

Minutes

Board of Directors Meeting (Public) 30 April 2025

Minutes of the Public Board of Directors meeting held on Wednesday 30 April 2025 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.20pm.

Members present:

Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Ms Jane Hazelgrave
- Dr Stephen Holmberg
- Mrs Jenny McAleese (*Via Teams*)
- Prof Matt Morgan
- Ms Helen Grantham, Associate Non-Executive Director (*Via Teams*)

Executive Directors

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

Corporate Directors

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

In Attendance:

- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

Observers:

- Julie Southwell, Elected Governor
- Graham Lake, Public Governor (from 1st May 2025)
- Two members of the public

1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting with a particular welcome to Mr Norman, Managing Director of York Teaching Hospitals Facilities Management (YTHFM), who was attending his first Board meeting.

2 Apologies for absence

There were no apologies for absence.

3 Declaration of Interests

There were no new declarations of interest.

4 Minutes of the meeting held on 26 March 2025

The Board approved the minutes of the meeting held on 26 March 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 52 *Progress the use of a Board development seminar for a Board discussion on risk appetite.*

Mr Barkley would find a suitable opportunity in the Board Development Seminar programme for a discussion on risk appetite.

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

No update was provided on this action.

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 the target should be zero and he would ensure that this was changed in the Trust Priorities Report.

BoD Pub 58 *Seek support from the York and North Yorkshire Mayor with regards to the Trust becoming an Anchor Institution on the East Coast.*

Mr Morritt commented that the action was to progress forming a network with other Anchor Institutions. A meeting with the York and North Yorkshire Mayor was being progressed.

Mr Barkley reported that he had applied to join Scarborough Neighbourhood Board

BoD Pub 61 *Seek further clarification on the “smoking at booking” and “smoking at 36 weeks” metrics in the Scarborough maternity scorecard.*

Mrs Parkes advised that Ms Wells-Munro had included clarification in her report and would expand on this when she presented the paper. The action was closed.

BoD Pub 62 *Ensure that Staff Survey responses are sent directly to all managers and supervisors.*

Miss McMeekin confirmed that this had been completed.

BoD Pub 63 *Present a report on the actions undertaken from the 2024/25 Staff Survey improvement plan.*

This had been circulated to the Board prior to the meeting.

BoD Pub 64 *Email Mr Barkley the data about deaths from strokes for the last four available quarters.*

Mr Barkley advised that he had received this information and had arranged a meeting with Dr Bebb, Assistant Medical Director, for further discussion on the mortality data.

6 Chair's Report

The Board received the report.

Mr Barkley advised that costed proposals for an independent developmental Well Led review had now been received from four organisations. A decision would be made shortly in order for the review to be undertaken at the end of Quarter 1.

7 Chief Executive's Report

The Board received the report.

Mr Morritt highlighted:

- continuing pressures on acute services, compounded by viruses circulating in the community, and paid tribute to staff for maintaining services in the face of these challenges;
- the detail included in his report on national and regional NHS system changes and in particular, the requirement on providers to produce a plan for a 50% reduction in corporate growth recorded since 2018/19;
- the "readiness assessment" currently underway to prepare the organisation for the introduction of a framework for a systemic approach to continuous improvement;
- the size of the capital programme for 2025/26 which exceeded that of 2024/25; Mr Morritt reported that the move into the new Urgent and Emergency Care Centre (UECC) at Scarborough Hospital was now underway.

Board members were, as always, inspired by the Star Award nominations. Mr Barkley was pleased to note the number of colleagues working in administrative roles who had been nominated.

8 Quality Committee Report

Dr Holmberg reported that meetings of the Quality Committee were now reflective of its confidence that appropriate improvement work was being undertaken. He advised that representatives from Care Groups were now attending meetings which would add value to the discussions. He highlighted the key points from the meeting held on 22 April 2025 beginning with the Medicine Care Group's presentation. There had been discussion on the gap against the trajectory of key performance metrics in Urgent and Emergency Care. Support from regional colleagues was in place and trajectories for improvement had been agreed with them. Dr Holmberg expressed some concern that improvement was weighted towards the last two months of the financial year which would add additional pressure.

