York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 04

Minutes
Board of Directors Meeting (Public)
29 November 2023

Minutes of the Public Board of Directors meeting held on Wednesday 29 November 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 12:20pm.

Members present:

Non-executive Directors
- Mr Martin Barkley (Chair)
- Mrs Denise McConnell (virtual)
- Dr Lorraine Boyd
- Dr Stephen Holmberg
- Mr Jim Dillon (arrived 9:05am)
- Prof. Matt Morgan

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)
- Dr James Turvill, Clinical Lead for Research (for item 87 23/24 Research and Development Update)
- Sascha Wells-Munro, Director of Midwifery (for item 91 23/24 Maternity Reports)

Observer:
- Linda Wild, Governor

Mr Barkley reported that he had made the decision to not livestream the meeting, but sent an MS Teams invite to Governors who would not be able to attend in person.

Mr Barkley welcomed everyone to the meeting and confirmed the meeting was quorate. He explained some of his key priorities over the coming months and paid tribute to Mark Chamberlain for his work as Interim Chair of the Trust. These priorities included introducing one to one meetings with the remaining two members of the Board he had not yet met, the Governors, senior staff within the Trust; to start to improve governance

arrangements, understand how the Trust was addressing the key issues identified by the CQC, and how the Board can help ensure the right conditions (both physical and psychological) exist that enable all staff to give their best.

86 23/24 Apologies for absence

Apologies for absence received from:

- Mrs Lynne Mellor, Non-executive Director
- Mrs Jenny McAleese, Non-executive Director
- Mr Steven Bannister, Managing Director of YTHFM

87 23/24 Declaration of Interests

Item 8: Research and Development Update (Minute 87 23/24) - Mr Barkley declared that he was a Governor at Leeds Beckett University.

Mr Barkley also declared he was a volunteer and soon to be Trustee of the charity Zarach, and from 1st January a Trustee for Yorkshire Cancer Research. These declarations were currently in process through the declarations portal for the Trust.

Item 8: Research and Development Update (Minute 87 23/24) – Prof. Morgan declared his role as Deputy Dean for Hull York Medical School.

There were no further declarations of interest to note.

88 23/24 Minutes of the meeting held on 27 September 2023

The Board approved the minutes of the meeting held on 27 September 2023 as an accurate record of the meeting.

89 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 09 – Miss McMeekin advised that this was in relation to an E-rostering business case (case 2023-24 56) that was scheduled to be reported to the Executive Committee for approval at its meeting on 6th December 2023. On that basis it was hoped that this item will be closed by the next meeting.

Ms Hansen added an action - Diagnostic Capacity and Demand update to be presented to the Board in the next month – the Board later agreed this would be January.

Action: Ms Hansen

Mr Barkley referred to Minute 67 23/24 (Workforce Race and Disability Equality Standard (WRES) and (WDES) Acton Plans 2023-2024) in relation to the last paragraph and sought clarity on what would be actioned. Miss McMeekin clarified that this was in relation to the disability quality standards in relation to the swift progression of reasonable adjustments when they were required. She further advised that the Trust has a Reasonable Adjustments policy, working predominantly with procurement and Digital teams to ensure a prompter response. Mr Bertram also clarified that his Executive sponsorship of staff networks was the Enable network which was going to look at managing this particular

workstream. A small resource in the capital programme has been arranged to help facilitate moving this agenda forwards for the Trust.

90 23/24 Chief Executive's Update

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

Our Voice, Our Future – The Trust had launched its Culture and Leadership Programme, Our Voice, Our Future, aiming to develop compassionate leadership and an inclusive culture. The programme had received positive responses from the campaign to recruit 'Change Makers', with 52 individuals recruited due to high application quality and interest levels. These individuals came from various professions, sites, and seniority levels. The 'Discovery' phase of the programme, which launched on 6 December, was to introduce the roles and tools available to Change Makers. Over a six-month period, Change Makers were to gather feedback and suggest improvements to create a compassionate culture. This long-term program was to be revisited regularly at Board meetings.

