

## Minutes

### Board of Directors Meeting (Public) 25 June 2025

Minutes of the Public Board of Directors meeting held on Wednesday 25 June 2025 in the PGME Discussion Room, Scarborough Hospital. The meeting commenced at 9.30am and concluded at 12.05pm.

#### Members present:

##### Non-executive Directors

- Mr Martin Barkley (Chair)
- Dr Lorraine Boyd (Maternity Safety Champion)
- Ms Julie Charge
- Mr Jim Dillon
- Prof Matt Morgan
- Ms Helen Grantham, Associate Non-Executive Director

##### Executive Directors

- Mr Simon Morritt, Chief Executive
- Dr Karen Stone, Medical Director
- 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 *deputising for* Mrs Dawn Parkes, Chief Nurse
- Mrs Barbara Kybett, Corporate Governance Officer (Minute taker)

#### Observers:

- Rukmal Abeysekera, Lead Governor
- Graham Lake, Elected Governor
- Linda Wild, Elected Governor
- Two members of the public

## 1 Welcome and Introductions

Mr Barkley welcomed everyone to the meeting.

## 2 Apologies for absence

Apologies for absence were received from:  
Ms Jane Hazelgrave, Non-Executive Director  
Mrs Jenny McAleese, Non-Executive Director  
Mr Noel Scanlon, Non-Executive Director  
Mr Andrew Bertram, Finance Director  
Mrs Dawn Parkes, Chief Nurse

## 3 Declaration of Interests

There were no new declarations of interest.

## 4 Minutes of the meeting held on 21 May 2025

The Board approved the minutes of the meeting held on 21 May 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 47 (24/25)** *Circulate the action plan for improvement in waiting times for the Rapid Access Chest Pain clinic.*

The action plan was presented under Item 5.1. The action was closed.

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

Dr Boyd advised that a paper would be presented to the Executive committee and then to the Quality Committee in July. The action was deferred.

**BoD Pub 5** *Ensure that the Digital Strategy is amended as discussed and that an accompanying scorecard is developed.*

Mr Hawkins reported that the Digital Strategy had been amended as discussed. A scorecard would be developed and presented to the Digital Sub-Committee meeting in August.

**BoD Pub 6** *Undertake a review of the risk reporting processes and would liaise with Executive Directors as part of this.*

Mr Taylor advised that this was complete, and a proposal would be presented at the Private meeting. The action was closed.

**BoD Pub 8** *Report back on progress for options for a new telephony system.*

Mr Hawkins explained that the implementation of a new telephony system was dependent on resource being available as it needed to be balanced against other investment priorities. A proposal would be brought to the Digital Sub-Committee meeting in August.

**BoD Pub 10** *Identify a suitable Board Development Seminar for a presentation from the Director of Midwifery.*

This action was carried forward.

**BoD Pub 11** *Investigate options for statutory and mandatory online training delivery for eg. Safeguarding Level 3 and Mental Capacity Act.*

Miss McMeekin advised that the national guidance indicated that this training should be delivered face to face. However, consideration was being given to delivering the training online and the risks of this were being assessed. An update would be provided in July.

**BoD Pub 12** *Re-format the Staff Survey action plan with greater clarity on what new initiatives are being taken as a consequence of the concerning feedback elicited from respondents to the staff survey.*

Miss McMeekin advised that the Staff Survey action plan had been re-formatted and presented to the Resources Committee. The action was closed.

**BoD Pub 13** *Review the Public Sector Equality Duty report taking into account the comments made at the meeting and re-present in June.*

The report was presented under Item 15, and the action was closed.

**BoD Pub 14** *Provide assurance to the Board that any unintended consequences of the implementation of the LIMS and Digital Cell Path Implementation Business Case have been identified.*

Mr Hawkins reported that he had been assured that the appropriate systems and infrastructure had been upgraded to provide the necessary capacity. The action was closed.

## 5.1 Rapid Access Chest Pain Update

Mr Barkley invited questions and comments on the paper. Ms Charge queried whether the term “rapid” was likely to raise patient expectations, given that the target was for patients to be seen within two weeks of referral. Ms Hansen responded that the national target for out-patient appointments was 18 weeks and therefore in this context, the national two week target for this particular service was rapid. She advised that work was ongoing with the Cardiology service as a whole to ensure that more patients were seen within the two week standard.

