

Minutes

Board of Directors Meeting (Public)

31 January 2024

Minutes of the Public Board of Directors meeting held on Wednesday 31 January 2024 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:30am and concluded at 12:10pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (& Maternity Safety Champion)
- Dr Stephen Holmberg
- Mr Jim Dillon
- Mrs Jenny McAleese

Executive Directors

- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Deputy Chief Executive/Finance Director
- Mrs Dawn Parkes, Interim Chief Nurse & Maternity Safety Champion
- 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 Steven Bannister, Managing Director of YTHFM
- Mr Mike Taylor, Associate Director of Corporate Governance
- Sascha Wells-Munro, Director of Midwifery (for item 115 23/24 Maternity Reports)
- Miss Cheryl Gaynor, Corporate Governance Manager (Minute taker)

Observer:

- Kim Hinton, Deputy Chief Operating Officer – shadowing the Chief Operating Officer
- Adam Laver, Local Democracy Reporter for Yorkshire Post

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.

106 23/24 Apologies for absence

Apologies for absence received from:

- Mrs Lynne Mellor, Non-executive Director
- Prof. Matt Morgan, Non-executive Director

107 23/24 Declaration of Interests

There were no declarations of interest to note.

108 23/24 Minutes of the meeting held on 29 November 2023

The Board approved the minutes of the meeting held on 29 November 2023 as an accurate record of the meeting.

109 23/24 Matters arising from the minutes

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

BoD Pub 05 – digitisation of existing clinical records was underway, and the Trust was beginning to embed the use of MS Teams Channels for reports and meeting papers. On this basis, the Board agreed that this action was now resolved through the means described and would consequently be closed.

BoD Pub 06 – The Board agreed that the value of this action was no longer apparent, with current ongoing work to improve the TPR report. Mr Barkley suggested the continuation of the improved TPR work and then a later decision as to whether there was anything further required. On this basis the Board agreed to close the action.

BoD Pub 09 – Miss McMeekin advised that the ERostering Business case was formally ratified at the Executive Committee on 6th December and consequently the action was closed.

BoD Pub 18 – Ms Hansen provided a presentation to the Board which concluded the action, advising that a further capacity and demand plan was in progress, but diagnostics was segregated into Radiology, Endoscopy and Pathology. When more detailed work and plans were completed, these were to be reported back to the Resources Committee.



Public - Diagnostic
Presentation DPF with

BoD Pub 21 – (Freedom of Information Response Times) Mr Hawkins updated that some central changes had been made to the central aspects of the process but suggested the action remained open as work continued to review the activity and its process. The Board agreed to amend the due date to March 24.

Bod Pub 22 – Miss McMeekin described that it had been agreed that the Nursing Associate establishment would be included in the TPR from February onwards. These were a subset of the occupational code within the national payroll system of clinical support staff rather than registered nursing staff, despite Nursing Associates being registered. Item closed.

BoD Pub 23 – Miss McMeekin requested the due date be extended from February. As this was in tandem with the strategy programme and the research strategy, it was more realistic for July 24. The Executive Lead was to be amended to the Medical Director following recent changes in portfolios.

BoD Pub 24 – Mrs Parkes advised that the complaints process was currently under review and a workshop booked for February with the care groups to focus on agreeing milestones that the complaints process would meet the framework and complaints are responded to within 30 days. It was hoped that this would be concluded in February with a view to amend the complaints policy to reflect any outcomes. The due date was amended to February 24.

BoD Pub 25 – reference to the CQC regime included in the agenda. A briefing report had also been circulated to the Board as the Northern region began in the week. It was proposed to come back to the Board in a development session.

BoD Pub 27 – Miss McMeekin advised this action was now closed. The challenge related to the York site and options of either a taxi home funded or a 2 nights travel lodge was in place, given that no residential options were available on the York Hospital site.

BoD Pub 28 – Dr Stone clarified that the term ‘Senior Review’ had a different meaning for different circumstances. The TPR report included this in terms of whether this had been ticked on CPD (Core Patient Database) or not as a senior review can be completed without ticking the relevant box included in CPD. A senior review with a structure judgement case review was different measure. Item closed.

