

Minutes

Board of Directors Meeting (Public) 27 September 2023

Minutes of the Public Board of Directors meeting held on Wednesday 27 September 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 12:25pm.

Members present:

Non-executive Directors

- Mr Mark Chamberlain (Interim Chair)
- Mrs Denise McConnell
- Dr Lorraine Boyd
- Dr Stephen Holmberg (virtual)
- Mrs Jenny McAleese (virtual)
- Mr Jim Dillon (virtual)

Stakeholder Non-Executive Director

- Prof. Matt Morgan, Stakeholder Non-executive Director

Executive Directors

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

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
- Miss Cheryl Gaynor, Corporate Governance Manager (Minute taker)

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

60 23/24 Apologies for absence

Apologies for absence received from:

- Mrs Lynne Mellor

61 23/24 Declaration of Interests

There were no declarations of interest to note.

62 23/24 Minutes of the meeting held on 26 July 2023

The Board approved the minutes of the meeting held on 26 July 2023 as an accurate record of the meeting.

63 23/24 Matters arising from the minutes

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

BoD Pub03 – Mr Morritt advised that Ellen Armistead, Interim Quality Support Director, leaves the Trust at end of October and would ask Ellen to report to the Board in November.

Bod Pub 05 – Mr Chamberlain suggested that Mr Taylor, Mr Morritt and Mrs Brown, along with himself, pick up the action offline and report back to a future Board with a view and reflect on the right approach. Looking at February for a follow-up session with the Board which would include paper light as a topic of discussion.

BoD Pub 06 – Mr Taylor updated that he continued to chase the action. Mr Hawkins advised that the work continued to evolve around the Trust Priorities Report with a variety of metrics being built in or required to be built in. It was agreed that this would be picked up with the new Chair and see what the specific need will be. It was acknowledged that remained important to have a conversation around the Board on the expectations around this reporting.

BoD Pub 12 & BoD Pub 13 – points were picked up later in the agenda. Item can be closed.

BoD Pub 17 – Tara Filby, Deputy Chief Nurse has met with the member of the public and there was some really helpful advice shared. The lead for the quality and patient lead for EDI was working together to implement and build on the advice. The action was now completed in terms of the Board and the policy was being revised.

64 23/24 Chief Executive's Update

Mr Morritt presented his report to the Board and highlighted some key areas:

- Industrial action – 2 further dates approaching in October. The longer it goes on the more challenging it is to resolve with no clear signs of resolution being seen. Noted this will have to continue to be managed through the winter period which would have impact for the Trust in terms of both flow within the hospital and also on the collective recovery.
- Lucy Letby Case – Reminded the Board of a discussion at the August Time out around this, evident that how people raise concerns and how easy that is was really important to the Board. The Interim Chief Nurse had commissioned a piece of work as reported, which would be shared with the Board.
- Our Voice, Our future – Launched a Culture and Leadership Framework. Looking for change makers and individuals who can have voice that we ordinarily struggle to reach. These individuals will be involved in engaging with or staff in terms of understanding what it is like to work in the Trust.
- Care Group structure – new structure formally commenced from 2 October and have now recruited to all posts. Mr Morritt described the new positions. October will kick off

with the leadership development programme for leadership teams within the care groups and the Corporate Directors which will be about setting our expectations of behaviours and expectations of the behaviours of the care groups and the relationships with the staff they are responsible for.

- Vaccination programme - beginning our staff vaccination campaign for flu and COVID-19 on 2 October
- Public Sector Decarbonisation Scheme – Unsuccessful in previous bids for the Scarborough site. There will be new invitations for bids in October and Mr Morrill asked the Board for advance permission for the sustainability team to submit those bids. Anything that required further permissions in terms of any contribution from the capital programme would be brought back to the Board.
- Celebration of Achievement – awards on 9th November. Nominations were closed but encouraged attendance of the Board.
- Chair appointment – Martin Barkley starts 1 November. The Board thanked Mark Chamberlain for his support to the Board and the organisation in his short time as Interim Chair.

