

## Minutes

### Board of Directors Meeting (Public) 29 January 2025

Minutes of the Public Board of Directors meeting held on Wednesday 29 January 2025 in the Boardroom, Trust Headquarters, York Hospital. The meeting commenced at 9.30am and concluded at 12.30pm.

#### Members present:

##### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Mrs Jenny McAleese
- Prof Matt Morgan
- 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 and Executive Maternity Safety Champion
- Ms Claire Hansen, Chief Operating Officer
- 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

##### In Attendance:

- Ms Jane Hazelgrave, Non-Executive Director designate
- Mr Mike Taylor, Associate Director of Corporate Governance
- Ms Paula Gardner, Insight Programme
- Ms Virginia Golding, Head of Equality, Diversity and Inclusion (For Item 13)
- Ms Sascha Wells-Munro, Director of Midwifery (For Item 14)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

##### Observers:

- One member of the public

## 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting with a particular welcome to Jane Hazelgrave, who would be joining the Board formally as a Non-Executive Director on 26 February 2025.

## 2 Apologies for absence

Apologies for absence were received from:  
Dr Stephen Holmberg, Non-Executive Director

## 3 Declaration of Interests

There were no new declarations of interest.

## 4 Minutes of the meeting held on 27 November 2024

The Board approved the minutes of the meeting held on 27 November 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 26** *Include in the Trust Priorities Report (TPR) unvalidated data on operations cancelled on or after the day of admission.*

Mr Hawkins advised that his team were working to align the methodology for calculating this metric with that of NHS England, to be introduced in a new version of the TPR in the spring. The due date was amended to May.

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

This data had been added to the TPR and the action was closed.

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

This information had been circulated by email to the Board and the action was closed.

**BoD Pub 36** *Report back to the Board on waiting times for the Rapid Access Chest Pain Clinic.*

The waiting times had been added to the TPR and the action was closed.

**BoD Pub 38** *Provide the Quality Committee with more detailed information about complaints.*

Mrs Parkes reported that the Mid-Year Complaints report had been presented to the Quality Committee at its meeting on 21 January 2025 and further information on the September position had been sent to the Chair. The action was closed.

Mr Barkley advised that the Council of Governors had requested further information about complaints, and he proposed adding both papers to the next Council of Governors' meeting agenda.

**BoD Pub 40** *Investigate and report back on Community Response Team referrals and what proportion of these are urgent.*

Information on Community Response Team referrals had been circulated to the Board by email. The action was closed.

**BoD Pub 41** *Investigate and report back via email on the figure for the fracture neck of femur patients treated within the gold standard timeframe.*

Mr Hawkins advised that the figure was a percentage; this had been clarified in the TPR. The action was closed.

**BoD Pub 42** *Provide a further update on Neck of Femur pathways to the Quality Committee.*

An update had been provided to the Quality Committee. The action was closed.

**BoD Pub 43** *Provide an update on the migration of the Estates Team's Computer Aided Facilities Management (CAFM) systems, including progress towards a post implementation review.*

Mr Taylor provided an updated on behalf of YTHFM colleagues which would also be circulated to the Board: the system had been implemented and used on a small number of asset types. Computer Aided Design drawings had been obtained for laser surveys at UECC, Bridlington, Malton and Selby sites but gaps remained at Scarborough and York. The target for full implementation was by September 2026 when a post-implementation review would be completed. The action was closed.

**BoD Pub 44** *Ensure that more details are provided to the Board on the cost of compliance with waste management requirements.*

Mr Taylor provided an updated on behalf of YTHFM colleagues which would also be circulated to the Board: a Business Case to purchase additional waste management facilities was being drafted. The action was closed.

## 6 Chair's Report

The Board received and noted the report.

## 7 Chief Executive's Report

The Board received the report. Mr Morrith highlighted:

- the increase in operational pressures over the Christmas and New Year period which reflected the national picture;
- the National Planning Guidance for 2025/26 had still not been received although details had been released regarding plans to reform elective care and to recover the 18-week referral to treatment standard;
- the unannounced visit of the Care Quality Commission (CQC) to the York Hospital site on 14 and 15 January to inspect and re-rate Urgent and Emergency Care, and to review pathways as part of the wider York system; Mr Morrith explained that there had been some confusion over the nature of second inspection which was in fact an inspection to re-rate medical care; the CQC had subsequently issued an apology;
- the appointment of a new Managing Director for YTHFM: Mr Chris Norman would begin in post on 1 April;
- Star Award nominations.

