

## Minutes Board of Directors Meeting (Public) 27 November 2024

Minutes of the Public Board of Directors meeting held on Wednesday 27 November 2024 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 10.00am and concluded at 12.20pm.

### Members present:

#### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon (*Via Teams*)
- Dr Stephen Holmberg
- Mrs Lynne Mellor
- Ms Helen Grantham, Associate Non-Executive Director

#### Executive Directors

- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Dr Karen Stone, Medical Director
- Mrs Dawn Parkes, Chief Nurse & Maternity Safety Champion
- Miss Polly McMeekin, Director of Workforce and Organisational Development
- Mr James Hawkins, Chief Digital and Information Officer

#### Corporate Directors

- Mrs Lucy Brown, Director of Communications
- Mr Mike Taylor, Associate Director of Corporate Governance

#### In Attendance:

- Ms Sascha Wells-Munro, Director of Midwifery (For Item 11)
- Ms Kim Hinton, Deputy Chief Operating Officer *deputising for* Ms Claire Hansen, Chief Operating Officer
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

#### Observers:

- Dr Gary Kitching, Staff Governor (*Via Teams*)
- Ms Abbi Denver, Staff Governor (*Via Teams*)
- Linda Wild, (*Via Teams*)
- One member of the public

### 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

### 2 Apologies for absence

Apologies for absence were received from:

- Mrs Jenny McAleese, Non-Executive Director
- Prof Matt Morgan, Non-Executive Director
- Ms Claire Hansen, Chief Operating Officer

### 3 Declaration of Interests

There were no new declarations of interest.

### 4 Minutes of the meeting held on 23 October 2024

The Board approved the minutes of the meeting held on 23 October 2024 as an accurate record of the meeting.

### 5 Matters arising/Action Log

The Board noted the outstanding actions which were on track or in progress. The following updates were provided:

**BoD Pub 23 (23/24)** Share relevant connections with established clinical activities to support portfolio research delivery.

Dr Stone advised that this had been covered in the research strategy presented to the Board at the last meeting. The action was therefore closed.

**BoD Pub 17** *Add SPC charts for emergency care attendance and Type 1 attendances to the TPR.*

**BoD Pub 18** *Statistical Process Control (SPC) chart to be added to the TPR for non-elective admissions data.*

Mr Hawkins advised that these additions had been made to the TPR. The actions were closed.

**BoD Pub 22** *Review use of the terms “baseline” and “target” in the TPR.*

Mr Hawkins reported that the Executive team had met to discuss and review the TPR in depth. The term “baseline” had been removed and had been replaced with a monthly trajectory. The action was closed.

**BoD Pub 26** *Include in the TPR unvalidated data on operations cancelled on or after the day of admission.*

Mr Hawkins advised that his team were working with Care Group colleagues to determine a method to represent this data in the TPR. The due date was deferred to January.

**BoD Pub 27** *Ensure sub-divided data on attendances in ED is added to TPR.*

Ms Hinton advised that this data would be included in next version of TPR; Mr Hawkins reminded the Board that it had been circulated as an extra paper for the last meeting.

**BoD Pub 28** *Provide further information to the Board on the categorisation of patients arriving at ED by ambulance.*

It was agreed that Ms Hinton would provide this information by email after the meeting.

**BoD Pub 37** *Ensure that the narrative in the TPR section on complaints to the Trust is updated for the next meeting.*

Mrs Parkes advised that the narrative had been updated. The action was closed.

**BoD Pub 39** *Add Medical Education Annual Report to the Board workplan.*

This action had been completed.

## 6 Chair's Report

The Board received the report.

## 7 Chief Executive's Report

The Board received the report.

Mr Morritt began by reporting that unfortunately there had been a delay to the opening of the new Urgent and Emergency Care Centre in Scarborough Hospital. On a more positive note, he highlighted the launch of the *Our Voice Our Future* Design phase and the accreditation of Bridlington Hospital as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national data quality audit programme. Congratulations to the orthopaedic surgery team were recorded.

Mr Morritt noted that no details had been released regarding the allocation of funding promised in the Autumn Budget announcement. Mr Barkley advised that he had taken part in an informal meeting held between the Chair of the ICB and Chairs of its provider organisations. The delay in the release of funding details was noted and the Chair of the ICB had been asked to seek further information on behalf of providers.

