York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 4

Minutes
Board of Directors Meeting (Public)
23 October 2024

Minutes of the Public Board of Directors meeting held on Wednesday 23 October 2024 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.30am and concluded at 12.50pm.

Members present:

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

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
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:
- Ms Paula Gardner, Insights Programme
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 11)
- Ms Lydia Harris, Head of Research and Innovation (For Item 17)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:
- Ms Ros Shaw, Public Governor
- Ms Julie Southwell, Staff Governor *(via Teams)*
- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

There were no apologies for absence.

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 25 September 2024

The Board approved the minutes of the meeting held on 25 September 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 16 *Present paper 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.*
The paper would be presented to the Private Board meeting that afternoon and the action was closed.

BoD Pub 17 *Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.*
BoD Pub 18 *Statistical Process Control (SPC) chart to be added to the TPR for non-elective admissions data.*
Mr Hawkins advised that the charts would be added to the TPR for the November Board meeting. In the interim, a paper with the requested supplementary data had been made available to the Board.

BoD Pub 20 *Present a paper to the Resources Committee which would provide further detail on follow-up partial bookings for outpatients.*
A paper had been presented to the Resources Committee and the action was therefore closed.

BoD Pub 22 *Review use of the terms "baseline" and "target" in the TPR.*
Mr Hawkins advised that metrics had been shared with Executive colleagues for review of the terms used.

BoD Pub 26 *Include in the TPR unvalidated data on operations cancelled on or after the day of admission.*
This would be included in the next version of the TPR to be presented to the Board in November.

BoD Pub 27 *Ensure sub-divided data on attendances in ED is added to TPR.*
BoD Pub 28 *Provide further information to the Board on the categorisation of patients arriving at ED by ambulance.*
Mr Hawkins advised that this data was included in the supplementary paper made available to the Board.

Ms Hansen advised that the inclusion of this data was part of the overall work on the TPR. She planned to work with teams involved in providing the data to consider each metric. Mr Barkley noted that the Board needed the ED data broken down by site.
The actions were deferred to the next meeting.

BoD Pub 29 *Provide further information on the deadlines for work to improve collection of ethnicity data.*
Ms Hansen advised that an issue with the collection of ethnicity data had been identified, as the form sent to patients was not included as part of digital appointment invitations. The Operations and DIS teams were working together to resolve this issue. The action was closed.

BoD Pub 30 *Investigate anomaly in TPR re: target rate for Trust's Duty of Candour.*
Mrs Parkes advised that the metrics in the TPR reflected the previous policy which had three stages. Two new metrics would be included in the next TPR which would better reflect Duty of Candour reporting. The action was closed.

BoD Pub 31 *Ensure that metric relating to Serious Incidents was removed from the TPR.*
This metric had been deleted and the action was closed.

BoD Pub 32 *Check figure for antepartum stillbirths in August.*
Mrs Parkes advised that there had been one still birth in August. A late termination of pregnancy had been included in the figure in error. The action was closed.

BoD Pub 33 *Communicate the reduced IT Service Desk capacity flagged in the report to staff via the Staff Bulletin.*
This had been completed.

BoD Pub 34 *Discuss learning points from the junior doctor induction programme with Dr Stone.*
Learning points had been discussed and IT induction for junior doctors had been extended to two hours. The action was closed.

BoD Pub 35 *Progress discussions about cover for the FTSU Guardian.*
Mr Morritt advised that he had agreed with Miss McMeekin to train an individual to cover for the Freedom to Speak Up Guardian in the event of a lengthy absence. The action was closed.

6 Chair's Report

The Board received the report.

Mr Barkley advised that three individuals had been shortlisted for interview, due to take place in November, for the Non-Executive Director position which would be left vacant when Mrs Mellor completed her term of office on 31 December 2024.

7 Chief Executive's Report

The Board received the report.

Mr Morritt referred first to the "We Need to Talk" initiative launched by the Humber and North Yorkshire NHS to engage with the public on the future of the NHS in the region.

Routes to engage were being shared with staff. Mr Morritt noted that the initiative coincided with national discussions around the future of the NHS.