## 6 Chair’s Report

The Board received the report.

## 7 Chief Executive’s Report

The Board received the report. Mr Morritt highlighted:

- the launch of the Lung Cancer Screening Programme in Bridlington;
- the government’s Spending Review and the implications for health and care with NHS spending due to increase in real terms by 3% each year over the Review period;
- the successful long service events held in June;
- the Star Award nominations for May and June.

Dr Boyd observed that the government’s focus was on moving more resource from acute into community care and suggested that the Trust, with its provision of community services, might benefit from this. Mr Morritt agreed that this was a possibility although there were no details as yet on the allocation of funding. He cautioned that any growth in funding would need to be offset against costs of, for example, future staff pay awards and the structural changes to the NHS.

## 7.1 True North report

Mr Morritt introduced the Board's first True North report and invited feedback on the content and format.

Ms Grantham observed that the report did not demonstrate the trajectories towards meeting the targets, or whether the Trust was on track to meet them. It would be useful to be provided with an executive analysis of the trajectories and the actions.

Dr Boyd was of the view that the organisational risks referred to under each metric were too compartmentalised and therefore were not framing discussion effectively.

Mr Barkley noted that this was the first version of the report, and it would be refined with use. There was further discussion on the most effective way to represent forecast trajectories in the report. Ms Hansen suggested that waterfall charts would be more appropriate for some of the metrics.

Mr Morritt would work with the authors to amend the report as suggested above.

**Action: Mr Morritt**

Mr Barkley questioned why a lack of therapists was contributing to the reduction of bed days lost to patients with no criteria to reside. Ms Hansen explained that there was more work needed to move appropriate patients to discharge to assess, rather than waiting for a therapy assessment, and on providing more therapy services in the community. She would clarify the wording in the report.

**Action: Ms Hansen**

Mr Barkley highlighted the welcome reduction in the percentage of patients waiting more than 4 hours and more than 12 hours in the Emergency Departments.

Mr Morritt provided an update on the Trust's work with KPMG. The outcomes of the readiness assessment had been presented to senior leaders on 16 June, with follow-up sessions to develop a road map held on 24 June. The Board would need to discuss how to take this forward, with a Business Case to be drafted to resource next steps. It was agreed that the Board would receive and discuss the readiness assessment and the next steps in July.

Referring to the Productivity and Efficiency Group Update, Dr Boyd asked what was involved in the de-risking of cost improvement plans. Ms Barrow explained that this was a governance process set out by NHS England. The Trust had identified £9m of high risk efficiency schemes in the original plan and was completing Equality Impact Assessments and Project Initiation Documents, using NHS England templates for each scheme which were submitted to the ICB on a regular basis. Ms Barrow clarified that the de-risking of schemes was a process, not an outcome.

## 8 Quality Committee Report

Dr Boyd highlighted the key escalations from the meeting of the Quality Committee on 17 June 2025:

- the Sepsis Report received by the Committee flagged gaps in assurance around the ability to deliver safe and effective care in the Emergency Departments: there were

delays in the time to see a doctor and poor performance against the target to administer antibiotics within an hour of suspected sepsis; the report outlined the work being undertaken to address these issues;

- there was pressure on maternity staffing from an increase in vacancies, particularly at York Hospital, which was impacting on the mitigations already in place to address gaps in staffing;
- the Committee had received the safeguarding update which evidenced significant improvement in compliance with national statutory and mandatory requirements; Dr Boyd referenced the appointment of two Domestic Abuse Practitioners to the Trust who were already having a significant impact;
- the Committee had received a report on Palliative and End of Life Care which had flagged the lack of equality of access to a 7-day service, and the impact on patient choice;
- the Committee had recommended the approval of the Maternity Section 31 monthly submission.

In relation to the identification of sepsis in Emergency Departments, Mr Barkley asked about the role of triage. Dr Stone explained that there was currently a disconnect in pathways for patients arriving in the Emergency Departments. Patients taken directly to the resuscitation area would receive prompt treatment for sepsis. Patients identified as at risk of sepsis by the triage process were not getting treated quickly enough. Dr Stone noted that the data did not demonstrate how close to the threshold treatment had been delivered.

