

## Minutes

### Board of Directors Meeting (Public) 27 March 2024

Minutes of the Public Board of Directors meeting held on Wednesday 27 March 2024 in the Boardroom, Trust Headquarters, 2<sup>nd</sup> Floor Admin Block, York Hospital. The meeting commenced at 9.30am and concluded at 12.30pm.

#### Members present:

##### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Mr Jim Dillon
- Mrs Jenny McAleese
- Mrs Lynne Mellor
- Prof. Matt Morgan

##### Executive Directors

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

##### Corporate Directors

- Mrs Lucy Brown, Director of Communications
- Ms Melanie Liley, Chief Allied Health Professional

##### In Attendance:

- Mr Mike Taylor, Associate Director of Corporate Governance
- Ms Sascha Wells-Munro, Director of Midwifery (for Item 158 23/24 Maternity Reports)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

##### Observers:

- Ms Julie Southwell, Staff Governor
- Ms Linda Wild, Public Governor (East Coast)
- Mr Michael Clarke, trustee of St Monica's

Mr Barkley welcomed everyone to the meeting.

#### 144 23/24 Apologies for absence

Apologies for absence received from:

- Dr Stephen Holmberg, Non-Executive Director
- Mr James Hawkins, Chief Digital and Information Officer

#### 145 23/24 Declaration of Interests

There were no declarations of interest to note.

#### 146 23/24 Minutes of the meeting held on 28 February 2024

Mr Barkley recorded his thanks to Miss Gaynor for the quality of the minutes.

Subject to a minor correction, the Board approved the minutes of the meeting held on 28 February 2024 as an accurate record of the meeting.

#### 147 23/24 Matters arising/Action Log

The Board noted the outstanding actions which were on track or in progress. Of note:

**BoD Pub 21** – this action around Freedom of Information response times was deferred to the next meeting, as the Chief Digital Information Officer was not present to provide an update.

**BoD Pub 25** – the CQC revised standards/inspection regime would be presented at the Board seminar on 17 April.

**BoD Pub 32** – the quarterly report on the progress of the Emergency Preparedness, Resilience and Response (EPRR) was deferred to the April meeting.

#### 148 23/24 Chair's Report

Mr Barkley reported that Ms Julie Charge would be joining the Trust Board on 1 June 2024 and Ms Helen Grantham would join the Board as an Associate Member, hopefully on 1 May 2024.

Mr Barkley had recently visited two departments at Scarborough Hospital and had been very impressed with the services. He had also visited Nelson Court and Whitecross Court.

#### 149 23/24 Chief Executive's Report

Mr Morritt highlighted the key areas from his report:

- the outcomes from the 2023 NHS staff survey actions were clearly disappointing for the Trust and actions were in progress to address the issues raised by the responses;
- the planning guidance update had still not been received; the final submission for 2024/25 was likely to be due in May; Mr Morritt underlined the scale of the challenge facing the Trust, particularly in terms of staff engagement and resources;
- the Trust had been awarded a £3m grant by the National Institute for Health and Care Research (NIHR) for research led by Professor James Turvill; this was very good news and would serve also to enhance the reputation of the Trust in the region;
- positive recognition of staff embodied in the Star awards.

It was agreed that Mr Morritt would write to Professor Turvill on behalf of the Board to congratulate him. It was suggested that the Board should be updated on a regular basis on research work within the Trust.

**Action: Mr Morritt**

#### 150 23/24 Quality Committee Report

Dr Boyd briefed the Board on key discussion points from the meeting of the Quality Committee on 19 March. She reported first that there had been a detailed discussion on

the use of the Unplanned Care Standard Operating Procedure (SOP) which, it was agreed, was not a long term solution.

Referring to the report, Mr Barkley queried the reference to the lack of areas for elective orthopaedic/breast surgery. Ms Hansen explained that there were currently insufficient beds for these specific procedures, which would be addressed through an ongoing right-sizing process. A draft outline of these plans had been shared with the relevant teams, with actions likely to be implemented in May. Ms Hansen confirmed that the elective orthopaedic/breast surgery beds were located together but the presence of medical outliers was an added complication.

