

Minutes Board of Directors Meeting (Public) 26 March 2025

Minutes of the Public Board of Directors meeting held on Wednesday 26 March 2025 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.25pm.

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 (*Via Teams*)
- Prof Matt Morgan
- Ms Helen Grantham, Associate Non-Executive Director

Executive Directors

- Mr Simon Morritt, Chief Executive
- Mr Andrew Bertram, Finance Director
- Mrs Dawn Parkes, Chief Nurse & 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
- Mr Mike Taylor, Associate Director of Corporate Governance

In Attendance:

- Miss Nicola Topping, Deputy Medical Director *deputising for* Dr Karen Stone, Medical Director
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Dr Gary Kitching, Staff Governor
- Four members of the public
- Three representatives from the Care Quality Commission

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

2 Apologies for absence

Apologies for absence were received from:
Dr Karen Stone, Medical Director

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 26 February 2025

The Board approved the minutes of the meeting held on 26 February 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 26 *Include in the TPR unvalidated data on operations cancelled on or after the day of admission.*

Mr Hawkins advised that this metric had been included in the TPR and 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 was being progressed by the Medicine Care Group and, once finalised, would be reported to the Quality Committee in April and the Board in June.

BoD Pub 52 *Progress the use of a Board development seminar for a Board discussion on risk appetite.*

Mr Barkley advised that this was yet to be progressed.

BoD Pub 53 *Provide more detailed information on the reasons for missed Occupational Health appointments.*

This information had been emailed to the Board and the action was closed.

BoD Pub 54 *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*

Mr Barkley reminded the Board that the issue was with the collection of ethnicity data on the Central Patient Database. Ms Hansen advised that she had requested that the Patient Administration team undertake a process mapping exercise. Mrs Parkes' team was also reviewing the metrics for Health Inequalities which would be reported. Ms Hansen and Mrs Parkes would progress this work and refer to Mr Hawkins with any system changes as appropriate. Mr Hawkins reported that ethnicity data could not be uploaded from primary care sources.

BoD Pub 55 *Circulate the Staff Survey outcomes to the Board.*

The outcomes had been circulated and the action was closed.

BoD Pub 56 *Oversee the development of an improvement plan to address the level of abandoned calls to the IT Service Desk.*

Mr Hawkins advised that an improvement plan would be presented to the Digital Sub-Committee; this would also provide further context to the number of abandoned calls to the IT Service Desk. There had been recruitment to the Service Desk team and new members were being trained, which had impacted on the capacity to respond to calls. Mr Hawkins assured the Board that the abandonment of calls did not always signify a negative user experience, as the caller may have taken other options to resolve their issue. The action was closed.

BoD Pub 57 *Change TPR to show target for 3rd/4th degree tears in assisted births as less than one per cent.*

Mr Hawkins advised that he needed a discussion with Mrs Parkes to determine the correct target or baseline.

6 Chair's Report

The Board received the report.

Mr Barkley recorded his thanks to Dr Boyd and Ms Grantham for their continued commitment to the Board as Non-Executive Directors.

Mr Barkley advised that the Council of Governors was supportive of his report on the Trust's role as an Anchor Institution to reduce existing health inequalities and to prevent ill-health. He also reported that the East Coast Constituency event held in Scarborough on 6 March had been well-attended, with a valuable question and answer session. In future, all constituency events would be held during British Summer Time, as Mr Barkley was of the view that light evenings would encourage attendance. The event held in Easingwold would move to Malton.

Mr Barkley had attended the third Maternity and Neonatal engagement event at which Ms Wells-Munro, Director of Midwifery, had provided a detailed update to the staff team including efforts to secure further resource for the service. She had provided an opportunity for staff to share challenges "rocks in my shoes", which Mr Barkley recommended as a strategy for all teams.