The Board approved the advanced permission for bids on the Public Sector Decarbonisation Scheme.

Trust Priority Report

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

65 23/24 Risk Management update – Board Assurance Framework

The Board received and noted the current Board Assurance Framework.

66 23/24 Trust Priorities Report: Our People

Miss McMeekin updated the Board on the people priorities. Miss McMeekin highlighted the medical vacancy rate graph (page 27) and described the line increasing rapidly from May time. This was a result of data being pulled from a ledger and not the payroll system. There remained 124 GP Trainees within the establishment that hadn't been removed from the ledger, but were TUPED out the organisation in May and that was creating that elevated vacancy rate. The board were assured that this would be corrected by next month reporting.

Miss McMeekin highlighted mandatory training with mandatory training month being in August along with Junior Doctor changeover which can impact on compliance. It was reported that the Trust maintained and improved marginally on overall training compliance and were now reporting 85% compliance which was on target. Target to be increased to 87% in future months.

Medical staff training remained an area of concern. Miss McMeekin advised a recent draft from internal audit had been received which was requested to be annotated about robustness or chasing up and following up around starter training. Recommendations from that were around line management robustness needing to be strengthened within the care groups. It was hoped the care group development sessions would start to strengthen that. Ms Hansen described that the Trust was introducing performance meetings with the Care Groups where this would be a key measure so the leadership teams within the care groups would be monitored and accountable for the deliver of that through those meetings.

Miss McMeekin also touched on the appraisal rate and reported that the Trust was currently in the appraisal window which had been extended to end of November, and the Learning Hub data was reporting 48.6% compliance.

67 23/24 Workforce Race and Disability Equality Standard (WRES) and (WDES) Acton Plans 2023-2024

Virginia Golding prepared and presented the report. Virginia described that the WRES and WDES action plans were to address the disparities in the data that was submitted in the annual reports in May 2023. The action plans required approval prior to the deadline and publication date of 31 October 2023. Virginia advised that both plans addressed the areas that required improvement.

The Board noted that the analysis of the WDES data implied that there was steady progress with disability equality. However, the WRES data implied that there was a need for improved progress around race equality.

The Board were asked to discuss and approve the WRES and WDES action plans and note that funding was required for training to continue to be implemented to increase staff knowledge, awareness and competency.

The Board discussed the progress of certain actions and the need for accountability. Mr Morritt suggested a clearer focus on priorities and a link between the action plan and the Our Voice Our Future. Mr Bertram suggested addressing finance barriers and prioritising what was currently available. Mr Chamberlain emphasised the importance of treating everyone with kindness and value, being supportive and realistic, and leading from the top down. Mr Chamberlain summarised to reflect on the plan and prioritising asked the Board to approve subject to the fact that it will be reviewed in that light.

The Board approved and supported the plan subject to it being reviewed.

68 23/24 Gender Pay Gap Report

Virginia Golding prepared and presented the report. Virginia reminded the Board that in March 2023 the Board requested that the Gender Pay Gap data for 2024 was reported to Board this year. The deadline for submitting the data to the Government's Equality Office was 31 March 2024. Virginia advised that another action plan had not been devised as the relevant teams and Staff Network were currently addressing the issues that were identified in the March 2023 report.

Virginia reported that the Trust's Gender Pay Gap had reduced in 2023. The mean gender pay gap was 26.96% with the Median reported at 7.4%. These were a reduction but there were areas of focus that were causing the main disparities. These were described as:

- AFC bands 7, 8a, 8b, 8c, 8d and VSM
- Bonus pay for consultants (clinical excellence awards)
- Core Trainees & Dental Trainees and Specialty Trainees, Trust Doctors and Dentists, Speciality Doctors and Consultants

Mr Chamberlain questioned the discrepancy in clinical excellence awards, Dr Stone stated that it was normal due to historical and current reasons, such as ensuring more female applicants and encouraging their self-belief in applying. Encouraging applications was noted as key.