Ms Hansen observed that right-sizing was the longer term solution to the Unplanned Care SOP, alongside a new model of acute care.

Clarification was provided for some of the terminology in the report. There were no further questions or comments.

### **151 23/24 Resources Committee**

Mrs Mellor briefed the Board on the key discussion points from the meeting of the Resources Committee on 19 March. In summary:

- the results of the staff survey had been discussed;
- it had been a challenging month for Emergency Departments (EDs) with the highest daily average of ambulance arrivals; this had impacted on staff and work was in progress in the department and with Yorkshire Ambulance Service (YAS) to address the challenges by implementing new ways of working;
- actions were in place designed to ensure that the 2023/24 financial plan was met, and funding had been received from the Integrated Care Board (ICB) to support this; the 2024/25 Group Operational Financial Plan was even more challenging;
- a significant level of capital work had been managed by YTHFM;
- the Committee had received the Green Plan;
- there had been lengthy discussions around workforce, and it had been agreed that the outcomes of the establishment review were key to informing future planning.

Mr Barkey queried why there had been a discussion on cancer communications when this seemed more relevant to the Quality Committee. Mrs Mellor explained that this was in the context of the cancer statistics provided to the Committee and she provided further background. Dr Stone advised that an appointment had been made to the Cancer Lead Clinician role and this individual would have capacity to focus on strategic improvements.

### **152 23/24 Audit Committee Report**

Mrs McAleese reported that no concerns had been raised by the auditors at the Audit Committee meeting. She highlighted that the Board seminar scheduled for 19 June 2024 had been earmarked for the approval of the 2023/24 Annual Report and Accounts.

Mrs McAleese advised that the Head of Internal Audit had raised no concerns in relation to the audits completed to date which was an excellent outcome. Mr Morritt noted that Executive Directors had ensured that audit actions had been delivered.

Mrs McAleese observed that the current Board Assurance Framework needed to be reviewed to reflect the latest strategic objectives. The Audit Committee asked that the Board identify a timescale for the completion of the new Trust Strategy. It was agreed that the new strategy would be presented in September, and that the Board Assurance Framework, amongst other governance documents, could then be updated.

## 153 23/24 Trust Priorities Report (TPR)

### Operational Activity and Performance

Mr Barkley commented on the reduction of 12 hour trolley waits in ED compared to the previous month and congratulated staff on this improvement.

Mr Barkley listed a number of key metrics which he considered were missing from the TPR and undertook to communicate these to Mr Hawkins. Mr Dillon commented that it would be helpful to have a glossary of acronyms added to the report.

There was further discussion on the key metrics published in the TPR and it was noted that previously the choice was informed by NHS England targets, as the Trust would be held accountable to these key metrics, but it was agreed that crucial, relevant Trust statistics should be included as proposed by Mr Barkley.

A question was raised about the recording of patients arriving at EDs, for whom this was not a suitable treatment option. Ms Hansen outlined the challenges of collating this information, which would likely require more staffing capacity than it saved. The priority was to improve on the management of patient flow within the system.

Referring to page 76, Dr Boyd noted an inaccuracy in the narrative relating to the Virtual Hospital Project: the area referred to as South Hambleton and Richmondshire should be described as Ryedale.

Mr Barkley asked for further clarification about the metrics used in the Cancer Scorecard. Ms Hansen advised that these were the nationally reported metrics and that there were nuances between each of them. She would provide written clarification.

**Action: Ms Hansen**

Ms Hansen noted that the key metrics for cancer patient care were related to delays in diagnosis and to first treatment. The key challenge from NHS England was to reduce the number of patients waiting more than 63 days for first treatment and to improve the Faster Diagnosis Standard. Mr Morrill commented that substantial improvements in cancer waits had been made in the last six months. Ms Hansen explained that that main delays to diagnosis were in scanning, endoscopy and histopathology.

Referring to the Outpatients and Elective Care Scorecard, Mr Barkley suggested the inclusion of metrics showing the total number of day patients and inpatient electives, as these would provide valuable information about trends.