Fairness Champions - October saw the Trust raise awareness about speaking up (Speak Up Month) and recruitment of more Fairness Champions. 24 new champions were shortlisted from various roles and sites, supporting the Freedom to Speak Up Guardian and promoting equality, diversity, and human rights.

Refreshing our strategy - In October, a Strategy Development Session was held at the Community Stadium, attended by the Board, partner organisations, and care groups' senior leadership teams. The session aimed to review and refresh the current strategy, revisit vision, mission, and goals, and agree on strategic themes and programs. Feedback was positive, and updates will be provided as the process progresses.

Collaboration of Acute Providers Update - Three Chief Executives of the three acute provider organisations in the Humber and North Yorkshire Integrated Care Partnership have taken the lead SRO (Senior Responsible Officer) role for one of the Collaboration's key priority areas. Jonathan Lofthouse, Joint Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust, is the SRO for elective care, Jonathan Coulter, Chief Executive of Harrogate and District NHS Foundation Trust, is the SRO for diagnostics, and the leader for cancer was Mr Morritt. Mr Morritt was to serve as Chair of the Humber and North Yorkshire Cancer Alliance, having chaired the first Cancer Alliance System Board on 22 November. Mr Morritt added that as a system all were responsible for the Urgent and Emergency Care Pathway however, the SRO for this was Amanda Bloor.

Celebration of Achievement Awards - The annual Celebration of Achievement awards at Scarborough Spa were held in November, recognising the exceptional achievements of individuals and teams working for the Trust. Hundreds of nominations were received from colleagues and patients, highlighting the fantastic work happening across the organisation. Two Chief Executive's awards were given, one to Liz Alinaitwe for her role in leading and developing a cultural awareness programme and the other to the Nucleus Project Team for their successful deployment of digital technology in all 39 adult in-patient areas. Mr Morritt noted his thanks to the Communications Team for organising the event and congratulated all on their nominations.

Star Award nominations - The monthly Star Awards recognised individuals or teams who demonstrated the Trust's values of kindness, openness, and excellence. The nominees were included in the report, and five finalists were selected each month. The high number of nominations are appreciated by staff. Mr Bertram added his acknowledgement of the

judging panel that commit to this work each month. Mr Barkley stated that he did not envy the very difficult task of the judging panel given so many outstandingly impressive citations.

National Medical Director – Dr Stone highlighted to the Board a successful visit from Professor Stephen Powis, the National Medical Director of NHS England and Professor of Renal Medicine at University College London.

National Healthcare Support Workers day – Mrs Parkes shared that the Trust held a successful ceremony to celebrate the National Healthcare Support Workers day on 22 November, with 10 categories.

Trust Priority Report

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

Mr Morritt advised that the Trust, along with other Trusts, had submitted an updated Financial and Operational Plan H2 2023/24 in terms of the Trusts priorities following an Extraordinary Board meeting on 20 November where the submission was agreed with key performance metrics:

- The 4 hour system A&E performance as described in the winter plan - Plan now to achieve 66% in Nov23 and 76.0% in March 24
- The March 2024 cancer 62 day backlog position set out in the 2023/24 operational plan – 143
- The March 2024 cancer Faster Diagnosis Standard performance set out in the 2023/24 operational plan - 75.1%

Formal feedback was yet to be received and would be shared in due course.

Mr Barkley referred to the Freedom of Information Response times and questioned what the plans were to improve this. Mr Hawkins described that the team had been increased however it was reliant on the responses from the wider organisation. Mr Hawkins agreed to look into this further and review the process to collectively improve.

Action: Mr Hawkins

91 23/24 Trust Priorities Report: Our People

Miss McMeekin updated the Board on the people priorities. Miss McMeekin highlighted

The Trust has completed work on reducing agency dependency and removed all off-framework agency workers. A regional ICS meeting was to be held with support from NHS England and the ICB to further reduce agency reliance. Workstreams such as electronic rostering were progressing, with the Chief Nurse Team's. Winter resilience incentives were being implemented to increase substantive and bank uptake to further avoid agency reliance. These initiatives have evolved over time and include a flexible payment (where substantive staff are required to be moved and is an acknowledgement of the disruption to them) and the 'allocate on arrival' for bank staff, where they are prepared to be 'benched' and deployed wherever site coordination places them.

