

Minutes Board of Directors Meeting (Public) 26 April 2023

Minutes of the Public Board of Directors meeting held on Wednesday 26 April 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 11:05am.

Members present:

Non-executive Directors

- Alan Downey (Chair)
- Lynne Mellor
- Jim Dillon
- Denise McConnell
- Lorraine Boyd
- Steve Holmberg
- Jenny McAleese

Stakeholder Non-Executive Director

None

Associate Non-executive Director

- Ashley Clay

Executive Directors

- Simon Morritt, Chief Executive
- Andrew Bertram, Deputy Chief Executive/Finance Director
- Heather McNair, Chief Nurse
- Polly McMeekin, Director of Workforce and Organisational Development
- James Hawkins, Chief Digital Information Officer
- Karen Stone, Medical Director
- Melanie Liley, Interim Chief Operating Officer

Corporate Directors

- Lucy Brown, Corporate Director of Communications

In Attendance:

- Mike Taylor, Associate Director of Corporate Governance
- Cheryl Gaynor, Corporate Governance Manager

Observers:

There were no observers at the meeting

The Chair welcomed everyone to the meeting.

01 23/24 Apologies for absence

Apologies received from:

- Matt Morgan, Stakeholder Non-executive Director

02 23/24 Declaration of Interests

There were no declarations of interest to note.

03 23/24 Minutes of the meeting held on 29 March 2023

The Board approved the minutes of the meeting held on 29 March 2023 as an accurate record of the meeting following the below additions/amends:

169 22/23 (Gender Pay Gap Report) – to include reference to clinical excellence awards when referring to bonus pay for consultants.

174 22/23 (Ockenden Report Update) – amendment to final paragraph to read; *A lot of external support had been embraced by the teams and have gained a lot from that. It was questioned how widely the information on progress had been shared with staff and, although there is a monthly update sent to maternity staff from the Care Group Triumvirate, the Board suggested the Director of Communications considers a wider communication piece disseminated both internally and externally, to share the significant progress and improvements made since December 2022, providing a degree of assurance to staff and the wider public around the Trust response to the initial CQC findings.*

04 23/24 Matters arising from the minutes

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

05 23/24 Staff Story

Bella Abidakun, Pre-registered Staff Nurse prepared a presentation (copy enclosed) and attended the Board meeting to share her experiences and aspirations as part of the Trust.



BA Staff story.pptx

The Board thanked Bella for her contribution to the Trust and for attending to share her experience. The Board were keen to understand what could be improved in terms of support from the Board for international nurses. Bella shared that the improvement in the process of feeding back on performance to enable individuals to improve their quality of care would be welcomed. Bella also shared challenges for individuals around finding accommodation whilst also facing and completing their OSCE Test of Competence exam(s). There is a considerable amount of pressure on the nurses to support themselves and their families with accommodation. It was acknowledged that the Trust's Head of Equality, Diversity, Inclusion and Participation, Mentors and Professional Nurse Advocate's were all key roles in supporting nurses at the Trust.

06 23/24 Chief Executive's Update

The Chief Executive presented his report to the Board and highlighted some key areas:

- Industrial action – summarising the recent BMA Junior Doctors' industrial action and the anticipated disruption around the upcoming RCN strike action in particular over the 1st May bank holiday. The Trust had been requested to submit explicitly what areas would not be able to be staffed safely
- Travel and Transport – good feedback from the introduction of the new vehicle recognition system. The criteria had been revised following constructive feedback from staff. The Board shared their thanks to the team that have worked on this.
- Cultural awareness week running from 24th – 29th April
- Elective recovery – more confident the Trust was in a position to deliver targets but there was still work to do and the Trust remained in tier 1 for elective recovery. As a consequence of the improved performance in the Trust had been moved into tier 2 for cancer.
- Annual operational and financial planning for 2023-24 – remained in draft stage and awaiting to be signed off and relevant discussions around the position to take place.
- NHS Delivery and Continuous Improvement Review
- The Hewitt Review

07 23/24 Risk Management update – Q4 Board Assurance Framework and Corporate Risk Register

The Board received and noted the Q4 Board Assurance Framework and noted the current Corporate Risk Register.

Karen Stone highlighted that a request would be made at Risk Committee to review PR2 (Access to patient diagnostic and treatment is delayed) as it was felt that this didn't correctly address quality and safety as it should.

Although the Board approved the Board Assurance Framework as a reflection of where things were, it was noted that there was further work required, in particular around more detail where there were gaps of assurance and more clarity of where primary responsibilities fall. The Board accepted that the Risk Committee would discuss further, to include in particular the review of PR2, with a view to then report back to the Board in due course.

08 23/24 Trust Priorities Report: Our People

Polly McMeekin provided an update on progress with the real living wage which payroll were currently processing.

