

Trust Board

Minutes of a meeting of the Board of Directors
held at 9.30 am on **Tuesday 24th September 2019**, in
Room 3, Education Centre, Queen Elizabeth Hospital

Present:	
Mrs JEA Hickey	Chairman
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mr S Bowron	Non-Executive Director
Mrs C Coyne	Director of Clinical Support and Screening Services
Mr P Hopkinson	Non-Executive Director
Mr M Laing	Acting Executive Director of Medicine and Community Services
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mrs Y Ormston	Chief Executive
Mr J Robinson	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
Mrs S Watson	Director of Strategy and Transformation
In Attendance:	
Dr R Allcock	Consultant Chest Physician and Chief Clinical Information Officer (for item 19/19/160)
Mrs D Atkinson	Trust Secretary
Mr N Black	Chief Digital Information Officer
Dr N Halford	Deputy Medical Director
Mrs A Marshall	Incoming Trust Chair
Mrs J Williamson	Membership Co-ordinator
Governors and Members of the Public:	
Rev J Gill	Public Governor – Western
Mrs E Ward	Public Governor – Eastern
Apologies:	
Cllr M Gannon	Non-Executive Director

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19/153	<u>CHAIRMAN'S BUSINESS:</u> Mrs JEA Hickey, Chairman, opened the meeting by informing those in attendance that the meeting would be her last meeting as Chairman before her retirement at the end of October. She welcomed Mrs A Marshall, recently appointed Trust Chairman,	

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	the Trust governors and a member of the public to the meeting. She also welcomed Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, to the meeting. Mrs Hickey requested that Board members present report any revisions to their declared interests or any declaration of interest in the items on the agenda.	
19/154	<u>MINUTES OF THE PREVIOUS MEETING:</u> The minutes of the meeting of the Board of Directors held on Wednesday 24th July 2019 were approved as a correct record, subject to a small amendment.	
19/155	<u>MATTERS ARISING FROM THE MINUTES:</u> The Board Action Plan was updated accordingly to reflect matters arising from the minutes.	
19/156	<u>PATIENT'S STORY:</u> Mrs C Coyne, Director of Clinical Support and Screening Services, introduced the patient story. She introduced Ms L Henry, Deputy Ward Sister, Mr A McCormack, Occupational Therapist, and Ms N O'Reilly, Senior Physiotherapist, who are part of the MDT Team on the Hospital to Home Unit. Mr A McCormack, Occupational Therapist, provided an overview of the Hospital to Home unit, explaining that the unit is a 16 bedded unit with capacity to escalate to 24 beds during winter. He described that the unit is nurse/therapy led, with a higher ratio of therapists to patients and a lower proportion of nursing staff. He explained that the unit is for patients who are deemed medically optimised and who may require rehabilitation, social input or discharge planning. Mr McCormack informed the Board that the unit has seen 988 patient admissions in the last 12 months, with an even split between medical patients and surgical patients. He noted that the MDT team collaboration includes nurses, physiotherapists, occupational therapists, pharmacists, rehab assistants, and other professional staff such as psychology and	

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	consultant liaison. Ms N O'Reilly, Senior Physiotherapist, provided the Board with a background to the patient. She explained that the patient was a 20 year old female with a complex medical and social history. The patient was admitted with acute and chronic back pain and functional decline. She had also been diagnosed with Ehlers Danlos syndrome, functional weaknesses, continence issues, mental health and psychological needs. The patient also had safeguarding concerns and complex discharge requirements. Ms L Henry, Deputy Ward Sister, explained that the patient had a number of outstanding issues identified on transfer to the Hospital to Home unit. She stated that staff had concerns about the patient's mobility to aid her discharge to her parents' home. They were also concerned over the patient's ongoing low mood and anxiety, and the challenging family dynamics. Ms N O'Reilly, Senior Physiotherapist, explained that the ward managed the patient by carrying out a detailed ongoing therapy assessment which involved input from various staff. The patient and her family were engaged in the diagnosis of the patient's functional weakness, through education and guidance for further reading. Ms O'Reilly also noted that reassurance was given to the patient and family from nursing and pharmacy staff. Ms L Henry, Deputy Ward Sister, explained that the outcomes for the patient included achieving independent transfer with a walking frame, achieving independent mobility over 12 metres with a frame, and referral to psychology for ongoing support. The patient was discharged to the destination of choice. Mrs JEA Hickey, Chairman, stated that the presentation is an example of the complex issues faced on the ward, and some issues that are not medical. She asked how the safeguarding issue for the patient was dealt with. Ms L Henry, Deputy Ward Sister, explained that the issue was dealt between staff and the patient, and the unit supported the patient as much as possible. She stated that the patient's main concern was that there were young members of the family and she wanted to know that they were safe. Once their safety was confirmed, the patient did not wish to take the issue further. Mr J Robinson, Non-Executive Director, stated that the work between the staff, patient and patient's family was of obvious importance. He asked how this was carried out.	