BoD Pub 29 – Dr Stone advised that the language in the report had been fed back to the relevant team to consider for future reports. Item closed.

BoD Pub 30 – Ms Hansen reported that the waiting time harms task and finish group was set up in October 23 to review the process for reviewing specifically, harm as a result of waiting lists (elective or acute). This was extended further to review how to proactively manage elective waiting lists for other areas such as paediatrics as an example as the impact this has on children for waiting extended periods of time. An outcome of this is a report to the Executive Committee 7th February 2024 for discussion and engagement with care groups and deputies before it is socialised further.

110 23/24 Chair's Report

Mr Barkley thanked the Executive Team and Miss Gaynor for the timely submission of the Board reports and agenda packs for the meeting.

Furthermore, Mr Barkley briefed the Board on his recent attendance to the Bridlington Health Forum meeting which he described as a powerful event with Mrs Liley. The strength of feeling from members of the public who were there, not only around increasing the range of services that the Trust provided at the Bridlington site but also the fundamental issues of primary care, both medical and dental in Bridlington, was self-evident. The event was the lead item on BBD Look North. He advised the Forum that work was underway to ascertain whether it was safe and practical to stand the range of out-patient services and diagnostic services available at the hospital.

Mr Barkley updated the Board on the appointment of a new Stakeholder Governor, Jill Quinn MBE from the Dementia Forward Charity, and the resignation of Public Governor (Selby) Andrew Stephenson.

Mr Barkley shared a reminder to the non-executives for their invitation to attend a Discover and Develop Event held by Humber and North Yorkshire ICS on 22 February 2024.

111 23/24 Chief Executive's Report

Mr Morritt highlighted some key areas:

Winter pressures – Mr Morritt acknowledged the staff who had been and continued to, work through intolerable pressures. He thanked the staff himself and on behalf of the Board for their continued efforts in managing the pressures. The changes to processes for managing flow and support shared risks presented by ED overcrowding, had shown improvements in ambulance handover times and length of time spent in the emergency departments.

Developments in the Integrated Model for Urgent Care – Mr Morritt reminded the Board that the Trust was to become the Prime Provider for a new model of Integrated Urgent Care from April 2024. Working with Nimbuscare as the selected partner to deliver primary care out of hours services element of this. The Trust was currently developing a plan of its provider role across the footprint.

Our Voice, Our Future - The group, consisting of Change Makers, demonstrated optimism and energy at their welcome session in December. They have since undergone training sessions to prepare them for the 'discovery phase' of the programme. They will gather feedback from staff and Board members over a 6-month period, with regular updates to the Board. There will be a further briefing around the change Makers at the February Board seminar.

Support and development for line managers - The Trust had launched a new line manager toolkit to support managers in their roles. The toolkit included resources like documents, videos, flowcharts, and FAQs. It covered the employee journey from recruitment to retention. Training for existing and new line managers was to be provided in the coming months to ensure a consistent and effective workforce experience. Positive feedback had already been received from staff members around the introduction and use of the toolkit.

Planning guidance update - NHS planning guidance was expected to be released in January/February and was yet to be received. The process was likely to continue until April/May for final submissions. The Trust and ICB were working on preparing plans, including service cost details, activity planning, and workforce assessments, even without detailed allocations.

City of York's Council Plan published - The City of York Council's 2023-2027 plan, titled 'One city, for all', aimed to create a happier and healthier city for all, recognising the unique experiences of different areas and focusing on partner organisations' support for its delivery. www.york.gov.uk/CouncilPlan

Star Award nominations – Monthly Star Awards recognise individuals or teams who demonstrate kindness, openness, and excellence in demonstrating the Trust's values to patients or colleagues. Dr Boyd shared that it was great to see a higher profile of the awards through the report and questioned whether the contributors were aware that their nominations were publicised in this way. Mrs Brown shared the process and assured that relevant questions are asked around consent for both the nominator and the nominee. Mr Barkley shared his view of the uplifting and inspiring read and highlighted a nomination from a Chief Biomedical Scientist around leadership, in particular commenting on the role of a manager – leadership not about being the best but about making everyone else better.

