

## Minutes

### Board of Directors Meeting (Public)

21 May 2025

Minutes of the Public Board of Directors meeting held on Wednesday 21 May 2025 in the Trust HQ Boardroom, York Hospital. The meeting commenced at 9.00am and concluded at 12.55pm.

#### 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
- 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
- Mr Chris Norman, Managing Director, YTHFM

##### Corporate Directors

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

#### In Attendance:

- Ms Sarah Barrow, Deputy Finance Director *deputising for* Mr Andrew Bertram, Finance Director
- Ms Sascha-Wells Munro, Director of Midwifery (For Item 13)
- Miss Oluwafumbi Olajide, Guardian of Safe Working Hours (For Item 15)
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

#### Observers:

- Governors – Julie Southwell, Staff Governor
- One member of the public
- One member of staff

## 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting, with a particular welcome to Ms Barrow, who was deputising for Mr Bertram.

## 2 Apologies for absence

Apologies for absence were received from:  
Mr Andrew Bertram, Finance Director

## 3 Declaration of Interests

There were no new declarations of interest.

## 4 Minutes of the meeting held on 30 April 2025

The Board approved the minutes of the meeting held on 30 April 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 49 (24/25)** *Keep the Resources Committee apprised of the progress of the EDS action plans.*

An update had been presented to the Resources Committee. The action was closed.

**BoD Pub 52 (24/25)** *Progress the use of a Board development seminar for a Board discussion on risk appetite.*

Mr Barkley advised that this discussion had been scheduled for the August Board development seminar. The action was closed.

**BoD Pub 54 (24/25)** *Explore options to provide more accurate ethnicity data for the Health Inequalities section of the TPR.*

This was still a work in progress and the due date for the action was deferred to July.

**BoD Pub 57 (24/25)** *Change TPR to show target for 3rd/4th degree tears in assisted births as less than one per cent.*

The year-end target/baseline in the TPR had been amended to zero. The action was closed.

**BoD Pub 58 (24/25)** *Seek support from the York and North Yorkshire Mayor with regards to the Trust becoming an Anchor Institution on the East Coast.*

It was agreed to close the action as this was being progressed.

**BoD Pub 59 (24/25)** *Update the Board on progress to address the serious concerns raised by the major trauma peer review report.*

Dr Holmberg reported that a paper was due to be presented to the Quality Committee in June. The due date for the action was therefore deferred to June.

**BoD Pub 60 (24/25)** *Present an options paper on improvements to Audiology waiting times to the Resources Committee*

Ms Hansen noted that this action and **BoD Pub 2** were both significant pieces of work and asked that the due dates be deferred to July.

**BoD Pub 64 (24/25)** *Present the 2025/26 Staff Survey action plan.*

The action plan was to be presented under Item 16. The action was closed.

**BoD Pub 1** *Invite the Clinical Lead for Cancer and the Head of Cancer Services to present at a future Board meeting.*

The invitation had been extended, and these colleagues would present at the Private meeting of the Board. The action was closed.

**BoD Pub 3** *Provide details at the next meeting about recently published changes to national maternity guidelines.*

Ms Wells-Munro had included this information in her report. The action was closed.

**BoD Pub 4** *Ensure that the People Strategy is amended as discussed.*

Miss McMeekin confirmed that the People Strategy has been amended as discussed and was now being finalised for publication. The action was closed.

## **6 Chair's Report**

The Board received the report.

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

The Board received the report.

Mr Morritt referred to the successful opening of the Scarborough Urgent and Emergency Care Centre and the positive feedback which was being received.

Mr Morritt reported that an interim Chair of NHS Humber and North Yorkshire Integrated Care Board (ICB) had been appointed on an initial six-month basis. A draft Model ICB Blueprint had been published which was being used to inform planning. Mr Morritt envisaged that strategic commissioning would be the key purpose of ICBs.

It was noted that there were no Star Award nominations included with the Chief Executive's report as the Board meeting was taking place a week earlier than usual.