In response to a question relating to the Children and Young Persons Scorecard, Ms Hansen advised that the number of children waiting over 65 weeks was unlikely to be reduced to zero but only six were currently recorded. This metric would be changed to waiting over 52 weeks in future TPRs.

Referring to the KPIs for Operational Activity and Performance in the community, Mr Barkley asked who made referrals to community teams. Ms Liley responded that referrals originated from a number of sources and provided further details. Self-referrals to community teams were not possible.

### Quality and Safety

Referring to the Quality and Safety scorecard, Professor Morgan raised the issue of the potential underreporting of incidents since changes had been made to the Datix form. Dr Stone explained that the form was being amended to facilitate reporting. She added that

the matter had been discussed at Quality Committee and at the Patient Safety and Clinical Effectiveness Sub-Committee. Mrs Parkes advised that her team was analysing trends in incident reporting and that, in fact, the level was comparable in some areas to the same period last year. She agreed, however, that reporting levels needed to increase overall. The Board requested an update on the position at the next meeting.

**Action: Mrs Parkes**

Mr Barkley questioned why the maternity unit in Scarborough had closed twice. Mrs Parkes responded that this was due to a lack of staff, although the duration of each closure had only been for a few hours, usually covering shift handovers. No women had been affected by the closure of the unit although four women had been affected by the suspension of the homebirth service. Further explanation of the mitigating actions taken was provided; a significant improvement in reducing the number of closure periods was noted.

### Workforce

In response to a question, Miss McMeekin explained that, as there were no nationally set targets for workforce, the control limits in the Statistical Process Control (SPC) Charts were set based on the previous trajectory. Her team was reviewing how the metrics were calculated and represented, in order to provide more meaningful information.

It was noted that the midwifery vacancy rate was a minus value. This had not been explained in the narrative as it was not unusual for an area to be staffed over establishment. Mr Bertram reported that a meeting had been held with the ICB to discuss the need for extra funding to support continued improvements in the Maternity Unit. Mrs Parkes added that she had also met with Mrs Wells-Munro, Director of Midwifery, and representatives from the ICB on this matter; the Trust had been asked to identify specific projects for funding. Mrs Parkes noted that the over establishment within the Maternity Unit related to specialist roles and these were funded by the ICB.

Referring to the metric for total nursing temporary staffing requests, Miss McMeekin advised that the figure had been converted into hours. The accuracy of this, and the metric relating to medical and dental temporary staffing requests, was queried. Miss McMeekin would investigate further to ensure accuracy in the next TPR.

**Action: Miss McMeekin**

In terms of the workforce report, Mr Barkley observed that the key metrics for the organisation related to whether staff would recommend the Trust as a place to work and to receive treatment. Miss McMeekin explained that these key metrics formed part of the advocacy questions in the National Quarterly Pulse Survey. The response rate was still low, and advocacy rated lowest of the response areas.

Mrs Mellor highlighted the building of relationships with local universities which, it was hoped, would support future recruitment of nursing staff. Miss McMeekin confirmed that the conversion rate of students to appointments was tracked and was positive. This would reduce the reliance on international recruitment, which would focus on medical and Allied Health Professionals.

### Digital and Information Services

There were no comments or questions on this section of the TPR.

### Finance

Mr Bertram highlighted the marked improvement in the financial position as at Month 11. The Trust was now only £3.8m adrift of plan. He reported that discussions around high

cost drugs and devices had been successfully concluded with the ICB. NHS England had released £30m of funding to the ICB, which now had a balanced plan. £15m of this had been released to the Trust.

Mr Bertram emphasised the pressure on the Trust to deliver a year end balanced position, noting that the actions designed to achieve this had already been put in place. He reported that the cash position for the year end would be healthy, and that to achieve a balanced position overall would be very positive.

In terms of the capital programme, Mr Bertram advised that there was £25m budgeted to be spent in March and the actual expenditure would be close to this figure. Discussions were taking place with Integrated Health Projects (IHP) in relation to the Scarborough building and a significant payment had been made in relation to the Scarborough Community Diagnostic Centre (CDC). Mr Bertram recorded his thanks to the YTHFM team for their delivery of multiple capital projects, and to the Procurement and Finance teams who had been making every effort to maximise opportunities to spend the capital budget before year end, which the Board fully endorsed.