112 23/24 Trust Priorities Report

Operational Activity and Performance

Ms Hansen gave an overview of the Trusts operational activity and performance and reported in December 2023, BMA Junior Doctors took strike action, resulting in a loss of seventy-one elective procedures and 458 outpatient first attendances. The Trust reported a decrease in 78-week RTT waiters from thirteen at the end of November 2023. At the end of December, 621 RTT patients were waiting over 65 weeks, 149 better than the end of month trajectory of 770. The Trust was below the trajectory for patients waiting over 62 days on a Cancer pathway at 314, and the December Emergency Care Standard (ECS) position was achieved at 68.6% against a trajectory of 67.8%. The Trust experienced 2,309 lost bed days due to patients without a 'criteria to reside' (NCTR), impacting urgent and emergency care. The Trust was expected to have less than 10% of beds occupied by NCTR patients, which was currently around 27-30%.

Mr Dillon questioned what the factors were that were contributing to the current bed occupancy and Mrs Hanson described, of the 3 ICS provider acute Trust's, York has more or less the highest NCTR within the region as there are challenges within the City of York. The Trust was working with voluntary sectors to address some of the challenges faced locally and be able to wrap care around people, to be able to discharge them home.

Dr Holmberg referred to the 104 and 65 week waits and where the Trust appeared to have done well, which was not felt to be reflected accurately in the assurance column (page 107). Mrs Hanson agreed to examine what was factored into the metrics to better reflect the position in future reporting.

Action: Ms Hansen

In December, the focus was on Operational reset, a process to manage patient flow and escalations in demand. Ms Hansen described that this involved a new process for inpatient ward care to reduce ambulance delays and overcrowding in emergency departments during high demand. Two new elements had been introduced: the national OPEL (Operational Pressures Escalation Levels) framework, which provided greater consistency in calculating OPEL scores across the NHS, and the new Trust's Standard Operating Procedure (SOP) for care in unplanned areas. The OPEL score determined when parts of the SOP need to be enacted.

The new OPEL reporting framework changed the way metrics were counted, leading to a review of actions required. One of the actions was the risk sharing approach to long waiters within the ED. Prior to reset week in December, patients waited in the ED until their bed was available. Staff engaged with staff on how risk could be shared across ward areas and ED. This resulted in the development of the SOP for 'fit to sit' patients, who were able to sit out rather than in a bed. Areas were identified where patients would not normally be located and risk assessments were conducted.

During the operational reset week, measurements were made of Emergency Care Standard 12-hour trolley waits, ambulance handovers, and length of time in the department. In Scarborough, there was an increase in ED performance for type 1 patients from 33% to 50% and York from 43% to 56%, resulting in reduced 12-hour trolley waits and an average ambulance handover of 40 minutes reduced to twenty. The length of time in the ED had reduced for Scarborough but not for York due to the volume of patients.

Work continued with daily drop-in sessions with staff to address concerns and a review of finalising the SOP on 2 February 2024. Ms Hansen confirmed that when a patient is waiting in the ED for 10 hours or more, the implementation of the SOP is reviewed to

share the risk. Mrs Parkes shared that quality impact assessments for each ward team should be considered, and matron follow-ups of risk assessments should be ensured.

Mr Hansen also referred to the virtual hospital project and highlighted that the trajectory for November and December was to have capacity for fifteen virtual beds, fifteen were in place in November and 20 in December, with plans remaining on track to deliver thirty-three by the end of March 2024.

Actions continued to improve the cancer position. The aim of the Cancer Programme is to deliver 75% against the Faster Diagnosis Standard and a maximum of 143 patients waiting over 62 days on the cancer PTL (a list of patients who need to be treated by given dates in order to start treatment) by the end of March 2024.