### **7.1 Our Voice Our Future – End of Design Phase**

Mr Morritt referenced the three key areas for improvement identified by Change Makers via the Discovery Phase of the Our Voice Our Future programme. These key areas, known as "pillars", had been assigned a director sponsor for the Design Phase of the programme, and a meeting had taken place on 1 May to determine the support required from sponsors for the next stage. Mr Morritt advised that the Trust's work with KPMG was focussed on developing a roadmap for continuous improvement and it was planned that the Change Makers' work would be integrated with this, to form a unified approach.

Mr Morritt noted the importance of the outcomes from the Design Phase and the need to recruit more volunteers to be Change Makers as the programme moved into the Delivery Phase. Miss McMeekin advised that there would be process shortly to recruit more Change Makers.

There was further discussion on the outcomes from the Design Phase which were detailed in the report and how they could be dovetailed with other improvement work in the organisation. The importance of allowing release time for Change Makers was underlined.

## 8 Quality Committee Report

Dr Holmberg highlighted the key escalations from the meeting of the Quality Committee on 20 May 2025:

- three never events had been reported in April; two of these had resulted in low or no harm, the third was more complex;
- the Committee continued to be reassured by the metrics for Post Partum Haemorrhages (PPH) over 1500 mls;
- the Trust was projected to be compliant with six out of ten safety actions of the Maternity Incentive Scheme which reflected the good progress made; compliance with a least one of the remaining actions was dependent on further investment in resources;
- improvement in the Fresh Eyes requirement for foetal monitoring was needed and an improvement plan was in place;
- the Committee was encouraged by the progress made against Urgent and Emergency Care (UEC) performance metrics; the staff team in UEC were positively engaged in the improvement process;
- the Committee had been updated on measures to reduce the time patients waited to see a doctor in the Emergency Department;
- the Cancer, Specialist and Clinical Support Services (CSCS) Care Group had presented to the Committee and had escalated the following:
  - the number of GP practices which had ceased to offer dermoscopy services: this was likely to increase waiting times for patients accessing Dermatology services;
  - equipment failure impacting Radiology services: investment in CT scanners was planned in the capital programme;
  - the cessation of the Deep Vein Thrombosis (DVT) daytime service at Bridlington Hospital: patients would now need to travel to Scarborough, as they currently needed to out of hours;
  - an innovation to address the number of missed diabetic eye screening appointments, which could be expanded to other services;
  - the Blood Bank at Scarborough Hospital had received the appropriate accreditation and the Trust had been re-accredited by the Joint Advisory Group (JAG) on GI Endoscopy.

Finally, Dr Holmberg reported that a recent independent review into a serious incident at Scarborough Hospital had provided an opportunity to consider how the Trust treated patients with mental health problems and complex needs. Mrs Parkes would chair a newly established Complex Needs Assurance Group.

Mr Barkley queried whether the ICB was involved in resolving the issue with GP dermoscopy services. Ms Hansen advised that a meeting had been held but there had been no resolution as yet.

In response to Mr Barkley's question, Ms Hansen explained that the DVT service at Bridlington Hospital had been withdrawn as there was no medical oversight for the nurse led service and there was not sufficient GP cover at the Bridlington Urgent Treatment Centre to mitigate for this. Mr Barkley highlighted that the cessation of the service was unsatisfactory in terms of serving the population of Bridlington, even if the demand was not

high. Dr Stone responded that options were being considered to avoid the need for patients to travel to Scarborough.