Mr Morritt referred to the letter received from NHS England outlining how the NHS operating model was evolving and plans for the updated NHS Oversight and Assessment Framework and a new NHS Performance, Improvement and Regulation Framework. This provided clarity on the role of the ICB; performance of providers would be the responsibility of NHS regional teams.

Mr Morritt reported that Dr Ed Smith had been appointed as Medicine Care Group director and highlighted the Star Award nominations. A number of examples were shared for particular note.

There was brief discussion on how volunteer flu vaccinators would be thanked for their work. Mrs Parkes assumed responsibility for this.

## 8 Quality Committee Report

Dr Holmberg highlighted the key discussion points from the meeting of the Quality Committee on 19 November. The Committee had received a presentation from the Surgery Care Group which included an update on medical outliers on surgical wards. There were still issues around escalation as protocols had not been effectively disseminated and workload of clinicians was also a contributing factor. The Committee would continue to monitor the issue. The Day Care ward at Scarborough Hospital was being used extensively out of hours and there had been discussion on the issues arising from this. There had also been discussion on the backlog of minor works and the apparent lack of a logical prioritisation. Ms Charge noted that backlog maintenance had been discussed by the YTHFM Management Group; she advised that there was a prioritisation process, but the Estates team were often side-tracked from the planned list of works to attend to issues arising on a day-by-day basis. The cost of resources had also contributed

to the backlog. Ms Charge observed that a clearer understanding of maintenance issues across the organisation was needed.

Dr Holmberg advised that Surgery Care Group leaders had escalated issues associated with therapy equipment storage. Ms Hinton explained that the Allied Health Professional (AHP) team had been tasked with rationalising equipment. Identifying suitable accommodation for the equipment was the responsibility of the Clinical Estates Team which was working with AHP leads.

Dr Holmberg reported that complaints were focus of the Surgery Care Group; the main themes were communication and waiting times. Mrs Parkes commented that the team managing complaints were being supported to increase efficiency and matrons were being asked to consider how they could communicate better with patients and families to prevent complaints arising.

Dr Holmberg reported that an Unscheduled Care Assurance Group had been established. The Committee had approved the Terms of Reference and would receive regular updates from the Group's meetings. The Committee had also been asked to consider the potential for patient safety risks arising from the Patient Tracking List. It was agreed that there were unlikely to be any large-scale risks. Mr Barkley noted that an internal audit was due to be undertaken on the adequacy of controls over this waiting list.

Mrs Parkes reported that the Deputy Director of Infection Prevention and Control had presented a paper to the Committee detailing the actions in place to reduce the level of Health Care Acquired Infections. Mr Barkley noted that the infection data in the TPR report was still concerning.

## **9 Resources Committee Report**

Mrs Mellor briefed the Board on the key discussion points from the meeting of the Resources Committee on 19 November. The Committee had raised concerns around Urgent and Emergency Care performance. The new Optimal Care Service was also being underutilised. The Committee noted that external support was in place to help drive improvement plans and it was hoped that these would begin to evidence impact.

Mrs Mellor advised that industrial relations with staff at the Scarborough, Hull, York Pathology Service (SHYPS) continue to be challenging.

Committee members had expressed concern at the disappointing response to the Staff Survey: the Trust was currently tracking 10% behind the peer average. The value of staff engaging with the survey had been emphasised. Flu vaccination rates were also of concern.

More positively, Mrs Mellor reported that £6m of national funding had been secured for capital works on the York site which would be directed towards improving patient flow. Overall financial pressures remained but the Cost Improvement Programme had delivered £26.5m at Month 7, which was a record level of savings for the Trust.

Mrs Mellor reported that the Chief Pharmacist had presented to the Committee on the subject of high-cost drugs. A deep dive had been requested from YTHFM on backlog maintenance.

Mr Barkley questioned how decisions would be made on the allocation of the £6m funding. Ms Hinton responded that the projects had already been scoped as part of the bid. These would then be prioritised by a programme group and would be discussed with staff working in the Emergency Department and the Integrated Assessment teams. Mr Bertram reported that a Memorandum of Understanding had been signed and that the funding must be spent by the end of the financial year. Ms Hinton explained that the impact of the work would be to increase clinical capacity.

## 10 Trust Priorities Report (TPR)

The Board considered the TPR.

### Operational Activity and Performance

The further deterioration in the numbers of 12 hour trolley waits was noted.