## 8 Trust Strategy 2025-2030 "Towards Excellence"

Mr Morrith drew attention first to the summary paper which detailed the process by which the strategy had been developed. The final draft was now being presented to the Board for approval. A strategic scorecard would be developed, to be presented to the Board at its March meeting. Mr Morrith cautioned that, in approving the new strategy, the Board needed to be mindful of the evolving operating environment and as such the strategy would be reviewed annually.

Mr Morritt recommended the strategy to the Board of Directors for approval; directors were invited to send any minor amendments to content or format to Ms Brown after the meeting. There was a brief debate on the use of photographs in the document and on the process of communicating the new strategy to staff. It was noted that milestones for delivery of the strategy would be discussed at the Board Development Seminar in March.

## **The Board of Directors approved the Trust Strategy 2025-2030.**

### **9 Quality Committee Report**

Dr Boyd highlighted the key discussion points from the meeting of the Quality Committee on 21 January 2025:

- there had been discussion around the recent visit from the CQC; it was noted that there had been no immediate actions flagged during the visit;
- the senior leadership team from the Cancer, Specialist and Clinical Sciences (CSCS) Care Group had presented to the Committee and had highlighted the development of new pathways for vulnerable patients to bypass Emergency Departments (EDs) and a concern regarding waiting times for Dermatology Services;
- the Deputy Director of Midwifery had reported the position against the Maternity Incentive Scheme safety actions and the Committee had reviewed the Maternity Section 31 submission;
- there had also been discussion around support for perinatal mental health; the Committee had been informed that Trust capacity was stretched in the context of an increasing number of referrals and there were long waiting times for the Mental Health Trust services; support from the ICB had been sought;
- there had been discussion about the Mid-Year Complaints report, particularly around the recurring theme of poor staff attitudes.

Mr Barkley commented that the fragility of the Dermatology service was concerning especially with regard to the significant gap between demand and capacity, although it was noted that solutions to the current issues were being explored.

### **10 Resources Committee Report**

Mr Dillon provided a verbal report of the key discussion points from the meeting of the Resources Committee on 21 January 2025:

- performance in Urgent and Emergency Care was a focus of the meeting, with discussions around the targets set, for example, for 12 hour trolley waits which seemed unrealistic given the current level; Mr Barkley noted that the number in December was lower than that of the same period in 2023 but was clearly still unacceptable;
- there had been a reduction in the number of patients with No Criteria to Reside;
- the Cost Efficiency Programme was forecast to result in £40m in savings in 2024/25 which was an outstanding achievement but not sufficient to meet the target;
- the Trust had attained Level 4 in rostering, from Level 0 twelve months ago; this had resulted in significant savings in addition to benefits for patients and staff;
- there had been 350 graduates from the Health Care Academy and existing staff were also now being offered opportunities to benefit from the Academy's courses; retention rates of Health Care Support Workers had improved significantly.

Mrs Parkes noted that the impact of the Health Care Academy should not be underestimated: it provided firm foundations for new employees and resulted in improvements in quality.

Miss McMeekin clarified that the Level 4 attainment in rostering related to inpatient nursing staff; work was in progress to roll out rostering across the organisation.

## 11 Group Audit Committee Report

Mrs McAleese reported that the Group Audit Committee had met on 10 December 2024. The Committee recommended the corporate documents under Item 19 to the Board for approval. In relation to the regular review of the Board Assurance Framework, the Committee had discussed the number of areas in which the Trust was operating beyond its current risk appetite. The Committee recommended that the Board allocate time to discussing risk scores in context of the Board Assurance Framework.

## 12 Trust Priorities Report (TPR)

The Board considered the TPR.

