

Trust Board

Minutes of a meeting of the Board of Directors
held at 9.30 am on **Wednesday 30th October 2019**, in
Room 3, Education Centre, Queen Elizabeth Hospital

Present:	
Mrs A Marshall	Chair
Dr R Bonnington	Non-Executive Director
Mr S Bowron	Non-Executive Director
Mrs C Coyne	Director of Clinical Support, Screening and Surgical Services
Cllr M Gannon	Non-Executive Director
Mr N Halford	Deputy Medical Director (deputising for Mr A Beeby)
Mr M Laing	Acting Executive Director of Community Services and Medicine
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mrs K Mackenzie	Deputy Director of Finance (deputising for Mrs J Bilcliff)
Mrs Y Ormston	Chief Executive
Mr J Robinson	Non-Executive Director
Mr D Shilton	Non-Executive Director
Mrs S Watson	Director of Strategy and Transformation
In Attendance:	
Mrs K Robertson	Transformation Lead
Mrs J Williamson	Membership Co-ordinator
Governors and Members of the Public:	
Mrs J Coleman	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor – Western
Miss M Monaghan	Public Governor – Central
Mrs K Tanriverdi	Public Governor – Central
Apologies:	
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Mr P Hopkinson	Non-Executive Director
Mr M Robson	Non-Executive Director

Agenda Item	Discussion and Action Points	Action By
19/186	<p><u>CHAIR'S BUSINESS:</u></p> <p>Mrs A Marshall, Chair, welcomed the Board of Directors to her first public Board meeting. She stated she is looking forward to the challenge ahead and to working with all members.</p> <p>She welcomed the Trust governors and Mrs K Robertson,</p>	

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	<p>Transformation Lead, to meeting.</p> <p>Mrs Marshall requested that Board members present report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.</p>																
19/187	<p><u>MINUTES OF THE PREVIOUS MEETING:</u></p> <p>The minutes of the meeting of the Board of Directors held on Tuesday 24th September 2019 were approved as a correct record, subject to a slight amendment.</p>																
19/188	<p><u>MATTERS ARISING FROM THE MINUTES:</u></p> <p>The Board Action Plan was updated accordingly to reflect matters arising from the minutes.</p>																
19/189	<p><u>PATIENT’S STORY:</u></p> <p>The item was removed from the agenda.</p>																
19/190	<p><u>DECLARATIONS OF INTEREST:</u></p> <p>Mrs S Watson, Director of Strategy and Transformation, presented the declaration and Fit and Proper Persons Test for Mrs A Marshall, Chair, as an addition to the Register of Board Member Interests for 2019/20.</p> <table><tr><th>Name</th><th>Position</th><th>Interest</th><th>Interest of Spouse</th><th>Category</th></tr><tr><td>Alison Marshall</td><td>Chair</td><td></td><td>John Marshall</td><td></td></tr><tr><td></td><td>Chair</td><td>NED of Northern Powergrid (Northeast)Ltd and Northern Powergrid (Yorkshire PLC)</td><td>NED of North East Ambulance Service NHS Foundation Trust NED of North East Ambulance Service Unified Solutions Ltd NED of Newcastle Gateshead Initiative (Chair) NED of NGI Events Ltd NED of North East England Chamber of Commerce</td><td>A</td></tr></table>	Name	Position	Interest	Interest of Spouse	Category	Alison Marshall	Chair		John Marshall			Chair	NED of Northern Powergrid (Northeast)Ltd and Northern Powergrid (Yorkshire PLC)	NED of North East Ambulance Service NHS Foundation Trust NED of North East Ambulance Service Unified Solutions Ltd NED of Newcastle Gateshead Initiative (Chair) NED of NGI Events Ltd NED of North East England Chamber of Commerce	A	
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				Director of Newcastle United Foundation Projects Ltd NED of Believe Housing Ltd		
				Chair of Trustees – Newcastle United Foundation	D	
			Ambassador for North Northumberland Hospice Care	Ambassador for North Northumberland Hospice Care	E	
	<p>After further discussion, it was:</p> <p>RESOLVED: to approve and record in the minutes, the declared interests of Mrs A Marshall, Chair</p>					
19/191	<p><u>OLDER PERSONS MENTAL HEALTH ANNUAL REPORT:</u></p> <p>Mr M Laing, Acting Executive Director of Community Services and Medicine, presented the report, which gave assurance that the Trust is discharging its responsibilities for the care of older people with mental health conditions, relating to the Mental Health Act.</p> <p>He noted the positive report which provides an overview of the work undertaken within Older Persons' Mental Health and highlights some of the fantastic work that has been undertaken.</p> <p>Mr Laing reminded the Board that following the CQC inspection report from 2017, the Community-Based Mental Health Services for Older People was rated as 'Requires Improvement', with the wards for older people with mental health problems rated as 'Inadequate'. Following challenging times, the transformation of the service and the hard work and dedication, a new rating of 'Good' Community-Based Mental Health Services for Older People, and 'Requires Improvement' for the wards.</p> <p>He noted that a particular strength of the service is the care that staff give patients for both physical and mental health in the same environment. The units have a significant input of physical health care with nursing staff based in Cragside, and consultant care given in the wards.</p> <p>Mr J Robinson, Non-Executive Director, noted the information contained in the report on working with the voluntary sector in support of the service. He added that, as the number of patients suffering with mental health issues in the community, the</p>					