Mr Morritt advised that industrial action by Scarborough, Hull and York Pathology Service (SHYPS) staff continued; negotiations mediated by ACAS were taking place to resolve the dispute and effective cover was in place during the periods of industrial action. Mr Morritt reminded the Board of the continuing industrial action by GPs which was beginning to impact Trust services; the situation was being monitored. Mr Barkley thanked Executive colleagues for the establishment of a temporary phlebotomy service at Malton Hospital, as local primary care providers had withdrawn their offer as part of the industrial action.

Mr Morritt also highlighted the scheduled opening at the end of November of the new Urgent and Emergency Care Centre at Scarborough and the rise of the Hull York Medical School (HYMS) to fifth in the 2025 Guardian University Guide Rankings.

The Board recorded its thanks to Melanie Liley, Chief of Allied Health Professionals, who was due to retire from the Trust at the end of October.

The Star Award nominations were noted, and Mr Barkley drew out some for particular mention.

8 Quality Committee Report

Dr Holmberg briefed the Board on the key discussion points from the meeting of the Quality Committee on 15 October. Senior leaders from the Family Health Care Group had presented to the Committee and had highlighted the pressure on community services, with district nurses seeing their workload double in some cases. Work was in train to reconfigure workloads to ensure that the service was sustainable. The Committee heard that waiting times for the gynaecology service were challenging and about the improvement work being undertaken in this area and also to address long waiting times for children attending Emergency Departments. Staffing issues in the gastroenterology service at Scarborough Hospital were also escalated to the Committee.

Dr Holmberg commented that the Committee was increasingly assured that governance processes at Care Group level were beginning to have traction as they were now underpinned by a robust framework. Improvements should be sustainable as a structure for accountability was now in place.

In response to Mr Barkley's question, Dr Stone expressed confidence in the Trust's ability to recruit to clinical vacancies in the gynaecology service.

Dr Boyd noted that an increasing workload in community services was likely to be a result of more timely discharge of patients from hospital, and therefore a reallocation of resources might be required. Ms Hansen agreed and noted that the transfer of Community Services from the Medicine to the Family Health Care Group would support a review of the area, which would take around six to nine months. The Place Director and the ICB were collaborating with the Trust to review contracts.

9 Resources Committee Report

Mrs Mellor summarised the key discussion points from the meeting of the Resources Committee on 15 October. The Committee had noted that, whilst plans were in place to improve Urgent and Emergency Care (UEC) performance, these were still not having a

consistent impact. The Committee had applauded the efforts of the Trust to reduce the use of agency staff. The importance of the annual staff survey, and of encouraging staff to complete it, had been highlighted.

Mrs Mellor reported that the Committee had welcomed a new Medical Workforce report which evidenced the improved control now in place on, for example, completion of appraisals.

The Committee had noted that the contract for the new Electronic Patient Record had now been signed and offered congratulations to all involved.

Mrs Parkes reported that a new continuous flow model pilot had begun which should help to improve patient flow throughout the hospitals. Every effort had been made to ensure that the model was implemented smoothly.

Mr Barkley expressed concern that, for the first month this year, UEC performance data had worsened, especially the number of patients waiting more than 12 hours on a trolley. He proposed that the Board undertake a deep dive in order to understand the issues beneath the data. The number of complaints received was also concerning and Mr Barkley requested a detailed analysis of the complaints received in September which Mrs Parkes agreed to provide to him. Ms Hansen welcomed the opportunity to work with Non-Executive Directors to explain the detail of the improvement plans in place and the challenges which still needed to be addressed. Dr Holmberg observed that the safety of patients was the key issue for the Quality Committee, and he had planned a visit to the Emergency Department with Ms Hansen. Dr Boyd noted that the service provided needed to be matched to the acuity of patients, but this was not clear in the data.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

A query was raised about the median time to initial assessment in Emergency Departments. Ms Hansen explained that this related to processes in Emergency Departments to triage and stream patients, and the recording of this activity. A pack describing the patient journey had been provided by regional colleagues and could be referred to as part of a deep dive into acute flow. Ms Hansen set out the key areas which impacted on patient flow: ambulance handover time, the Emergency Care Standard, trolley waits, patients with No Criteria to Reside, and patient length of stay over 21 days. Patients were not currently being streamed efficiently but this should improve as the capacity of assessment areas was increased.