Mr Barkley referenced the lack of capacity in safeguarding staffing highlighted in the escalation report. Dr Boyd explained that this was around named roles and included a Non-Executive Director Safeguarding lead role. Mr Barkley would ask Mr Scanlon to take on this role.

**Action: Mr Barkley**

## **9 Resources Committee Report**

Mr Dillon highlighted the key escalations from the meeting of the Resources Committee on 17 June 2025:

- performance against the Emergency Care Standard in April was close to the trajectory but was still a concern when benchmarked against other Trusts regionally and nationally, as was performance against Cancer metrics;
- diagnostic performance continued to be impacted by equipment failure;
- average ambulance handover times continued to show significant improvement, and it was clear that initiatives in Emergency Departments were beginning to take effect;
- there had been a discussion on workforce planning and the need to align this with operational planning, efficiency programmes and financial plans;
- the Committee had received the revised Staff Survey improvement plan.

It was noted that the Staff Survey improvement plan, as presented to the Resources Committee, would not be shared in that format with staff. Discussion followed on how to communicate key messages to staff, and it was agreed that a simple document of a “You said, we will” design should be shared with staff, and completed actions communicated as often as possible.

Mr Barkley referred to the escalation around the alignment of workforce planning with other areas and observed that the planning process should cover all elements. He noted

that it had been agreed at the last meeting that plans for most of the cost reduction should be decided by the end of December, and the Board Development Seminar in October would be dedicated to a detailed discussion of the financial plan which would provide more time to align the workforce issues before the next financial year. Miss McMeekin advised that the workforce plan was part of the annual operational plan, and it should align with the financial plan. The main issue was around the medical establishment which must be correct to inform the budget. A paper would be presented to the Resources Committee in July covering the workforce planning process. Dr Stone reported that 90% of job plans had now been signed off and the process of job planning for the medical workforce would commence again for three months in September. This would provide better information about capacity and would more accurately inform workforce, financial and operational planning.

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

The Board considered the TPR.

Mr Barkley welcomed the information on national and regional benchmarking which had been added to this version of the TPR.

### **Operational Activity and Performance**

Mr Barkley noted that a Task and Finish Group was considering future workforce model options for the Emergency Departments and questioned whether this might lead to expectations of further funding. Ms Hansen advised that the work was being led by the team in the Emergency Department based on a national model of staffing. She assured Mr Barkley that the team understood that there would be no further funding to expand the workforce.

The Board was pleased to note that there had been no ambulance handover times over 4 hours in May.

Dr Boyd asked what action was being taken to improve medical presence at reviews of patients with long lengths of stay. Ms Hansen responded that the answer lay in ensuring that rosters and job plans allowed medical staff to attend reviews. Further work to address long lengths of stay was included in discharge plans. Ms Hansen noted that the plan to ensure that ward managers were supernumerary would also support more rapid discharge processes.

Mr Barkley referred to the practice of ward teams dialling in to meetings once a week to discuss patients who were not medically optimised and had been in hospital for more than 21 days and questioned who was involved in the meetings, how had they been received by ward staff and whether there was there an impact from the meetings. Ms Hansen provided further details and confirmed that there had been an impact on the time of discharge. The meetings had been put in place to give senior leaders a better understanding of the issues and also covered preparation for weekend discharges. The meetings involved social care and community teams.

Dr Boyd queried the high number of Cancer referrals to the Head and Neck Service and queried whether this was a result of local GPs withdrawing Dermoscopy services. Ms Hansen could not confirm if this was the main reason but would investigate.

**Action: Ms Hansen**



Ms Hansen cautioned that the terms of new GP contract was risk for Trust in terms of the likely increase in demand on its service. She also highlighted the risk of delays in patient pathways.

Mr Barkley noted that the Cancer performance as benchmarked against other Trusts was very concerning. Ms Hansen advised that a detailed report on Cancer performance by area was to be presented to the Resources Committee.

Mr Barkley highlighted that the total number of patients on the Referral To Treatment (RTT) waiting list had risen again. Ms Hansen advised that this was in part due to the validation work being undertaken, and also to an increase in referrals from GPs as a result of their new contracts. Dr Boyd confirmed that these were locally agreed contracts and presented a significant risk to the Trust in terms of the impact on its capacity. Ms Hansen added that the risk was also to patients in the form of delays in pathways.