Mr Barkley invited questions and comments on his paper entitled *Role of the Trust in relation to preventing inequalities and reducing existing ones*, the aim of which was to inform actions for the Annual Plan for 2025/26 and into 2026/27. The aims set out in the paper should be a constant reference point in line with the appropriate Trust strategic objective. In the discussion that ensued, the following points were raised:

- the Trust needed to support the employment of vulnerable populations; the Health Care Academy was an excellent career route for those without formal qualifications;
- whilst efforts were made to purchase goods and supplies from local businesses, the Trust was bound to NHS procurement contracts;
- other regions had strong networks of Anchor Institutions which the Trust might look to initiate in North Yorkshire and Humber.

On the latter point, Mr Morritt agreed to seek support from the York and North Yorkshire Mayor with regards to the Trust becoming an Anchor Institution on the East Coast.

Action: Mr Morritt

7 Chief Executive's Report

The Board received the report.

Mr Morritt referenced the recent government announcements around the structural changes of the NHS at regional and national level and advised that there had been no further detail released by NHS England's incoming Transition Chief Executive Sir Jim Mackay. The Trust was on track to submit its annual planning to the ICB on 27 March.

Mr Morritt noted that the national Staff Survey results were due to be discussed later in the meeting: both the response rate and the responses themselves were disappointing. Senior leaders in the Trust shared a commitment to embed a system of continuous improvement which would foster better staff engagement. Mrs McAleese underlined, and directors agreed, that the Staff Survey results were in fact concerning, not merely disappointing.

Mr Morritt was pleased to report that the Trust had received the keys to the new Urgent and Emergency Care Centre at Scarborough Hospital and testing was progressing well. Moves into the new building would begin in the last week of April.

Mr Morritt drew attention to the nominations for Star Awards in March 2025. Directors agreed that, as always, it was humbling and inspiring to read of the acts of kindness and selflessness captured in each nomination.

8 Quality Committee Report

Dr Holmberg highlighted the key discussion points from the meeting of the Quality Committee on 18 March 2025. Infection Prevention and Control (IPC) was referenced under both "Alert" and "Assure": there was concern around the level of MSSA infections, particularly on Ward 31 at York Hospital, and rapid work was underway to address this. There had been improvements in the management of other infections which had been supported by Care Group IPC meetings.

Dr Holmberg advised that the Committee was assured that work in Maternity Services was effecting improvement and efforts continued to identify resource from other areas which would fund midwifery posts. Dr Holmberg had expressed some concern at the meeting on the potentially high proportion of Caesarean sections at Scarborough Hospital, particularly those reported as emergency, and had sought further clarification.

Dr Holmberg also highlighted:

- improvement in performance indicators in Emergency Care, particularly the reduction in ambulance handover time;
- more rapid detection of sepsis although there were still delays in doctors seeing patients; a proposal to allow nurses to prescribe broad spectrum antibiotics was being progressed;
- the Committee had received the Inpatient Nurse Staffing Review which had demonstrated the distinction between safe staffing and appropriate staffing levels;
- the Surgery Care Group had presented to the Committee and had escalated the following:
 - continuing issues with medical outliers in surgical beds
 - concerns around the virtual fracture clinic process; the Committee had requested an update at the next meeting;
- the Committee had received a report from the major trauma peer review; the serious concerns raised by the review were not unexpected and were common to acute providers of a similar size; the Committee had requested an assurance paper regarding progress to address the serious concerns and would subsequently update the Board;

Action: Dr Holmberg

- in terms of learning from deaths, training around the Mental Capacity Act remained a concern.

Dr Holmberg commented that the Committee now had much clearer oversight of the frontline of the Trust's services. The rotation of Care Groups presenting to the Committee had been in place for a year and the Committee had requested the attendance of a representative from each of the Care Group Senior Leadership team at every meeting.

In response to a question, Ms Hansen clarified the issue affecting the Virtual Fracture Clinic; a more robust process needed to be established. Ms Hansen assured the Board that there had been no harm to patients under the current process, but it did present a risk.