Ms Hansen further reported on the Outpatient Transformation programme, describing the Trust's participation in the 'Further, Faster' programme, a GIRFT National Outpatient Transformation Programme, across eighteen specialties. The Trust, along with twenty-six other providers, was in cohort 2. Boarding sessions were ongoing, with the aim of reducing or achieving zero RTT52 week waiters by the end of March 2025. The programme was to link into system outpatient transformation and inform established clinical networks.

Dr Boyd referred to the 62 days treatment target for cancer and questioned with part of the contributor to that was the improvement in the faster diagnostic target. Ms Hansen agreed that it had been a contributor in particular in endoscopy where additional sessions had been introduced to support that.

Quality and Safety

Mrs Parkes reported that there had been 9 Trust attributed *Clostridium difficile* (C.difficile) cases in December and advised that there may be an increase seen in January following the impact of the high urgent and emergency care demands and risks around cross contamination. Mr Barkley questioned the comparison and benchmarking of the metrics around pressure ulcers per thousand bed days, patient falls per thousand bed days and medications incidents per thousand bed days. Mrs Parkes explained that the metrics described were average and although it was thought that the Trust was not an outlier, it was agreed it would be helpful to include the comparison with other Trust's if possible, in future reporting.

Action: Mrs Parkes

There had been a reduction in the number of incidents however, there were reporting challenges due to connectivity issues in the incident management system (national DCIQ - Comprehensive reporting and data analytics tool to monitor activity and drive actions towards improvement and management of future risk), especially during December. This may have caused incidents not being reported or duplication of work, posing a risk of distorted incident numbers until duplicates are deleted. Mrs Parkes assured that this feedback had been shared at a Regional Chief Nurse Meeting.

Mrs Parkes congratulated care groups on their focus in closing 109 overdue complaints in December, compared to 67 in November, while investigating and responding to complaints within thirty working days was at 37% compared to 45% in November. It was highlighted that there were some complaint responses that exceeded one hundred days. Further work was ongoing with patients and families to manage issues as they happen to reduce the need for formal complaints.

Workforce

Miss McMeekin gave an overview of the workforce performance for December and shared that the data section within the TPR remained work in progress. The appraisal window for non-medical staff concluded at the beginning of December and the Trust exceeded the 90% target with 92.3%, improving the quality of appraisals and linking them to the Trust's overall objectives was to be a priority in the 2024 appraisals. The Trust had also achieved the 87% target for statutory and mandatory training compliance as well as 94% for induction. Areas for focus for training continued to be medical and dental, specifically within the medicine care group whilst appreciating the pressures that the Trust was under, and that SPA time had been reduced due to the operational pressures.

In terms of vaccination rates, flu vaccinations had fallen to just under 35% and Covid-19 vaccinations fallen to 31.6%. The campaign programme planning for 2024 had begun and a draft plan to be submitted for discussion at Executive Committee in February to aim to confirm what the outline of the plan would be in suitable time prior to the initial programme commencement later in the year.

Dr Boyd highlighted the over recruitment of midwives to plan in the context of the business case to the ICB. Miss McMeekin explained that the Trust had been actively recruiting midwives and the total establishment pulled from the ledger (the desired data pull would be from ESR) which describes the full establishment of 202 and the Trust was reporting 204 midwives in total. There was a high temporary staffing demand in midwifery with high maternity leave and sickness absence. Considering this and removing it from the data, would take the Trust to around 18WTE below the establishment. The headroom for the midwifery establishment was only 22%. It was also considered that a greater amount of uplift for training/study leave should be made increasing it to approximately 27%.

Digital and Information Services

Mr Hawkins considered that the overall performance was good with the exception of a priority 1 incident in December with the Core Patient Database (CPD) where label printers were not working from CPD which consequently affected the wristband, order comms and patient label printing. There was a further incident that occurred earlier in January where users launching CPD were either intermittently connecting or getting an Oracle error message. Following the major Oracle upgrade the service had performed well.

Moving the service desk to be a more digital based self-service and continued to monitor trends to establish if the self service is achieving the desired shift away from telephony as appropriate to reduce overall calls to helpdesk operatives.

In terms of Freedom of Information response rates, the Trust was now performing better in terms of the 20 working day response target and comparatively to last year the team was responding to more in line with legislation, at a level of 71%, despite the increase in the number of Freedom of Information requests received.

