

## Minutes

### Board of Directors Meeting (Public)

**26 February 2025**

Minutes of the Public Board of Directors meeting held on Wednesday 26 February 2025 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.08pm.

#### Members present:

##### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Ms Jane Hazelgrave
- Dr Stephen Holmberg
- 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 & 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 Sascha Wells-Munro, Director of Midwifery (For Item 14)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

##### Observers:

There were no observers at the meeting.

## 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting, with a particular welcome to Jane Hazelgrave who was attending her first meeting as a new Non-Executive Director.

## 2 Apologies for absence

Apologies for absence were received from:

### 3 Declaration of Interests

There were no new declarations of interest.

### 4 Minutes of the meeting held on 29 January 2025

Mrs Parkes referred to Item 15 on page 8 of the minutes and asked for a correction to the phrase “informal patient pathway system inspection”, which should read “System Pathway Pressures Inspection”.

Dr Boyd referred to Item 9 and requested a change to the second bullet point, which should read:

- 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).

With these amendments, the Board approved the minutes of the meeting held on 29 January 2025 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 45** *Send Mr Barkley the report on the timeliness of discharges which was referred to in the TPR.*

Ms Hansen advised that an update on discharge work would be provided in the Private Board meeting. The action was closed.

**BoD Pub 46** *Check that the Health Inequalities data on the average Referral to Treatment waiting times by Multiple Deprivation Quintile is accurate.*

Mr Hawkins confirmed that the data was correct. It was agreed that this would be discussed under Item 10 Trust Priorities Report. The action was closed.

**BoD Pub 47** *Circulate the action plan for improvement in waiting times for the Rapid Access Chest Pain clinic.*

Ms Hansen advised that the action plan needed to be reviewed with the Care Group before it was shared with the Board. The action was deferred to March.

**BoD Pub 48** *Investigate the reason why the outsourcing of diagnostics leads to longer reporting times than in-house diagnostics.*

Ms Hansen explained that the delay in reporting times was due to outsourced reports needing to be transferred to the in-house system. This was the bottle neck causing the delays. She noted that cancer and urgent cases were always processed in-house, to avoid these delays. The action was closed.

**BoD Pub 50** *Share the second response letter to the CQC after the meeting.*

This had been shared and the action was complete.

**BoD Pub 51** *Confirm that the problems with the Head and Neck Service phone line are now resolved.*

Mrs Parkes advised that the problem with the phone line was now resolved. The action was closed

With reference to the action **BoD Pub 26**, Mr Hawkins advised that unvalidated data on operations cancelled on or after the day of admission would be included in the next version of the TPR.

## **6 Chair's Report**

The Board received the report.

## **7 Chief Executive's Report**

The Board received the report.

Mr Morritt referred to the NHS England Planning Guidance for 2025/26 which had already been discussed at the recent Board development seminar. He highlighted the establishment of the Trust's Anti-racism Steering Group, which he would chair, and advised that reports on its work would be brought to future Board meetings. Mr Barkley added that a Board seminar had been allocated to review progress in tackling racism.

Mr Barkley commented on the extremely high quality of the Star Award nominations and highlighted a number of examples. Directors noted the value of the programme to Trust staff.

## **8 Quality Committee Report**

Dr Holmberg highlighted the key discussion points from the meeting of the Quality Committee on 18 February 2025. The Family Health Care Group had presented to the Committee, highlighting pressures on its services. Care Group leaders reported that concerns raised by the CQC regarding paediatric patients in York Hospital Emergency Department were being addressed. The long waits for paediatric autism assessments were discussed by the Committee. Care Group leaders reported that the demand on community services outweighed capacity, and a review was underway to consider how services might be restructured. In gynaecology, there had been an improvement in waiting times, although the Colposcopy Service had been impacted by staff absence.

Dr Holmberg advised that the Committee had undertaken a deep dive of the Board Assurance Framework risk relating to partnership working. There were as yet untapped opportunities for effecting improvement, such as the Trust being more proactive in driving agendas, but there was evidence of progress in this area.

Dr Holmberg reported that a number of echocardiography scans were being repeated due to competency concerns involving outsourced support. The issue had been identified rapidly and any risk to patients was therefore considered to be low.

Dr Holmberg observed that an improvement in governance measures had led to a better understanding of clinical risks.

Mr Barkley asked if the Trust was seeking recompense for the echocardiography scans which were being repeated. Dr Stone explained that the external company responsible was repeating the scans free of charge. Once these were complete, the matter would be reported to the CQC if required.