9 Resources Committee Report

Mr Dillon summarised the key discussion points from the meeting of the Resources Committee on 18 March 2025:

- the Committee had had a lengthy discussion on the Staff Survey results and the need for a different action plan to address the outcomes; the Trust needed to learn from other organisations with better results;
- there was positive news on ambulance handover times which had seen a significant improvement particularly at Scarborough Hospital; there was an expectation that handover would be completed in under 45 minutes;
- an audit of Emergency Department processes had identified "over medicalisation" of patients which could be addressed by a senior decision maker at the front door;
- staff absence rates were still rising and further work on the reasons for absence was being undertaken;
- the Committee had been pleased to note a reduced number of complaints to the Trust;
- the financial position for year-end and the plan for 2025/26 continued to be dynamic and fast changing.

Mrs Parkes noted that the reference to the Nurse Safe Standard Review in Mr Dillon's report should read "Nurse Staffing Inpatient Review".

Dr Boyd asked for further clarification on which level of staff would be making decisions at the front door of the Emergency Department and what support would they receive. Ms Hansen explained that this would be a substantive senior qualified member of staff, either medical or nursing. The skill mix and experience of staff in the department was currently being reviewed and a training programme had been implemented. This work was being overseen by external clinical support.

10 Group Audit Committee Report

Mrs McAleese referred to her escalation report and noted that the issue of report cover sheets had now been resolved.

There were no further questions or comments.

11 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Mr Barkley was pleased to note the 60% reduction in the number of 12 hour trolley waits from December and the reduction in cancer waiting times. These were both significant improvements.

Dr Holmberg asked for clarification of the validation work being undertaken on waiting lists. Ms Hansen reported that there had been c2000 patient added to the Referral to Treatment (RTT) waiting list due to work on reviewing administration and recording processes, and therefore there was some risk that the Trust would not meet its improvement trajectory. There were no patients identified who were not already being treated as patients had been moved from the non-RTT list. Ms Hansen noted that this work would provide greater clarity on the waiting list position and the revised numbers had informed the trajectories for the next financial year. Mr Barkley applauded the decision to carry out the validation work on waiting lists which provided clarity for the Board, despite the inherent risk of failing to meet trajectories. It was very good that the Trust had such a principled Chief Operating Officer.

Ms Hansen drew attention to the improvement in the median time to initial assessment in the Trust's Emergency Departments (ED).

Dr Boyd noted that the improvements in acute flow were based on more rapid treatment of Type 3 patients. She sought assurance that Type 1 patients were receiving a safe level of care. Ms Hansen responded that the work to improve ED had been impacted by the demand, so it was key to ensure that patients were directed to more appropriate sources of care. For those who did attend ED, there were still some issues around delay to admission, but the continuous flow programme was having an impact. Patients needed a clear treatment plan to avoid long waits. There had been additional resource provided to ED to ensure that right level of care was in place.

Mr Barkley referred to the narrative statement about the Frailty Crisis Hub and queried why the number of conveyances it was possible to avoid was capped at c300 a month. Ms Hansen explained that this number referenced the maximum number of patients that could be treated by the community Frailty Crisis Hub. A business case was being developed to expand the service, which would also reduce the number of patients in hospital.

In response to a question, Ms Hansen reported that a decision was still pending on the continuation of the North Yorkshire and York Coordination Hub, led by the Yorkshire Ambulance Service, as the pilot was due to finish on 31 March. Ms Hansen observed that other options were available, should the service be discontinued.

Ms Hansen referred to page 71 of the TPR and highlighted that work to increase the number of patients being treated by the Same Day Emergency Care (SDEC) service was a key priority, whether patients arrived by ambulance or were referred by a GP.

Mr Barkley highlighted the reduction in ambulance conveyances to ED compared to February 2024. Ms Hansen responded that this was a result of work undertaken to reduce the number of conveyances which provided a platform for further improvement. Mr Morrill noted that the funding for projects to reduce ambulance conveyances to ED lay outside of the Trust's control.