113 23/24 Nursing Workforce and Fundamentals of Care

Mrs Parkes presented the report which described:

- Nursing dashboard was being used to triangulate data to understand the emerging picture of the clinical area (staffing and quality).
- Launch of the quality assurance framework and the new set of Tendable (Formerly Perfect Ward) questions
- Ongoing work with the insight and intelligence team to data cleanse and automate the data sets.
- Emerging theme Trust Wide - Nursing care delivered was not reflected in the documentation of care planning and evaluation.

- Embedding the back-to-the-floor visits to ensure senior visible presence in clinical areas.
- With the support of NHS England, a trust-wide review was ongoing with the E-rostering system; this would enable the Trust to understand the weaknesses and improvements required to support an improvement plan to ensure effective roster management is followed.

In terms of the embedding the back-to-the-floor visit, Mrs Parkes highlighted celebrating this, describing the number of visits of areas since September 2023 and the pride that this had been maintained. Mr Barkley shared that the visibility had been appreciated and welcomed on the wards and other departments.

114 23/24 CQC Compliance Update Report

Progress with delivery of actions within the Trust CQC Improvement Plan was being overseen through the fortnightly Journey to Excellence meeting. A further fifteen actions had been completed and agreed to close. There was clear governance around when actions were closed and assurance to the Executive team that there is a sustained position. Mrs Parkes shared that overall substantial progress was being made with the actions and were on track.

Mrs Parkes further highlighted the new regulatory approach and were currently working with the CQC to understand how that would transform to how the Trust is regulated and assessed. Further detail around this was to be included in this report when available.

Mr Barkley referred to the Mental Health Risk Assessment form being transferred onto Nucleus that was planned to go-live in January 24. Mrs Parkes advised that, due to the CPD/Oracle updates, this had been delayed to February 24.

The Board noted the report.

115 23/24 Maternity and Neonatal Quality and Safety Update Report

Sascha Wells-Munro presented the report. The November monthly update to CQC provided progress against the Section 31 concerns and key improvement workstreams in place in the maternity improvement programme. There was a dedicated quality improvement project now in place to support progress with providing assurance around PPH (postpartum haemorrhage) reporting, to ensure that the service had confidence that all processes for PPH management and subsequent reporting were robust and embedded in core daily processes. There was significant rise in PPH cases in November with twenty-three cases (7.2%) that were subject to a full thematic review. The outcome and subsequent immediate actions were to be reported to February Quality Committee and inform any further key actions within the improvement project. Mr Barkley questioned why the completion of antenatal risk assessments had gone down so significantly at the Scarborough site. Sascha described that although it was entirely unclear, there had been issues with Badgernet and some version changes that had occurred within the system. As a result of that there was a detailed audit to be undertaken to understand what the gaps were and what was missed. It was clear that there were connection issues related to the Badgernet system, resulting in staff having to come back to the unit to complete their documentation. The audit will review this to understand why, and further details will be included in the next report.

Action: Mrs Parkes & Sascha Well-Munro

The bi-annual workforce report provided a summary of all measures in place to ensure safe multi-disciplinary staffing across maternity services in line with national standards and recommendations. This included workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, compliance with supernumerary labour ward coordinator (LWC), one to one care in labour and red flag incidents. It also provided a summary of key workforce measures for Obstetrics, Neonatology and Anaesthetics to provide evidence for the maternity incentive scheme year 5. In line with the required standard and minimum evidential requirements of the Maternity Incentive Scheme Year 5, Safety Action 8, a local training plan had been developed to support implementation of Version 2 of the Core Competency Framework. Based on the How To guide developed by NHS England, the plan would ensure the ability of the Trust's Multi-disciplinary maternity teams to know and be aware of the core mandated training and competency requirements for each professional group. Dr Boyd referred to the headroom count discussed in the workforce TPR and suggested that the training plan had now made it clearer and identifiable what the training needs were across the piece and that this would feed into the required establishment. Sascha confirmed that there was a minimum of 37.5 hours just to meet the core competency framework and then Trust mandatory training and requirements. Headroom needed to be at 24% as a minimum to enable the release of staff for training as well as all other pressures faced in the service. Mr Bertram sought and received assurance around the 20% allocation (4 days of training) and whilst this was not enough capacity to deliver everything in the training programme, every effort was being made to make a start.