Dr Holmberg reported that Gastroenterology and Cardiology services were of greatest concern to the Care Group. Cardiology patient pathways, particularly those of the Rapid Access Chest Pain Clinic, would be reviewed to reduce waiting times. Care Group leaders were pleased to report the appointment of a Palliative Care consultant on the East Coast to support the seven day service.

Dr Holmberg reported that the Committee had again discussed the reasons for the high levels of non-elective Caesarean Sections, notably at Scarborough Hospital. He provided details and noted that the Committee had asked for assurance in the form of nationally benchmarked data. The Committee had also discussed how full compliance with the Maternity Incentive Scheme would result in a refund of insurance payments to the Trust of c£1m, and to what extent this would offset the investment necessary for full compliance with the Scheme, particularly in terms of the staff shortfall.

In a correction to Dr Holmberg's report, Mrs Parkes noted that the Quality Strategy had been agreed at meeting, not the Care Strategy.

9 Resources Committee Report

Mr Dillon highlighted the key discussion points from the meeting of the Resources Committee on 15 April 2025:

- the number of 12 hour trolley waits had risen from that recorded in February;
- there were backlogs in the Cardiology service due to recurrent faults in CT equipment; there had been discussion on how this would be addressed;
- the average ambulance handover time had significantly reduced;
- there continued to be reductions in the overall spend on agency staff;
- the pilot Hub established by the Yorkshire Ambulance Service to divert attendances at Emergency Departments to more appropriate settings was being discontinued, due to the prohibitive cost, and other options would be explored.

Mrs Parkes highlighted that the Trust was no longer under a Direct Support Programme for non-registered nursing staff: this was a significant success. She noted that the increase in 12 hour trolley waits had resulted mainly from the number of wards closed to new admissions due to infection control measures.

10 Trust Priorities Report (TPR)

The Board considered the TPR.

Operational Activity and Performance

Ms Hansen advised that the improvements in some Urgent and Emergency Care performance metrics resulted from the implementation of tests of change.

In response to a question, Ms Hansen confirmed that the c2000 patients added to the Referral To Treatment (RTT) waiting list had been transferred from the non-RTT waiting list, as a consequence of validation work which had been taking place.

Ms Hansen drew attention to the special cause improvement in the Median Time to Initial Assessment in the Emergency Departments which had fallen to an average of four minutes. The number of Type 1 patients, those most in need of emergency care, waiting more than 12 hours in the Emergency Departments had also reduced to 15.6% of all Type 1 attendances and was the fewest since July 2023.

Dr Boyd noted that the percentage of patients seen by a doctor within 60 minutes of arriving at the Emergency Department was low and questioned the impact of this on prompt treatment for conditions such as sepsis. Dr Stone advised that, as patients were triaged promptly, serious conditions would be identified at this stage. Ms Hansen added that the low percentage of patients seen by a doctor within 60 minutes of arrival was nevertheless a concern. A new acuity tool was being employed which would facilitate quicker assessments by a doctor. Dr Stone flagged some uncertainties around the accuracy of the times of assessment which were being recorded.

Professor Morgan asked about the reasons for the increase in attendances at Emergency Departments and queried whether this was related to the cessation of the Yorkshire Ambulance Service led Hub. Ms Hansen responded the Hub was still in operation but had led to the diversion of only around eight ambulances per day. The next step was to deploy more GPs in the Ambulance Control Centre. The increase in attendances at Emergency Departments was being seen nationally.

In response to a question, Ms Hansen explained that the metrics showed an increase in Emergency Care attendances of all types as this figure reflected an increase in GP out of hours appointments and those offered by Urgent Treatment Centres.

Dr Holmberg raised a concern about the metric relating to patients receiving clinical post take within 14 hours of admission. He sought assurance that patients most in need of this service were receiving it, and the clinical risk was therefore minimised. Ms Hansen explained that there were roster challenges in the medical establishment, leading to a reliance on locums to cover sickness absence. Work was being undertaken to address the issue. The metric had also been impacted by infection control measures. Ms Hansen added that the ongoing work on right sizing the estate would also positively impact on the clinical post take metric. Mrs Parkes emphasised that patients were always under the care of nursing staff who would escalate to clinicians when appropriate.

Mr Barkley drew attention to the community bed occupancy figure which was below the optimum. Ms Hansen responded that the Trust was collaborating with Place colleagues to review the community bed stock, with the aim of increasing the number of patients receiving care for at home.