Ms Hansen reported that the number of acute and general beds open remained high at 889; this included escalation beds. Pressure on wards had continued past the main winter period. Mr Barkley observed that there was extra pressure from the increase in lost bed days for patients with No Criteria To Reside. Ms Hansen agreed and explained that these

patients tended to be complex cases; the Trust continued to work with Local Authorities to identify more appropriate care settings. Dr Holmberg noted that if conveyances to hospital were being diverted, this was likely to reduce the capacity in the community to receive discharged patients. Ms Hansen confirmed that this was likely to be the consequence, and that resource needed to be redirected to community services which would be a better outcome for patients.

Mr Barkley referred to the Cancer scorecard and highlighted the encouraging metrics for 62 and 31 day waits. Ms Hansen agreed and noted that the reduction in the Faster Diagnosis Standard in January was temporary and the position for February would show an improvement. Ms Hansen attributed the improvements in Cancer metrics to the outstanding work of the new Cancer lead.

There was a brief discussion on the national ambition for RTT patients, specifically that by March 2026, the intention was that the percentage of patients waiting more than 52 weeks for elective treatment would be 1% of a Trust's total RTT waiting list. Ms Hansen noted that the current work on validating waiting lists was key to achieving this ambition.

Referring to the RTT scorecard, Mr Barkley questioned why the number of patients waiting over 65 weeks had increased. Ms Hansen noted that in fact the position had been maintained but there had been no improvement. She explained that the issue was with a particular pathway in the Neurology service; this was also a challenge for other providers. There had been extra resource appointed to the Neurology service in March and discussions were taking place with other providers in the ICB about collaborative efforts to reduce waiting times.

Ms Grantham referred to the Health Inequalities page and observed that the metrics used were not particularly meaningful or informative. Mrs Parkes agreed, noting that it was difficult to identify helpful metrics in terms of health inequalities. The team was working with the Director of Public Health to identify more useful metrics. In response to a question, Ms Hansen explained that waiting lists were based first on clinical priorities and then on waiting times, not on deprivation or ethnicity. There was further discussion on how information on health inequalities could be used to improve patient outcomes. Ms Hansen provided some examples. It was noted that patients from the most deprived quintile range were over-represented on the Trust's RTT waiting list, compared to the representation in the Trust's catchment area; it was agreed that this was a positive indicator. Mr Morrill suggested that the Health Inequalities information on the next version of the TPR should be informed by the internal steering group and the work with the Director of Public Health.

Mr Barkley recorded his thanks to the teams responsible for the positive metrics relating to outpatients and elective care, including the year to date performance of 53% of first and outpatient procedures as a proportion of all outpatient activity. It was noted that the "Did not attend" rate for outpatient appointments was also very low, which reflected excellent work by specialty teams.

Mr Barkley expressed concern at the high proportion of patients waiting more than six weeks from referral for an Audiology appointment and requested that an options paper be presented to the Resources Committee. It was noted that collaboration with external partners could be explored to reduce waiting times.

Action: Ms Hansen

Mr Barkley noted issues with the Gastroenterology services at Bridlington Hospital. Ms Hansen explained that the team was under pressure from vacancies and staff sickness.

In response to a question, Ms Hansen advised that the proportion of Virtual Ward beds occupied was impacted by the capacity to deliver this service, whilst the metric itself needed to be amended as it was not reflective of the position. She would progress this with Mr Hawkins. Ms Hansen noted that funding was being received for the Virtual Ward but was not being deployed in a consistent manner due to the number of vacancies.

Referring to the second page of Community Key Performance Indicators, Mr Barkley asked if the Frailty Hub was referring a large number of patients to the Community Response Team. Ms Hansen confirmed that this was the case and would inform the review of Community Services which was being undertaken.

Quality and Safety

In response to a question, Mrs Parkes confirmed that the metric for pressure ulcers included all types.

Mrs Parkes highlighted the reduction in the number of complaints to the Trust. She advised that Care Groups had now established Patient Experience meetings, where relevant information was reviewed to inform action plans. Actions to improve communication had resulted in a reduction in complaints on inpatient wards.

Maternity

Mr Barkley was pleased to note that there had been no complaints relating to Maternity Services at Scarborough Hospital.