Mr Barkley further questioned the non-compliance with the requirement to monitor consultant attendance at clinical situations and that this process was currently under review by the clinical director. He questioned when this was to be completed by. Sascha advised that this would be reported to Board in February.

Action: Mrs Parkes & Sascha Wells-Munro

Mr Barkley also highlighted that the workforce report referred to 'optimum' staffing levels and asked whether this was the same as 'safe' staffing levels. Given the financial situation of the Trust, it was assumed that only bank and agency staff were only booked to achieve minimum safe staffing levels and not optimum. Sascha agreed to change the language as described and assured that bank were a first call and agency second in order to achieve safe staffing levels.

The Board noted that the recommendation included in the bi-annual workforce report (The Board is asked to note the contents of the report and consider against the Midwifery Workforce business case and the Neonatal Medical Staffing business case) was incorrect and were assured that the Board were only asked to note the report and agree the proposed action plans. Mr Bertram gave a brief update of the progress of the business case and confirmed that the Board were not being asked to approve any investment.

Sascha further described the maternity incentive scheme (year 5), and submission of the self-declaration compliance form was required to NHS Resolution by 12.00hrs on the 1 February 2024. The Board noted that for year 5 the Trust had maintained the position from Year 4, remaining fully compliant in safety actions 1, 2 and 10 and that all other safety actions had a clear action plan to achieve compliance of each element that sits within the overarching safety action.

Sascha highlighted that previously the Board had requested detail on national standards around reporting delays in caesarean sections and induction of labour, although there is data available on this, there was concern in the quality of the data following issues with Badgernet (online portal and app that enables access to maternity records over the

internet) and how this data was being recorded. Staff were working through this to ensure that meaningful data could be reported moving forwards.

Dr Boyd referred to the progress with the development of a business case to support the expansion of the ante-natal scanning capacity to ensure the delivery of all scanning required in line with Saving Babies Lives Care Bundle Version 3. The report described that the case was to be concluded by the end of February 24. Sascha advised to deliver compliance with a shortfall of just under five thousand scans across the service each year and despite limitations by the Trust estate, options were being considered. A case was to be presented to Corporate Directors by February and subsequently Board of Directors.

Ms Liley advised that Sascha had joined the Health Inequalities Steering Group, specifically looking at a maternity perspective around maternal deaths from within the BAME and deprived populations and would welcome some inclusion in reporting around how this was progressing.

Action: Mrs Parkes & Sascha Wells-Munro

Mr Barkley referred to the maternity incentive scheme declaration and shared that the Board would have preferred to see the underpinning information to provide assurance. But appreciated that the submission deadline was imminent.

The Board received and noted the updates from the maternity and neonatal service for November and approved the:

- **CQC Section 31 Update**
- **Bi-annual Workforce Report**
- **Annual Maternity Training Plan (with the amendment of appendix 1 'incidences' to 'incidents')**

Maternity Incentive Scheme Declaration - The Board further approved delegated authority to the Chief Executive to sign the Board declaration form prior to submission to NHS Resolution.

116 23/24 Quality Committee

The Board received summary reports for the December 23 and January 24 meetings of the Quality Committee.

Dr Holmberg alerted the Board to ongoing issues with the high numbers of MSSA infections and concerns around data from a recent report on Sepsis. He acknowledged that there was a key focus on infection prevention control around hospital acquired infections and in addition, Dr Stone was taking urgent action to drive and monitor improvement on sepsis.