## **9 Resources Committee Report**

Mr Dillon highlighted the key escalations from the meeting of the Resources Committee on 20 May 2025:

- in April, the Emergency Care Standard was 63.8% against a target of 68.7%;
- the average ambulance handover time continued to improve; the W45 ambulance handover project had clearly had an impact at York Hospital and was due to be rolled out imminently at Scarborough Hospital;
- the 28 day Faster Diagnosis Standard for Cancer was 70.6% in March against a monthly improvement trajectory of 77%;
- the figure for patients waiting less than 62 days for first Cancer treatment was 68% in March compared to 66.8% in February, and against a monthly improvement trajectory of 70%;
- the impact of high levels of Norovirus on acute flow pathways was noted;
- resident doctors were to be balloted on industrial action;
- the Committee discussed strategies to improve staff morale against the background of the requirement to reduce workforce numbers;
- in terms of the financial position, the Cost Improvement Programme (CIP) was behind plan in Month 1; the Committee had recommended that the Board set aside time to discuss medium term financial planning and allocation of CIP targets;
- diagnostic performance would be impacted by the delay to the completion of the new Community Diagnostic Centre in Scarborough;
- the Committee had discussed risk management and how the Corporate Risk Register should be reported;
- the Staff Survey Improvement Plan had also been discussed.

Mrs McAleese echoed concerns around the allocation of savings targets, particularly the level of savings allotted to Y&S Digital as digital services were key to improved efficiency. Ms Barrow explained that Executive Directors were meeting the following day to discuss the allocation of efficiency targets, and she expected these concerns to be allayed. There was further discussion on the need for medium term financial planning, which Ms Barrow explained would be undertaken in June and July, in order that the Cost Improvement Programme for 2026/27 could be implemented immediately in the new financial year. Ms Charge underlined the need for medium term financial planning in terms of capital projects and backlog maintenance.

Mr Hawkins explained how the Digital area savings had been calculated, and the potential impact should the full amount of efficiencies be delivered. Ms Barrow noted that there were different elements to the CIP plans; one element was reported to NHS England and another would be an internal plan of phased delivery based on the priorities of the organisation.

## **10 Group Audit Committee Report**

Ms Hazelgrave reported that the focus of the meeting held on 13 May 2025 was on preparation for the Annual Report. In terms of escalations, she highlighted the limited assurance opinion given for internal audits on Backlog Maintenance which was associated mainly with the timing and implementation of the six-facet survey, on Organisational Development and Continuous Improvement, and on GDPR.

Ms Hazelgrave reported that the external audit was progressing well, and the Committee had reviewed the Annual Governance Statement and the draft Annual Report.

Ms Hazelgrave highlighted the risk around overdue internal audit actions which would inform the Head of Internal Audit's opinion if not addressed. She noted that there seemed to be some uncertainty around the accuracy of the audit system's recording which needed to be ironed out. As in the Resources Committee meeting, there had also been a discussion around the Corporate Risk Register and the role of the Committee in risk management. Mr Taylor would undertake a review of the risk reporting processes and would liaise with Executive Directors as part of this.

**Action: Mr Taylor**

## **11 Trust Priorities Report (TPR)**

The Board considered the TPR.

Ms Hansen drew attention to the narrative summaries which had been added at the beginning of each section. She advised that the addition of regional and national benchmarking for the Trust's True North metrics was being considered. Mr Barkley suggested that bullet points of highlights and concerns would be useful alongside the benchmarking data, instead of the new narrative.

**Action: Ms Hansen**

### **Operational Activity and Performance**

Mr Barkley observed that the impact of Norovirus on the performance data was evident. Ms Hansen agreed, noting that the number of beds closed had reached a peak in April which had negatively affected UEC flow.

Ms Hansen noted that, whilst the average ambulance handover time had significantly improved, it was still not under the national target of 15 minutes. She added that the UEC teams were aware of this and were working hard to achieve the target. She credited the UEC teams and the Yorkshire Ambulance Service crews for the progress made.

Ms Hansen highlighted a change in national terminology now used in the TPR: "discharge ready date" previously "estimated date of discharge". She noted that the average delay to discharge was 3.6 days so there was clearly an opportunity for improvement which would impact positively on UEC flow.

Mr Barkley asked how the new Emergency Department Ambulatory Care model would be resourced. Ms Hansen responded that no extra resource would be required as the number of patients would not increase; staff would be moved from other areas of the Emergency Department.