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	Ms N O'Reilly, Senior Physiotherapist, stated that all of the support was carried out within the hospital as the patient was from out of the area. She noted that the patient achieved a high functional level before leaving, and this was due to her mother, her main carer, and the patient working together daily with therapy staff. Mrs JEA Hickey, Chairman, stated the presentation has given the Board helpful exposure of the complexities that the ward deals with, noting that the care was successful in one sense but that obviously the patient has to deal with their health issues going forward. Mrs Hickey thanked Ms Henry, Mr McCormack and Ms O'Reilly for their informative presentation and for their work on a daily basis with patients.	
19/157	<u>CALENDAR OF BOARD MEETINGS:</u> Mrs D Atkinson, Trust Secretary, informed the Board of the planned Board meeting dates for 2020. After consideration, it was: RESOLVED: to approve the draft calendar of Board meeting dates for 2020	
19/158	<u>STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS:</u> Mrs J Bilcliff, Group Director of Finance, presented the updated Standing Orders and Standing Financial Instructions for approval. She asked if any amendments to be sent direct to her, noting that there are no particular substantial changes. Mrs JEA Hickey, Chairman, stated that she and Mrs D Atkinson, Trust Secretary, reviewed the document and noted that there were some terms that needed updating to bring in line with what the Trust currently does. Mr S Bowron, Non-Executive Director, queried the need for an update to the Charitable Funds section regarding the structure of Charitable Trust Board, noting there is a regular reference to the Trust Board but queried if the term referring to Charitable Trust Board needs to be confirmed. Mrs J Bilcliff, Group Director of Finance, stated that she did review this section but will look again to ensure the terminology is correct.	

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	Mrs JEA Hickey, Chairman, stated that it was reflected that when the twice yearly Charitable Trust Board meetings take place, the meeting is convened as Charitable Trust Board. Mrs S Watson, Director of Strategy and Transformation, queried if paragraph 1.2.15 should be reviewed to ensure the Trust is diverse by adding the term “they” to the statement. After further discussion, it was: RESOLVED: approve the amendments to the Trust’s Standing Orders and Standing Financial Instructions	
19/159	<u>ICS MEMORANDUM OF UNDERSTANDING:</u> Mrs JEA Hickey, Chairman, presented the updated North East and Cumbria Integrated Care System (ICS) – Memorandum of Understanding, for approval. She reminded the Board that the document was discussed at the Board Time Out in June 2019, and at the Board of Directors’ meeting July 2019. Following this, feedback was given to colleagues to support other comments on the clarity of governance arrangements, the principle of subsidiarity and Non-Executive Director representation. Mrs Hickey drew attention to the paper, agenda item 8 a, noting that this includes a covering letter with the attached paper which sets out the organisation diagrams and the Memorandum of Understanding document. She stated that the Board is being asked to approve this document in a public Board meeting, as are other organisations. She noted that she has checked through the documents and stated the amendments have clarified and strengthened the comments made. Mrs Y Ormston, Chief Executive, explained that all organisations involved understand that this is an evolving area, as there is no precedent in terms of governance. She noted that different ICS areas will have different arrangements. She added that the ICS management group, which used to take a nomination from each ICP, now includes all provider Chief Executives. Revisions have recently been made to the Single Oversight Framework (SOF) in terms of NHS Improvement and NHS England coming together and regulating provider Trusts. There are documents being released which will change and shape some of the structure of the MOU but the agreement is in principle for now.	