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	<p>involvement of the voluntary sector is an important area. He queried if further emphasis will be put onto this involvement.</p> <p>Mr Robinson also noted the ongoing relationship with Northumberland, Tyne and Wear NHS Foundation Trust (NTW), stating that following the CQC inspection there had been input from NTW to give support and advice for the service. He asked what this relationship look like in the future.</p> <p>Mr M Laing, Acting Executive Director of Community Services and Medicine, stated that the work with volunteers is absolutely vital. He noted this will become more important once the new facility for younger people at Benham Hospital is opened. He noted the strong relationships already in place with organisations such as MIND and the Alzheimer's Society, and the volunteers are working well and supporting patients.</p> <p>He stated that there a good professional working relationship is already in place with NTW along with service level agreements between the two organisations. He noted that there is more work that can be carried out in terms of joint training and development, and in particular there are good relationships with consultants and there are opportunities to formalise these. Mr Laing added that the Trust needs to concentrate on how professional supervision of matrons and nurse consultants is carried out, and there is a link to do some joint work with NTW and also Mental Health Concern.</p> <p>Mrs A Marshall, Chair, thanked Mr M Laing, Acting Executive Director of Community Services and Medicine, presented for the positive report. She noted that understandingly staff have been through a lot in the last few years and should be congratulated for their hard work.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/192	<p><u>PERFORMANCE REPORT:</u></p> <p>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.</p> <p>She drew attention to the paper, agenda item 9, and stated that the report had been discussed in detail at the Finance and Performance Committee the previous day.</p>	

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	<p>Mrs Watson reported that the Trust has met the dementia assessment standards again. It is worth noting that the dementia assessment standards are essentially for those patients admitted to the acute side of the hospital, so this is a different group of patients from those in Older People's Mental Health Services.</p> <p>She reported that the Trust has not met the 95% standard for A&E at all during the current financial year. She added that further work is being undertaken with all services as everyone has a role to play in the context of A&E delivery. She informed the Board that current figures show that the Trust is running at below 90% for October, and this may alert regulatory interest.</p> <p>Mrs Watson stated that the Cancer 62 Days target is also not currently being met, and this has not been met for the past five months. She noted that the Finance and Performance Committee have requested further work to understand in more detail specifically cancer site by cancer site and what some of the big issues are. This information will be reported back at the next meeting.</p> <p>She reported that although the Trust's 12 month rolling average for sickness was still reported as 4.45%, the actual in month figure was 4.17%. This is much closer to where the Trust is looking to set standard and bring back in line with the industry norm. She noted that this reported figure will be monitored to ensure that it continues to improve, and it is encouraging to note that the 4% standard is closer.</p> <p>Mrs Watson stated that it is disappointing that Core Training compliance fell in September, adding that the October figures suggest this trend has continued. She noted that this was possibly due to a lot of hands on training which was lost as a result of diverting staff to wards areas.</p> <p>The appraisal compliance for September has improved, with October figures along the same line. This is being seen as work to be taken forward in the big clinical business units, as during the winter periods the Trust always expects to see challenge due to pressures.</p> <p>Mr D Shilton, Non-Executive Director, stated that the further information as part of the 62 day cancer wait figures and specific causes will be interesting to receive. Mrs S Watson, Director of Strategy and Transformation, commented that the Finance and Performance Committee specifically asked for this information to be presented at their next meeting, and she agreed to include this information in the next Board report. She added that the Committee receives reports for each individual cancer site, but there is added value in carrying out a deep dive.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Mrs A Marshall, Chair, noted that there is a need as a quality governance issue to look at the other side that these figures that they are patients who are not being seen within the standard times, and what potential harm does this cause.</p> <p>Mr J Robinson, Non-Executive Director, asked with regards to A&E, if there are any particular issues that the Trust could learn or are the pressures down to a continued increase in demand.</p> <p>Mr M Laing, Acting Executive Director of Community Services and Medicine, stated that the increase is never just related to one factor, there are themes and trends but this is difficult to ascertain. He noted that there has been a slight increase of around 3% in attendance to A&E, with more people being admitted. Work is being carried out to look at discharge and length of stay, along with the challenges for nursing and medical staff. Mr Laing reported that the Trust has opened between 22 and 32 escalation beds already, which would hope not to be needed to use until nearer Christmas. There are a number of factors affecting the Trust and neighbouring Trusts but there is no particular pattern.</p> <p>Mr N Halford, Deputy Medical Director, commented that the problem is not a local one, as Trust's around the country are experiencing similar issues. He noted that the Trust's performance remains good compared to the rest of the country, adding that issues relate to the sheer complexity of some patients.</p> <p>Mr M Laing, Acting Executive Director of Community Services and Medicine, stated that Community Services has been at Opel Level 2 for a similar period to A&E. He noted that as more patients are discharged, then the demands of community services increase.</p> <p>Mrs Y Ormston, Chief Executive, stated that similar pressures are being experienced in primary care.</p> <p>Dr R Bonnington, Non-Executive Director, commented that her work in primary care feels busier overall. She noted that there has been a change in terms of how triage is being undertaken; adding that this is now managed through a centralised clinical triage system. She stated that she is not sure if this has made any difference, however there is more capacity to put patients into appointments with primary care giving more appointments outside of core hours. She stated that she feels as if she is delivering more, but to more complex patients.</p> <p>Following further discussion, it was:</p> <p>RESOLVED: to receive the report as assurance against the</p>	