Miss McMeekin also raised the appraisal rate for non-medical staff, she highlighted that the appraisal window was still open but currently reporting at just over 84% against an internal target on 90%.

Miss McMeekin highlighted the ongoing vaccination campaign for COVID-19 and flu, revealing low national uptake compared to pre-pandemic levels. The Trust reported 27.9% Covid-19 uptake and 30.4% flu uptake. These levels were similar to many other Trusts. The Trust was working to flex the roving vaccinators as much as possible to provide further opportunities.

Prof Morgan referred to the graph in relation to the total nursing temporary staff requests and the unfilled staff requests. There was a sense that the unfilled nursing staff requests had been completely stuck even though the Trust vacancy rates were dropping. The report described that the: The indicator for unfilled nursing temporary staffing requests was showing several points above the mean from Sep 2021 to Sep 2022 but was currently showing special cause improvement below the mean from Jan 2023. It was consistently failing the target of 0%, Prof. Morgan questioned the 0% target being realistic. Mrs Parkes acknowledged that there needed to be reference in the report on nursing associates as this was data that was not currently retrieved. This linked as all part of the recruitment and retention workstreams, ensuring that all workforce models relate to what is needed. Prof Morgan shared his concern that the reporting figures were stuck and then drifting up and questioned whether the expectation was that this would begin to improve through cause and effect. Mrs Parkes further acknowledged bank and agency data around health support workers and there was further work needed. The Board further discussed the charts and using statistical process control to identify areas of change and illustrate data trends that effects where there is a cause that has impacted on the standard deviations which are measured.

Action: Mrs Parkes

Miss McMeekin also highlighted the reduction in agency uptake impacted by the removal of Off Framework agencies was likely offsetting some of the gains made by vacancy reduction. Robust and early rostering will support further reduction on unfilled shifts as the inhouse temporary staffing team can promote gaps in the roster earlier to drive uptake on the Bank.

Dr Holmberg questioned the denominator when considering vacancy rates as an increase in establishment means an increase in vacancies – were only funded posts included. Mis McMeekin confirmed that the rates included all those positions that were included in the financial ledger and funded. Mr Bertram clarified that various nursing investments were already included in the reporting with the exception of the latest Birthrate Plus assessment and Saving babies' lives: version 3. As soon as a basis for resourcing has been agreed, this would play into the position.

Mrs Parkes acknowledged that there needed to be further discussion around what data set is used going forwards. Because the ledger is always behind, reporting on what is required would be clearer.

92 23/24 Research and Development Update

James Turvill, a Consultant Gastroenterologist and Clinical Lead for Research, presented the research and development update, in particular reporting on the challenges faced by the team at the Trust. He highlighted the importance of the Trust's infrastructure in controlling internal and external factors and shared an example of a successful research outcome with the Board. The example demonstrated how research that discovered a better way of diagnosing patients, had reduced costs and created a much better patient experience. The report highlighted the team's efforts to improve patient care and the need for a culture of collaboration.

Dr Stone acknowledged the importance of recognising the work of the research team and the Trust's efforts to incorporate time into consultant job plans. However, staff working to full capacity made it challenging to engender research and aspirations to be a University Hospital. Ms Hansen suggested having a conversation outside the Board with James Turvill, James Hawkins, and herself to discuss potential solutions in particular around the East Coast strategy and ongoing acute challenges.

Ms Liley stressed the importance of research across all teams, both clinical and non-clinical, and the continuation of the thread through the Trust strategy. Prof Morgan suggested a focus on portfolio research delivery within the Trust and the need to establish connections with established clinical activities. He agreed to share relevant connections with James and suggested developing a strategy that capitalised on areas where there was a clear strength within the Trust, such as James, allowing people to flourish and become research leaders.