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	Mr S Bowron, Non-Executive Director, queried why the ICP system Leadership Board does not include a member of the Local Authority. Mrs Y Ormston, Chief Executive, stated that the Health and Well-Being Board will have representatives from the Local Authority so there is a connection in that context. Discussions have taken place that the Memorandum of Understanding is between health bodies and there is a need to work out the governance arrangements with Local Authorities, possibly as more of a partnership arrangement. Mrs JEA Hickey, Chairman, stated that it is fair to recognise that this is an area for further development and there will still be changes going forward. Mrs Hickey stated that with reference to the ICS Management Group, the Memorandum of Understanding as it stands still refers to two representatives from each ICP. She noted that when the Trust signs and returns to Memorandum of Understanding, it may be worthwhile enclosing a covering letter to recognise that this has already changed in a positive way for the Trust. Mr D Shilton, Non-Executive Director, stated that included in the Memorandum of Understanding at paragraph 29, there is a statement that the collective performance management and the local financial governance and accountability arrangements will be established, however this seems marginally in conflict with the independence of organisations. Mrs Y Ormston, Chief Executive, stated that the Single Oversight Framework revisions that have been released still reinforce that collectiveness, and defines that the Trust is still a statutory body but that there is increasing flexibility to look at performance and financial targets in a collective sense. It is known that discussions are already taking place around an ICP configuration around potentially positive flexibility that that could give the Trust as an organisation, however there needs to be mindfulness that there is also a negative outcome. Mr M Robson, Non-Executive Director, queried the reference to managing performance challenges and robust oversight of emerging service quality issues. He stated that if this is this a collective then the organisations would be working together to solve the problem. Mrs JEA Hickey, Chairman, stated that the document mentions that these arrangements will need to be developed but it is not specified how that will work. There needs to be further discussions as it emerges.	

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	Mrs S Watson, Director of Strategy and Transformation, noted that there is a document enclosed in the paper containing an example governance model from the ICP, however discussions continue around what the governance model for ICP North would look like and how this would connect. Mrs Y Ormston, Chief Executive, stated that initial comments are that the three models look quite different, and will need to develop in their own context. After further discussion, it was: RESOLVED: to approve the North East and North Cumbria Integrated Care System Memorandum of Understanding	
19/160	<u>DIGITAL PERFORMANCE REPORT:</u> Mr N Black, Chief Digital Information Officer, and Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, provided the Board with a mid-point status update on the digitisation of the Trust enabled by the Global Digital Exemplar Fast Follower (GDE FF) programme. Mr Black noted that over the last 18 months, the project has been working on implementing the underpinning infrastructure to drive the developments forward and make changes. The next 18 months will focus on exploiting the benefits for patients and staff. Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, stated that the work involved in the project is a huge challenge as the breadth of the programme is so vast. Work is also continuing with the infrastructure to allow systems to link in with radiology systems within Newcastle Hospitals and Northumbria Healthcare. This is underpinned by IT systems to make this a reality. In addition, when the Great North Care Record goes live, all Trusts in the region will be able to access all records across the north east. He stated that one example is that during a ward round on an elderly care ward, a consultant will ask a junior doctor to request an opinion from cardiology. The old system would be that a letter would be typed and sent, and in total this took 30 processes. The request has now been built into the systems request and it takes 92 seconds. This is due to the request beginning earlier and that response times can be measured, linking directly to help to keep the flow going. However, even that small change takes a long time to understand how to make messages flow and then to work with colleagues to change the way	

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	they work. Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, stated that risks are identified in the report which include financial difficulties, and the uptake and exploitation and as the Trust moves down the route of running OPD clinics without any paper notes, which will obviously result in workforce reconfiguration. He added that the project is at a point where decisions have to be made if the workforce needs to be downsized and synchronised to release the benefits. There is an issue in getting the secondary benefits from this to understand where the opportunities are for workforce planning and engagement. Mr N Black, Chief Digital Information Officer, stated that in terms of clinical engagement, an advisory group for all staff has been set up along with a clinical advisory group which is applying clinical knowledge to how we can build systems for clinicians to use. Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, stated that the challenge is that of rebuilding whilst doing other work. Mr M Robson, Non-Executive Director, asked if workforce plans have been discussed with regards to the whole project. Mrs Y Ormston, Chief Executive, stated that she was very keen that digital was incorporated as part of the Trust's transformation programme. This has not yet been fully identified as to the benefits realisation and will need examined, for example, when appointing people on permanent contracts, if that post may not be needed in the future. She noted that digital projects have been identified that will help support the different streams to transformation, but there will be wider benefits and impact on services, and there is a need to ensure that benefits and potential are gained. Mr J Robinson, Non-Executive Director, stated that the programme needs to ensure that the processes and the thinking are correct. This is then about fitting the IT to the process, rather than apply IT to the things we have been doing in the past. There is also the need for engagement with all. He asked to what extent engagement has been successful, and if referrals for further advice to other clinicians has increased the information request workload. Dr R Allcock, Consultant Chest Physician and Chief Clinical Information Officer, stated that the issue that is distinctive about the approach is that informatics are taken in a Lean process design. This addresses the problem of engagement as if we get the process right then everyone finds it easier.	