### **154 23/24 Staff Survey Report**

Miss McMeekin presented the report and summarised key areas for the Board to note:

- the overall response rate had deteriorated from 41% to 39%;
- the survey had included staff from YTHFM; previously they had completed the survey separately;
- of the nine themes in the survey, seven related to the people promise;
- responses to all elements of the survey were below the benchmarks;
- there had been a deterioration in six of the nine themes, with a marginal improvement in one;
- the free text comments had been summarised in a table, only 8% of which were positive in nature.

Miss McMeekin highlighted that overall, the survey results represented a significant deterioration against the Trust's peers, particularly in "we each have a voice that counts" and advocacy questions. Miss McMeekin reported that there were a number of initiatives and actions underway, of which she provided details, but these were clearly not yet having an impact. She observed that some of the free text comments highlighted the need to ensure that staff understood that their terms and conditions of employment were set by the NHS, not the Trust individually. The Equality, Diversity and Inclusion agenda was also an area of focus.

Miss McMeekin flagged the importance of consistent and sustained implementation of the initiatives. The Trust's plans had been endorsed by NHS England, and it was clear that change would take a number of years. An action plan informed by the survey would be developed and brought to the Resources Committee.

**Action: Miss McMeekin**

Miss McMeekin advised that different themes had been raised across different areas and it would therefore be important to share learning.

Board members spent some time discussing the disappointing outcomes of the staff survey and the following points were made:

- it was concerning that the outcomes had deteriorated from last year and there were no signs at all of improvement;
- the focus in the free text comments was on how teams were managed, on the quality of equipment and the working environment – they had been made by staff

delivering the Trust's core business which was worrying as staff morale could impact patient care;

- poor working environments could have a significant impact on staff morale;
- there was particular criticism expressed of line management in the comments, and it was clear that this was a priority for a major review of how to better support line managers;
- improving staff engagement, whilst being a crucial priority, was a huge challenge, particularly in the light of the financial pressures.

Mr Morritt suggested that the immediate focus should be on improving line management which would require investment. Miss McMeekin advised that formal training for those in line management roles had been dispensed with a number of years ago, but a wider issue was that line managers needed to feel more empowered about how they managed their teams.

Ms Hansen highlighted the work which had been completed already as part of the leadership programme and underlined the need to support line managers in communicating effectively to their teams the rationale behind high level decisions. It was agreed that the failure was not necessarily with line managers but with senior leaders not always providing quality supervision and support.

It was noted that Change Makers were analysing the comments from the survey which would feed into information which they were gathering.

Mr Morritt advised that he had established a senior leadership meeting to consider the new Trust strategy; the outcomes of the staff survey could be included as a further focus for the meetings.

### **155 23/24 Q3 Mortality Review – Learning from Deaths Report**

Dr Stone presented the report, which had also been presented at the last meeting of the Quality Committee, and she advised that there were no particular areas of concern to highlight. She noted that investigations were continuing into the diagnostic coding for the Hospital Summary Mortality Indicator (HMSR) as, whilst it did not raise any concerns, there was some uncertainty around the accuracy of the data.

### **156 23/24 CQC Compliance Update Report**

Mrs Parkes presented the report, which set out progress of the delivery of actions within the Trust's CQC Improvement Plan, overseen through fortnightly Journey to Excellence meetings. Mrs Parkes noted that the report had also been presented at the Patient Safety and Clinical Effectiveness Sub-Committee and the Quality Committee. Progress against the actions was positive, the majority of outstanding actions had now been signed off and the Trust was on track to deliver the action plan. Mrs Parkes underlined that a high level of assurance was required before actions were declared closed, including evidence that the position could be sustained. The relationship with the Trust's new CQC inspector was developing well, and the openness and transparency shown by the Trust to the CQC was being well received.