Dr Holmberg raised that the Board had not yet seen data on job planning, particularly between male and female genders. Dr Holmberg questioned if there's a predominance of gender in higher PA job plans, and then how that might feed into other opportunities. Recognising this disparity was not beneficial for the organisation as a whole. Dr Stone described that there was uncertainty about the availability of data to provide a satisfactory answer. It was suggested that the current round of job planning will result in everyone's job plan being signed off and ready for 1st April. After this point there will be the opportunity to interrogate the data and be more confident that this data would then be accurate.

69 23/24 Nurse Staffing Report

The Board received and noted the nurse staffing report. Mrs Parkes described that the report highlighted variations in fill rates across various care groups and a need to include registered nursing associates to provide a full registered picture as this was not currently applied. The fill rates over night time were high for the non-registered workforce due to bank shifts to cover patients that required observation known as enhanced care. The vacancy gap was slowly closing, and the team was recruiting registered nurses. Many new graduate nurses joined over September and October, which will have a significant impact next month as they finish their inductions and are added to the rotas. The attrition rate was starting to lower, thanks to the team's recurrent recruitment and retention actions and mentorship at a global level. The team should be proud of their progress. International recruitment was going well, with a goal of recruiting 124 international nurses by the end of the year. Collaborative work with colleagues in Kerala and the bridging program had helped achieve an ethical and sustained program of international recruitment.

Mrs Parkes also highlighted that within the establishment there was a band 6 one day a week from the student tariff and their role was to support new registrants. The staffing levels will reflect this as a really great way of maintaining a low attrition rate and ensuring people have a brilliant start to their careers with the Trust.

Mrs Parkes went on to highlight that there was a vacancy gap in the HCA's and the Trust was receiving support from NHS England on that. She noted that the work that the teams were doing, notably the Healthcare Academy which happens in October, which was to be based in Bridlington to ensure a great start and will then consequently impact on the quality of care that patients receive. This was to involve a 4-6 week induction which included really practical skills. Also engaging with local colleges and commence HCA apprenticeships in December.

Mrs Parkes concluded her update on celebrating the high percentage fill rate from the Trust's own bank staff, which filled around half of the requests. This was reassuring for the Board as the impact on the quality of care and experience of patients is improved as there is more assurance around the quality of those groups of staff.

Mrs McAleese touched on flexible working for the healthcare workers rather than them feeling the need to move to bank shifts to gain flexibility. Mrs Parkes advised that discussions had commenced with senior teams around flexibility working offers across all of the workforce and highlighted that this was something included in the National Chief Nursing Officer Strategy. There was a definite culture shift to make with frontline managers about what this means. There were 2 wards currently piloting self-rostering so that will enable teams to take control however, they are currently only on a 4-week roster and the aim is for twelve weeks.

Ms Liley added assurance to the Board that the international recruitment was a collaborative approach to include AHP's.

70 23/24 Freedom to Speak Up Annual Report

Stephanie Greenwood prepared the report and attend to present.

Mr Morritt opened the discussion with a reflection on an earlier discussion on speaking up. Looking at the themes, it speaks to that point that the vast majority of speakers were around behaviours, relationships, bullying and not around patient safety issues. Connecting this to the review work of the Interim Chief Nurse around the Lucy Letby Case with some thought about moving forwards in encouraging staff to be more forward and proactive in thinking about patient safety.

Using the Lucy Letby Case as a platform for discussion, Stephanie asked the Board to reflect on what their response would be if a member of staff approached them raising concerns about potentially unsafe clinical practice. There may be no factual evidence but they had raise the concern because they were unsure where else to turn.