Referring to the Cancer section of the TPR, Ms Hansen reported that Cancer referrals were increasing. As a result, a triage process in collaboration with primary care was being considered. Ms Hansen confirmed that a Cancer Board chaired by the Associate Medical Director for Cancer was in operation. Mr Barkley expressed some concern that if the Cancer Board was not chaired by an Executive Director, the Trust Board may not have full assurance. Ms Hansen agreed to discuss with colleagues whether the Cancer Board and other similar governance meetings should be chaired by an Executive Director and whether a Non-Executive Director should be appointed as a sponsor for areas needing improvement. Directors discussed how further assurance on work in key areas might be gained. Suggestions included quarterly reports and deep dives. Mr Barkley reflected that this issue could be discussed at a Board development meeting.



Ms Hansen reported that the Trust's Referral To Treatment (RTT) waiting list had increased due to the validation work currently being undertaken. She expected that it would increase further through Quarters 1 and 2 and then would stabilise. ICB colleagues were sighted on this issue.

Dr Holmberg questioned whether the Trust had reached capacity in terms of more complex elective work. Ms Hansen explained that the number of patients waiting was increasing but the length of waits was not. She added that some specialties were challenged, particularly Neurology, Gastroenterology and Cardiology, as these had the largest number of patients.

Ms Hansen drew attention to the new internal process for distributing the Elective Recovery Fund (ERF) which was now centralised and provided more challenge to the Care Groups. A panel to allocate the fund met weekly. In response to a query, Ms Hansen explained that the aim was to ensure that Care Group processes were as efficient as possible, so the clinical risk was minimal. Ms Barrow added that the ERF schemes were quality assessed by Dr Stone and Mrs Parkes.

Mr Barkley asked about the call handling capacity which was impacting on patient initiated follow up appointments. Ms Hansen responded that this was being worked through with Mr Hawkin's team. Mr Hawkins explained that investment was needed in the infrastructure for a modern telephony system which would avoid patients waiting on calls; this expenditure was not currently in the budget. Discussion followed on the options which should be available for patients to contact the organisation and the differing approaches of specialties. Mr Hawkins advised that he was working with the relevant team to progress options.

**Action: Mr Hawkins**

Ms Hansen reported that an update on work to improve waiting times for the Rapid Access Chest Pain (RACP) clinic had been presented to the Quality Committee. Dr Holmberg noted that the Committee had not been assured by the paper. Ms Hansen responded that the RACP work was part of the overall plan to improve waiting times for the Cardiology Service as a whole. Board members agreed that a full review of Cardiology services was needed with a clear plan for improvement. Ms Hansen undertook to provide this to the Board in July.

**Action: Ms Hansen**

Mr Barkley noted that the 2-hour Urgent Community Response compliancy was at 79%. The national standard was confirmed to be 70%.

### Quality and Safety

Mr Barkley highlighted the concerning performance in the prevention and control of Health Care Acquired Infections. Mrs Parkes agreed that it was disappointing and advised that it would be a quality focus for 2025/26. Dr Holmberg commented that the figures, and work to improve them, were discussed regularly at Quality Committee meetings.

Mr Barkley noted that the main theme of patient complaints about the Frailty Assessment Unit was staff attitude which was concerning. Mrs Parkes advised that all such incidences were reported to her, and she sought assurance that the staff members involved had been counselled appropriately.

Dr Boyd questioned whether incident reporting had remained stable throughout the busy winter period due to a reduction in reporting levels. Mrs Parkes agreed that there was a

risk of underreporting of low or no harm incidents when staff were busy, and the reporting levels would continue to be monitored.

Mrs Parkes highlighted a rapid process improvement workshop for concerns and complaints management.

### Maternity

Dr Holmberg advised that the Committee still sought assurance regarding the high levels of Caesarean sections at Scarborough Hospital. Mrs Parkes remarked that the number of Caesarean Sections should be considered in the context of outcomes for women. She advised that Ms Wells-Munro would value an opportunity to give a presentation about Maternity Services at a Board development seminar. Mrs Parkes noted that the Maternity metrics would be reviewed for the next version of the TPR.