Mrs Parkes would seek further clarification on the “smoking at booking” and “smoking at 36 weeks” metrics.

Action: Mrs Parkes

Workforce

Miss McMeekin advised that the vacancy rate for Health Care Support Workers had stabilised, but it would continue to be monitored. Mr Barkley queried whether the recruitment and performance management of Health Care Support Workers should be centralised, rather than remain under Care Group control. Miss McMeekin responded that a centralised model was not without challenge, particularly when it came to allocating roles. Mrs Parkes added that local managers wanted to lead recruitment for their teams. The current arrangements would be kept under review.

In response to Mr Barkley’s query about the metric for the approval of rosters, Mrs Parkes explained that there had been significant work to ensure that rosters were signed off in a timely manner as this ensured a better staff experience and promoted efficiency. Thus far, this work had been focussed on inpatient areas but would now move to other areas.

Dr Boyd queried the metric relating to headroom. Mrs Parkes clarified the elements which contributed to this metric and advised that in some areas the budgeted headroom was not correct.

The table of reasons for staff sickness absence was noted in the context of increasing rates of absence and the challenging target for 2025/26.

Professor Morgan queried the levels of statutory and mandatory training compliance for medical and dental staff which had deteriorated. Miss Topping responded that training compliance was one element of the annual appraisal process; new appraisal software had

been introduced which would enable closer monitoring of training and improve compliance. Miss Topping confirmed that failure to complete annual statutory and mandatory training could eventually impact on revalidation.

Digital and Information Services

There were no comments or questions on this section of the TPR.

Finance

Mr Bertram reported that the Trust was £12m adrift of plan at Month 11. The focus was now on the outturn position. Mr Bertram advised that the ICB had accepted a deficit year-end position of £18m, and he forecast that the Trust would meet this. Cash income had now been received to support this deficit and the Trust would therefore post a balanced Income and Expenditure position, subject to the usual technical adjustments around impairments.

Mr Bertram highlighted the substantial capital programme of £72m in 2024/25; in Month 11, about half of this had been spent and work was in progress to ensure that the entire capital amount had been spent by year-end. Mr Bertram provided examples of the large capital programmes which had been funded, including the Scarborough Hospital Urgent and Emergency Care Centre, the Vascular Imaging Unit, and the Post Anaesthetic Recovery Unit and a hybrid theatre. Whilst the capital programme was the largest undertaken by the Trust, the funding was still not sufficient to address the levels of backlog maintenance and estate issues, but it would provide a platform for projects in 2025/26.

It was noted that the income received to offset the £18m year-end deficit had contributed to a healthy cash balance which would impact positively on interest received by the Trust.

Mr Hawkins provided a brief update on the expenditure of the income received for the new Electronic Patient Record.

12 Maternity and Neonatal Report (including CQC Section 31 Update)

Mrs Parkes presented the report and highlighted the following:

- in January 2025, there had sadly been one antenatal stillbirth and two neonatal deaths from a multiple pregnancy; there had been no concerns highlighted from the immediate internal reviews and the cases would now be reviewed using the National Perinatal Mortality Review Tool;
- the national Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBBRACE-UK) report for 2023 had been published which demonstrated that the Trust was not an outlier for stillbirth or neonatal mortality rates;
- there were no new cases in January that met the criteria for referral to Maternity and Newborn Safety Investigations, nor were there any new Patient Safety Incident Investigations declared;
- the postpartum haemorrhage (PPH) rate was 4.4% (15 cases) in January; the Trust's was not an outlier in terms of the PPH rate; a PPH sprint audit been undertaken which had demonstrated that recording of incidents was an area for improvement;
- Perinatal Mental Health remained an area of concern as there capacity issues in both the Trust's own team and in the Tees, Esk and Wear Valleys Foundation Trust's Perinatal Mental Health Team; the Local Maternity and Neonatal System (LMNS) and the ICB were involved in reviewing provision at both Trusts;

- an LMNS assurance visit had taken place on 12 February 2025; Trust leaders had highlighted the requirement for further funding to continue to make improvements;
- the Maternity Incentive Scheme (MIS) report and action plan, which had been approved by the Board in January, had been reviewed by the LMNS and the MIS declaration form had been submitted to NHS Resolution at the beginning of March; Mrs Parkes reminded the Board that the Trust was compliant with four of the ten safety actions;
- 87 of the 230 milestone actions in the Single Improvement Plan had been completed; the status of the outstanding actions was detailed in the report.