Stephanie described the Letby Case illustrating the consequences when organisations don't listen to its staff and listening is what protects patients. She went on to describe how important it is to listen to staff as silence ultimately kills patients and a common theme from external reports such as the CQC report, staff surveys and speak up feedback, articulates that staff in the Trust currently do not feel safe to raise concerns. Stephanie described seeing similarities in the way in which the Letby concern was handled in terms of the shutdown signals that staff can often get and the fact that they were told that they needed factual information or evidence. The Board were reminded that it is their response that would lay the foundations for any speak up individual going forwards and would affect whether they feel heard, valued or feel the Trust is interested to investigate further and consequently affect whether they would speak up again in the future.

Overall, the discussion highlighted the importance of understanding and addressing concerns raised, agreeing that it was important to listen to and understand the approach of those who raise them.

The discussion touched on the recommendation of prioritising Health Education England's Speak Up, Listen Up, Follow Up eLearning being made mandatory. Considering the impact of this on workforce capacity, Miss McMeekin suggested that some members of the Board try the training and consider whether this aligns with existing workstreams.

Dr Boyd discussed the recommendations of the People and Culture Assurance Committee, including the third one about triangulation. They felt it needed to be further strengthened to ensure that actions are completed and playing in with the overall outcome. The Committee had agreed to increase visits to its committee to review staggering attendance to ensure an overview on a much more frequent basis. The Committee had also asked about the risk register status of this work, which Mr Taylor was to investigate further. The committee agreed to address these concerns.

The Board:

- **Suggested further work on the Health Education England Speak Up, Listen Up, Follow Up eLearning being made mandatory. Report back to the Board on a decision outcome.**
- **Agreed the survey would be in conjunction with the Letby review through the Interim Chief Nurse.**

- **Agreed a formal monthly meeting to triangulate data, discuss themes, evaluate and share learning.**
- **Agreed to receive 2 Freedom To Speak Up update reports a year.**

71 23/24 People & Culture Assurance Committee

The Board received and noted the July People and Culture Assurance Committee minutes and Mr Dillon provided an update of the items discussed at the September meeting. There were no specific points of escalation from the meetings and no comments raised by the Board.

72 23/24 Trust Priorities Report: Quality & Safety

The Board received and noted the quality and safety update included in the priorities report and acknowledged there was nothing further to add to the information already reported.

73 23/24 CQC Compliance Update Report

The Board received and noted the progress with delivery of actions within the Trust CQC Improvement Plan which was overseen through the fortnightly Journey to Excellence meeting. Mrs Parkes advised that the monthly section 31 maternity submission was last made on 23 August 2023.

74 23/24 Maternity Reports

Sascha Wells-Munro, Director of Midwifery attended the meeting and presented the report. The Board were provided with a summary of all measures in place to ensure safe midwifery staffing including workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, compliance with supernumerary labour ward coordinator, one to one care in labour and red flag incidents. A summary of key workforce measures was also provided for obstetricians and anaesthetics to provide evidence for the maternity incentive scheme year 5.

Sascha reminded the Board that on 25 November 2022 the CQC had decided under Section 31 (S31 of the Health and Social Care Act 2008 to impose conditions on the Trust registration in respect of maternity and midwifery services. The CQC were updated monthly with progress against the S31.

Sascha shared an overview of her first few weeks in post, she described a planned engagement event (3 November) with the maternity team to define their overarching maternity improvement plan. This event was to involve Board members should they wish to attend but ultimately frontline staff such as obstetricians, anaesthetists, midwives, and support workers. The aim was to reduce duplication and move things forward more meaningfully and respectfully.

Scanning capacity issues had been addressed, with 73% of achievement in the 72-hour requirement. However, saving babies lives care bundle three has moved, now requiring scans within 24 hours. It was important to understand if all scans requested were appropriate and required.

The Board acknowledged that overall the maternity team was ready for change and wanted to make improvements. They were are working with the Interim Chief Nurse to address staffing challenges and engage to perform a full birth rate review.