**Action: Mr Barkley**

### Workforce

Mrs McAleese queried the percentage of rosters approved six weeks before the start date which was low at 18.6%. Mrs Parkes advised that roster approval for nursing staff on inpatient wards was usually around 80% so this figure included other areas. Miss McMeekin noted that the latest data showed a drop in timely publication of nursing rosters in inpatient areas to 50%.

In response to a question, Miss McMeekin advised that the data for sickness absence due to anxiety and stress could not be distinguished as to whether it was workplace or non-workplace related but she hoped that this would be a feature of the new electronic staff system.

In response to Mr Barkley's comment, Mrs Parkes confirmed that the Trust had not historically made full use of long day shifts on wards. The aim was to increase the number, but some percentage of traditional shifts would be maintained to provide flexibility for staff.

Mr Barkley highlighted that the number of temporary staff recorded in the workforce table was 100 Whole Time Equivalents (WTE) more than the number of vacancies. This included gaps from maternity leaves but not sickness absence. Mrs Parkes clarified that the current headroom for nursing did not allow the time needed for statutory and mandatory training, which affect the amount of temporary staffing needed. Work was ongoing to review the headroom.

Mr Barkley questioned why the self-rostering pilot on Ward 31 had stopped. Mrs Parkes suggested that it may have been paused to review the learning as the ambition was to roll self-rostering out to all areas.

Dr Holmberg drew attention to the disappointing rates for medical and dental staff in completion of statutory and mandatory training. Dr Stone confirmed that completion of statutory and mandatory training was a condition of appraisals being signed off, but the completion of training could be hampered if face to face training was required and was only offered at certain times. Miss McMeekin noted that Safeguarding Level 3 and Mental Capacity Act training had low levels of completion which was a concern. Professor Morgan queried why this training was delivered face to face rather than online. Miss McMeekin would investigate if this was an option.

**Action: Miss McMeekin**



## Digital and Information Services

There were no comments or questions on this section.

## Finance

Mr Barkley highlighted the substantial variance in staff costs in Month 1. Ms Barrow explained that there had been significant pressures in medical staffing for some months. Work to review rotas of medical staff in each Care Group was being undertaken. Ms Barrow noted that the overspend included the delivery against the Cost Improvement Programme. There was some discussion on the relationship between gaps on medical rosters and training numbers. Ms Barrow confirmed that the staff cost variances did not take account of the potential income from the Elective Recovery Fund (ERF) which would offset them to a certain extent. Ms Hansen advised that she and Dr Stone had been reviewing rosters as part of their specialty deep dives. It was agreed that it was unhelpful to report staffing expenditure without the accompanying ERF income factored into the total.

Mr Barkley expressed concern that Care Group medical staffing budgets were being discussed in May when the new financial year had already begun. Ms Barrow outlined some of the complications with forward budgeting, particularly the resident doctor rotations. Ms Hansen noted that this was a historical issue arising from a siloed way of working which was only now being addressed. Miss McMeekin added that the ledgers did not interact with the rostering system which was an added complication and a national issue. Work was ongoing to link the payroll system to rosters. Ms Hazelgrave observed that inefficient processes arising from custom and practice had caused issues. Dr Stone advised that issues with rosters were now being unpicked.

Ms Hazelgrave reported that the deficit at Month 1 had been discussed at length at the Resources Committee meeting. Dr Holmberg asked for assurance that plans were in place to achieve the efficiency target. Mr Morritt responded that there were not yet plans in place for the full efficiency target. Ms Grantham advised that the Resources Committee had requested more information on the phasing of savings. Ms Hazelgrave added that medium term efficiency plans needed to be strategic and would need discussion at Board level. A plan for the Cost Improvement Programme had been submitted to NHS England but more detailed plans could be shaped internally.

## 12 CQC Compliance Update Report

Mrs Parkes advised that the draft report of the CQC inspections in January had been received and was being checked for factual accuracy. She reported that the Terms of Reference for the Journey to Excellence meetings had been refreshed.