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	Mrs JEA Hickey, Chairman, noted the immense amount of work ongoing, and stated that the update is encouraging and that a much improved service will be achieved. After further discussion, it was: RESOLVED: receive the update for assurance Dr Allcock left the meeting.	
19/161	<u>NURSE STAFFING EXCEPTION REPORT:</u> Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided assurance to the Board that staffing establishments are being met on a shift-by-shift basis. The report includes details of the number of actual staff on duty, compared with the planned staffing level, the reason for any gaps and the actions being taken to address these gaps. The report provides information for July and August 2019. She stated that overall the report remains fairly stable on a month by month basis; however the Trust often sees a dip in the summer especially in August. The reason for this is the one intake a year of registered nursing staff, noting that in September 2019 40 newly qualified nurses have started employment with the Trust. Dr Lloyd stated that where qualified numbers are low, nursing assistants are rostered to maintain patient safety and care. A review is currently being undertaken of the data being collected. The data is problematic and onerous if a nurse is moved mid shift to a ward to cover, then the Trust has to be able to record this and this is difficult. Dr Lloyd stated that if the data is triangulated with the integrated quality report, there is no impact on patient quality indicators. Work is being carried out regionally to look at how the Care Hours Per Patient Day (CHPPD) data can be understood better. Dr Lloyd is now part of a regular regional group to look at this. Dr R Bonnington, Non-Executive Director, queried that if issues are recurrently happening, should the figures be reconfigured. She asked at what point the Trust would say that the reconfiguration needs to be made. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the Trust is tied by the requirement and has to use funded establishment	

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	figures from finance, then measure what we have actually rostered in that time. There is also a need for professional judgement in this and it is a challenge. The tool is a blunt instrument to measure if the wards are safe, and the Trust has many other sources of information that show the staffing is safe. Dr R Bonnington, Non-Executive Director, queried at what point the Trust can challenge the proposal to what the need is. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the annual review of the establishment will be presented at the Board of Directors' meeting in October 2019. She added that this should not change much, however there needs to be a challenge nationally as to how and why the report is produced in this way. Mrs Y Ormston, Chief Executive, stated that the report gives the Board assurance. It would be helpful to understand what it costs and to understand whether the shortfalls are due to vacancies or sickness, and if vacancies are bank staff used. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/162	<u>HEALTHCARE ASSOCIATED INFECTIONS:</u> Dr H Lloyd, Director of Nursing, Midwifery and Quality, and Joint Director of Infection, Prevention and Control (DIPC), updated the Board on the current performance of HCAI in the Trust throughout 2019/20. She informed the Board that the Trust continues to perform well against the indicators. She drew attention to the report, agenda item 11, which gave an executive summary. She stated that the Trust has reported zero (0) hospital-onset MRSA to date, with one community-onset MRSA being reported. Dr Lloyd conveyed that the Trust has reported thirteen healthcare associated CDI samples, five of which are hospital onset healthcare associated and eight which are community onset healthcare associated. The Trust's CDI objective for 2019/20 is 40, against healthcare associated samples. From this, ten have been reviewed and nine have been successfully upheld. Three cases are awaiting review. Therefore, the Trust currently reports four CDI positive samples against the objective of 40, although this may change following reviews.	

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	She stated that the Trust has now reported three cases of MSSA in the hospital and 20 in the community. Dr Lloyd reported that the Trust reports 19 hospital-onset E.coli samples, with 79 community-onset samples to date. The Trust has also reported five hospital-onset pseudomonas aeruginosa to date, with seven community-onset samples. She noted that improvements are being seen but there are challenges and work is ongoing. There have been no reported periods of increased incidence to date, and the flu vaccinations are now available to staff. Dr R Bonnington, Non-Executive Director, queried what the Trust's protocol in a community setting is for gram negative for catheter changes for patients who have a UTI with catheter. Dr H Lloyd, Director of Nursing, Midwifery and Quality, and Joint Director of Infection, Prevention and Control (DIPC), stated that a new policy has recently been ratified, and work around promoting this will be needed going forward. Mr J Robinson, Non-Executive Director, queried, if in relation to gram negative and the overall hygiene within the hospital to keep the wards clean, how this translates to the community. Dr H Lloyd, Director of Nursing, Midwifery and Quality, and Joint Director of Infection, Prevention and Control (DIPC), commented that Mr Robinson's question is very relevant. She noted that as E.coli is around hydration, a piece of targeted work has taken place with local care homes. However, it was found that not one of the patients was actually admitted from a care home, and further work is needed with elderly people living alone, and this is difficult when trying to influence people who do not have any contact with the hospital. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/163	<u>INTEGRATED QUALITY AND LEARNING REPORT:</u> Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided assurance to the Board of Directors on the Trust's quality and safety performance to August 2019. Dr Lloyd drew attention to the paper, agenda item 12, highlighting the	