117 23/24 Escalation of Acute Care Patient Safety Risks Over Winter Months Until March 2024

The report had been presented to the Quality Committee on 19 December 2024, highlighting the potential impact of a lack of consistent flow through urgent and emergency care pathways during winter months. This could affect the quality and safety of services, as well as the staff's experience. The report provided the Board with assurance on mitigating actions and monitoring arrangements. The SBAR report (situation, background, assessment and recommendation) outlined the reasons for the risk escalation, mitigations in place, control measures, and assurance processes. The risk escalation was to be

monitored via the Corporate Risk Register (and the Board Assurance Framework in due course) and a weekly Urgent and Emergency Care Focus Meeting between the Trust, ICB, and NHS England. Regular updates on the risk management were to be provided to Quality Committee members until the end of March 2024.

The Board noted:

- **the risk escalation.**
- **the ongoing work and mitigations in place to ensure that effective and consistent performance is maintained across our internal UEC pathways over the winter months 2023/24.**
- **that the ongoing risk will be monitored through the Corporate Risk Register and Quality Committee**
- **the controls and assurances that have been put in place.**

118 23/24 Resources Committee

The Board received summary reports for the December 23 and January 24 meetings of the Resources Committee.

Mr Dillon shared the Committee's concern in the lack of non-executive director numbers over the coming months due to sickness and an unfilled vacancy. He also shared the committee's concern in relation to the Trust's financial position which was described later in the Board agenda.

Mr Barkley referred to the digital update on EPR discussed at the December meeting. Mr Hawkins advised that frontline digitisation programme that NHS England were funding was in progress and would be further reported once the detail had been finalised.

Mr Barkley highlighted the alert to the Board around forecast and stressed that this was reporting based on month nine financial position, but the ambition remained to achieve a zero adverse variation for the year end position.

119 23/24 Finance Report

Mr Bertram confirmed an actual adjusted deficit of £28m against a planned deficit of £16.1m for December. The Trust was £11.9m adversely adrift of plan and represented a deterioration over the position reported for November. Mr Bertram stressed the ambition to bring the Trust to balance at the end of the fiscal year. In daily conversations with the ICB and NHS England around what actions are taken. It was clear some support would be needed around some of the issues, such as additional funding and are discussing what opportunities might exist to support this.

Mr Bertram described what was causing the adverse variance for the Trust, primarily two issues; one was around expenditure on high-cost medicines and medical devices and secondly the increase in direct access pathology general practitioners. These were subject to block funding arrangements. Moving into 2024/25 this would have to be addressed in resetting the baseline with the ICB from a commissioning perspective. The second issue was around the savings ask that the ICB made of the Trust and in the stretch target.

Mr Bertram reminded the Board that the ICB asked for a further £17.5m worth of savings and the Trust had been able to identify £10.5m with a further £7m being a struggle.

Mr Bertram assured that work continued in terms of the financial recovery plan with performance discussions with Executive teams and care groups and agreed to conduct

deep dives around financing in surgery and medicine to look for further opportunities to identify support for their recovery plan. In the last quarter of the year, the Trust had implemented quite draconian actions around non-clinical expenditure where any expenditure non-clinical in nature, is signed off at Executive level and there was a robust procurement process to capture this.

Overall, it was a really challenging position and the Trust was under pressure to deliver target and a real danger that it may be missed but there are conversations internally around controlling spend and externally around additional support. The Board will be kept up to date with how those conversations take place and the Trust progresses through a busy final quarter in finance.

Dr Holmberg sought clarity in terms of the agency spend where there were currencies referred to in both amounts and percentages and whether the overspends against the plan were cumulative or in month. Mr Bertram clarified that the cumulative position was £4m. The percentage versus value, NHS had set the NHS a 3.7% cap of the total pay bill spend (so the agency spend to be no more than 3.7% (approximately £20m) of the total pay bill spend), the Trust's was currently just short of £4m adrift of that cap. In the variance to NHSE Agency Cap where the current month describes £5m above (page 195), £1m of that related to strike cover which had been separately funded. Page 197 narrative further clarified by describing the total agency overspending as £5.0m, with minimal levels relating to the cost of covering strike action included above. £1.1m of the pressure was linked to the pay award shortfalls.