Mr Barkley drew attention to the rise in outpatient activity in May, and asked if there had been a conscious decision to transfer clinical time from elective surgery to outpatient clinics and, if so, what was the impact on Elective Recovery Fund (ERF) income. Ms Hansen responded that this was not a conscious decision but had resulted from a combination of leave and of the new process in place for ERF activity. The new process would ensure that ERF activity was being undertaken by the most appropriate specialties. Ms Barrow confirmed that the Trust was on plan in terms of elective activity funded by the ERF.

Ms Hansen reported that validation sprints for outpatients were being undertaken which resulted in income in Quarter 1 of £120k. Some of this funding would be used to validate non-RTT and follow up waiting lists.

Mr Barkley noted that the capacity of the Audiology service was limited by the number of booths available and questioned whether more could be purchased and installed. Ms Barrow agreed to check whether the purchase of Audiology booths was included in the capital programme.

**Action: Ms Barrow**

In response to a question about the increase in the number of children and young people waiting over 52 weeks for community services, Ms Hansen advised that further weekend clinics had been put in place.

Dr Boyd referenced the outcome of the Getting It Right First Time report on heart failure patients in virtual ward beds and ask what the impact might be. Ms Hansen responded that the service would continue to be delivered but not under the designation of a virtual ward. There would be no impact on patients, only on the data for the virtual ward.

### Quality and Safety

Mr Barkley noted that the narrative around complaints did not reflect the data in the SPC chart.

### Maternity

Ms Wells-Munro confirmed that there had been an increase in the number of pre-term babies. She advised that the Maternity metrics in the TPR were being reviewed, and the application of the terms “target” and “baseline” would be considered as part of this.

## Workforce

Mr Barkley queried how the increased allocation for Band 5 registered nurses in the York Emergency Assessment Unit was being funded. It was noted that this change had resulted from the nursing establishment review which had been undertaken. Mr Barkley highlighted the increase in the budgeted establishment which was concerning when the Trust was required to maintain static workforce.

Ms Wells-Munro reported that career discussions had been held with the student midwives who were due to qualify in the autumn. However, the current need was for experienced midwives. She was working with the recruitment team to manage the process.

## Digital and Information Services

The Board was pleased to note that calls to the Y&S Service Desk had reduced.

## Finance

Ms Barrow summarised the Month 2 financial position which showed an actual adjusted deficit of £2.1m against a planned deficit of £0.8m leaving an adverse variance to plan of £1.3m. Ms Barrow reported however that the ICB as a whole was almost in balance which was important for the continued receipt of deficit support funding. The de-risking of cost improvement plans was also key to ensuring this funding was received.

Ms Barrow drew attention to the cash position which was £16.4m adverse to plan mainly due to timing issues. The forecast was for the cash position to return to plan in Month 4. Ms Barrow underlined the necessity of delivering to plan as there would be no cash support this financial year, other than through the ICB.

Ms Barrow advised that the efficiency governance arrangements, as mandated by NHS England, were in place and she highlighted the key deadlines.

Ms Charge referred to the cash position and queried whether the forecasting process should be improved as the variance to plan was so significant. Ms Barrow acknowledged this challenge and would work with the relevant team to improve the process.

There was some discussion on the cost improvement plans, as there were some gaps in the corporate programme. Ms Barrow explained that the profile of the delivery was set when the Cost Improvement Programme was submitted to the ICB, as not all plans were agreed at that time. Planning for next year's efficiency programme would begin earlier this year.

## 11 CQC Compliance Update Report

Ms Wells-Munro presented the report. She advised that the last three actions had been closed and moved into "business as usual", and she highlighted the new CQC appointments reference in the report.

Mr Barkley congratulated Executive Directors on meeting all the "must do" and "should do" improvement actions from the 2022/23 CQC inspection report and applauded their focus on closing actions only with robust evidence. Further assurance had been provided by the CQC Action Plan internal audit.

It was noted that the final report from the CQC inspections in January had now been received and was due to be published imminently by the CQC.