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	key metrics. She noted that a total of 40 medication errors were reported in August 2019, one was moderate harm with zero severe harm errors. Mr D Shilton, Non-Executive Director, commented that it is unusual that it took four days for an ortho-geriatrician to review the patient, as they are seen by decision maker before this. He asked if there was any learning from this. Mr A Beeby, Medical Director, stated that the Trust is learning about why this incident happened at the time and why it did not change. There are obviously human factors and this could be looked at again, as well as reminding staff what process needs to be carried out. Dr Lloyd stated that an improvement in the reduction in falls has been observed; noting that the falls collaborative will be extended to other wards. She reported that there has been a reduction in hospital acquired pressure damage, with work beginning to begin this improvement in the community. She noted that the Quality Governance Committee has received an update on this. Dr Lloyd stated that three serious incidents were reported in August 2019, including one severe harm fall. Information is also included in the report to allow the Trust to learn from incidents generated by primary care. She also noted that focus work will take place around patient safety incidents, with 703 reported in August 2019. The Trust continues to learn from the reviews through the Mortality Council. Dr Lloyd noted that a second level review decision was changed and this shows the good challenge taking place within this forum. Dr Lloyd reported that the Trust's Friends and Family Test for August 2019 reported that 92.7% of patients would recommend the Trust's services to friends and family. She noted the key area is A&E where the number where patients who said that they were neither likely nor unlikely to recommend increasing. Work will be carried out with staff in A&E to look into this. The Trust received 23 formal complaints in August 2019 with themes including communication, appointments including delays and cancellations, and clinical treatment. Dr Lloyd reported that the Trust's CQUIN progress continues, with a real challenge in relation to anti-microbial resistance. This relates to	

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	staff complying with national practice to achieve the challenging target of not to use a urine dip stick. Mrs JEA Hickey, Chairman, asked why the guidance is for staff not to use a urine dip stick. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that this is no longer seen as clinically effective. Dr R Bonnington, Non-Executive Director, added that figures show that 70-80% of elderly women will have some bacteria in their urine and guidance is to treat the patient's symptoms. Mr D Shilton, Non-Executive Director, commented that a 33% overall performance for CQUIN targets is good. He added that the report shows that most patients had the right outcome, with 70% getting the right diagnosis and received treatment for their UTI. Mrs JEA Hickey, Chairman, queried the reported medication errors and asked if any there is any further clarification, as previous discussions highlighted that some may be in relation to nutritional supplements. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that some of the errors do relate to nutritional products, however further clarification is needed to identify which are medication errors. Mrs JEA Hickey, Chairman, queried the reported one severe harm and one reported deaths which are not reflected in serious incidents report. She asked if there are any obvious lessons to learn. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that this is due to a report timing issue. Mr A Beeby, Medical Director, stated that although the death was the outcome of what happened to patient, the contribution of the fall to this is not specified and therefore it cannot be reported as certain that the fall contributed to the patient death. Mr J Robinson, Non-Executive Director, queried if the dip in the Trust's Friends and Family performance could relate to the increase in demand and length of wait. Mr A Beeby, Medical Director, stated that the Trust should not try to over interpret the data as it is still within common cause variation. Mr N Black, Chief Digital Information Officer, added that ways to capture this work is on-going around engagement with patients who could complete the survey as an online form rather than paper form.	

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	After further discussion, it was: RESOLVED: to receive the report for assurance	
19/164	<u>PERFORMANCE REPORT:</u> Mrs S Watson, Director of Strategy and Transformation, provided an update on performance against national and local targets, giving assurance about the Trust's performance in light of national requirements and local changes. She drew attention to the paper, agenda item 13, and stated that the report had been discussed in detail at the Finance and Performance Committee the previous day. Mrs Watson reported that the Trust has been able to confirm that the dementia assessment and referral criteria have now been met. She reported that the more challenging areas remain in A&E with the Trust still not meeting the national four-hour waiting time standard. There is a need to understand the level of detail related to this and work ongoing within the relevant teams. She noted however, that the Trust is positioned well in the national overall structure. Mrs Watson stated that the 62 days wait target is still challenging across a range of cancer sites, including breast, gynae oncology, lower and upper GI, and urology. She added that each area does not have a vast number of cases; however all have their own levels of difficulty. She noted that urology issues relate to the service being provided by Newcastle and the previously reported shortfall. There is also a consultant absence in gynae oncology. The maximum six week wait for diagnostic procedures has also not been met and this relates to very specific issues, especially around endoscopy. Mrs Watson reported that the Trust's sickness absence rate continues to be around 4.5%, and it is a challenge for the Trust to achieve the 4% target. She noted that Corporate Management Team have discussed and considered a sickness absence plan, which will ensure that the correct policies and procedures are adhered to especially for those staff currently off sick. Work is also ongoing with the Health and Well-Being Group to look at how to prevent and to support staff from being off sick in the first instance. She noted that core training compliance continues to increase, however appraisal compliance is still extremely challenging.	