Action: Prof Morgan

Dr Holmberg raised the current investments in research and confidence in alignment with Trust strategies and primary aims. Miss McMeekin reported that the Trust now had fewer individuals with larger elements of research in their job plans, but challenges remain in ensuring job plan data accuracy. Mrs Parkes also mentioned opportunities with roles invested in, such as clinical practitioners, where there was a professional expectation that part of their role was carrying out research. She suggested exploring these roles further with James.

Mr Morritt summarised the Research and Development team's ambitious plan for the organisation, which involved reviewing the strategy and identifying component parts of a research plan built from the challenges in the report. Mr Barkley stressed the importance of the need to develop plans to address the challenges identified. James was asked to work with Miss McMeekin, Dr Stone, and others to create a plan that supports the vision and addresses some of the challenges, acknowledging that some may take some time to embed into the organisation.

Action: Miss McMeekin

93 23/24 People and Culture Assurance Committee

Jim Dillon provided an overview of the November meeting of the committee with no items to escalate to the Board.

There were no challenges or comments raised.

94 23/24 Trust Priorities Report: Quality and Safety

Mrs Parkes highlighted that the C.difficile performance remained poor overall with the Trust being over trajectory by 19 cases to the end of October. An increased incidence of C.difficile was noted for Cherry and Chestnut wards where there had been 12 cases (7 on Cherry and 5 on Chestnut) since 1 August 2023. A C.difficile summit was to be held on the Scarborough site on 13 November with all key stakeholders to provide a supportive review of the situation, agree an improvement plan and weekly monitoring of the agreed actions. This methodology was to be used as a blueprint for other wards that were getting higher incidents for C.difficile. Work had been carried out with estate to improve the work environment but it remained challenging but there was a feel of moving forward.

Further improvement work was around MSSA bacteraemia as this remained over trajectory by 11 cases to the end of October. The Staphylococcus aureus bacteraemia reduction working group continued to drive initiatives to improve cannula management.

There continued to be a focus on C.difficile and MSSA strategies that were being refreshed through the Infection, Prevention and Control Strategic Group, chaired by Mrs Parkes and reported into Quality Committee.

Dr Holmberg described that IPC had been a reoccurring focus for the Quality & Safety Assurance Committee and in recent months there was much more assurance. Mrs Parkes added that assessment of some of the root causes of IPC issues had been a failure to fully train some staff. This was being rectified and improvements were likely to be evident as a result.

Mr Barkley questioned whether Ward Managers were being engaged with the ambition to achieve discharges by 5:00 o'clock. Ms Hansen advised that there was a workstream supported by the Chief Nurse and team with ward managers and matrons, to understand the risk sharing from and mitigation point of view, the need to refer so that there are not patients waiting in ED to be able to be admitted to wards. In terms of discharge, numbers are tracked in relation to the number of before midday and before 5:00 o'clock and acknowledged that was something that needed to be shared with ward managers. Ms Hansen went on to advise on the engagement with the ward managers in understanding reasons behind the processes. Discussions with pharmacy had been conducted to improve prescription support, a time shift in the day for pharmacy availability was needed, which Chief Pharmacist was examining. In summary there had been some work with the ward managers, but there was still more to do and that needed to link across with their engagement with the consultants making the decisions regarding earlier discharge during the patients stay. Ms Liley added that there had been a visual increase in the utilisation of the discharge lounge as a notable change in the movement and patient flow.

Mrs Parkes highlighted the performance in relation to complaints. She advised that she had commissioned Deputy Chief Nurse, Tara Filby to review the complaints process and will feedback as this progressed.

Action: Mrs Parkes

The Board noted the report.

95 23/24 CQC Compliance Update Report

Mrs Parkes presented the report and updated on progress with delivery of actions within the Trust CQC Improvement Plan overseen through the fortnightly Journey to Excellence meeting, chaired by Mr Morritt. There were robust governance arrangements around the actions. Dr Holmberg shared the Quality and Safety Assurance Committee's assurance around the governance arrangements and the process for extension.