## 9 Resources Committee Report

Mr Dillon highlighted the key discussion points from the meeting of the Resources Committee held on 18 February 2025:

- the Committee continued to monitor and discuss performance in Urgent and Emergency Care;
- the Committee had been apprised of the financial challenges faced by the Trust in 2025/26; the efficiency target was again challenging particularly given the level of non-recurrent savings from this year's Cost Improvement Programme;
- on a more positive note, there continued to be significant progress in reducing the use of agency staff, and there was evidence of a flourishing recruitment pathway for Nursing staff from universities; retention rates for HCAs were much improved thanks to the Trust's Health Care Academy;
- the Trust remained in Tier 2 for Cancer and Diagnostics.

Mr Barkley queried whether the December sickness absence rate had been discussed by the Committee. Mr Dillon confirmed that it had, as it had been rising since August. Miss McMeekin cautioned that the rate for January was likely to be similar to that of December. The Committee had discussed the lack of engagement in the influenza vaccination programme; as yet, there was no national benchmarking available but regional peers reported a similar reduction in uptake since the pandemic. Dr Stone added that high rates of influenza in the community had replicated themselves amongst staff.

Dr Boyd noted that influenza accounted for less than half of sickness absences and questioned whether the reasons for the majority of sickness absences were being addressed. Miss McMeekin advised that a significant proportion were related to planned sickness absence, for example for surgical procedures. Some absence related to staff not well enough to work and waiting for treatment. She advised that, whilst improvements could still be made to the process around return to work after a sickness absence, the Occupational Health team had increased the number of available appointments to accelerate the process. Next year's focus would be on reducing the number of Occupational Health appointments missed. Board members agreed that it would be helpful to see a breakdown of reasons for missed appointments.

**Action: Miss McMeekin**

Ms Charge advised that the sickness absence rate amongst staff working for York Teaching Hospitals Facilities Management (YTHFM) had risen to 8.6%, with stress and anxiety and musculoskeletal (MSK) conditions being the main reasons. Work was underway to address the absence rates, including the development of business cases for example, for new beds which would lessen the risk of musculoskeletal issues.

There was some discussion on the appropriateness of giving waiting list priority to staff for clinical procedures, which would enable them to return to work sooner and impact positively on patients. It was noted that waiting lists were organised according to clinical priority.

## 10 Trust Priorities Report (TPR)

The Board considered the TPR.

### Operational Activity and Performance

Dr Holmberg brought to the Board's attention that the term "12 hour trolley waits" covered patients in ED receiving ward level care, and often in beds. Ms Hansen confirmed that this

was the case, but as patients were under the care of ED consultants, they were counted under this metric. Work was underway to restructure the ED areas and workforce, which would impact on how patients were recorded in the data. Mrs Parkes agreed that the term could be misleading, as it suggested risk to the patient, but the Board should be assured that patients were receiving the appropriate level of care.

Mr Barkley asked Ms Hansen if she was confident that the March target of 70% of patients waiting less than 62 days for first cancer treatment could be achieved. Ms Hansen agreed that it was challenging but she remained reasonably confident that it was achievable.

Mr Barkley noted that the 4 hour performance in ED for Type 2 and Type 3 patients was excellent. Ms Hansen drew attention to the metric for median time to initial assessment in ED which was particularly improved to 4 minutes. This reflected the work on acute flow, as did the improvements in transferring appropriate patients from ED to the Same Day Emergency Care area (SDEC).

Referring to the information about the Optimal Care Service (OCS), Mrs McAleese questioned whether the number of patients who could be treated by this Service each day was overoptimistic, given the current data. Ms Hansen responded that in fact the number of patients streamed to the OCS could and should be even larger. Work was in progress to create a stronger evidence base for streaming more patients to the OCS, and coaching sessions for staff were being introduced to support them in this.

Dr Holmberg asked about the reduction on non-type 1 attendances in ED. Ms Hansen explained that ED attendances overall were now reducing in part due to strategies in the community to prevent attendances, for example, greater use of GP out of hours services and Urgent Treatment Centres. The number of patients overall had not reduced but they were attending more appropriate settings for their needs.

There was some discussion on metrics relating to SDEC attendance and the number of non-elective admitted patients with zero day length of stay.

Mr Barkley noted that the Discharge to Assess model described in the TPR was very positive.

With regard to Referral To Treatment (RTT) performance, Dr Holmberg asked if long waits for treatment were specific to certain specialties. Ms Hansen confirmed that this was the case, with Neurology being the most challenged service. Improvement plans were in place to address waiting lists, supplemented by specialty deep dives. Ms Hansen provided details of the six new targets in the Planning Guidance for Referral to Treatment metrics. Directors discussed the significance to the Trust of these metrics, in terms of the areas of greatest challenge.