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	She reported that the workforce areas remain a concern and some targets continue to be rated as red as the Trust is not meeting standards aspired to. She added that this may attract some interest from NHS Improvement is the reported levels continue. Following further discussion, it was: RESOLVED: to receive the report as assurance against the management of governance indicators in the Single Oversight Framework and local supporting measures of performance management	
19/165	<u>FINANCE AND ACTIVITY PERFORMANCE:</u> Mrs J Bilcliff, Group Director of Finance, provided the Board with a summary performance against plan for activity, income and expenditure as at 31st August 2019 (Month 5) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). She advised that at Month 5, the Trust is reporting a deficit of £5.9m which is excluding the non-recurrent SPF funding. This is on plan as expected, however the full year control total is a deficit of £6.5m so this will become difficult as the year progresses. Mrs Bilcliff stated that the Trust's CRP position is currently over achieving at this point, it is pertinent that this will become more difficult. She stated that capital spend is lagging behind and the majority of this relates to the implementation of Nerve Centre. She noted that discussions have taken place, as this was originally planned in to be paid in the first six months of the year so this is a timing issue. The Trust was reminded by NHS Improvement and NHS England that the capital plans are expected to be achieved. Mrs Bilcliff reported that the Trust's cash position continues to look healthy, however there are a couple of non-recurrent items included, such as the £2m cash from Newcastle Gateshead CCG and funding relating to the HPV contract. She noted that the Trust's overall financial metric is a 3 overall, and this cannot be higher due to the current deficit position. The Trust's agency rating has dipped from the previous year, and this is due to an increased use of nursing agency staff and agency staff for QE Facilities external contracts.	

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	Mrs Bilcliff highlighted to the Board the risks that are included in the current position, in terms of future delivery of CRP, the £4m gap identified at the beginning of the year, proactive cash management, and further cash support. She noted that the Trust's income is currently a block contract but she asked the Board to note that if the contract was on a PBR basis, the Trust would be £1.3m worse off at this point in the year. Mr J Robinson, Non-Executive Director, queried the capital spend. He stated that there are some relatively smaller amounts that have not yet been received through the way expected, and asked if there is assurance that these amounts will be received. Mrs J Bilcliff, Group Director of Finance, stated that assurance has been received from QE Facilities that capital spend in relation to Woodside and Maternity is on plan to be achieved. She stated that if it was not the position, it would be her suggestion to bring forward some priority equipment purchases. She stated that she is currently discussing these areas with QE Facilities. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/166	<u>AUDIT COMMITTEE ANNUAL REPORT:</u> Mr M Robson, Non-Executive Director and Chair of the Audit Committee, presented for assurance the Audit Committee Annual Report for 2018/19. The report shows the Board how the Committee has met its Terms of Reference and fulfilled the role set out in relation to the financial year ended 31st March 2019. Mr Robson drew attention to paragraph 2.2 in the paper, agenda item 15, which gave details of the issues raised with Internal Audit around the risks with the programme of reviews. This has also been highlighted in future plans as the Committee still see this as a risk and will continue to monitor. Mr Robson stated that the Committee's future plans are mainly focussed on the Trust's financial position and providing assurance to the Board. He added that the programme of work with Audit One will continue and the Committee has been given confidence that this will be delivered.	

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	Mr P Hopkinson, Non-Executive Director, queried the depreciation changes. He noted that it was stated that the national standard is five years across the board depreciation; however the Trust internally has taken this down to six years. The report states that depreciation change is required nationally. Mrs J Bilcliff, Group Director of Finance, stated that this covers two different areas. She noted that nationally the RICS guidance is changing in terms of land and buildings and the Trust has had to adopt this change. Separately from this, the Trust looked at the equipment asset lives and how long the equipment is being used for. She stated that the accepted life has always been five years; however the Trust has stretched this to six years. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/167	<u>ANNUAL AUDIT LETTER 2018/19:</u> Mrs J Bilcliff, Group Director of Finance, presented to the Board the Annual Management Letter from the Trust's External Auditors, Ersnt & Young. She reported that all of the information contained in the report has already been presented to the Board of Directors, as well as being discussed in detail at the Audit Committee. She stated that the letter covers feedback from the External Auditors on the Trust's Annual Report and Accounts and the Quality Account. The report gives a high level of assurance to the Board. The report will now be presented to the Annual General Meeting. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/168	<u>EPRR CORE STANDARDS SELF ASSESSMENT:</u> Mrs C Coyne, Director of Clinical Support and Screening Services, provided assurance to the Board of Directors in relation to compliance with NHS England core standards for Emergency Preparedness, Resilience and Response (EPRR). She reminded the Board that the Trust undertakes an annual self-assessment against the EPRR core standards. She added that the	