Mr Barkley asked about the impact of the Multi-Agency Discharge Event (MaDE) which took place from 23 to 30 April. Ms Hansen advised that there had been clear evidence of impact, and she provided some details.

In response to a question, Ms Hansen advised that the Cancer performance figures for March would be better than those reported for February. She highlighted the significant improvement in the Faster Diagnosis Standard and 31-day treatment standard delivered by the Urology Service. Cancer performance in the Colorectal and Gynaecology remained a concern.

Mr Barkley noted the improvements in Cancer performance which had been aided by NHS England recovery funding and asked how these might be sustained. Ms Hansen confirmed that the activity could not be sustained without extra funding but there also needed to be a review of referrals to Cancer services, some of which were not appropriate. Mr Barkley suggested that the Clinical Lead for Cancer and the Head of Cancer Services should be invited to brief the Board, given the importance of the service. Dr Stone would progress this.

Ms Hansen added that there was still work to do to reduce waiting times for Cancer services; however, the Trust was no longer required to attend tiering meetings with regional and national colleagues as they had confidence in the plans for improvement.

Moving to the Referral To Treatment scorecard, Mr Barkley highlighted that there were still patients waiting over 65 week waits which needed to be addressed. Ms Hansen explained that this was due to demand on the Neurology service, and she explained the plans in place to increase capacity and reduce waiting times.

Ms Charge referred to the narrative on Outpatients and Elective Care and queried the work on the improvement plan for the Rapid Access Chest Pain clinic. Ms Hansen explained that Medicine Care Group leaders had prepared the plan, but she had requested further work before it was presented for approval.

In response to a question, Ms Hansen explained that the Outpatient Follow-up Partial Booking list had increased due to patients being moved from other lists. She was pleased that the national focus was now on the reduction of all waiting lists, as this was the right approach for patients; work via specialty deep dives had already begun on ensuring that all patient pathways were as efficient as possible.

Ms Hansen reported that the Trust had received confirmation that Bridlington Hospital had been awarded Surgical Hub accreditation. The report was very complimentary of the staff and the work of the department. Mrs McAleese and Ms Grantham had attended the visit day and agreed that it had been extremely positive.

Mr Barkley raised a number of queries about the factors impacting diagnostic performance and asked that Ms Hansen bring further details of plans to respond to the next meeting:

- the shortage of healthcare scientists within Cardiology;
- Endoscopy nurse staffing at York Hospital which was challenged due to a mix of vacancies and sickness absence;
- the surveillance backlog causing a sharp decrease in Colonoscopy performance.

Action: Ms Hansen

It was noted that CT performance was impacted by equipment issues. Specifically, a CT scanner at Scarborough Hospital had been decommissioned earlier than expected, before the new Urgent Treatment Centre was open. The new CT scanner in the UECC at Scarborough was now being used. Ms Hansen cautioned that even with all three scanners in operation in Scarborough, capacity would still not meet demand. The capacity gap in York was similar, despite a new arrangement with York St John University to use its facilities.

Dr Boyd drew attention to the 2-hour Urgent Community Response compliancy rate which was above the year end target in March. Ms Hansen explained that the high percentage was being achieved at the expense of other community service waiting times and was therefore not sustainable. A full review of community services was required.

Ms Hazelgrave highlighted the low rate of occupancy of Virtual Ward beds. Ms Hansen explained that this was related to workforce capacity. A review of Virtual Wards was taking place at a regional level.

Quality and Safety

Board members were pleased to note the downward trend in *Clostridioides difficile* cases.

Ms Hazelgrave highlighted the increase in complaints to the Trust. Mrs Parkes responded that one of the main themes was waiting times.

Maternity

Mrs Parkes explained that the *Smoking at booking, at 36 weeks and at time of delivery* metrics referred to different cohorts of women.

Ms Hazelgrave queried why the number of births at York Hospital was significantly lower than the number of bookings. Dr Stone responded that the numbers were subject to seasonal variation and to pregnancies not being sustained to term.

Workforce

Miss McMeekin referenced the growth in Whole Time Equivalents in the workforce.

There was some discussion on the government's change to the minimum salary threshold for skilled worker visa applications which had risen to £25k per annum. This equated to the top of the Band 3 range and covered only basic pay. Miss McMeekin noted that many members of staff employed on lower bands had spousal visas and would therefore not be affected.