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

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

- there had sadly been one stillbirth and one neonatal death from a multiple pregnancy in March 2025; no immediate safety concerns had been flagged but both deaths would be reported through the usual process;
- the MBRRACE-UK perinatal mortality report for births in 2023 had been published; Ms Wells-Munro referenced the details in her report;
- there were no new cases referred to the Maternity and Newborn Safety Investigations (MNSI) in March; of the three open cases, two final reports had been received and the safety recommendations were being addressed;
- the rate of Post Partum Haemorrhages over 1500mls was 2.8% in March;

- in terms of quality and safety, there were 238 incidents overdue; immediate work had been completed to address any safety actions; the outstanding cases to be reviewed at the avoiding term admissions group had been reduced to 10;
- there were no CQC information requests made in March;
- there remained challenges with Perinatal Mental Health team capacity and the Trust continued to work with the ICB to secure better support from Tees Esk and Wear Valley Trust (TEWV).

In response to a question, Ms Wells-Munro advised that the Trust's Perinatal Mental Health team was small, consisting of one Band 7 and 1.6 Band 6 midwives. Mrs Wells-Munro also advised that the named Safeguarding Midwife was part of the corporate safeguarding team. A recently appointed Band 7 Safeguarding Midwife was managed by the Band 8a Safeguarding Midwife. Ms Wells-Munro highlighted that in 2024/25, there had been 31 removals of babies at birth which was considerable and had stretched the capacity of the Service, in terms of time needed to facilitate the process.

Ms Wells-Munro drew attention to the key changes to the Saving Babies Lives Care Bundle Update and recent successes which were detailed in the report, particularly the two Community Midwives for Equitable Health who had begun in post. The report also contained details of progress against the Single Improvement Plan; there were no new risks to raise.

Dr Stone highlighted the high rate of vaccinations against Respiratory Syncytial Virus (RSV) and the reduction in admissions with bronchiolitis to the Paediatrics Intensive Care Unit (PICU). Ms Wells-Munro agreed that this was a significant success as the national uptake of the vaccine was 49%, against the Trust's rate of 69%.

Ms Wells-Munro confirmed that women booking for a birth at Scarborough Hospital were given information about the new entrance to the Maternity Unit.

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

## **14 Quality Strategy**

Mrs Parkes presented the strategy and confirmed that a scorecard would be developed, based on metrics derived from the quality goals.

**The Board of Directors approved the Quality Strategy.**

## **15 Guardian of Safe Working Hours Annual Report**

Dr Stone introduced Miss Olajide, the new Guardian for Safe Working Hours, to the Board.

Miss Olajide presented the report, noting that the data was gathered from an online reporting tool which was available to all resident doctors. She advised that there had been an increase in exception reporting which reflected better engagement. Staffing shortages remained a key theme across the year and were impacting on doctors' wellbeing and quality of care. Exception reports were predominantly submitted for late finishes.

Miss Olajide drew attention to the recommendations for consideration: promotion of exception reporting, workforce planning and deployment, and addressing resident doctors' wellbeing.

Miss Olajide referred to the previous discussion on medical staffing spend, and she provided some context to this: more resident doctors were choosing to train on a part-time basis and, as they rotated every year, Care Groups would not know until July who would be allocated to them. Any gaps caused by part-time working were covered by locums.

Mr Barkley asked about the non-hospital placements referred to in the report. Miss Olajide explained that placements could be with GPs or in the Psychiatry Department but doctors would still be on call in the hospitals on a supernumerary basis.

Dr Stone noted that most of the exception reporting related to hours worked rather than missed educational opportunities which was important for a teaching Trust. Dr Stone also flagged a national change to the way in which the Guardian of Safe Working Hours operated, to be implemented by September: the role of the educational supervisor was to be removed from the process. This should improve reporting levels.

Directors thanked Miss Olajide for her report, and she left the meeting.