There was robust debate as to the level of detail in the TPR required by the Board and how the data should be interpreted, in particular the lack of clarity in the use of the terms “target” and “baseline”, and the use of monthly targets in the TPR which were most useful at an operational level, whereas the Board needed to see the trajectory towards annual targets. Mr Hawkins noted that the value of the document for the Board was in raising questions and promoting discussion. Ms Hansen explained that she was very clear on the trajectories for key metrics and would work through the TPR line by line with the Digital and Information Services team. Mr Barkley proposed that a focused dashboard of the ten most important metrics that indicate progress directly or indirectly to achieving the Trust’s ambition of “ providing an excellent patient experience every time” be developed once the new Trust strategy had been approved.

Mr Barkley highlighted that the Trust was the most improved in England in relation to the cancer 62 day standard. Ms Hansen paid tribute to the exceptional leadership which had delivered this outcome.

Mr Barkley also noted the improving Referral To Treatment position and the excellent progress against the elective recovery plan. Ms Hansen observed that the Trust had consistently and successfully balanced elective work against the demands of unplanned care. This balance must be maintained as the increase in elective work would also reduce the number of patients needing urgent care.

A query was raised about the waiting time to access the rapid access chest pain clinic. Ms Hansen responded that this had been raised with the cardiology team. She would report back to the Board.

Action: Ms Hansen

Dr Holmberg noted that some metrics for patients waiting to access diagnostic services had reduced significantly and asked how this been achieved. Ms Hansen advised that it resulted from increased productivity and efficiency and, in some cases, upgrades to outdated equipment. Staff had been prepared to work extra hours to address waiting lists. The reduction in waiting times was dependent on outsourcing and further waiting lists initiatives to be sustainable. Dr Boyd asked if outsourcing could be replaced by in-house services in the long term. Ms Hansen explained that this would not be possible for all services where the Trust did not have the estate or the finances to support expansion. The Community Diagnostic Centres represented a good strategic direction for Trust.

Quality and Safety

Referring to the factors impacting infection prevention and control performance, Mr Barkley asked why an increase in the number of Covid-19 cases was impacting on operational flow. Mrs Parkes advised that the largest ward in York Hospital was used for patients at high risk from Covid-19. There were also not sufficient siderooms in other wards to isolate patients with Covid-19.

Mrs Parkes advised that a paper would be presented to the Quality Committee detailing actions being taken to address Health Care Associated Infections.

Mrs Parkes undertook to ensure that the narrative in the section on complaints to the Trust was updated for the next meeting and to provide the Quality Committee with more detailed information about complaints.

Action: Mrs Parkes

Workforce

Miss McMeekin reported that the Health Care Support Worker vacancy rate had increased as a result of the addition of 12 Whole Time Equivalent posts, and due to a number of Health Care Support Workers qualifying as Nursing Associates.

Mr Barkley referred to the section on factors impacting performance and queried what was preventing roster sign off. Mrs Parkes responded that further work was needed to identify the reasons, as almost all inpatient wards were now signing off nursing rosters at least six weeks in advance. Mrs McAleese agreed that this had been an area of good improvement and was valuable for staff in planning ahead. She asked if clinical staff were also being tracked via the eRoster. Miss McMeekin confirmed that this was tracked very closely, and more information could be included in future reports. Mrs Parkes advised that more

efficient eRostering practices were saving the Trust around £145k each month on nursing staff costs.

Digital and Information Services

Mr Barkley noted the excellent performance in responding to Freedom of Information Requests.

A query was raised about the number of calls to the IT service desk which had been abandoned. Mr Hawkins advised that further work was being undertaken to ensure that the figure was accurate.

Finance

Mr Bertram reported that the financial plan at Month 6 was showing as balanced, as the Trust had received £17m in income to offset the planned deficit. This was the Trust's share of the £50m paid by NHS England to the ICB to cover its agreed deficit plan. The requirement for £53m in efficiencies was still to be delivered and, as at the end of Month 6, the Trust was £1.3m adrift of plan, therefore broadly on track. Mr Bertram cautioned that the second half of the year would be more challenging as two thirds of the efficiency requirement was still to be delivered, which included a planning gap of £5.2m and high-risk plans of £9.8m. Nevertheless, the delivery of £23m in savings thus far represented excellent progress against the target, and was the highest amount ever delivered by the Trust at this point in the financial year.

Mr Bertram reported that an ICB summit had been held recently to discuss the delivery of the financial plan. It was expected that providers would be expected to comply with a number of actions to deliver further cost savings, particularly in the areas of discretionary spend and non-clinical vacancies. Mr Bertram advised that a full Quality Impact Assessment programme accompanied proposals for savings, of which the Efficiency Delivery Group had full oversight.