Miss McMeekin reported that the Trust had successfully moved all its medical agency bookings to Direct Engagement (DE), which would prove more cost-effective and was a significant milestone for the Trust.

Digital and Information Services

Mr Barkley asked for further information about the Environmental Information Regulation (EIR) requests referenced in the report. Mr Hawkins explained that Environmental Information Regulations (EIR) provided public access to environmental information held by public authorities. The regulations ensured that important data related to topics such as air and water quality, pollution, waste management, and land use planning were available to everyone.

Finance

Mr Bertram reported that, after NHS England normalisation adjustments, the Trust ended the 2024/25 financial year with a £9k surplus, from the £38m deficit recorded in Income and Expenditure. Mr Bertram drew attention to the impairment of £28m relating to the new Scarborough Hospital UECC.

Mr Bertram highlighted the positive Elective Recovery Fund performance and the reduction in agency spend.

With regard to the capital programme, Mr Bertram reported that £2m of lease renewals had been brought forward from 2025/26 to 2024/25 following successful negotiation of an additional £2.2m from NHS England. forward

11 CQC Compliance Update Report

Mrs Parkes presented the report. She advised that there had still been no information from the CQC as to when the report of the January inspection would be received. An engagement meeting had been held on 8 April at which no concerns were raised.

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

Ms Wells-Munro presented the report and highlighted the following:

- there had sadly been two antenatal stillbirths in February 2025;
- the Trust's perinatal mortality rate for births in 2023 was detailed in the paper;
- there had been no new cases meeting the criteria for referral to the Maternity and Newborn Safety Investigations (MNSI); of the open cases, two draft reports had been received and any safety recommendations would be shared with the Quality Committee;
- there were no new Patient Safety Incident Investigations (PSIIs) in February 2025;
- the rate of Post-Partum Haemorrhage (PPH) over 1500mls had reduced to 2.4% in February 2025;
- there continued to be concerns around the capacity of the Perinatal Mental Health Team; temporary resource had been secured for the internal team but there remained significant gaps in support from the Tees, Esk and Wear Valley Trust;
- the final report from the latest Local Maternity and Neonatal System (LMNS) visit on 12 February 2025 was still awaited;
- Year 7 of the Maternity Incentive Scheme had been launched on 28 April, along with a new Savings Babies Lives Care Bundle; the implications of both were being worked through.

Ms Wells-Munro drew attention to the smoking cessation data contained in the report and confirmed that the data in the TPR on women smoking at booking, at 36 weeks and at the time of delivery referred to different cohorts. She reported that smoking cessation activities, which had previously been led by Local Authorities, were now being brought in-house, as the funding to Local Authorities had been withdrawn. An options paper was being prepared. Ms Wells-Munro explained that funding for in-house tobacco dependency schemes was provided by the ICB and Maternity Services would now receive an allocation from this.

Returning to the report, Ms Wells-Munro highlighted recent successes, which included a further scan room added to the Antenatal Day Assessment Unit and a further Caesarean Section list. A third Maternity and Neonatal Engagement Day was held on 20 March at which themes were identified which would inform an action plan. The "pebbles in your shoes" activity identified challenges including IT and remote access, parking and administrative support.

Ms Wells-Munro reported that £230k would be transferred into the Maternity Services budget; this funding had been released as a result of the Clinical Education review and would support the appointment of four WTE midwives, two at each hospital. Ms Wells-Munro advised that the Executive Committee had approved the new swipe in and out access for the Maternity Unit at Scarborough Hospital supported by the placement of a nighttime ward clerk for a fixed term of 12 months. A full security review and risk assessment of both units would be undertaken, to be presented to the Executive Committee in June.

Mr Barkley asked Ms Wells-Munro to provide details at the next meeting about recently published changes to national maternity guidelines. Ms Wells-Munro noted that ringfenced funding for Maternity Services had been reduced by NHS England.

Action: Ms Wells-Munro

Mrs Parkes highlighted that PPH rates had stabilised over the last 12 months and were now within the normal range, which was a result of the improvement work undertaken to

reduce them. She advised that the review of maternity scrub nurses was still ongoing; she hoped to have a final recommendation approved in May by the Executive Committee.

The Board approved the CQC Section 31 Update.