In response to a question, Mrs Parkes advised that the pie chart representation of progress against the CQC actions was the format required by the CQC. She explained that "pending closure" meant that closure of the action had not yet been formally agreed through the Journey to Excellence meetings.

Mrs Mellor noted that the report contained no detail of the original target date for an action where it was now “off track” and, if there was a risk arising from this slippage, this was not recorded. Mrs Parkes responded that any risks arising were recorded in the Corporate Risk Register (CRR) and assured the Board that the progress of all actions was carefully tracked. She agreed to add information about initial target dates to the report and confirmed that there were no new risks associated with actions not on track.

**Action: Mrs Parkes**

Mr Barkley referred to the details of the three actions most recently closed and asked about the process for reviewing national patient safety alerts in ED which Dr Stone clarified. She explained how the Trust would be able to demonstrate continued compliance with this requirement.

Referring to the work of the Digital Information Service (DIS) in developing a learning hub training module outlined in Section 5 of the report, Mr Barkley queried the timescale for this project, as there had been no progress since the last report. Mrs Parkes responded that the DIS team were currently experiencing capacity issues.

### **157 23/24 Governance Update**

*This item was taken next.*

#### **Health and Safety Policy**

Mr Bannister explained that YTHFM was required to hold a separate Health and Safety Policy which needed to be approved by the Board. He advised that the policy had been reviewed by the management group of YTHFM and the relevant Committees of the Trust Board. The policy fulfilled the statutory responsibilities of YTHFM as limited company. Mr Bannister confirmed that the Health and Safety Officer was employed by the Trust, with these services bought in by YTHFM.

**The Board approved the YTHFM Health and Safety Policy.**

#### **Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions**

It was noted that this document had been reviewed by the Audit Committee.

**The Board approved the Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions for YTHFM.**

*The meeting returned to the agenda as Mrs Wells-Munro, Director of Midwifery, joined the meeting.*

### **158 23/24 Maternity and Neonatal Reports**

#### **Maternity and Neonatal Quality and Safety Update**

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

- a reduction in postpartum haemorrhage (PPH) rates from the previous month; Mrs Wells-Munro cautioned that this was unlikely to be due solely to the quality improvement work taking place, but she was hopeful of a sustained trajectory of reduction;
- all milestone actions were articulated in the maternity and neonatal improvement plan and would be shared at the Engagement level event scheduled for 23 April;
- progress in each of the workstreams was detailed in the report. Mrs Wells-Munro noted that service user feedback had been useful;
- in terms of the CQC maternity survey, the Trust had declined in five key areas and the questions had been added to the weekly and monthly Tendable audits;



- the team was working to develop an in-house patient experience survey to inform further action.

Mr Barkley queried the survey response to the question about postnatal care, which was particularly low. Mrs Wells-Munro explained that this was a question about partners being able to stay in hospital once the baby was born. The Trust could not currently offer this option due to the restrictions of the physical space, but it was being considered.

Returning to her update, Mrs Wells-Munro drew attention to the following points:

- the senior leadership team had met to discuss workforce issues and how best to model Trust values and behaviour;
- feedback received from student midwives was very positive; more opportunities for them to experience a wider variety of placements was an area for improvement;
- an NHS England funded Culture score survey was being undertaken and every effort was being made to encourage staff engagement; the number of respondents was positive thus far;
- the Local Maternity and Neonatal System (LMNS) had undertaken a quarterly review of services' position against six elements of the savings babies lives care bundle; the Trust was moving towards compliance but was hindered by a lack of scanning capacity;
- the Badgernet electronic patient record system was of concern; the Trust was working with Information Technology at the Trust and across the LMNS to address ongoing issues with lack of connectivity; the service contract was due to finish at the end of May and Mrs Wells-Munro planned to meet with Mr Hawkins to discuss the service going forward;
- the National Maternity and Neo Natal Service survey was due to be submitted on 8 April, the focus of which was capital funding;
- representatives from the LMNS had undertaken a joint assurance visit with the ICB on 29 February - verbal feedback had been very positive; Mrs Wells-Munro advised that a full written report had been received but would be reviewed first through the appropriate governance processes before being presented to the Board at its next meeting.