### Operational Activity and Performance

Mr Barkley noted that the number of patients waiting over 65 weeks had increased since September. Ms Hansen responded that this number was within the trajectory submitted to NHS England and that an increase in December in the number of patients waiting was not unexpected, due to the Christmas and New Year Bank Holidays. She added that NHS England was now not expecting the number to be zero at 31 March 2025. Mr Barkley asked if there were any specialities with more patients waiting longer than others. Ms Hansen explained that Neurology was particularly stretched but work was ongoing to support the service with new strategies. Neurology was an under pressure service nationally so the Trust could not look to system partners for support. Other services with small numbers of patients waiting over 65 weeks were Cardiology and Gastroenterology.

Mr Barkley queried whether the target metric for Emergency Care Attendance should be in the TPR. Ms Hansen responded that these metrics were needed for reporting purposes. Ms Grantham noted that strategies to manage attendances at Emergency Departments were discussed at length by the Resources Committee.

Mr Barkley asked Ms Hansen to send him the report on the timeliness of discharges which was referred to in the TPR.

**Action: Ms Hansen**

Mr Barkley requested that the Health Inequalities data on the average Referral to Treatment waiting times by Multiple Deprivation Quintile be checked for accuracy.

**Action: Ms Hansen**

In response to a question about waiting times for the Rapid Access Chest Pain clinic, Ms Hansen explained that workforce issues had led to a disparity in waiting times between the York and Scarborough sites. Recruitment was ongoing and job plans were also being reviewed. Ms Hansen would circulate the action plan.

**Action: Ms Hansen**

There was discussion on the metric for first outpatient appointments. Ms Hansen observed that she had no concerns.

Ms Hansen agreed to investigate the reason why the outsourcing of diagnostics led to longer reporting times than in-house diagnostics.

**Action: Ms Hansen**

Mr Barkley referred to the Diagnostics scorecard and queried whether the longer waits for the Audiology service were due to high patient numbers. Ms Hansen agreed that this was the case, as Audiology was a challenged specialty across the ICB; improvement plans were in place. This was also the case for Urodynamics. Ms Hansen advised that medical specialty workforce reviews were being undertaken to support improvement.

Mr Barkley highlighted the low occupation of virtual ward beds and questioned whether this service was of value to the Trust. Ms Hansen explained that the virtual ward beds were usually full by the end of each day: the timing of the reporting showed lower occupancy. It was noted that research demonstrated that virtual wards were more expensive to operate and did not guarantee better outcomes for patients. Use of virtual ward beds was, however, vital when hospitals had no available space to open an extra ward.

In response to Dr Boyd's question, Ms Hansen explained that the Community Response Team was being stretched by competing demands on the service. This was being discussed as a system issue.

#### Quality and Safety

Mrs Parkes highlighted that rates of *C.difficile* infections had been within the trajectory in December which, given the high number of patients, was a positive outcome. Care Groups had now established Infection Prevention and Control meetings, focussed on using data to drive improvement.

#### Maternity

Mrs Parkes advised that she had asked for the metric for the percentage of women smoking at the time of delivery at Scarborough Hospital to be investigated, as it did not seem accurate.

#### Workforce

Ms Charge noted that staff sickness absence resulting from colds and flu had risen significantly, which was very likely to be linked to the disappointing uptake of the flu vaccine. She questioned what could be done to improve take-up rates next winter. Mrs Parkes commented that she had received feedback that too many peer vaccinators had been deployed and that fewer peer vaccinators focussed on encouraging uptake might be more successful. In response to a query, Miss McMeekin advised that there were no published benchmarks for vaccination uptake, but anecdotally the Trust was not an outlier regionally in its vaccination rates. Mr Morritt observed that there was likely to be a response at a national level, given the significant reduction in vaccination rates, which was also reflected in the community.

Mr Barkley queried the number of administrative bank shifts undertaken in December. Miss McMeekin noted that the number had decreased from November and clarified that these were not agency shifts. The use of bank staff would continue to be monitored. Ms Hansen added that bank staff were being deployed to undertake extra work, for example, around Referral to Treatment waiting extra lists.

#### Digital and Information Services

Mr Barkley was concerned that the number of calls to the Service Desk which had been abandoned was high at 25% of the total number of calls.

In response to a question, Mr Hawkins outlined the reasons for the P1 incidents which had occurred in December.