Mrs Parkes reported that currently there was one action that was off track and that was in maternity around infection prevention and control and the training of the maternity staff. A one month extension had been agreed for this action. Mrs Parkes went on to highlight the mental health section 31, this was nearing completion of the mental health risk assessment that was required for the Scarborough site ED. This will result in discussions with the CQC around the requirements for them to be comfortable to close that section.

Mrs Parkes reported that the Trust received three CQC cases in October 2023, one of which was related to patient safety concerns in the waiting room and ED at York. She

assured the Board that actions were in place to ensure patient safety. She invited CQC to visit ED departments to assess the impact of the actions and the effectiveness of engagement and management of concerts and action plans.

Mrs Parkes further advised that the CQC were implementing a new inspection regime anticipated to be fully rolled out and applicable nationwide by March 2024. A presentation will be delivered to the Board in due course, to understand the impact for the Trust.

Action: Mrs Parkes

96 23/24 Maternity Reports

Maternity and Neonatal Quality and Safety Update

Sascha Wells-Munro, Care Group Director of Midwifery prepared and presented the report.

We had a successful engagement event last week with over 90 staff involved to help articulate the single maternity improvement plan, aligning this with the National Maternity and neonatal 3 year plan. Now have 4 workstreams of improvement to enable to meet the requirements of regulators and the national agenda. Now collating all of the feedback and have some quick wins from this so there can see some tangible actions. The event is mentioned in the report and further maternity assurance reports will then then clearly articulate the improvements that have been defined.

Mrs Parkes described that the Journey to Excellence included a workstream on maternity, which included seven individual workstreams and actions for completion. This was a challenging task to see the direction of travel, but a great start. The call for change will be seen through the Board and governance arrangements, aiming for a more focused improvement. Dr Holmberg described from a Quality and Safety Assurance perspective that this was a clear mechanism in addressing gaps.

Mr Barkley referred to the 'Fresh Eyes' audit detailed in the report and requested clarity on whether the figures included were positive or negative. The hourly completion of 'Fresh Eyes' was a requirement of the Saving Babies Lives Care Bundle v3, Element 4: Effective fetal monitoring in labour. Sascha clarified that the figures were not a desired position as the ask was 100% across the board however, further discussions were underway to review the target, although NICE recommend hourly, the Trust is able to determine itself. Understanding that this was truly about assessing the clinical picture, Sascha confirmed a move to every two hours for a CTG. She went on to clarify that every CTG will be reviewed hourly by the clinician but reviewed by an additional clinician every two hours.

Mr Barkley questioned the statistics on overdue inductions and caesarean sections and this was not clear in the maternity dashboard. Sascha confirmed that this data was not yet included and work was underway in establishing whether or not this could be pulled from Badgernet (the electronic patient record). It was recognised that this data was to be included as a national metric requirement such as planned caesarean sections that had been delayed more than 24 hours and any delay in induction of labour by 24 hours. Sascha confirmed that this would be included in the next maternity dashboard for the Board. Mr Barkley also referenced the on-going progress with the theatre demand and capacity review to support development of a business case to expand theatre capacity to meet the increasing need and demand for planned C-sections. He shared his concern that this needed a timescale as a significant issue. Mrs Parkes agreed to email the Board with the response in terms of a deadline.

Action: Mrs Parkes

Dr Holmberg noted that the Quality and Safety Assurance Committee had raised issues around state works on washrooms and requested an update. Sascha confirmed that this had progressed, there was a clear plan of works now and toilets were being replaced over the coming weeks and staff would consequently have their changing rooms returned.

The Board noted the report.

CQC Maternity Section 21 Update

The Board noted and approved the November 2023 monthly submission to the CQC which provided assurance on progress and impact on outcomes October 2023

97 23/24 Guardian of Safe Working Hours Q2 Report

Dr Stone presented the report and emphasised the role of the guardian in ensuring that they hear when Junior Doctors have got issues, in particular around their working conditions and ability to get their study. It was important to demonstrate that there was the ability to be able to raise their concerns in a way that was visible and then outcomes to be evident when something has happened as a result.