Mr Morritt noted the positive engagement of maternity staff with the Culture score survey and suggested that the work which had brought this about might be replicated in other areas to increase engagement in the staff survey. Mrs Parkes agreed that the learning could be shared. Miss McMeekin added that it would feed into work being undertaken by Change Makers.

Mr Barkley proposed that he meet with Mr Morritt and Mrs Wells-Munro as an opportunity to learn from her wealth of experience in leading improvement in maternity services in other trusts.

Mrs Mellor asked Mrs Wells-Munro, in terms of risk, which concerned her most. Mrs Wells-Munro responded that the service would need significant investment to enable it to continue on a positive trajectory to meet national standards. If no further investment was forthcoming, there would be difficult choices ahead about which services might be discontinued. She added that other trusts were in a similar position as the requirement to meet national standards was not supported with funding. Discussions with the ICB on this issue were ongoing.

### [CQC Section 31 Update](#)

Mrs Wells-Munro advised that the Trust was not yet meeting the elements of the Section 31 notice around ante-natal risk assessments, which was in part due to connectivity

issues. She was pleased to report however that a supply of ipads was being delivered which would help midwives to complete relevant documentation in the community. Mrs Wells-Munro was thanked for her comprehensive report and the improvement work she was leading.

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

#### **159 23/24 Equality, Diversity and Inclusion Annual Report 2024**

#### **160 23/24 Public Sector Equality Duty Objectives 2024-2028**

Miss McMeekin presented the reports: the purpose of the Equality, Diversity and Inclusion Annual Report was to summarise the Trust's performance against the Public Sector Equality Duty objectives. These objectives for the next four years were set out in the second report. Ms McMeekin observed that there was a certain amount of duplication in the reports.

There was some discussion on the period covered by the Equality, Diversity and Inclusion Annual Report which was unclear. It was agreed that Ms McMeekin would write to the Board to clarify the period to which the report related.

**Action: Miss McMeekin**

Professor Morgan noted that the equality objectives set out on page 10 of the Public Sector Equality Duty Objectives 2024-2028 report were, in some cases, not well-defined or measurable. This had been raised when the report was presented to the Resources Committee but the imminent deadline for submission meant that making major amendments to the report would be challenging. It was noted that work would be undertaken to ensure that processes were put in place to produce measurable outcomes but currently there was, in many cases, no baseline data to use for target setting.

Mr Barkey highlighted the response time to complaints which was still an area for improvement.

It was agreed that the reports would be submitted for publication to meet the deadline, but comments would be shared outside of the meeting, such that updated and corrected versions could then be re-submitted to NHS England and put on the Trust's website.

**Action: Miss McMeekin**

It was also agreed that these reports should be considered next year by the Resources Committee in or before February 2025.

**Action: Mr Taylor**

### **The Board approved the Equality, Diversity and Inclusion Annual Report 2024 and the Public Sector Equality Duty Objectives 2024-2028.**

#### **160 23/24 Green Plan**

Mr Bannister presented the plan. He advised that it had been presented to the Resources Committee; comments about the plan had been made but these had not yet been incorporated. Mrs Mellor had offered further guidance which would also be incorporated.

Mr Bannister reported that good progress was being made in implementing the plan and he provided some further details, highlighting that funding of £2m had been received to install LED lighting. He explained that the priority areas were around culture change in the workforce and better utilisation of space. YTHFM had begun work with Newcastle Hospitals NHS Foundation Trust to learn from its best practice in this area. Mr Bannister summarised the Trust was making good progress in terms of environmental sustainability.

**The Board approved the Green Plan, subject to the amendments proposed.**

**157 23/24 Governance Update**

*Continued from above.*

Modern Slavery Statement  
Trust Constitution Amendments

**The Board approved both of these documents.**

**161 23/24 Questions from the public**

There were no questions from members of the public.

**162 23/24 Date and time of next meeting**

The next meeting of the Board of Directors held in public will be on 24 April 2024 at 9.30am.

APPROVED