### Finance

Mr Bertram reported that, at Month 9, there was a £14m deficit against a planned deficit of £5m, so the Trust was £9m adrift of plan. This reflected the trajectory which would lead to a year end deficit of £23.7m. The ICB was forecasting a deficit of around £50m but had not invoked NHS England's Protocol, pending further discussions around available resources and cost cutting measures. The Trust was required to support recovery work by not spending outside of its budget and by making every effort to effect further savings. Mr Bertram advised that a further £2.3m of savings had been identified by Care Groups.

Mr Bertram reported that Elective Recovery Fund (ERF) activity was 121% of the 2019/20 baseline activity and income for the year was forecast to be c£21m. However, the ERF would be frozen as of mid-February for all activity from April to December 2024.

Mr Bertram highlighted that agency spend was at 2.9% of the Trust's overall pay bill in Month 9; the Trust had sustained a position below the cap of 3.2% for a number of months which was very positive. The Trust was also forecasting a £40m saving overall, driven by the Cost Efficiency Programme; around half of this total was recurrent savings. This was excellent performance but well short of the £53.3m efficiency target. Mr Bertram advised that the Trust was unlikely to need to request cash support this financial year.

In response to a query, Mr Bertram confirmed that the shortfall from the pay award funding would be around £1.6m.

Mr Barkley questioned why the Surgery Care Group was reporting a negative variance in part resulting from Resident Doctors on rotas over substantive budgets. Mr Bertram explained that this related to unfunded posts which were not in establishment. He agreed that this issue needed to be addressed through tighter financial governance. Miss McMeekin noted that not following Standing Financial Instructions could well be viewed as potential misconduct.

## 13 Equality Delivery System (EDS) Report

Ms Golding presented the report. She observed that implementing the requirements of the Equality Delivery System (EDS) had been challenging but would be ultimately worthwhile in its positive impact. She referred to the services chosen under Domain 1 *Commissioned or provided services* of the EDS and noted that there was no guidance on improving services which were underperforming under the EDS. Improvement would be led by service leads through plans which were locally developed and implemented.

Mr Barkley noted that, according to the report, significant improvement was needed under Domain 2 *Workforce health and well-being* and asked what form this would take. Ms Golding responded that more engagement was needed from the relevant staff networks; also, it would take time for the improvement actions in place to be fully embedded and take effect.

It was noted that the EDS report had been reviewed by the Resources Committee. It was agreed that the Committee would be kept apprised of the progress of the EDS action plans.

**Action: Miss McMeekin**

Ms Golding was thanked for her report, and she left the meeting.

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

Ms Wells-Munro presented the report and highlighted:

- there had sadly been one antenatal stillbirth in November 2024, but no neonatal deaths;
- tragically there had been one maternal death in November; the Maternity and Neonatal Safety Investigation (MNSI) had begun and an After Action Review had been completed; the Trust continued to support the family and staff;
- a baby had been transferred out from Scarborough Hospital for therapeutic cooling; the case had been referred to the MNSI and an After Action Review and Duty of Candour had been undertaken; Ms Wells-Munro outlined the immediate actions put in place following this incident;
- the rate of postpartum haemorrhages (PPH) over 1500mls was 4.2% in November; Ms Wells-Munro referred to the metrics recorded in the Section 31 submission which showed that the Trust was not an outlier but would continue to make efforts to improve its position;
- there was improved compliance in Element 2 of the Saving Babies Lives Care Bundle Version 3;
- the CQC Maternity Services 2024 survey was published in December 2024 and showed an improvement from 2023; women were still reporting good support from the Trust's Midwifery Perinatal Mental Health Team despite capacity issues;
- efforts were being made to support the Mental Health Team and clinical supervision had now been secured;
- issues around GPs prescribing medications for pregnant women were becoming more prevalent; this had been escalated to the ICB by the Chief Pharmacist and mitigations were being put in place;
- work continued to review scrub nurse provision in maternity theatres with a view to reducing the number and investing instead in midwifery staffing;
- work continued to develop an action plan in response to the Perinatal Culture Score survey; the Board safety champions had commenced meetings with the Perinatal leadership team on a monthly basis;
- a visit from representatives of the Local Maternity and Neonatal System had been re-scheduled for 12 February.