Ms Hazelgrave queried whether non-compliance with six of the ten MIS safety actions was a financial risk for the Trust. Mr Bertram clarified that the risk was clinical, not financial. Mrs Parkes assured the Board that the Trust was on track for much improved compliance in 2025/26.

Mr Barkley was pleased to note that a fourth caesarean section list was being implemented and that a new scan machine was now available in the Antenatal Day Assessment Unit. Mrs Parkes agreed that this was positive news; she observed that there was significant improvement work in progress in Maternity Services despite the number of milestones which were off track.

The Board approved the CQC Section 31 Update.

13 Annual Inpatient Nurse Staffing Review

Mrs Parkes presented the paper, noting that this was the second review of its type and there would be reviews of nurse staffing in other areas. Mrs Parkes advised that there was now an appropriate governance structure and engagement around the review process, and it enabled the Trust to meet the requirements of the National Quality Board and the NHS Improvement Workforce Safeguards. Mrs Parkes outlined the methodology used in the review: professional judgement was the most important element.

Mrs Parkes highlighted the ambition to increase the number of Nursing Associates employed by the Trust, which linked to its role as an Anchor Institution. She drew the Board's attention to the areas of risk and the recommendations identified by the review:

- Stroke Services required an increase of 16.83 Whole Time Equivalents (WTE) to meet the National Clinical Guidelines;
- Rainbow Ward at Scarborough Hospital required an increase in ward staffing of an additional Nursing Associate for the night shift;
- headroom for paediatric inpatient wards needed to be increased from 20% to 22% in line with adult inpatient wards;
- ward manager roles should increase from one to five supervisory days.

Mrs Parkes assured the Board that inpatient ward staffing was safe but was not as effective and productive as it could be. Overall, the recommendation was that inpatient nurse staffing be increased by 120 WTE of which around half should be Registered Nurses and the other half non-registered. She recommended that the Board support the recommendations in the paper, and she would then work with Mr Bertram to identify appropriate resource.

Ms Hazelgrave observed that work to accelerate the discharge of patients with No Criteria To Reside would release nursing staff capacity, as would better management of outpatients. She asked about the Sentinel Stroke National Audit Programme (SSNAP)

score. Ms Hansen reported that a stroke peer review had recently taken place; no serious concerns had been raised but the report had contained workforce recommendations.

Mr Barkley questioned whether the requirement for more Nursing Associates of 13.65 WTE was ambitious enough. Mrs Parkes explained that the aim was to grow the workforce gradually to ensure that quality was maintained.

Mr Barkley asked if there would be leadership and management training/support for Ward Managers given their expanding time commitment to these responsibilities. Mrs Parkes advised that Ward Managers had already accessed the Leadership Development programme and had been prepared for a full-time supervisory role over the past 12 months. Performance would be monitored through the quality assurance framework.

Discussion followed. Directors agreed that the review was extremely valuable and would inform improvements to quality of care, as well as reviews of other services. Mrs Parkes noted that a review should be undertaken each time a ward changed use.

The Board of Directors supported the recommendations in the paper.

14 Staff Survey Annual Report

Miss McMeekin presented the report and highlighted:

- the deterioration in completion rates from 39% to 36%, against an improving picture of engagement nationally;
- there had been an increase of 10% in free text comments, but the proportion of positive comments had reduced to just 5%;
- the themes of the free text comments reflected the findings of the Discovery phase of the Our Voice Our Future programme;
- the only improved metric from last year was the one relating to reward and recognition;
- the Trust maintained performance against seven of the questions but had deteriorated in the crucial theme of staff engagement;
- against national performance, the Trust was average for “we work flexibly” but all other scores were below the national average;
- it was apparent from the results that the experience of staff from minority ethnic groups and those with a disability was less favourable than that of non-disabled and White British staff.