Dr Holmberg further questioned how well the Trust understood the spend in terms of how much of that was genuinely unpredictable and how much could be mitigated through reviewing and changing some issues around recruitment. Miss McMeekin described a combination, proactive job planning and knowing where the most expensive resource is at any one time, what the workforce profile is and effective proactive workforce planning also contributes. However, reactively there were a lot of short-term expectations with sickness absence where cover was required in short notice. Headroom for bank and agency was imperative because of the unpredictable nature of managing workforce but in line with the financial controls, there were groups established to review and explore other opportunities where there are long standing requirements for such expenditure. Mr Bertram further assured that there were strong controls in place to signoff hourly rates for an individual.

The Board noted the report.

120 23/24 Audit Committee January Meeting Summary Report

Mrs McAleese shared the summary audit report from the January committee meeting and acknowledged the governance and leadership work that was clearly beginning to be reflected through the committees. She highlighted the Head of Internal Audit had given assurance that there were no concerns in terms of her Internal Audit Opinion which placed the Trust in a stronger position than previously reported. However, she stressed the importance to continue a strong focus on outstanding actions and the improved governance around those. That said, the committee felt that there should be some strengthening around the processes for outstanding recommendations in the YTHFM and suggested that Mr Bannister replicated similar processes to the Trust. Mr Morritt assured that discussions had already begun to move forward with this.

121 23/24 Board Assurance Framework

The Board received the Q3 2023/24 Board Assurance Framework. Mr Taylor thanked the Executives for their concerted effort to update some of the gaps in control and assurance.

Mr Barkley suggested the addition of the word 'management' in monitoring the effectiveness of waiting list. To read 'Monitoring the effectiveness of waiting list management.'

Action: Mr Taylor

With the addition of the above, the Board approved the Q3 2023/24 Board Assurance Framework.

122 23/24 Committees of the Board Amendments

The Board received for approval the report which proposed amendments to the Board Committees as follows:

- Quality Committee (formally Quality & Safety Assurance Committee)
- Establishment of the Patient Safety and Clinical Effectiveness Sub-Committee
- Establishment of the Patient Experience Sub-Committee
- Resources Committee (formally Digital, Performance and Finance Assurance Committee)
- Establishment of the Digital Sub-Committee

Mr Taylor described the establishment of two new, formal, sub-committees of the newly named Quality Committee to streamline current reporting and oversight arrangements, reduce the number of meetings currently in place and improve the level of assurance provided. He also described the proposal to stand down the People & Culture Assurance Committee, moving these duties into the Resources Committee and establishing a Digital Sub-Committee.

The Board approved:

- the amendments to the renamed Quality Committee terms of reference
- the establishment and terms of reference for two new formal Sub-Committees of the Quality Committee:
 - Patient Safety and Clinical Effectiveness Sub-Committee
 - Patient Experience Sub-Committee
- the amendments to the renamed Resources Committee terms of reference
- the establishment and terms of reference of the new formal Digital Sub-Committee

123 23/24 Corporate Governance Update

The Board received the report which highlighted the amends to the Trust's Governance Framework and the drafting of the Trust's Fit and Proper Persons Test Policy.

Mr Barkley stressed the importance of compliance with the Fit and Proper Persons Test Policy.

In terms of the wider fit and proper person test, with the amended requirements which were extremely descriptive, there was the competency framework that remained outstanding from NHS England and was likely to be issued between March and June. It was anticipated that this would be incorporated into the new appraisal framework for Board level.

Mr Barkley questioned the scope of individuals in which the policy related to. Mr Taylor advised that this was currently the Board of Directors. The Board suggested in the first instance that Deputy Directors and a principle of individuals being regularly required to attend Board in the absence of a Board member be considered. The Board noted that the NHS England annual return would only include the members of the Board.

The Board approved:

- **the amendments to the Trust's**
 - **Reservation of Powers and Scheme of Delegation**
 - **Standing Orders**
 - **Standing Financial**
- **the Trust's Fit and Proper Persons Test Policy**

124 23/24 Questions from the public

No questions from members of the public.

125 23/24 Time and Date of next meeting

The next meeting if the Board of Directors held in public will be on 28 February 2024.