Forward focus was on a number of key initiatives specifically around delivering the Culture and Leadership programme over the next 12 to 18 months. A Programme Manager had been secured to facilitate. It was noted that although there would be significant input from a core team, there remained to be lack of administrative support to drive the programme forward. The programme requires approximately 92 days of internal resources (not an addition to the payroll but a recalibration of priorities on exiting resource). The Board were in agreement that this programme set a clear message or recognising there was a need for change and were committed to finding the resource requirement within the Trusts existing resource capacity.

Jenny McAleese raised sickness rates and requested that the Board revisit this at some stage in the coming months as a means of looking at the way of making the best use of the Trust resources. It was acknowledged that one of the key elements and initiative to drive down sickness levels was less about reactive sickness management and more about preventing it initially.

Polly was asked to consider any key messages for the Board to share to start embedding support around the programme.

09 23/24 Trust Priorities Report: Quality & Safety

The Board received and noted the quality and safety update. Heather McNair touched on the recruitment performance and highlighted her concerns around the IPC performance downfall and acknowledged that this would be discussed further in the private Board meeting.

10 23/24 CQC Update

The Board received and noted the updated position to the action being taken to address the CWC regulatory conditions. Heather McNair highlighted that on 23rd March the Maternity action plan, in response to the section 31 warning notice, was submitted in line with CQC requirements. The Board noted the next submission was due on 21 April 2023. The CQC had written to the Trust on 15 March 2023 to request further assurance and additional data regarding the section 31 for the Emergency Departments in relation to Mental Health Risk assessments and the Board noted that a response was sent by Heather 30 March 2023.

11 23/24 Ockenden Report Update

Sue Glendenning, Interim Care Group Director of Midwifery prepared and presented the report and summarised the key points.

The Board noted the current level of assurance and identified that there were some gaps but recognised the associated risks involved.

The Board also noted the Maternity Workforce Review report. Sue described the workforce development plans which supported the maternity service in addressing current deficit in midwifery staffing cross site against both safe core and integrated staffing requirement, as well as developing specialist, dedicated roles supporting governance, speciality service development and improvement work. One of the greatest risks discussed was relating to the recruitment of key positions in the maternity department.

12 23/24 Q4 Guardian of Safe Hours Report

Karen Stone presented the report prepared by the Guardian of Safe Working. Karen highlighted:

- The £15,000 national funding provided to “enhance junior doctor rest facilities” had been spent
- Staffing and training issues highlighted via exception reports and Junior Doctor Forum (JDF) had led to improvements for FY1 Doctors in Care Group 3 (York).
- A more structured, transparent, co-ordinated approach to managing leave requests was necessary across the organisation
- Updates to the exception reporting software implemented to improve response times.

The Board noted that there were no additional areas of concern that were not described in the report and were assured through examples given by Karen that any issues raised were actively being addressed.

13 23/24 Quality and Safety Assurance Committee

The Board received an update from the Chair of the Quality and Safety Assurance Committee, Steve Holmberg. Steve described discussions that the Committee had covered in relation to Maternity Services and progress following on the CQC actions. A large programme of work had been set around this and good progress had been made. Sharing evidence of the positive impact from the progress made was suggested. The Board were reminded that Ellen Armistead (Quality Improvement Director) was due to attend the Board at its May meeting to present an overview on this.

Care groups were now beginning to attend the Committee, of which Care Group 1 most recently where they had shared their shortcomings with the rostering system (HealthRoster). The Committee had discussed a commitment to invest in improving the rostering system which felt would overall improve time for patient care. Heather McNair advised that there was currently the regional workforce team in the Trust who, as part of their time with the Trust, were looking into the management of rostering and it was hoped that improvements around this would become part of their recommendation in their outcome report.

Steve highlighted the Board on Echocardiogram reporting, he described that on balance there were more staff trained to perform this procedure than there were that were authorised to issue a report. Consequently, there were a number of reports that were in place that are not yet certified. This was highlighted as clinical risk and had been identified as such, the Board were assured that work was ongoing to address this accordingly. Karen Stone advised that roughly 20% had already been reviewed at the time of the meeting.

Steve also highlighted to the Board the medicine safety around care units and the way in which medicines were being dispensed was outside the EPMA (Electronic Prescribing and Medicines Administration) programme, this was creating a clinical risk. The Board acknowledged this risk and were assured that work was underway to address.

There were no further challenges or comments of note.