Prof Morgan raised the issues around emergency rest facilities for tired junior doctors, and questioned whether this a contractual requirement. Dr Stone confirmed that this was contractual and the issue related only to the York Hospital site due to the lack of rest facilities available. To meet contractual obligations the Trust had sought rest facilities from a local hotel although had encountered access issues prior to 12 noon which Miss McMeekin advised had since been resolved.

Post meeting note: Miss McMeekin corrected the statement that the issue had been resolved and shared with the Board that the Trust was approaching a local university to explore their facilities for a solution.

Action: Miss McMeekin

The Board noted the report.

98 23/24 Q1 Mortality and Learning from Deaths Report

Dr Stone presented the report and noted there were no additions or highlights to the Board.

Prof Morgan referred to the Thematic review of all SJCRs reviewed and the Senior review, linking to the TPR report where Senior Review to be completed at 23:59 (special cause concern was previously shown with a run below the mean from Apr 2022 to Oct 2022) was reported. He questioned whether this was part of the same issue and a cultural issue around timeliness of senior reviews. Dr Stone clarified that these were reported differently but it was not completely understood whether they were related and agreed to look into this further.

Action: Dr Stone

Prof Morgan also raised the language used in the report and the perception it can give when reading externally. This view was also shared by Dr Boyd, in particular around the ‘no harm’ in the context of learning from deaths and for the benefit of the public understanding that this means that death would have been a likely outcome regardless of what happened. Dr Stone agreed to review the use of that phrase.

Action: Dr Stone

99 23/24 Quality and Safety Assurance Committee

Dr Holmberg provided an update from the Committee's November meeting. He shared the committee's concerns around the Trust working outside of its comfort zone in terms of waiting times on emergency and elective care and the harm that this could bring to the patients. In response, the Trust had planned a number of enhanced clinical reviews for patients on long waiting lists, to look at harms but also to provide as much information as possible for assurance with regard to the care of patients. For example, being retained in A&E for longer than should be and that their care had not suffered as a result of being treated perhaps in a non-conventional area. Dr Holmberg also shared the committee's discussions on understanding the burden and challenge around diagnostic services and while a further focus on this was welcomed, the Committee was looking for assurance that all such initiatives are targeted to reduce patient harm as much as possible. Ms Hansen confirmed that there was a Waiting List Harms Task and finish Group established with a proposal for a process of identifying and monitoring patients on those waiting lists in the process of development, to be presented to Ms Hansen and to the Quality Committee.

Action: Ms Hansen

Mrs Parkes added that the Committee had agreed the terms of reference for the Quality Committee, Patients Safety and Clinical Effectiveness Sub Committee and the Patient Experience Sub Committee, which were an important step in the Trusts quality governance improvement.

The Board noted the report and agreed in principle to support the Quality Committee (as the renamed Quality & Safety Assurance Committee) to implement the new terms of reference with formalities to be addressed at the next available Board meeting in January 2024.

100 23/24 Trust Priorities Report: Elective Recovery and Acute Flow Elective Update

Ms Hansen reported that there had been ongoing management of high-level acute activity around discharge which was impacting on some of the elective work. Surgery had not been cancelled but it had impacted on some work being undertaken such as clinicians being called away from SPA and admin sessions to support the senior discharge elements that were required on OPEL 4. Ms Hanson also raised the theatre staffing, retention and sickness rates in theatre were an issue that were being addressed. The industrial action of junior doctors and senior clinicians had impacted on availability of some of the theatres.
The Board requested the Digital, Performance and Finance Assurance Committee receives a detailed briefing around the issues in relation to theatre staffing and mitigations to address.

Action: Mr Dillon/Ms Hansen

Ms Hansen advised that the Trust and as an ICB, had moved into the Tier 1 regime for both the elective and cancer. Consequently, this brought fortnightly ICB and regional performance meetings around where the Trust was with its trajectories, participating along with other ICB Trusts.