## **16 2025/26 Staff Survey Action Plan**

Miss McMeekin advised that the Plan had been presented to the Resources Committee meeting the previous day. The Plan incorporated feedback from a number of stakeholder groups who were referenced in the report, along with the key themes of the Plan. Miss McMeekin noted that the Plan itself was relatively brief, with more detailed actions underpinning it, and she summarised the focus of the actions.

Mr Dillon reported that the discussion at the Resources Committee meeting had centred on the lack of detail on how the actions in the Plan would be achieved. He was concerned that there were no new initiatives.

Board members shared reflections on the Plan. Ms Brown outlined how the actions would be communicated to staff. Mrs Parkes advised that the CQC did not require a Staff Survey action plan but would expect to see evidence that Trust was working to improve the experience of staff at work.

Mr Barkley reported that he had analysed the Survey's free text comments which had been divided into themes. He proposed that the response to these themes should be communicated to staff in a "You said, we will" format. Mr Morritt noted that the Plan itself would not be shared in this format with staff but would be used to drive communication.

It was noted that the sentence: *Agreement from Executive Directors that all staff can spend up to 10% of their working time on activities to support wider priorities within the Trust e.g. staff networks* referred to staff with specific roles, such as Trade Union representatives.

It was agreed that the Plan should be re-formatted with greater clarity on what new initiatives were being taken as a consequence of the concerning feedback elicited from respondents to the staff survey.

**Action: Ms McMeekin**

## **17 Equality and Diversity Annual Report**

Miss McMeekin presented the Equality and Diversity Annual Report which evidenced the Trust's compliance with the Public Sector Equality Duty over the current four-year

objective period 2024-28. She noted that it was divided into domains: commissioned or provided services, workforce health and wellbeing, and inclusive leadership, and that there was still much work to be done to effectively capture equality information to inform action in the workforce domain. She highlighted the positive achievements, which included a new Reasonable Adjustment Policy and a new Disability Toolkit.

Board members shared thoughts on the format and content of the document and, given that it would be made available on the Trust website, requested that it be fundamentally reviewed and presented again at the next meeting.

**Action: Miss McMeekin**

## **18 Emergency Preparedness Resilience and Response (EPRR) Action Plan Update**

Ms Hansen presented the paper which described progress towards the 62 standards of the Emergency Preparedness, Resilience and Response (EPRR) Core Standards.

## **19 LIMS and Digital Cell Path Implementation Business Case**

Ms Hansen presented the Business Case and recommended it for approval. The Business Case was to accept capital and revenue funding via the Digital Diagnostic Capability Program to support the implementation of the new Laboratory Information Management System (LIMS), and the implementation and associated training for digital cell path. Ms Hansen noted that this would improve the service for patients.

Mr Barkley questioned whether there would be extra costs for storage capacity and for new cabling. Mr Hawkins responded that investment had already been made in these areas but as the original Business Case for digital pathology had been presented some years ago, he would ensure that the profile was refreshed, and any unintended consequences identified. Mr Morritt suggested that these queries were raised with NHS England before the Memorandum of Understanding was signed.

**Action: Mr Hawkins**

**The Board of Directors approved the LIMS and Digital Cell Path Implementation Business Case.**

## **20 YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions Revisions**

It was noted that these documents had been recommended for approval by the Group Audit Committee.

**The Board of Directors approved the YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions Revisions.**

Mr Barkley raised an item of Any Other Business. He recommended that the Board approve the agreement of the lease for the York Against Cancer Shop, situated in the main reception area of York Hospital.

**The Board of Directors approved in principle the lease agreement with the York Against Cancer shop, subject to the clarification of leaseholds.**

Mr Barkley advised that this was Dr Holmberg's last meeting as his term of office would be ending. Directors recorded their thanks to Dr Holmberg for his much valued contribution to the work of the Trust Board and wished him well for the future.

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

There were no questions from members of the public.

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

The next meeting of the Board of Directors held in public will be on 25 June 2025 at 9.30am at Scarborough Hospital.

APPROVED