Ms Hansen drew the Board's attention to the excellent theatre utilisation rate which was above 82%.

Directors considered the information relating to Health Inequalities. Mr Barkley expressed frustration that accurate data could not be reported as insufficient data on ethnic group was being collected. Ms Hansen confirmed that clerks had been instructed to collect this information but the field on the patient database was not mandatory, neither was it a requirement of the patient to record their ethnicity. Changing the database to ensure that the field was mandatory was not a current priority, as it was due to be replaced by the new Electronic Patient Record.

Mrs Parkes observed that the section on Health Inequalities was largely unhelpful for the Board. She was now chairing a new Health Inequalities Group, whose work was being supported by a clinical fellow. She would consult with the Group and bring a proposal to the Board for more valuable data and information.

**Action: Ms Hansen/Mr Hawkins**

Mrs McAleese referred to the number of missed outpatient appointments and asked if a system of overbooking was in place to ensure that clinician time was not wasted. Ms Hansen confirmed that appointments were managed by services and the rate of missed appointments was taken into account.

#### Quality and Safety

Mr Barkley noted that the number of cases of *C.difficile* infections was above the monthly trajectory. Mrs Parkes responded that this not unexpected given the number of outbreaks; overall, rates of *C.difficile* infections were decreasing and this was evidence of the focus Infection Prevention and Control (IPC) work in key areas. Dr Holmberg agreed that the governance of IPC was improved, and the results were beginning to be more apparent. Mrs Parkes reported that there was evidence of better IPC practice on wards.

The Board was pleased to note the reduced number of complaints received by the Trust in January.

#### Maternity

A query was raised about the “year-end target/baseline” metric for 3<sup>rd</sup>/4<sup>th</sup> degree tears in assisted births at Scarborough. The question would be asked of Ms Wells-Munro when she joined the meeting.

#### Workforce

The Board recorded its congratulations to the Occupational Health service on its SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation.

Professor Morgan asked about the new anonymous reporting tool which had accompanied the Trust’s No Excuse for Abuse campaign. Miss McMeekin explained how reports could be made and advised that the tool had received positive feedback.

Miss McMeekin advised that Staff Survey data would be reported in Quarter 4. The national benchmark report had been received on 25 February and the embargo on publication would be lifted in March. Her team were currently working to theme the free text comments. Miss McMeekin would circulate the Staff Survey outcomes to the Board.

**Action: Miss McMeekin**

Ms Grantham asked when the Board would be apprised of the action plan to address the deteriorating outcomes from the national Staff Survey. Miss McMeekin reported that areas were working on local improvement plans with a deadline of 1 March. She outlined the process for the development of the full improvement plan. Mr Barkley noted that the Trust needed a systemic approach to quality improvement. Mr Morritt agreed that this was a key action which would begin in March with the “State of Readiness” assessment.

The Board was pleased to note the positive progress in eRostering, with almost all nursing, midwifery and Allied Health Professional staff now on Healthroster.



## Digital and Information Services

Mr Barkley highlighted that a third of calls to the Service Desk had been abandoned. Mr Hawkins agreed that this was concerning and advised that he would oversee the development of an improvement plan.

**Action: Mr Hawkins**

## Finance

Mr Bertram referred to the Month 10 position detailed in the report, noting that the focus now was on the year-end position. It had been acknowledged that neither the Trust nor the ICB would achieve a balanced position, although the NHS England Protocol had not been invoked. The Trust was forecasting a year-end deficit of £18m, which contributed to the ICB's forecast deficit of £34m. Mr Bertram was confident that the year-end position would not deteriorate further. The improvement from the year-end deficit forecast last month was due to Elective Recovery Fund income, technical adjustments, and reductions in expenditure. Mr Bertram cautioned that there would be a requirement for the ICB to pay back its deficit over future years.

Dr Holmberg queried the large negative variance to Employee Expenses. Mr Bertram explained that this was composed of a number of different elements, both positive and negative. It was positive that the Trust was operating consistently below the agency cap.

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

Ms Wells-Munro presented the report and highlighted:

- a Postpartum Haemorrhage (PPH) sprint audit had been undertaken in January on 13 cases from November and December and the details of the findings were contained in the Section 31 submission;
- the CQC Maternity Services 2024 survey had been published in December and an action plan had been developed;
- there continued to be pressures on the Perinatal Mental Health team, due to staff sickness absence and the level of demand; support had been sought from the ICB and the Tees, Esk and Wear Valleys NHS Foundation Trust; the team were now receiving clinical supervision;
- the Local Maternity and Neonatal System (LMNS) had undertaken an assurance visit on 12 February; the report was expected soon;
- a requirement to deliver a three year Maternity Services improvement plan had been included in the 2025/26 national Planning Guidance; work was underway to establish the content;
- key achievements in December included the appointment of two full-time community midwives for equitable health, funded by the LMNS, and a timeout day for the Midwifery Senior Leadership Team;
- current risks included the number of overdue guidelines, although this was an improving picture, and the lack of a substantive audit midwife which was now a mandatory role.