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

Ms Wells-Munro presented the report which summarised the April data. She highlighted the following:

- there had been no perinatal deaths;
- there had been no new cases which met the criteria for referral to Maternity and Newborn Safety Investigations (MNSI); a final report had been received for two MNSI cases and a draft report received on the maternal death;
- there had been no new Patient Safety Incident Investigations during the month;
- the rate of Post-Partum Haemorrhage over 1500mls in April was 2.6% and the data demonstrated a reduction in the rolling average over 12 months;
- there was a total of 164 open incidents; the Patient Safety Team was supporting in closing these; Ms Wells-Munro assured the Board that any learning from these incidents had been immediately picked up;
- NHS England funding had been received to refurbish the Special Care Baby Unit at York Hospital and a robust plan to temporarily relocate the unit was being developed;
- NHS England had informed the Trust of a coding issue relating to the Maternity Services Dataset; this was a national issue, and the numbers involved would be small.

Mr Barkley suggested that the Executive summary section on the report cover sheet should be used to report highlights and concerns in bullet points.

**Action: Ms Wells-Munro**

In response to a question, Ms Wells-Munro advised that the drug Carbetocin was very effective in reducing rates of bleeding in women after a Caesarean section, but it was expensive, hence the need for a Business Case.

Professor Morgan asked about the two tables in the Section 31 update showing compliance with fresh eyes for continual foetal monitoring. Ms Wells-Munro explained that the second table showed the data as required by new guidance from the Saving Babies Lives Care Bundle.

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

## 13 Infection Prevention and Control Annual Report

Ms Wells-Munro presented the paper. She reported that the Trust had exceeded the annual objectives for all nationally set Health Care Associated Infections, apart from Klebsiella Bacteraemia. The governance of Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) had been strengthened by the introduction of Care Group IPC/AMS monthly meetings, which were becoming established; Care Group improvement action plans were being developed.

Ms Wells-Munro highlighted the successful quality improvement work in Cherry and Chestnut wards at Scarborough Hospital to reduce rates of C Difficile. Dr Stone advised that the focus of this year's IPC work would be on the reduction of bacteraemia.

The Board recorded its appreciation of the work carried out on Cherry and Chestnut wards to reduce C Difficile infections.

## **14 Mortality Review – Learning from Deaths Report**

Dr Stone presented the report, noting that there had been very little change in the data from previous reports.

A query was raised about the Trust's Hospital Standardised Mortality Ratio (HSMR) which was higher than expected. Dr Stone responded that this was not as useful a metric as the Summary Hospital-level Mortality Indicator (SHMI) which included more diagnostic groups. She advised that the HSMR data had been analysed in depth and nothing of concern had been identified. The SHMI was within normal limits which should provide assurance. There was some discussion on the SHMI data which was split by deprivation quintile. Dr Stone noted that patient quintiles were missing which would clarify the graphics. This information would be added for the next report.

**Action: Dr Stone**

Dr Boyd reported that the paper had been discussed at the Quality Committee meeting and Mrs McAleese, who sat on the Learning from Deaths Group, had raised the issue of the timely recognition of patients needing palliative care. This was being progressed via a Patient Safety Incident Investigation. Dr Stone added that the Palliative Care team were working with staff to ensure that they made the switch in focus to palliative care earlier, when this was appropriate.

Miss McMeekin referenced the low attendance at the February meeting of the Learning from Deaths Group. Dr Stone advised that it was sometimes challenging for clinicians to attend the meetings due to their clinical work schedule. It was the responsibility of Care Groups to ensure good attendance.

## **15 Public Sector Equality Duty (PSED) Report**

Miss McMeekin advised that the report had been re-formatted at the request of the Board. This version had already been endorsed by the Resources Committee. A more interactive version would be published on the Trust website. Directors agreed that the format was much improved and should be used for future PSED reports.

## **16 YTHFM Health and Safety Policy**

Mr Norman advised that the policy had been reviewed, with only minor amendments made.

**The Board of Directors approved the YTHFM Health and Safety Policy.**

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

There were no questions from members of the public.

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

The next meeting of the Board of Directors held in public will be on 30 July 2025 at 9.00am at York Hospital.

As this was Mr Dillon's last meeting, directors recorded its thanks to Mr Dillon for his much valued contribution to the Board and to the Trust over the past 6 years.