Ms Hinton referred to the percentage of Type 1 Emergency Department attendances which resulted in admission to hospital and explained that the figure included patients moved to assessment areas, in addition to those transferred to inpatient wards. Further work was ongoing on the data to show this distinction.

Dr Boyd highlighted the positive performance of the Optimal Care Services at both York and Scarborough Hospitals against the Emergency Care Standard. Ms Hinton agreed and confirmed that performance should be sustained at York even as the number of patients increased but the resourcing of the Service in Scarborough would need to be considered.

Mrs Mellor observed that the number of Type 4 patients attending Emergency Departments as walk-ins might increase as a result of GP industrial action. Ms Hinton confirmed that the number had increased. An analysis of the reasons for the attendances was being undertaken. Ms Hinton updated the Board on recent GP contract negotiations and advised that the number of GP practices refusing to undertake non-contracted work was variable and therefore the impact on the Trust from day to day was difficult to predict.

Ms Charge queried the figure for ambulance handover times over 240 minutes, which was a low but consistent figure. Mrs Parkes explained that the figure correlated directly with overcrowding in Emergency Departments and rates of discharge at peak periods. Mr Barkley asked why the percentage of Emergency Department attendances streamed to Same Day Emergency Care within 60 minutes was low. Ms Hinton responded that there were delays between triage and streaming which needed to be addressed by ensuring that appropriate staffing was in place. There was a brief discussion on the relaunching of the “no call before convey” strategy. Ms Hinton advised that consideration would be given as to how to record the impact.

Ms Hinton provided further information about the new OPTICA software and its potential impact on discharge management. She reported that a one-week Multi-Agency Discharge Event was in progress and had made a positive impact, particularly on the Scarborough site.

Referring to the Cancer scorecard, Ms Hinton explained that performance had dipped in September as there had been less operational activity in August. The team were working to manage activity such that these dips were avoided.

Referring to the Referral to Treatment scorecard, Ms Hinton advised that the increase in waiting times over 65 weeks was due to patients waiting for Neurology treatment. Action

plans had put in place, but delays had occurred due to an unplanned sickness absence. Further resources were being allocated where possible.

Ms Charge asked if the waiting times for the Rapid Access Chest Pain clinic were improving. Ms Hinton responded that they had improved by 10% and should improve further by the end of the year. In response to a question, Ms Hinton advised that some delays to the treatment of children and young people was due to patient choice, for example where day care surgery was scheduled during the school term.

A query was raised about the Community Response Team referrals and what proportion of these were urgent. Ms Hinton agreed to investigate and report back.

**Action: Ms Hinton**

Mr Barkley challenged that Virtual Ward beds should be full, given the operational pressures on the Trust's inpatient wards. Ms Hinton advised that there was work ongoing to prioritise virtual ward beds.

### Quality and Safety

Mrs Parkes highlighted ongoing efforts to reduce the level of Health Care Acquired Infections.

A query was raised about the figure for the fracture neck of femur patients treated within the gold standard timeframe. Mr Hawkins would investigate and report back via email.

**Action: Mr Hawkins**

### Workforce

#### Digital and Information Services

There were no questions or comments.

### Finance

Mr Bertram advised that the financial position was £1.2m adrift of plan at Month 7, with a £3.6m deficit forecast. This adverse variance was entirely due to the impact of the recent pay award which had not been fully funded. As this was a result of the algorithm which had been used by NHS England, discussion continued at ICB level as to how this might be addressed.

Mr Bertram referred to the assumptions made in forecasting income and expenditure. The summary in the report had been shared with NHS England and the ICB and demonstrated the key indicators of pressure on the budget and the opportunities to generate income through better coding of activity. Mr Bertram reminded the Board that there was a provisional agreement with the ICB for a further £5.65m to be released to the Trust, based on forecast ICB underspends. This had not yet been transacted and therefore represented a risk to the budget.

Mr Bertram drew attention to the best, likely and worst case scenarios detailed in the report. These had been shared with the ICB and system-wide discussions were taking place on how best to manage developing scenarios.

Mr Bertram reported a consistent reduction in the agency budget, resulting in the Trust having been below the NHS England cap of 3.2% averaged over the current financial year. This was a significant achievement and had been driven by the work undertaken to reduce nursing agency and bank shifts. Work was underway to reduce reliance on high cost medical locums.