Ms Wells-Munro referred to progress against the Maternity and Neonatal Single Improvement Plan which was detailed in the report, along with key achievements in December 2024. She highlighted that the Service did not have a substantive audit midwife which was a mandated post; this had been added to the Service risk register.

**The Board approved the CQC Section 31 Update.**

Ms Wells-Munro was thanked for her report, and she left the meeting.

#### **15 CQC Inspection**

CQC inspection of York Hospital Emergency Department



Mrs Parkes reported that the CQC had made an unannounced inspection on 14 and 15 January. There were two inspections, the first was to re-rate Urgent and Emergency Care pathways. The Trust was informed initially that the second was part of a System Pathway Pressures Inspection, but after the inspection the Trust had been notified that this second inspection was in fact a re-rating of medical care. Mrs Parkes referred to the letters received from the CQC, and the first response sent by the Trust. The second response letter would be shared after the meeting, as it was still being drafted at the time the meeting papers were published.

**Action: Mrs Parkes**

Mrs Parkes advised that no concerns had been raised by CQC inspectors during the inspections. Staff who they had spoken with had communicated the improvement work which was in progress and had managed these interactions well, given the operational pressures which they were under at the time. Mrs Parkes advised that the CQC had given no timeline for the report and her team were currently working through a large volume of data requests. The Board noted the change in CQC processes under its new inspection framework and the increase in requests for data. Mrs Parkes underlined that the Trust's relationship with CQC was open and transparent.

## **16 Mid-Year Complaints Report**

Mrs Parkes presented the report, noting that communication was a core element of the Trust-wide improvement plan for patient experience and engagement.

Mr Barkley highlighted the timeliness of responses to complaints, which needed to be improved. Mrs Parkes responded that the policy had only just been amended and needed to be fully embedded to effect improvement in response rates. She reported that there had been some reduction in the number of complaints more recently and that Care Groups were working hard to improve the speed and the quality of responses. The average response time was reducing and most only just breached the 30 day deadline which was a significant improvement from a year ago.

It was noted that the report referred to complaints received from April to September 2024 and that it would be more valuable for the Board to receive more timely information.

Ms Grantham questioned whether staff were held to account if they exhibited an unprofessional attitude, which was a theme of a large number of complaints. Mrs Parkes explained how individual cases were managed. In addition she commented that one of the roles of Care Groups leaders was to set expectations and hold staff to account. She noted also that compassion shown to patients and families was often challenged in periods of high operational pressures.

Mrs Parkes was asked to confirm that the problems with the Head and Neck Service phone line were now resolved.

**Action: Mrs Parkes**

## **17 CT Mobile Scanner to Support Lung Screening Rollout Business Case**

Ms Hansen presented the Business Case and advised that the Trust had been offered capital funds by NHS England to purchase a CT Mobile Scanner to support the rollout of targeted lung health checks.

**The Board approved the Business Case.**

## 18 Quarter 3 2024/25 Updated Board Assurance Framework

The Board received the Quarter 3 Board Assurance Framework.

Mrs McAleese drew attention to the risk scores which were outside of the Board's risk appetite. There was further discussion around risks PR6a *Failure to deliver financial balance to deliver the 2024/25 annual plan of the Trust's Strategy 2025-30* and PR1 *Inability to provide consistently effective clinical pathways leading to poor outcomes, experience and possible harm*. It was agreed that there were reasons for the target risk score being outside the Board's risk appetite and target risk scores would be reviewed in next year's Board Assurance Framework. It was agreed that a Board seminar session should be dedicated to a discussion on risk appetite.

**Action: Mr Taylor**

## 19 Corporate Governance Framework

It was noted that the Summary of Delegated Authority in the Reservation of Powers and Scheme of Delegation document mandated that expenditure should be within agreed budgets. It was suggested that procurement threshold amounts should be consistent throughout the document.

**The Board of Directors approved the amendments to:**

- **the Trust Constitution**
- **the Scheme of Reservation and Delegation**
- **the Standing Financial Instructions.**

## 20 Questions from the public received in advance of the meeting

There were no questions from members of the public.

## 21 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 26 February 2025 at Scarborough Hospital.