13 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports

Miss McMeekin presented the paper, noting that only two actions remain not fully completed in terms of the Workforce Race Equality Standard:

- *Advertise jobs using a variety of recruitment platforms*: a variety of platforms had been explored but most were too costly; the Trust was being supported by Jobcentre Plus to widen its recruitment opportunities;
- *BME representation on recruitment panels*: the logistics of this were being worked through.

Miss McMeekin advised that a six-month review of the BME leadership programme had been undertaken. There had been 30 attendees and 17% had since secured promotion of one or two bands.

Miss McMeekin reported that there were no actions outstanding in relation to the Workforce Disability Equality Standard; new actions had been identified which Miss McMeekin outlined.

14 Trust People Strategy 2025-2030

Miss McMeekin summarised the engagement which had been undertaken to reach the draft version of the People Strategy. She highlighted the five key ambitions which would be the focus of the Strategy and invited comments on the paper.

Ms Hazelgrave queried whether the Strategy would be accompanied by timescales. Miss McMeekin responded that the Strategy would be underpinned by a detailed operational plan, with key metrics. She confirmed that there would be a workforce plan with links to operational planning.

Mrs Parkes asked if the delivery plan would include an ambition for a more diverse workforce and build on strategies in place to improve retention. Miss McMeekin advised that policies were being drafted which would reinforce equality and inclusion, and these elements would be included in the delivery plan.

Mr Barkley asked that the Trust's strategic priorities be cross referenced in the Foreword and suggested that Miss McMeekin's signature be included next to Mr Morritt's. The Strategy also needed to reference organisational development and to include a scorecard.

Mr Barkley queried the fifth key ambition, *Harnessing digital advancements to improve how we work*, in terms of its impact on job satisfaction. There was further discussion. Dr Stone noted that the systems, processes and devices with which staff interacted needed to be the most appropriate and easily accessible, and this in itself would contribute to their job satisfaction. Mrs Parkes added that effective use of data could lead to better staff morale when it demonstrated improvement. Mr Hawkins suggested that a people element could also be added to the Digital Strategy. Miss McMeekin noted that the digital ambition in the Strategy related specifically to HR systems as the Electronic Staff Record was due to be replaced during the lifetime of the Strategy. There would be an expectation that staff

would use manager and self-service functions and there was much work to be done to bridge this gap.

It was agreed that the fifth key ambition would remain in the Strategy, with a revision of the wording and the addition of further context and detail around interactions with digital services in general, not only those relating to HR.

Other amendments agreed were as follows:

- more explicit reference to inclusion in the preamble
- the addition of a scorecard with key metrics.

The Board of Directors approved the People Strategy, subject to the amendments discussed.

Action: Miss McMeekin

15 Trust Digital Strategy 2025-2030

Mr Hawkins presented the Trust Digital strategy and drew attention to the six key priorities. He commented that progress against the priorities would need to be measured against a scorecard, but this would depend on the capacity of the Digital team.

Ms Hazelgrave questioned if there was likely to be any progress in connecting patient records with those of primary care. Mr Hawkins explained that the Trust would continue to use the Yorkshire Humber Care Record, but the Trust was unlikely to lead any initiatives to connect patient records across the system as this would need to be informed by discussions across the ICB. There was some discussion on the introduction of a single patient record within the next five years, which Mr Hawkins considered was unlikely.

The following amendments to the Strategy were agreed:

- the deletion of the page entitled Strategic Aims
- the addition of a paragraph describing the digital experience of patients.

In addition, a scorecard would be developed to accompany the Strategy.

The Board of Directors approved the Digital Strategy, subject to the amendments discussed and the development of an accompanying scorecard.

Action: Mr Hawkins

16 2024/25 Q4 Board Assurance Framework

Mr Taylor presented the paper, noting that there had been no movement in scores. Updates were recorded in red text.

There was a brief discussion on the merits of including information about the 2024/25 financial year under PR6 *Failure to deliver financial balance to deliver the 2025/26 annual plan of the Trust's Strategy 2025-2030* and on the fact that the scoring of the risk was the same before and after mitigation. It was noted that the Board would spend time discussing risk appetite at a future Board Development Seminar.

The Board of Directors approved the Q4 Board Assurance Framework.

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 21 May 2025 at 9.00am at York Hospital.

APPROVED