Ms Hansen positively reported that the CPD (core patient database software system) now had the ability for clinicians to be able to identify when there is no cancer directly with the patient at the time of their appointment. This saved on productivity and time from an admin perspective in tracking patients and some of the delays.

There was also an electronic platform for patients, to act as guidance for 'keeping fit for surgery' and being able to get patients as fit as possible before their surgery. Further developed support for patients was around PIDMAS (patient initiated mutual aid system). This was to allow patients, if they've been waiting and want to change provider, the ability to contact the Trust and say that they would like to be seen and treated at another provider. This was launched in cohorts with the first in those who had been waiting over 40 weeks. However, the ability to offer alternative locations have been challenging because of lack of capacity and as a consequence, the next cohort has been postponed.

It was highlighted that additional endoscopy sessions that were mobilised resulting in an additional 18 sessions a week which was reducing some of the long waiting times that were impacting on both RTT and cancer. Work was ongoing with Care Groups to take a look at scheduling elective theatres, outpatients and diagnostics to create more capacity into cancer priority, which would consequently impact on elective waiting times.

Mr Bertram shared with the Board as part of the financial plan work, work that had been undertaken with Care Groups to ensure that the Trust was not insourcing or outsourcing work that would increase the Trusts financial deficit. There could be two or three instances where this might be challenged. Discussions with providers are ongoing, and there are two options: renegotiating rates or discussing productivity improvements to increase throughput. If these issues cannot be resolved, the Board may need to discuss the action to take. Ms Hansen added that the discussion around performance also focused on understanding the threshold between high-cost specialties and low-cost specialties, the margin difference, and its impact on waiting time quality. A balance of risk and finance approach taken, considering the impact on the decision to proceed or not.

Urgent and Emergency Care

In October, the Trust experienced the highest number of patients through the ED in the previous two years, causing intense pressure on staff. Several workstreams were ongoing, with some action and mitigations detailed in the report. A rapid improvement program was introduced, which was collated through listening events with ED staff, focusing on their personal wellbeing and frustrations. This led to right sizing work on wards, reviewing at ward-sided specialities, and ensuring the right areas and locations for the site. This should enable an improvement in outliers and reduce the number of reviews undertaken later in the day to enable earlier discharge.

Too many patients were in the ED York for too long whilst waiting to be admitted to a bed. The medicine care group had agreed to a number of changes including frailty and preventing admission. The medicine group will be writing a model of care proposal, which will significantly impact both the patients' journey and the 12-hour performance because patients would be heading to the right place of for their onward care.

Mr Barkley questioned the outcome of the Multi-Agency Discharge Event (MaDE) that took place in November with all partners to facilitate prompt discharge of patients and identify key themes to be addressed to improve timely discharge for patients. Ms Hansen advised that it was not the desired outcome and further engagement was needed. Further events were to be scheduled throughout winter, where importance of attendance was clear and understood by relevant local authority social services.

101 23/24 Emergency Preparedness Resilience and Response (EPRR) Core Standards – Amendment to Compliance Grading

Ms Hansen presented the report. She described that a lot of the themes were around process and minor policy adjustments. The ambition for doing some testing next year was

a huge undertaking and therefore support had been sought from the ICB and region to be able to do that next year.

Prof Morgan highlighted a disparity between the action plan requiring a 24 month period to complete and the compliance certificate stating that full compliance was to be achieved within 12 months. Ms Hansen agreed that this discrepancy was an issue and agreed to revise the report and resubmit back to the Board if necessary.

Mr Barkley questioned how the Board were to receive assurance on progressing of the action plan and it was agreed that this would be received quarterly.

Action: Ms Hansen/Mr Taylor

Post meeting note: NHS England had agreed that the hard reset and a revised assurance grading of non-compliant had rendered the 12 month time period as unachievable. As a result, a new compliance certificate was provided that had removed any mention of a time period in which to complete the action plan.