Finally, Mr Bertram advised that the cash position had been much improved by the £17m of income received from the ICB and £9.5m from the Elective Recovery Fund. Assuming the current level of expenditure was maintained, Mr Bertram did not envisage that an application for emergency cash would be required. He confirmed that an injection of income was still expected in March from the ICB, relating to unused allocations.

Dr Holmberg asked if the Elective Recovery Fund was likely to remain in place. Mr Bertram responded that his confidence in this had lessened, and he would continue to monitor carefully any outcomes of national discussions.

In response to a question, Mr Bertram confirmed that the cash payment in the first month of the financial year was usually paid promptly.

11 Maternity and Neonatal Report (including CQC Section 31 Update)

Ms Wells-Munro presented the report and highlighted the following:

- there had been two neonatal deaths in August; Ms Wells-Munro provided details of the processes which had been followed;
- there had been an increase in the percentage of Post-Partum Haemorrhages over 1500mls, although not in the number of cases; all incidents were reported as incidents of moderate harm and audits would be completed on each case;
- in terms of the single improvement plan, 58 of the 214 milestones had been completed but a number were off track;

- there had been a 37% response rate to the perinatal culture score survey and the results were shared with frontline teams with a view to developing actions; responses to the survey had raised concerns around improvement readiness, burnout and workload strain, safety climate and estate;
- the trajectory for the delivery of Saving Babies Lives Care Bundle V3 had been submitted and accepted by the Local Maternity and Neonatal System (LMNS); it detailed best endeavours to meet full compliance by March 2026 but further resource would be needed to deliver the improvements;
- a full review of the Maternity Incentive Scheme standards delivery progress had been undertaken and key evidence supporting compliance would be presented to the Quality Committee as well as the Trust board for approval, ready for submission in March 2025;
- the Service had responded to the thematic review undertaken by NHS Resolution into early notification cases.

Finally, Ms Wells-Munro highlighted the list of key achievements detailed in her report and was pleased to report that a Deputy Director of Midwifery had been appointed.

In response to a question, Ms Wells-Munro explained that the perinatal culture score survey was a national survey specifically for maternity service staff which needed a response rate of over 31% to be meaningful. She had discussed with appropriate colleagues the outcomes of the survey which could then feed into work being undertaken by Miss McMeekin's team on actions arising from other staff surveys.

Mrs Parkes reported that representatives of the Maternity Safety Support Programme and the LMNS had visited the Maternity Service in York. The visit had been positive: there had been recognition of the improvements made and of the capacity of current resource to deliver further improvements.

The Board approved the CQC Section 31 Update.

12 CQC Compliance and Journey to Excellence Update Report

Mrs Parkes presented the report, noting that discussions were taking place with the CQC around the evidence needed to meet the requirements of the Section 31 notices imposed on the Trust. Mrs Parkes drew attention to the appendices which detailed where CQC actions which needed to be continued would be monitored and closed.

13 Safeguarding Annual Report

Mrs Parkes presented the report, noting that it was structured according to the key elements of the Safeguarding Accountability and Assurance Framework (SAAF) and Schedule 32 of the NHS Standard contract. Mrs Parkes commented that there was more work to be undertaken on the development of the safeguarding workforce and on compliance with required training.

It was noted that the Trust lacked a Named Nurse for Children in Care and a Named Nurse for Safeguarding Adults; this work was currently being covered by the safeguarding team. In response to a question, Mrs Parkes advised that these gaps would not be easy to fill in the short term. She assured the Board that there was no core risk to patient safety, only to staff wellbeing and workload, as appropriate and timely supervision and support was not always available. Mrs Parkes undertook to provide further detailed reporting on this issue to the Quality Committee.

14 Pay Gap Report

Miss McMeekin presented the report which was a snapshot of the gender and ethnicity pay gap as at 31 March 2024. She noted that this was the first year of the reporting of an ethnicity pay gap and, when averaged across the entire workforce, the Trust did not have an ethnicity pay gap which was extremely positive. However, once broken down, the data revealed an ethnicity pay gap for medical and dental staff which was being further investigated.

Miss McMeekin reported that progress to close the gender pay gap was being made and her team continued to work with local networks on strategies and action plans.