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	outcome of self-assessment indicated that the Trust was fully compliant with 60 of the standards, partially compliant with four standards, and not compliant with zero of the standards. Mrs Coyne reported that in addition to the self-assessment, a deep dive was carried out by NHS England into arrangements relating to severe weather and climate adaptation. She noted that the Trust is reporting substantial compliance overall. Mrs Coyne stated that the report, agenda item 17, provides the Board with assurance and an action plan is included which will follow through the relevant areas. This action plan will be regularly tracked through EPRR Committee. Mr J Robinson, Non-Executive Director, stated that a great deal of work has been carried out over the years to ensure that the Trust is compliant with self-assessment, and there are a number of staff who are very committed to ensuring that this works. He added that at the last meeting of the Board of Directors, it was stated that in preparation for Brexit, the Trust was doing all that could be done planning wise. Mrs C Coyne, Director of Clinical Support and Screening Services, reported that she will be providing a further update on Brexit preparations to the Board of Directors' meeting in October 2019. She added that she recently attended a regional event to get further information. She also noted that the Trust has set up a Brexit Action Group to look at difficulties such as the supplies of medicines. Mr P Hopkinson, Non-Executive Director, added that the issue of drug shortages is included on the assurance report for the Quality Governance Committee and is rated as red. Mrs JEA Hickey, Chairman, commented that there are no actions specified as part of the deep dive and asked if these will be developed. She stated it is difficult on reading the comments to see what actions the Trust could undertake in response to these issues, especially in relation to having a plan which includes having necessary modifications to buildings to maintain normal business during extreme temperatures. Mrs C Coyne, Director of Clinical Support and Screening Services, noted that she has received an update from QE Facilities with regards to this issue. This area is around ensuring that any new builds or any moderations are taken into consideration. Mrs S Watson, Director of Strategy and Transformation, stated that	

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	one of the areas for resilience relates to digital. She queried how satisfied the Trust is as responsive as needed given the number of occasions where access to digital systems has been lost over the last year. Mrs C Coyne, Director of Clinical Support and Screening Services, stated that the Trust is responsive when something happens but planning is needed. She stated that there have been a number of occasions where the business continuity plans have been able to be tested. There is an issue to ensure that infrastructure is correct and that cyber security is updated with patches being carried out when required. Mr N Black, Chief Digital Information Officer, added that there have been a number of issues with the network infrastructure recently. He stated that some of this is relatively new in the organisation but should be fully robust, and work continues with suppliers to look into these issues. Mrs JEA Hickey, Chairman, queried whether an understanding is in place as to why the outages have happened. Mr N Black, Chief Digital Information Officer, stated that the issues experienced in the previous week related a new network system. This is designed to be fully resilient; however there are some slight issues with the configuration of this system. After further discussion, it was: RESOLVED: to receive the report for assurance	
19/169	<u>ASSURANCE FROM BOARD COMMITTEES:</u> i) Quality Governance Committee Mr D Shilton, Non-Executive Director and Chair of the Quality Governance Committee, provided an update from the Committee meeting held on 21st August 2019. He reported that the Committee received the Clinical Audit Annual Report, noting the variable performance in the way that clinicians were auditing case notes. He explained that the expectation is that health care professionals would audit one set of case notes per month and currently there is a slight misunderstanding with nursing. The Committee will receive a report back about realistic targets and the degree of value this brings.	