14 23/24 Trust Priorities Report: Elective Recovery and Acute Flow

The Board received and noted the performance relating to elective recovery and acute flow. Melanie Liley highlighted:

- COVID-19 inpatient numbers have increased across the Trust to 143 from 115 on the 8th of March.
- Recruitment to the Programme team had progressed. The programme team were to work four priority programmes for the organisation; UEC, Elective Recovery, Maternity and People and Culture
- Acute flow performance remained a challenge from both an acute and emergency care perspective and also from the industrial action impact.
- Humber and North Yorkshire would be placed in tier 2 as the national tiering for urgent and emergency care recovery (different to how the elective tiering system as this is by organisation). Consequently, the Trust would be having regional NHS England support and further updates would follow once it was clearer what that meant for the Trust.
- Integrated urgent care – still await formal notification in relation to the contract details and the move to a model of integrated urgent care. Due diligence and engagement workshops were progressing but nothing further to report.

- Virtual wards – was an ICB priority around moving to a single virtual hospital approach. Work already done has been positive and well received. Trajectories would be shared through the board sub-committee(s)
- Discharge support initiatives were ongoing
- Elective recovery - Tier 2 for cancer
- Outpatient transformation programme – recognise the significant amount of work that remained

Concern was raised relating to data on waiting times and how it is displayed. Expressing a point in time target didn't feel adequate to be able to assess the patient safety. Melanie assured that this was being considered through a clinical risk evaluation forum where the waiting times are reviewed and validated and then expedited if required.

The Board noted the update report.

15 23/24 Digital, Performance and Finance Assurance Committee

The Board received an update from the Chair of the Digital, Performance and Finance Assurance Committee, Lynne Mellor.

Lynne firstly thanked all Committee members given it was the end of the fiscal for their contributions and said despite the challenges it's important to recognise the good work being done; she highlighted examples such as:

- the tremendous progress by DIS, working in collaboration with for example nursing and clinicians to improve the Nucleus application freeing time to care for patients particularly on admission to hospital.
- the operations team in their continued efforts to make improvements, where green shoots of improvements are being seen including new programme governance across Acute and Elective.
- the dedication shown by the Finance team working across the Trust and ensuring the budget was balanced at year end, despite increasing pressures and a new system regime.

Lynne also highlighted the importance of the Shadow IT discussion, where Executive Board colleagues needed to support DIS, Finance and Procurement in ensuring that contracts are clear regarding service levels so that patient, staff, quality/safety is not compromised.

James Hawkins commented on the importance of informing DIS of any issues or needs before problems arise, so we learn the lessons from the Foetal monitoring system SLA not covering weekends.

Lynne also highlighted the discussion on Elective Backlog, the concern around the waitlist and Trust capacity. She mentioned the Committee has requested two deep dives on Diagnostics and Outpatients.

16 23/24 Finance Update

The Board received and noted the income and expenditure Trust position, Andrew Bertram highlighted that the Trust had ended the 2022/23 financial year with an adjusted surplus of £147k. This compared with the annual financial plan agreed by the Board of an adjusted balanced Income and Expenditure position and meant that the Trust had delivered its annual financial plan in 2022/23.

Andrew acknowledged that the Digital, Performance and Finance Assurance had received at its recent meeting, £144,000 adjusted financial performance surplus which had increased to £147,000 as report.

Andrew explained that the statement of comprehensive income within the accounts would actually show a £10.681m surplus for the period but that NHSE normalise this position with a series of technical adjustments to get to the adjusted surplus position of £147k. The most notable of these adjustments was the exclusion of the grant income of £10m associated with the carbon reduction schemes the Trust had undertaken this year. Andrew drew the Board's attention to the reconciliation table between the SOCI position of £10m surplus and the NHSE adjusted surplus of £147k.

Andrew highlighted that the Trust had spent £91m against a total capital programme for 2022/23 of £86.5m, due to additional PDC allocations received late in the year. Andrew described a few of the contributing capital program of works.

The Board acknowledged the significant work gone into bringing the accounts in on balance and the assurance received through the year was a triumph.

17 23/24 Sustainability Update Report

Andrew Bertram presented the report prepared by Jane Money, Head of Sustainability. The board acknowledged that Janes was retiring from the Trust and thanked her for her contribution in driving the Trust forward with this agenda.

Andrew highlighted that the Park House cycle shelter note in the report was now complete since the drafting of the report.

The Board noted the continued focus and progress of the works to deliver the completion of the Public Sector Decarbonisation Scheme at York and Bridlington Hospitals, and the wait for the determination of the recent application for funding at Scarborough Hospital. The Board also noted the continuing progress by the Sustainable Development Group on a variety of carbon reducing measures being developed across the whole Trust, acknowledging the challenges of limited resources to progress and support the wider sustainability programme within the context of a growing agenda.

18 23/24 Any Other Business

There was no other business discussed.

The Associate director of Corporate Governance requested the use of the Corporate Seal for:

- International Nurses and Midwife Staffing at Holgate Park – Licence to Alter for the Fit-Out Work
- Vital Energi and the Heat Pump arrangements
- Facilitating of the Trust and YHFM

19 23/24 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 24 May 2023.