Mrs Parkes underlined the importance of the inclusion of maternity services improvement in the national Guidance; this would be considered as part of a system-wide approach.

Dr Boyd alerted the Board to her concerns around the delivery of the Single Improvement Plan which was being stalled due to lack of resource.

In response to a question, Ms Wells-Munro reflected on the LMNS visit: the improvements made by the Trust had been recognised, alongside the resource challenges. The report would be brought to the next meeting.

Ms Wells-Munro responded to the query raised earlier regarding the “year-end target/baseline” metric for 3<sup>rd</sup>/4<sup>th</sup> degree tears in assisted births at Scarborough. She clarified that there was no “expected” rate of tears and in fact, the target was to have no incidences of tears at all. Mr Barkley noted that for each unit the figure was less than one per cent. The target in the TPR report should therefore be less than one per cent.

**Action: Mr Hawkins**

Mr Barkley asked if the outcomes from the CQC Maternity Services 2024 survey had been reviewed by the Quality Committee. Ms Wells-Munro responded that the highlights had been reported to the Committee and a more detailed report had been presented to the Patient Safety and Clinical Effectiveness Sub-Committee. Mrs Parkes noted that Ms Wells-Munro had led valuable sessions for staff which could be replicated in other areas. It was agreed that the feedback from the survey should be presented to the Council of Governors’ Patient Experience Group.

Mrs Parkes provided a brief update on proposals to provide further resource for Maternity Services which were progressing through governance routes. She hoped to report on the outcomes before May.

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

## **12 January CQC Inspection Update**

Mrs Parkes presented the paper and reported that all data requested by the CQC had now been submitted, with each report accompanied by a high-quality front sheet which had received positive feedback from the CQC. Gaps in data and documentation identified through this process would be mapped and addressed.

Board members recorded their appreciation of the team behind this work and there was some discussion on the feedback provided to the CQC. Mrs Parkes highlighted that the CQC inspectors had raised no immediate safety concerns during the inspection which was positive.

## **13 Research and Innovation Strategy**

Dr Stone presented the paper, noting that the cover sheet detailed the amendments made to the strategy since it was last presented to the Board. She commented that the strategy needed to be viewed as a working document, as it would be refreshed on an annual basis. It was recommended to the Board by the Executive Committee for approval.

Board members agreed that it was much improved from the first version. In response to a query about income, Mr Bertram advised that the growth in research income from external funders was material for the Trust and reflected the Trust’s growing reputation in research and innovation.

**The Board approved the Research and Innovation Strategy 2025-28.**



## **14 Emergency Preparedness Resilience and Response (EPRR) Core Standards Update Report**

The Board received the report.

In response to Mr Barkley's question about training requirements, Ms Hansen advised that there was clear guidance on EPRR training which related to job roles. Training compliance was checked by the ICB's EPRR team; the Trust was fully compliant.

## **15 Committee Effectiveness reports**

### **Quality Committee**

Dr Holmberg highlighted the requirement of the Committee's Terms of Reference for representatives of each Care Group to attend meetings. Ms Hansen advised that this was being progressed with Care Groups.

Mr Barkley noted that the lowest score related to the information received by the Committee. Dr Holmberg observed that the Committee received a number of papers which adhered to a set format which tended to be information based, and which lacked a context in which the information could be interpreted. Mrs McAleese added that the information received by the Committee was often not timely; this was an area for improvement.

### **Resources Committee**

Mr Dillon reported that the effectiveness report had been discussed by the Committee; there had been a suggestion that the workplan be included as a standing agenda item so that it was used as a working document to address priorities as they arose.

## **16 Risk Management Strategy and Policy**

The Board received the Risk Management Strategy and Policy, which had been recommended for approval by the Group Audit Committee and the Executive Committee. The amendments to the previous version were detailed in the paper. Mr Hawkins raised a query about definitions of specific terms used in the policy which he would progress with Mr Taylor.

**The Board approved the Risk Management Strategy and Policy, subject to any minor amendments to the definition of terms used in the policy.**

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

There were no questions from members of the public.

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

The next meeting of the Board of Directors held in public will be on 26 March 2025 at 9.00am at York Hospital.