Mrs Parkes expressed gratitude for Sascha's overarching plan, which will help teams understand the purpose and goals of the organisation. Dr Stone expressed the Board's need for assurance of maternity services, and Mr Chamberlain noted the importance of this. Dr Boyd expressed concern about staff fatigue and weariness, and suggested preparing for potential recommendations around capacity and demand. Sascha had completed a tabletop of ward capacity and a recommendation would be shared with the Board in due course. Ms Liley added the need to understand the challenging workforce of sonographers.

The Board briefly discussed various communications of the services and Mr Chamberlain suggested linking with Mrs Brown to explore communication strategies and engagement with the wider community. Mr Bertram also suggested articulating a single action plan, focusing on investment with the ICB and clear communication about immediate and future issues.

Dr Boyd highlighted the lack of cross-site recruitment in maternity services, and Sascha agreed that travel should be included in their shifts, taking into account their health and wellbeing. Continuity of Carer was mentioned and the impact cross site working would have on the achievement of this however, cross site working remained a focus for future working.

Mr Chamberlain emphasised the need to continue to update the Board on progress.

75 23/24 Responsible Officers and revalidation Update

The Board received and noted the report and acknowledged that, as a designated body, the Trust has responsibilities regarding appraisal, revalidation and professional standards of doctors in its employment. An increased focus on improving processes and systems in these areas was being placed by Dr Stone as the Responsible Officer. Dr Stone highlighted that in 22/23 the Trust had achieved 87% compliance for medical appraisal. She advised that the Trust had appointed an Appraisal Lead to drive that agenda and ensuring the right training is sought.

76 23/24 Safeguarding Annual Report

The Board received and noted the escalations as described in the recommendation of the report.

Mrs Parkes referred to section 2.1 of the report (Deprivation of Liberty Applications) and highlighted nearly 100% of patients were being referred appropriately.

Mrs Parkes focussed on areas of training compliance and the need for staff to understand the importance of assessing patients' mental capacity and recording their information. The Board were hopeful that the Learning Hub technical issues experienced earlier in the year will have contributed to the current low-level position. Mrs Parkes shared her interest in the workforce planning and the need to fill roles around safeguarding where there were currently gaps. She planned to consult with the ICB safeguarding team to review the current team and provide valuable insights and recommendations to address these areas. Mrs Parkes reminded the Board that there would be interest in the Trust demonstrating its national safeguarding accountability and assurance framework, which was identified in the CQC inspection. The Board welcomed and an external review.

Mr McAleese highlighted to the Board that low levels of compliance with MCA (Mental Capacity Act) had consistently been a concern and requested a regular reporting to the Board. **The Board welcomed a 6 monthly reporting of compliance.**

77 23/24 Quality and Safety Assurance Committee

The Board received and noted the July minutes and the September meeting exception report.

Dr Holmberg noted that there had recently been a change in the way in which the Committee receives its information and there was now a much clearer line of site that change is happening. Although all the workstreams that derive from the CQC report were daunting, the Committee were assured they were making good progress. Dr Boyd highlighted the escalation in relation to the Committees concerns with gaps in medical neonatal staffing.

Mr Morrith proposed that a full plan of workstreams that cover all of the core actions as a Trust be shared with a future Board meeting.

78 23/24 Trust Priorities Report: Elective Recovery and Acute Flow

The Board noted the report and associated actions.

Mrs Hanson described the impact of the industrial action and thanked all of the staff who had been able to support those colleagues who wanted to be on the picket line. Mrs Hanson went on to give a brief summary of the current operational performance including:

- 473 outpatient appointment
- 127 procedures cancelled
- 69.4 against 71.9 target for ED - Emergency Care Standard (Trust level)
- Patients up 2% to 38.1% - corresponding with admission rates
- Good piece of work around same day emergency care which will help to address some of the conversion rates
- Other levels of care around preventing attendance initially or sending home with assurance of follow-up pathway.
- Working closely with ambulance service and there is some embedding of the pathways in the ED department.
- Only half of new ED build open in York and the other coming in the near future
- Appointed in the Medicine Care Group one director across York and Scarborough (Dr Gary Kitching). Attending and ED listening session to understand what the staff need. A number of actions that were taken aware both for Senior Leaders to do and also them to take away.
- Focus patient reviews each week – there was a focus in the City of York area where this was being addressed. That said, patients remained on the wards who were still awaiting care packages
- Working through with partners on ward coordination.
- Closure report shared with NHS England which was positive. Will be further capacity and demand work and included some shared good practice and improvements.
- Cancer – did see some high referrals in June which was common but was significantly high with around 300 more than expected and consequently had an impact on diagnostics targets. MRI, endoscopy and histopathology pressures too.
- Report on diagnostics planned to be shared with the Board in December.
- Cancer Alliance had continued to support MRI scanner until end of March 2025.

- New function on Core Patient Database went live on 4th September and can now live diagnose a cancer or not.
- Total elective list growing 4,500 more than planned and nearly equivalent to number had to cancel due to industrial action. 4 patients of 104 weeks as a result of a serious incident being investigated and also patient's choices through holidays etc.
- 78 weeks slightly off track but recoverable to achieve 0 by end of November, however, this was not considering any future industrial action and would also include additional capacity.
- 61.6 achieved against 70.7 target for Cancer - Faster Diagnosis Standard
- 7-day therapy provision – working with PLACE colleagues on this.

79 23/24 Winter Plan

The Board received and noted the report and the actions that were to be taken in the Trust to respond to the operational pressures envisaged over the winter period.

Mrs Hanson highlighted that the previous years plan had been reviewed, noting national winter funds were unavailable this year. NHS England's guidance focused on four areas (UEC Recovery Plan, Operational and Surge Planning, Effective System Working and Supporting Our Workforce), identifying key risks for the Trust to address.

80 23/24 Emergency Preparedness Resilience and Response (EPRR) Core Standards

Richard Chadwick attending the meeting and presented the report.

Richard announced 51 key objectives for the year, stating that previously acquired knowledge and skills had faded. A branch review of the business continuity review was to be conducted, with a new Business Continuity Manager recruited in June. The review was to conclude in January, and LIVEX will be launched in June/July next year. The Trust was prepared to respond to incidents but needed to improve practical and tackle responses over the next 12 months.

The Board approved the report and assurance rating of 'Partial' with the NHS England EPRR Core Standards.

81 23/24 Digital, Performance and Finance Assurance Committee

The Board received and noted the Committees July Minutes with September exception report.

82 23/24 Group Audit Committee Escalation

The Board received and noted the Group Audit Committee escalation report. MRs McConnell enquired about reviewing the annual report while MRs McAleese explained that external audit was held accountable through the Risk Committee.

83 23/24 Finance Update

The Board received and noted the finance update. Mr Bertram described a significant deterioration in the Income and Expenditure (I&E) position, with a deficit growing to £11.8m. Cash flow problems were predicted for November, and Mr Bertram had made an emergency cash application and was in discussions with NHS England on this. 4 specific issues were causing concern financially: Strike, which was causing income and net cost

issues, and the core improvement program, which was proving difficult to deliver efficiencies.

Pay award funding was another issue causing concern but was expected to be resolved, however, the shortfall from the agenda for change pay award was yet to be addressed. Drugs and devices were also a continuous approximately £10m concern, and a deep dive was being conducted to identify specific drugs that were financially challenging. **Mr Bertram agreed to report this back to the Board in due course.** External solutions were being explored, and the financial plan was shared through the Digital, Performance, and Finance Assurance Committee.

Mr Bertram described that recovery actions were underway, but significant incomes were missing. The plan was for Executive Committee to out a call out to Care Groups on their financial recovery plans and asked that interactions with Care Groups from Board members also included updates on plans. Mr Bertram was working with Mrs Brown and Mr Morritt on communicating and socialising the recovery plan ask.

84 23/24 Any Other Business

No other business.

85 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 29 November 2023.