15 Learning from Deaths Report

Dr Stone presented the report which had been reviewed by the Quality Committee.

Mr Barkley queried the increase in the number of Structure Judgement Case-note Reviews overdue by more than 60 days. Dr Stone agreed that this was a concern, but the reviews were time-consuming and there were insufficient clinicians trained to undertake the reviews, as the local training offer had been withdrawn. The number of overdue reviews was similar to that of other Trusts.

16 Medical Education Annual Report

Dr Stone presented the report which was the first of its kind. She drew attention to the following:

- details of the provision of undergraduate, in partnership with Hull York Medical School, and postgraduate education which received good feedback;
- the team of nine fellows supporting the education and training of undergraduate students and Foundation 1 and 2 level doctors;
- the important use of postgraduate simulation sessions to deliver training;
- training in place to support doctors to take on registrar posts;
- support for international medical trainees;
- the new junior doctor induction programme which had proved very successful;
- high compliance with education and training;
- results of the National Student Survey and the GMC National Training Survey.

There was some discussion on the use of the positive feedback from surveys to increase engagement.

The low score against Organisation and Management in the National Student Survey was noted. Professor Morgan advised that work was underway to identify the reasons for this.

The Board welcomed the new report and asked that it be added to the workplan.

Action: Mr Taylor

17 Research and Development Strategy

Ms Harris presented the strategy noting that it had been renamed Research and Innovation Strategy. She sought the Board's approval, following which an action plan to implement the strategy would be created.

Mr Bertram asked how Ms Harris would know if the strategy had been delivered. Ms Harris explained that each area had been considered with a view to determining the action to be taken. The metrics would be provided in the annual report.

A number of queries were raised about the lack of innovation content in the strategy. Ms Harris noted that the Trust lacked an innovation manager to drive this area. There was also discussion on collaboration with schools and primary care.

Board members asked that a revised strategy, taking account of the suggestions made, be presented again at a future meeting with a scorecard of key metrics.

18 Emergency Preparedness Resilience & Response (EPRR) Action Plan Update

The Board received the report.

19 York Teaching Hospital Facilities Management (YTHFM) - Management Group Terms of Reference

The Board approved the YTHFM Management Group Terms of Reference.

20 Update and Restatement of Approval for the VIU, TIF2 and Targeted Lung Health Check Business Cases

Update and Restatement of Approval for the VIU and TIF2 Business Cases

The Board restated its approval to proceed with the VIU and TIF2 Business Cases and confirmed the continued use of the funding as per the original terms and conditions of the approved memoranda of understanding with the Department of Health and Social Care.

Mr Bertram reported that the schemes were progressing well.

Targeted Lung Health Check Business Case

Ms Hansen presented the Business Case, noting that the Trust was the last in the ICB to implement targeted lung health checks. The Business Case had been reviewed by the Executive Committee, which had requested that the Medicine Care Group undertake further analysis of any unintended consequences of the implementation of the scheme, including increased demand on the respiratory service. Ms Hansen advised that learning from other Trusts demonstrated a smaller than expected increase in demand. The scheme would be overseen by the Cancer Alliance. Ms Hansen noted that the scheme would be a challenge for the respiratory service and that the income would not cover the full costs in the first year.

Mr Barkley expressed concern both regarding the financial risk and the capacity of the Trust to meet any extra demand. Ms Hansen responded that any increase in diagnosis would be earlier in the pathway which would reduce demand in the long term. She agreed that there was some risk around the use of locums. The Business Case had been debated robustly by the Executive Committee and would be nationally mandated in the 2028/29 financial year. Mr Bertram added that it was likely that the service could be provided at less cost than the tariff, and assurance had been provided by the team about the risk of fewer patients being treated than had been assumed. It had been made clear that the scheme must live within its resources.

Ms Hansen noted that evidence of the impact of the scheme was available from other Trusts.

On the basis that the benefit to patients of targeted lung heath checks outweighed the risk of the scheme to the Trust, the Board approved the Business Case.

21 Q2 Board Assurance Framework

The Board received the Q2 Board Assurance Framework.

22 Schedule of Board Meetings 2025/26

The Board noted the schedule of Board meetings for 2025/26.

23 Questions from the public received in advance of the meeting

There were no questions received in advance of the meeting.

24 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 27 November 2024 at 10am at Scarborough Hospital.