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	Mr P Hopkinson, Non-Executive Director and Member of the Quality Governance Committee, provided a verbal updated from the Committee meeting held on 18th September 2019. The Committee received a presentation on the Pressure Damage Collaborative, noting the good progress made to date but highlighting some of the challenges faced within the Community setting. Mr Hopkinson stated that a report was received on Making Every Contact Count highlighting the excellent initiatives being undertaken. A further update will be received by the Committee in December 2019. He reported that the Committee was informed of three new risks; ECC patients climbing on the wall next to the ambulance bay with potential of severe fall, a new process required for CAS alerts, and drug shortages. The Committee noted good assurance through a GIRFT Progress Report and were informed that this will continue to be monitored via the SafeCare Council. ii) Finance and Performance Committee Mrs JEA Hickey, Chairman, provided an update from the Finance and Performance Committee meetings held on 28th August 2019 and 23rd September 2019. She stated that at the meeting the previous day the Committee agreed there are no particular different substantive items, although the Committee received update on the deep dive into the performance report around action to address the Trust's A&E performance. Mrs Hickey reported that the Committee debated where it has reported YTD financial performance as green and performance as red. The Trust is still performing on plan at Month 5 but the Committee recognised the level of the deficit at this point in the year compared to the full year forecast. In addition, the Committee recognised the low level of recurrent delivery in CRP and on that basis, the assurance levels were changed from green to red. She noted that performance was changed to red rating in August 2019, and the Trust has now reported one monthly fail around diagnostics. This will more than likely attract some regulatory interest around the Trust's SOF performance.	

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	(iii) HR Committee Mr J Robinson, Non-Executive Director and Chairman of the HR Committee, provided an update from the Committee meeting held on 13th August 2019. He noted that the Committee received positive assurance on the Trust's GMC survey, both from a trainer and trainee perspective. Mr Robinson reported that he attended a Clinical Excellence Awards Scheme (CEA) awards meeting and received assurance that the system is very robust and very fair. The Committee discussed in detail the Trust's 2019 Workforce Race Equality Standard (WRES), and noted concerns on two indicators. These related to bullying from patients and/or colleagues and will need to be looked at in more detail. Mr Robinson reported that the workforce metrics show that the Trust's appraisals position is worsening, and the Committee is now looking to the executive team to look into this as there are currently a small number of very bad performing areas. He noted that the Trust's IIP review meeting went well, however a decision needs to be made as to whether the Trust continues with this accreditation. The Committee also receive assurance from a robust plan to roll-out the staff flu vaccination campaign and gave full support to this. Mr P Hopkinson, Non-Executive Director, expressed his great concern regarding the Trust's current appraisal compliance. He noted that this has long been an issue and he has raised this over a number of years. He asked why appraisals are rated as an amber risk, as to him it is most definitely a red rated risk. He added that he queried the compliance three years ago and the target has still not been achieved. He stated that this area needs an executive lead with a full buy-in from those carrying out the appraisals to the importance of the process. Mrs Y Ormston, Chief Executive, stated that the process is fairly straightforward but comes down to the appetite to carry the process out. She added that medical staff have reported good compliance and it is unfair to staff that their appraisal is	

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	not carried out. Mrs Ormston stated that she will raise the issue with the Executive Team.	
19/170	<u>SEGMENTATION UNDER THE SINGLE OVERSIGHT FRAMEWORK (SOF):</u> Mrs J Bilcliff, Group Director of Finance, presented a paper detailing the change to the Trust's Single Oversight Framework Segmentation. She drew attention to the paper, agenda item 19, which gave details the levels of segmentation and the level of support offered. Mrs Bilcliff reported that the Trust has moved from segment 1 to segment 2, due to support needs being identified in relation to finance and use of resources driven primarily by the under-delivery against the Trust's 2018/19 financial control total. She informed the Board that the Trust's next Quarterly Review Meeting with NHS Improvement will take place in October 2019. This is an important meeting and the first meeting under NHS Improvements' new arrangements. Mrs S Watson, Director of Strategy and Transformation, noted that this also relates to some of the other indicators and measures. She stated that it is her understanding that when the Trust moves into Quarterly Review Meetings, NHS Improvement will want to focus on the other Well-Led Use of Resources measures from the CQC report. Mrs Y Ormston, Chief Executive, commented that the Single Oversight Framework is a bridging document and it would be relevant that all Board members have a copy of this documentation. She noted that the document mentions system review meetings being held, and three have now been held across the patch. There is a reference in the document around bringing in a number of people to focus on areas such as performance against core national requirements, if there are any organisational health issues, and the Long Term Plan. There are some elements of criteria in the document but this also refers to particular knowledge around an organisation, and whether or not the organisation would require support or something else. After further discussion, it was: RESOLVED: to receive the report for information	

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19/171	<u>QUESTIONS FROM GOVERNORS IN ATTENDANCE:</u> There were no questions from the governors in attendance.	
19/172	<u>DATE AND TIME OF NEXT MEETING:</u> RESOLVED: that the next meeting of the Board of Directors will be held at 9.30am on Wednesday 30th October 2019 in Room 3, Education Centre, Queen Elizabeth Hospital	
19/173	<u>EXCLUSION OF THE PRESS AND PUBLIC:</u> RESOLVED: to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed	