

Minutes

Board of Directors Meeting (Public)

26 July 2023

Minutes of the Public Board of Directors meeting held on Wednesday 26 July 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 12:12pm.

Members present:

Non-executive Directors

- Mark Chamberlain (Interim Chair)
- Lynne Mellor
- Denise McConnell
- Lorraine Boyd
- Steve Holmberg
- Jenny McAleese

Stakeholder Non-Executive Director

- Matt Morgan, Stakeholder Non-executive Director

Executive Directors

- Simon Morritt, Chief Executive
- Andrew Bertram, Deputy Chief Executive/Finance Director
- Dawn Parkes, Interim Chief Nurse
- Polly McMeekin, Director of Workforce and Organisational Development
- James Hawkins, Chief Digital and Information Officer
- Karen Stone, Medical Director
- Claire Hansen, Chief Operating Officer

Corporate Directors

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

In Attendance:

- Mike Taylor, Associate Director of Corporate Governance
- Cheryl Gaynor, Corporate Governance Manager (Minute taker)

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

41 23/24 Apologies for absence

Apologies for absence received from:

- Jim Dillon, Non-executive Director

42 23/24 Declaration of Interests

There were no declarations of interest to note.

43 23/24 Minutes of the meeting held on 24 May 2023

The Board approved the minutes of the meeting held on 24 May 2023 as an accurate record of the meeting.

44 23/24 Matters arising from the minutes

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

BOD Pub 11 – Statutory and mandatory training month planned for August. Action closed.

BOD Pub 14 – Task completed and included through agenda. Action closed.

BOD Pub 17 - A matter arising as the policy remained under review and Tara Filby has a meeting arranged 03.08.23 with Emma Hardy to gain views.

45 23/24 Organ Donation Presentation

The Board welcomed Matthew Marks, Specialist Nurse Organ Donation for the Yorkshire Organ Donation Service Team and Rob Ferguson, Consultant in Intensive Care and Emergency Medicine and the Trust's Clinical Lead in Organ Donation.

Rob and Matthew prepared and presented a well-received detailed presentation and short animation video (<https://www.youtube.com/watch?v=-MLhC-C9b4Q>) to the Board, raising awareness of organ donation and reporting on some of the performance in the area to date.

46 23/24 Chief Executive's Update

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

Industrial Action – clear impact of this is the cancellation of activity which is minimised where possible.

York's new emergency department opening celebration - step in the right direction both for staff and for patients in the emergency department in York.

Care group structure review – moving from 6 care groups to 4. Recognising the need to change in particular in terms of governance.

Board changes – welcome to Claire Hansen Chief Operating Officer and Dawn Parkes, Interim Chief Nurse.

Trust Priority Report

Nothing further added outside of the relevant sections in the agenda.

47 23/24 Risk Management update – Corporate Risk Register

The Board received and noted the current Corporate Risk Register that were risks rated 15 or greater following a formal risk assessment process and consideration at the Risk Committee.

Denise McConnel described that the Digital, Performance and Finance Assurance Committee had discussed the importance of changing the finance risk and to pick this up in further discussions. Lynne Mellor suggested that the Board should monitor trends once a quarter or six months to understand potential risks and mitigate them. Steve added that the Board should understand the concept of risk appetite and how to manage it effectively. Mark Chamberlain recommended a Board workshop session on this topic to determine current status and the effectiveness of mitigation plans. The risk register is comprehensive and required a focused and structured discussion.

48 23/24 Trust Priorities Report: Our People

Polly McMeekin discussed vacancy rates and the high turnover rate for healthcare support workers. The Trust had put reviewed establishments in throughout May, and were seeing a high turnover of 9.6%. The Trust was working on a strong recruitment pipeline and mapping movement which currently anticipated around 7 leavers each month. One aspect that needed to be addressed was the flexibility of work in clinical areas, as many leave their positions and join the bank which offers more flexibility of shifts. Dawn Parkes expressed the importance of supporting workers and ambitions for a healthcare academy. Matt Morgan suggested monitoring the turnover rate and its impact, with a goal of seeing a difference in December as described. Denise McConnell asked about the use of the establishment figure and it was noted whether it should be shown as WTE instead of percentage. Andrew Bertram reported he had agreed with the Chief Nurse team to illustrate what was an acceptable investment, different elements of the nursing investment required different implementation and timing. Mark Chamberlain suggested aligning the percentage of turnover between workforce and finance to ensure the Trust was where it should be as it would support the Board to understand the figures more meaningfully. Jenny McAleese questioned the headline pay and benefits for nursing employees, and Polly mentioned that face-to-face recruitment was successful and an ongoing dialogue. Overall, the Trust was working to improve the workforce and support workers, while also addressing the cultural change that is affecting its workforce.

The report described an increasing number of formal grievances related to bullying and harassment, which was described as symptomatic of the Trust's current culture. It was noted as crucial to address this issue and ensure that a significant amount of work is done before a grievance is filed. The Board acknowledged that it would take time to reduce the number of complaints. Matt Morgan was concerned about the staff willingness to make complaints and the need to address these issues. Jenny McAleese highlighted the Trust behavioural framework and it was emphasised the need to communicate the consequence that bullying and harassment is not tolerated.

49 23/24 People & Culture Assurance Committee

The Board noted the discussion of the Committee in relation to nursing workforce and the vacancy rate for Healthcare Support Workers remaining high and a concern. Aspirations for eRostering were discussed and the need for support from the Board. Polly McMeekin described an outline business case for the Executive Committee, which was expected to be brought back in December. Dawn Parkes reported that NHS England Improvement support was working at pace and recognised the benefits of working around eRostering.

50 23/24 Trust Priorities Report: Quality & Safety

The Board received and noted the quality and safety update.

Dawn Parkes reported good progress around reducing Clostridium difficile (C. diff) infection and going back to basics in the ward areas. Steve Holmberg questioned a suite of data to provide assurance. Dawn explained that she would like to provide data at different levels which would be a good contribution to a revised Trust Priorities Report.

51 23/24 CQC Compliance Update Report

Dawn Parkes advised that an action plan had been developed for the Trust, which was submitted as a draft and will receive feedback on assurance and any improvements. 73 actions in total had been merged. The Board also noted the submission requirement of section 31 and on track.

A report on policies and procedures was being developed, some good work shared with CQC in particular on staff training but do need to strengthen governance on assurance. Matt asked if the CQC had any suggestions on policies and procedures impacting patient safety. Dawn responded that although there were not currently any suggestions, she acknowledged that they were outdated or not of good quality. The Board approved of the amalgamation of actions and found the report clear, acknowledging that many of the actions had been in place since the inspection. Simon Morritt asked if the report was in the public domain and if much feedback had been received. Lucy Brown confirmed that the media level of interest was normal, and many issues raised by the CQC had already been discussed at the Board. Jenny McAleese suggested working through the governance around the plan and sharing assurance with the governors.

52 23/24 Ockenden Report Update

The Board received and noted the Maternity and Neonatal Quality and Safety Report and CQC Section 31 update.

Dawn Parkes advised that the report provided for the Board was under review and new reporting aimed to better appeal to the Board, focusing on regulatory requirements. The Board agreed a more concise report would be welcomed.

Jenny McAleese shared her concern for a clear view of maternity. Dawn shared observations of maternity and her concerns around the governance structures and advised working on structuring events at ward level up to Board and into an assurance platform. Clinical front-line staff have a good structure and a can-do team. An area of focus in operational terms was how to grow those pockets of good and focus on how to support them and draw out on what is needed. Data reporting and understanding trajectories, outcomes, and measures were areas of focus. Quality & Safety had taken steps to condense action plans into one, which was ongoing. Melanie Liley highlighted the introduction of a dedicated program approach (noted page 82 & 83 of the agenda), which will help with reporting.

Simon Morritt emphasised the need for governance around the improvement report, which consisted of six workstreams. Karen Stone outlined the focus of assurance groups on those workstreams. The Board thanked Sue Glendenning for her contributions.

53 23/24 Q1 Guardian of Safe Working Hours

The Board noted the Q1 update from the Guardian of Safe Working Hours.

Karen Stone discussed the successful recruitment and the positive impact on workload for the junior doctors. New doctors were starting imminently. The focus was on improving

experience and improving emergency rest facilities. Mark Chamberlain highlighted the importance of junior doctors having the right experience.

Matt Morgan discussed the actions around supporting the portfolio requirements. Karen highlighted sleep as an area where the challenge was accommodation as well as requesting for current contracts to be reviewed to see if they are fit for purpose. She emphasised about having good rest, training supervisors and ensuring that the right support was in place and that didn't always have to fall on doctors but traditionally it had.

Karen shared with the Board that she was considering a different report over the medical workforce through the assurance committees to provide a better overview for the Board, in particular the Non-executive Directors.

54 23/24 Quality and Safety Assurance Committee

The Board received and noted the May and June minutes and the June/July meeting exception report including Action BoD Pub 14, report of significant concerns from the committee.

Steve Holmberg and Dawn Parkes discussed and highlighted mixed sex accommodation concerns and patient movement issues. They acknowledged the need for policy focus and Patient flow work would help to focus on that as there are a number of breaches and do acknowledge that the Trust needed to address this.

Karen Stone highlighted the medicine safety prescribing and governance around non-registered prescribing being identified as a concern and clarified that she was seeking to provide a view that ensures safety around the right medicines being prescribed.

The Board noted the process for identifying paediatric patients. It had previously been identified that only notes from paediatric ED attendances flagged for concern at that time were being reviewed subsequently as possible safeguarding concerns. Karen assured the Board that this potential weakness continued to be reviewed and initial audits had not identified missed opportunities or harm. Mark Chamberlain suggested that the Committee continues to monitor progress on this.

Steve highlighted the diagnostics discussion at the committee and Claire Hansen confirmed that the Trust was reviewing diagnostics. The Board requested that a report or presentation of the review is submitted to a future Board meeting following the deep dive exercise already planned.

Action: December Board to receive a diagnostic review outcome report.

55 23/24 Trust Priorities Report: Elective Recovery and Acute Flow

The Board noted the report and associated actions.

Claire Hansen reported an improved position for 78 weeks, with measures in place to create more capacity. Job planning and demand and capacity modelling were key to understanding where resources need to be targeted. The waiting list was increasing, and work continued to address long waiters. There had been an agreement to reinstate the primary/secondary care interface meeting which would be key in supporting any decision making. There were 6000 less outpatients in Q1 than planned, with many outpatients and electives cancelled. The goal was to reduce waiting times as much as possible. A 4-hour wait was 69.2 against the 70.1 target, but pathways and flow needed to be embedded

before any improvement was likely to be seen (the operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department). Steve Holmberg discussed the patients waiting longer than planned for treatment, questioning whether these patients were at real risk of harm. Steve also questioned if there was a mechanism that differentiated diseases and the impact of waiting, and if there was a way to monitor data around expecting and trajectory. Mark Chamberlain suggested looking into this with the Executive Team and considering ways to illustrate or demonstrate the impact of waiting. Lorraine Boyd suggested including population data.

Lynne Mellor appreciated the integration of mental health into the UEC program and the evolution of these programs and suggested for future improvements, it would be beneficial to understand where the program is making a difference to mental health patients.

56 23/24 Digital, Performance and Finance Assurance Committee

The Board received and noted the Committees May and June Minutes with June and July exception reports.

Lynne Mellor raised the cyber discussion in the June meeting and the request for assurance that the desktop exercise, discussed in previous committees, was planned with an update in the next few months to mitigate the risk and would include YTHFM.

Denise McConnell highlighted that the meeting of the Committee in July was not quorate but went ahead primarily due to finance and reporting around the current deficit. The Committee members present wanted to understand the actions and what the implications would be if continued. The SIRO report was discussed and was to be presented to the Board in September.

Lynne noted that there had been an error in the recording of the risk around digital and the YTHFM desktop exercise (Page 259). James Hawkins confirmed that there was to be a Cyber attack - practice desktop in September to understand what the implications will be.

57 23/24 Finance Update

Andrew Bertram reported a £3.7m deficit in the core delivery of the CIP programme, with an adverse impact of £1.4m. The Trust was currently facing financial distress, with £17.6m of plans and £4m worth of plans to identify. The ICB had asked for further reduction, with £10.1m remaining. Staff were challenged in terms of identifying plans. The Trust was working on a recovery plan, meeting with care group leadership teams to discuss finance and recovery action options. The recovery plan was to be prepared executive teams and in place to engage with the ICB.

Mark Chamberlain questioned the understanding of care group leadership and staff's business and quality thinking, as these could have a significant impact. Andrew shared that the pandemic had changed NHS resource consumption understanding and are now nationally trying to reset that and conscious that this needed to be done in a way where finance was not dominating. Efficiency was key, but it was not be a barrier to patient care delivery.

Simon Morritt emphasised the importance of efficiency in patient care, stating that it should not hinder delivery. He noted that pre-COVID-19 procedures were more restricted, and he suggested considering the convenience of certain procedures whether in the circumstances, is it convenient for the Trust to carrying them out.

58 23/24 Any Other Business

Karen Stone reported that she had received an announcement during the meeting that the Junior Doctors trike would proceed on 11 August for a duration of 4 days.

59 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 27 September 2023.