As a result of the revised assurance grading of non-compliant and a new compliance certificate, the Board:

- **approved the revised assurance rating of "Non-Compliant" with the NHS England EPRR Core Standards**
- **Endorsed the revised EPRR Action Plan.**

102 23/24 Digital, Performance and Finance Assurance Committee

Mrs McConnell reported on the November meeting of the Committee. Mrs McConnell highlighted that the committee had focussed on two key areas in performance and finance. Of particular note was the 2,341 lost bed days due to criteria to reside which was 28% compared to a target of 10% and the implications of that around ambulance waiting times and ED.

The Board acknowledged that this was Mrs McConnell's last meeting of the Board held in public following her resignation at the end of December and thanked her for her valued contribution to the Board during her tenure as Non-executive Director and for undertaking the role of Chair of the Committee in the absence of Mrs Mellor.

103 23/24 Finance Update

The Board noted an adjusted deficit of £31.0m against a planned deficit of £13.3m for the period to October 2023. The deficit had further deteriorated against plan, with an adverse variance of £17.7m compared to £15.7m in month 6. Mr Bertram described that the work on the recovery plan with care groups showed some slowing down of the rate of deterioration. He further described that in November, £800m was released into the NHS to cover strike costs and a further £300m release had been made to reset elective recovery fund baseline targets for organisations. In total, £1.1billion worth of funding was made available nationally. The Board held an extraordinary meeting on 20 November, and confirmation was received that all adjustments were anticipated to be incorporated into the Trust's month 8 position. This included £2.5m to cover strike costs and a further £2.5m ERF adjustment, making a £5m gross improvement in terms of the elective recovery target. The latest iteration of the Trust's financial recovery plan, with the delivery of the corporate efficiency programme, suggests an adverse variance of £12 million by the end of the financial year. The ICB was releasing a further £4.5m to the Trust, taking the Trust to £7.5m adrift of plan as described at the extraordinary Board meeting. The Trust was

working with the ICB to take action to seek to recover the position as safely as possible and as described in the report (page 189 and 190).

Mr Bertram informed the Board of the approval given at the August Board of Directors meeting for an emergency cash application due to the Trust's trading deficit. This was confirmed for November, ensuring no cash issues to report this month. The national team was working with the Trust to determine the necessary emergency cash support levels for December, which would be impacted by the release of additional resources as described.

Mr Barkley questioned the timescales for comparing the WTE pre-covid to the current position. Mr Bertram advised that it was anticipated the workforce analysis to assess VFM (Value for money) would be completed by the end of November with only 18 VFM's yet to be completed. The VFM evidence was to be summarised through the Digital, Performance and Finance Assurance Committee and then expected to be able to confirm at the December Board meeting that the work had been completed.

104 23/24 Premises Assurance Model (PAM)

Penny Gilyard, Director of Resources for York and Scarborough Facilities Management stated that the NHS Premises Assurance Model (NHS PAM) is an annual statutory report for NHS England covering various non-clinical support disciplines. The report provides a summary of the process and details the results of a self-assessment exercise submitted in September.

Penny further advised that the PAM had 8 indicators and highlighted the area for improvement notes in relation to Helipads meeting CAP1264 standards for helicopters landing areas at hospitals, would continue to be non-compliant as this related to volume of flights therefore more suited to a heliport.

Penny acknowledged the need for future plan improvements and shared the internal audit team's support in reviewing the process. The PAM should be integrated with the risk register and backlog maintenance priority program.

Mr Hawkins questioned the annual reporting and whether there was trending information available and any benchmarking against other Trusts. Penny shared that benchmarking was a possibility and the trend data was available but had not been used as a model. This was something to take forward along with tighter governance reporting and monitoring through the EPAM meeting.

Mrs Parkes highlighted her concern in relation to cleaning standards and understanding what should be delivered against what was actually being delivered and the consequences around this.

Mr Barkley inquired about the arrangements for peer review work, and Penny informed that a Peer Review Committee would be introduced to collaborate with other Trusts and ICB colleagues to share best practices.

The Board shared that the report didn't provide assurance in particular around quality checks and for this to be considered in future PAM reports.

The Board retrospectively approved the NHS PAM but acknowledged that the self-assessment outcomes provided limited assurance.

105 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 31 January 2024.