Miss McMeekin reported that as directorate and departmental results had been received early, action plans had already been developed. The themes were detailed in the report. Miss McMeekin advised that there already been training and support for leadership and management ability and this, as part of the overall Trust quality improvement strategy, would be beneficial in the long term. Miss McMeekin noted that there was clear understanding at a senior level of the initiatives being put in place, but this was not penetrating down through the layers of management. Support for the work of the Change Makers, as part of the Our Voice Our Future programme, would continue and Executive sponsors were now allocated to the three pillars.

Miss McMeekin underlined the need to increase engagement with the staff survey, as this in itself was likely to improve outcomes; some form of incentive could be considered as incentives were used by the top performing Trusts. She invited comments on how to increase response rates. There was further discussion on the use of incentives, on the means of communicating the outcomes from the staff survey and overall engagement of

staff. It was noted that survey response rates were impacted by a lack of engagement from staff in YTHFM, from the Medicine Care Group and those based on the Bridlington site.

Miss McMeekin observed that the focus needed to be on engaging staff in the work of the organisation as a whole, as the experience for staff currently was overwhelmingly task orientated.

Mr Barkley highlighted the three questions relating to advocacy which were the most important indicators of staff satisfaction in his view:

- Care of patients is my organisation's top priority
- I would recommend my organisation as a place to work
- If a friend or relative needed treatment I would be happy with the standard of care provided.

The Board must create the conditions where staff would feel proud of working for the Trust. This would improve response rates and reflect improvements in the Engagement domain as well as other domains.

It was agreed that all managers and supervisors should receive the Staff Survey responses directly.

Action: Miss McMeekin

Mr Barkley requested that the Board receive a report on the actions undertaken from the 2024/25 Staff Survey improvement plan in April and the 2025/26 action plan at the May meeting.

Action: Miss McMeekin

15 Mortality Review (Learning from Deaths) Q3 Report

Miss Topping presented the paper and advised that the format and content of the report were being reviewed to make it more accessible. She reported that both the crude mortality rate and Summary Hospital-Level Mortality Indicator (SHMI) were within the expected range. The Hospital Standardised Mortality Ratio (HSMR) remained higher than expected; reasons for this were unclear. Miss Topping noted that discussions were taking place nationally about removing the HSMR as an indicator.

Miss Topping referenced the details of Structured Judgement Case-note Reviews (SJCRs) detailed in the report, which were being aligned with the Patient Safety Incident Response Framework. The Trust was training more SJCR reporters to meet the increasing demand. In terms of next steps, the Trust needed to improve on its compliance with the Mental Capacity Act; Care Group Boards were in the process of reviewing their processes.

Dr Holmberg referred to the data on diagnosis groups with excess deaths and noted that the data for *Aspiration pneumonia; food/vomitus* might relate to poor ward care. Miss Topping responded that this had already been identified and work was underway to address areas of concern. Mrs Parkes added that she had commissioned work to improve the care of patients with nasogastric tubes which would be reported to the Quality Committee.

Mr Barkley asked Miss Topping to email him the data about deaths from stroke for the last four available quarters.

Action: Miss Topping

16 Vascular Hybrid Theatre Equipment Business Case

Ms Hansen presented the Business Case and explained how this would support capacity in the region to meet the growing level of demand.

The Board approved the Vascular Hybrid Theatre Equipment Business Case.

17 Corporate Governance Update

- Group Audit Committee Annual Report
- Committee Terms of Reference Amendments
- Board of Directors Work Plan
- Modern Slavery Act Statement

The Board received and approved the above papers.

18 Questions from the public received in advance of the meeting

There were no questions from members of the public.

19 Date and time of next meeting

The next meeting of the Board of Directors held in public will be on 30 April 2025 at 9.30am at Scarborough Hospital.

APPROVED