Referring to the report, Mr Bertram advised that the Month 5 position showed the Trust to be £700k adrift of plan, this amount relating entirely to the costs of the junior doctors' industrial action. Mr Bertram expected that resource would be released to the ICB to cover these costs.

Mr Bertram drew attention to the chart in the report which tracked cumulative actual financial performance versus plan and cautioned that it would become more challenging to maintain parity between them. He highlighted the likely, best and worst case scenarios detailed in the report which would be discussed at the ICB summit as they had implications for the system's status and the likelihood of intervention.

Mr Bertram reported that £9.2m of elective income had been earned in addition to the plan as at the end of Month 5. In respect of this, £9.5m had now been paid into the Trust's account which had significantly improved the cash position.

Mr Bertram advised that NHS England had agreed the HNY ICB Income and Expenditure Plan for 2024/25 which forecast a deficit of £50m and had agreed to release the funds to cover the deficit. He expected that the Trust's share of this, £16.5m, would be paid by the end of September which would support the Trust's cash position until the end of the financial year. Mr Bertram cautioned that whilst the cash position had improved the Income and Expenditure position remained challenging.

In terms of the Cost Improvement Programme, £20.2m of savings had been delivered at Month 5 which was significant, but this level of saving would be challenging to maintain. A gap remained in the efficiency programme and £9.8m of plans were considered at high risk of not being delivered.

There was some discussion on the worst-case scenario presented in the report. Mr Bertram was confident that the planned savings could be achieved under the worst-case scenario. He confirmed that budget assumptions were revised as the year progressed.

Board members congratulated Care Group and Corporate teams on the level of cost savings already achieved.

## 12 Freedom to Speak Up Annual Report

Ms Greenwood presented the report and highlighted increasing engagement with clinical staff which was positive. Mrs McAleese advised that the following issues had been raised when Ms Greenwood had presented to the Group Audit Committee:

- cover for the Freedom To Speak Up Guardian during annual or sick leave;
- a more formal approach to learning from Freedom To Speak Up cases;

- the perception amongst staff that they had, or might, suffer detriment from speaking up;
- the value to the Guardian of supervision from outside of the organisation; Ms Greenwood reported that this was now being arranged.

Mr Dillon noted that Freedom To Speak Up cases were disproportionately from administration and clerical areas. This had not changed from the last report and potentially needed more work to analyse the cases, and on culture and leadership style. There was further discussion on the data associated with Freedom To Speak Up cases, particularly the low level of cases raised by the nursing workforce. Ms Greenwood underlined that further work was needed to address barriers to speaking up and to support line managers. Mrs Parkes added that nurses had access to other routes for raising concerns and it would be useful to know if these were being used, rather than via the Guardian.

Mr Barkley advised that Mr Morritt had received a letter from the National Guardian's office following the publication of the staff survey results which showed that Trust staff had concerns about speaking up. Support was offered to the Board in addressing this issue. Mr Barkley had attempted to progress this but was still awaiting a response and, in the meantime, he would add it to the programme of Board seminars. It was important that the Board understood why staff were reluctant to raise concerns and to address those issues.

Mr Barkley encouraged Ms Greenwood to use the Reportable Issues log, which was presented at Private Board meetings, to raise issues from Freedom to Speak Up cases.

It was agreed that a discussion about cover for the Guardian would be progressed outside of the meeting.

**Action: Mr Morritt**

Ms Greenwood was thanked for her report, and she left the meeting.

### **13 Maternity and Neonatal Report (including CQC Section 31 Update)**

Ms Wells-Munro presented the report. She highlighted the rise in cases in Post-Partum Haemorrhages over 1500mls in July and reported that there had been one neonatal death, which was being reported and reviewed under the agreed processes.

In terms of the Single Improvement Plan, Ms Wells-Munro reported that 23 actions were off-track at the time of the report. An assessment of the plan had been undertaken to identify those improvements which could be progressed within existing resources. The assessment had also included clinical prioritisation and the risk of not taking the actions in the plan.

Ms Wells-Munro reported that Maternity Services had implemented the RSV vaccination programme for pregnant women.

The Board congratulated Ms Wells-Munro on the clear evidence of improvement in Maternity and Neonatal Services.

Ms Wells-Munro provided a brief verbal report of the CQC visit to Maternity Services at York Hospital on 9 September. This had been very positive overall. Mrs Parkes advised that a similar visit to Maternity Services at Scarborough Hospital was being scheduled. She remarked that the Trust's relationship with the CQC was open and transparent, and the improvement work was being recognised.

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

Ms Wells-Munro was thanked for her report, and she left the meeting.

### **14 CQC Compliance Update Report**

Mrs Parkes presented the report. She drew out the following points:

- the CQC visit to the ED at York Hospital on 29 July had been very positive;
- the Trust was working with CQC on transferring the remaining actions to business as usual, to be monitored under existing governance frameworks;
- actions continued to be closed via a rigorous process overseen in Journey to Excellence meetings;
- there were ongoing discussions with the CQC to remove the two Section 31 notices imposed on the Trust as there was now sufficient evidence that the conditions of registration were met.

### **15 Responsible Officer Annual Report**

Dr Stone presented the report, noting that she continued to oversee over 700 doctors as the Responsible Officer for the Trust, St Leonard's and St Catherine's Hospices and Brainkind.

Dr Stone reported that a new Medical Appraisal Lead had been appointed and efforts continued to increase the number of medical appraisers. Regular meetings were held to monitor appraisal compliance, with a view to encouraging better engagement with the process. Compliance had improved and the deferral rate for revalidation had reduced to below the national average, as the process was now well-embedded.

Professor Morgan referred to the number of "not agreed exceptions" to the completion of appraisals and asked if there were any issues which should be raised with the Board. Dr Stone responded that the figure reflected the need for a change in culture and better engagement with the appraisal process.

### **16 Medical Education and Training Self- Assessment Report**

Dr Stone presented the report which was the annual report encompassing all clinical training programmes, except medical undergraduates. The Board was required to approve the report before submission to NHS England. Dr Stone advised that it covered different aspects of education and training, and she outlined some of the challenges and achievements detailed in the report.

Professor Morgan raised queries about two of the standards which had been marked as exceptions, specifically in relation to the suitability of the Trust's educational facilities. Dr Stone agreed that whilst the training was always delivered, it could be more done more efficiently if the Trust was not limited by physical capacity. It was agreed that Dr Stone would discuss further with the team responsible for the report whether the statement should be marked as an exception.

In response to a question about supervision, Dr Stone confirmed that every trainee doctor must have a named supervisor. Consultants were encouraged to train as supervisors.

**Subject to any amendments as discussed, the Board approved the Medical Education and Training Self-Assessment report for submission to NHS England.**

#### **17 Vascular Imaging Unit (VIU) Equipment Suites**

Mr Bertram presented the Business Case.

**The Board approved the procurement of two VIU equipment suites to be installed in the new VIU build.**

#### **18 Questions from the public received in advance of the meeting**

There were no questions from the public.

#### **19 Date and time of next meeting**

The next meeting of the Board of Directors held in public will be on 23 October 2024 at 9am at York Hospital.

APPROVED