

Minutes from the Virtual Annual Members' Meeting/Annual General Meeting of York & Scarborough Teaching Hospitals NHS Foundation Trust held on 17 October 2024

Present:

Mr M Barkley, Chair
Mr S Morritt, Chief Executive
Mr A Bertram, Deputy Chief Executive & Finance Director
Mrs C Hansen, Chief Operating Officer
Mr J Hawkins, Chief Digital and Information Officer
Miss P McMeekin, Director of Workforce and Organisational Development
Dr L Boyd, Non-Executive Director
Ms H Grantham, Associate Non-Executive Director

Governors:

Mrs R Abeysekera, Lead Governor & Public Governor for York
Mr M Reakes, Public Governor - York
Dr A Faraj, Staff Governor – East Coast
Dr G Kitching, Staff Governor - York
Cllr J Rose, Stakeholder Governor
Ms Elizabeth McPherson, Stakeholder Governor

In attendance:

Mrs L Brown, Director of Communications
Dr E Smith, Deputy Medical Director *deputising for* Dr K Stone, Medical Director
Ms T Filby, Deputy Chief Nurse *deputising for* Mrs D Parkes, Chief Nurse
Mr M Taylor, Associate Director of Corporate Governance
Three further attendees including members of the public

Apologies:

Mrs J McAleese, Non-executive Director; Dr S Holmberg, Non-executive Director; Mrs L Mellor, Non-executive Director; Mr J Dillon, Non-executive Director; Prof M Morgan, Non-executive Director; Ms J Charge, Non-executive Director.

Welcome

Mr Barkley opened the Annual Members' Meeting incorporating the Annual General Meeting of York & Scarborough Teaching Hospitals NHS Foundation Trust and welcomed all those attending.

Mr Barkley outlined the agenda for the meeting, noting that there would be an opportunity for questions after the presentations.

Annual General Meeting

The minutes of the last meeting held on 26 October 2023 were approved as a true record.

Annual Report – summary of the year 2023-24

Mr Morritt began with a brief summary of facts and figures about the Trust: its geographical footprint, the population it served, the annual turnover, staff numbers and details about the Trust's activities. Mr Morritt outlined the challenges faced by the Trust during 2023/24 which included the continued response to the pandemic and long periods of industrial action. He highlighted performance against key operational standards, noting that waiting times for treatment continued to reduce overall. Performance against the Emergency Care Standard continued to be a challenge.

Mr Morritt reported that good progress had been made in workforce performance metrics, including vacancy, turnover and sickness absence rates. However, the main priority for the organisation was to improve the experience of staff, as feedback from the staff survey indicated clearly that this was an area for improvement. Mr Morritt provided an overview of new strategies implemented to improve the working environment.

In terms of quality and safety, Mr Morritt advised that the overall CQC rating of Requires Improvement was unchanged. The Trust continued to make significant progress to address the issues raised by the CQC report.

Mr Morritt reported that the Trust had ended 2023/24 with a balanced financial position. He noted that the 2024/25 financial year was the most challenging yet, as the Trust was required to find £53m of efficiency savings, this being 7% of turnover.

Mr Morritt advised that a new Trust strategy had been developed, to be published in early 2025, and he shared details of the objectives which would be underpinned by the Trust's values of kindness, openness and excellence. He summarised the Trust's priorities and plans for 2024/25.

In response to a question, Mr Morritt advised that the new Urgent and Emergency Care Centre at Scarborough Hospital would open in late November. He explained that the project had suffered from delays in the installation of the electrical infrastructure needed to service the new building.

Annual Financial Accounts

Mr Bertram, Deputy Chief Executive and Finance Director, presented the financial overview for 2023/24 beginning with a number of key statistics and the financial context for the accounts. He explained the changes in the payment regime for NHS England Trusts during the pandemic and since the pandemic.

Mr Bertram reported that the accounts recorded a deficit for the 2023/24 financial year of £15.7m and explained that this was caused by a technical adjustment of £15.8m made by NHS England for the write-down of a capital asset. Looking forward to 2024/25, Mr Bertram advised that income would still be received for elective activity under the existing hybrid payment regime. He noted that all organisations in the Integrated Care System would be expected to contribute to efficiencies savings. £23m of savings, against a target of £53m, had already been delivered by the Trust, this being an unprecedented level of efficiency at this point in the year. As a result of income received from the Integrated Care Board, the financial plan was now in balance, but the challenge would be in maintaining this position.

Mr Bertram recorded his thanks to all those in the Trust who were working with the Finance team to ensure that the Trust's resources were used wisely and efficiently.

The Governors' Role and Perspective

Mrs Abeysekera, Lead Governor, described the role and key responsibilities of a governor, and the main activities of the Council of Governors including its next steps.

Mrs Abeysekera recorded her thanks to the Council of Governors, the Trust Board and members of the community who had brought concerns and issues to governors' attention.

Questions and Answers

How does the trust rank with infections? And what additional infection protection and control measures can be taken to help reduce infections?

Ms Filby advised that, for some infections, the Trust's rate was higher than the national average. Infection control remained a priority area for the Trust. Investigations into each infection were undertaken so that learning could be identified which would inform actions. Ms Filby provided examples. Mr Barkley added that infection and prevention control was monitored by the Quality Committee and escalated to the Board.

It is not clear to those directed to urgent care by NHS 111 that they should first report to A&E for triage. Could a signpost be placed in the Urgent Care area advising patients to go to A&E first? Could an additional green line be painted on the other side of the road to direct patients from the outside of the main entrance of the hospital to the A&E entrance?

Ms Hansen acknowledged that signage could be a challenge for patients using the hospital. She welcomed these suggestions and would progress the actions with the Estates Department.

Have the PLACE hospital inspections been reintroduced and if not, is there a plan to do so?
Ms Filby confirmed that the inspections had recommenced.

Mr Barkley thanked Executive Directors and Mrs Abeysekera for their contributions, and he closed the meeting.