Mr Bertram highlighted the progress of the Cost Improvement Programme: £23.5m of mostly recurrent savings had been delivered by Month 7. The target of £53.3m remained challenging, not least as a number of plans were considered at high risk of non-delivery. Finally, Mr Bertram noted that, based on the forecast position, the Trust was expected to require cash support by March, unless further cost savings and the ICB input of £5.65m were realised.

Mrs Parkes noted that the lower reliance on agency nurses would result in improved patient care and staff experience.

Mr Bertram clarified that the likely case scenario assumed that the Trust would be compensated for the shortfall arising from the staff pay award.

The Board thanked Mr Hawkins and his team for the clearer format and content of the TPR.

## **11 Maternity and Neonatal Report (including CQC Section 31 Update)**

Ms Wells-Munro presented the report and highlighted:

- a reduction in the percentage of Post-Partum Haemorrhages over 1500mls to 3.8%; work continued to improve clinical care to reduce the rate further;
- there had sadly been one stillbirth case in August which would be reviewed using the National Perinatal Mortality Review tool;
- progress against the Single Improvement Plan was slowing and there were more milestones off track;
- a report for the Maternity Incentive Scheme would be brought to the Board in January 2025 before the full submission in March 2025; Ms Wells-Munro cautioned that the Trust would not be compliant with the Continuity of Carer element due to resource issues.

Ms Wells-Munro referred to the list of key achievements in October 2024, noting that funding had been secured from the ICB to appoint two midwives to improve health inequalities.

In response to a question from Mr Barkley, Mrs Parkes outlined the structure of governance oversight for Maternity Services: this was through the Maternity Assurance Group and Quality Committee.

There was some discussion on the Continuity of Carer element of the Maternity Incentive Scheme which would not be achieved. Ms Wells-Munro assured Board members that this was not a safety issue, but research showed that clinical outcomes were better with continuity of carer and more positive for women with health inequalities.

Mr Barkley noted that there had been issues with the Badgernet software used by the Service. Ms Wells-Munro advised that the Badgernet Digital steering group had been reinstated as there had been challenges with the system. It had also been determined that the functionality was different from that available in other Trusts. Ms Wells-Munro would provide a progress report at the next meeting.

Mr Barkley also asked about the security arrangements for the Scarborough Maternity Unit. Ms Wells-Munro explained that the implementation of the electronic baby tagging system had been delayed whilst issues with the estate were addressed.

**The Board approved the CQC Section 31 Update, subject to the correction of a minor typographical error.**

## **12 CQC Compliance and Journey to Excellence Update Report**

Mrs Parkes presented the report, noting that there were now only eight actions remaining open which would be moved to business as usual. A meeting with the CQC was scheduled for 28 November, at which discussions to close the Mental Health Risk Assessment Section 31 Notice would be progressed.

## **13 Premises Assurance Model (PAM)**

Ms Charge presented the report, noting that the Premises Assurance Model for 2023/34 had been submitted to NHS England in September. She highlighted the deterioration in fire safety, particularly with regard to fire doors. A Business Case was being progressed and a Fire Safety officer appointed. The Fire Safety Policy was currently being reviewed through the appropriate governance routes.

Mrs Mellor referred to the migration of the Estates Team's Computer Aided Facilities Management (CAFM) systems and noted that this had been ongoing for a lengthy period. It would be useful to have a post implementation review. Ms Charge agreed to progress this with the Director of Resources.

**Action: Ms Gilyard**

There was discussion on the cost of compliance with waste and recycling management. It was noted that clinical waste needed to be segregated from non-clinical waste. Ms Charge was asked to ensure that more details were provided to the Board by the Director of Resources.

**Action: Ms Gilyard**

Mr Barkley queried the cost associated with cleaning compliance as the Trust's cleaning costs were slightly above the average in model hospital. Ms Charge responded that a review of cleaning services would be a priority for the newly appointed Managing Director.

It was noted that the reporting line for YTHFM was through its Management Group, the Executive Performance Assurance Meeting and the Resources Committee.

## **14 Group Health and Safety Policy**

Mrs Parkes presented the policy which had been updated and transferred to the new Trust template.

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

## **15 Questions from the public received in advance of the meeting**

There had been no questions submitted by members of the public.

## **16 Date and time of next meeting**

The next meeting of the Board of Directors held in public will be on 29 January 2025 at 9.30am at York Hospital.



As this was Mrs Mellor’s last meeting, the Board recorded its thanks to her for her much valued contribution as a Non-Executive Director.

APPROVED