Agenda Item	Discussion and Action Points	Action By
	management of governance indicators in the Single Oversight Framework and local supporting measures of performance management	
19/193	<p><u>NURSE STAFFING EXCEPTION REPORT:</u></p> <p>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 levels, the reason for any gaps, and the actions being taken to address these gaps. The report provided information for September 2019.</p> <p>She stated that overall the report remains fairly stable on a month by month basis; however the Trust has reported slightly increased figures due to the intake of newly qualified nursing staff in September 2019.</p> <p>Dr Lloyd noted the exceptions contained in the report, stating that the exceptions are reported where staffing fell below 75% or was reported above 125%. She added that the reasons for these are mainly due to sickness, annual leave and maternity leave, and that any gaps are filled through bank staff. There is a high level of Health Care Assistants due to some advanced care provided to some patients.</p> <p>She noted that the CHPPD figures are relatively stable month on month but they can show variation due to a number of factors. Work is ongoing to use the CHPPD metric to monitor and provide assurance in relation to the safe staffing of our ward areas.</p> <p>Dr Lloyd concluded her report by informing the Board that there were no nurse staffing incidents reported during September 2019.</p> <p>Mrs A Marshall, Chair, queried the Trust's ward staffing for September 2019 for nights, which is reported as 99.8% for registered nurses and 127% for care staff. She asked if this showed that the Trust is overstaffed at night.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the Trust runs with the equivalent of 2.5 qualified nurses on every ward on nights, which equates to 100%. She noted that the figure of 127% for care staff tends to be enhanced care.</p> <p>Mrs A Marshall, Chair, asked which category the Trust's Nursing Associates are reported in.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>they are not reported in any category currently. She stated that this is an issue as the Trust has invested and trained these staff members and they do not feature. She added that the Nursing Associates are registered with the Nursing and Midwifery Council but not as a registered nurse.</p> <p>Mrs Y Ormston, Chief Executive, commented that the report is difficult to interpret and queried if there are any areas of concern.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the biggest area of concern is care of the elderly. This is an area of the Trust where the largest number of vacancies is so this shows as the lowest fill rate. In order to rectify this, Nursing Associates in place.</p> <p>Mr S Bowron, Non-Executive Director, asked if the report could capture a net figure of leavers and joiners to the Trust in terms of nursing staff.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that this information is collected by the HR team from a workforce point of view. Mrs S Watson, Director of Strategy and Transformation, added that the report shows staff turnover but at business unit level, stating that the data is available so this could be looked at.</p> <p>Mr S Bowron, Non-Executive Director, suggested that this information could be included in the report going forward. Dr H Lloyd, Director of Nursing, Midwifery and Quality, agreed to include this information in the report.</p> <p>Mrs A Marshall, Chair, asked if community staff are included in the report.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the report does not included community staff. The report in completed as per the requirements and covers in patient wards only. Community staff are involved in the annual report nurse staffing report.</p> <p>Mr M Laing, Acting Executive Director of Medicine and Community Services, stated that community mental health staff are also not included, noting that including these figures would give a positive picture overall.</p> <p>Mrs A Marshall, Chair, suggested that this information could be presented as part of the report more often. Dr H Lloyd, Director of Nursing, Midwifery and Quality, commented that she is currently undertaking a piece of work to review the report so will take this into consideration.</p>	<p>HL</p> <p>HL</p>

Agenda Item	Discussion and Action Points	Action By
	<p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/194	<p><u>ANNUAL NURSE STAFFING CAPACITY AND CAPABILITY REVIEW:</u></p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided the Board with a comprehensive review of the nurse staffing for the Trust.</p> <p>The report is an annual mandatory staffing report which provides a review of the capacity and capability of nurse staffing across all areas. The report also provides assurance that the Trust has robust processes in place for reviewing nurse staffing capacity.</p> <p>Dr Lloyd stated that the report is produced in line with national guidance, and covers all areas where guidance is available. However, there are some areas where there is no guidance available.</p> <p>She reported that a detailed review of nursing and midwifery staffing took place led by the Deputy Director of Nursing, the Head of Risk and Safety and the Chief Matrons. The areas they reviewed included acute inpatient areas, critical care, maternity including SCBU and paediatrics. The Trust has also recently joined a national advisory group which will look at safer staffing in emergency care units.</p> <p>She noted that community mental health figures are not included but will be included going forward.</p> <p>Dr Lloyd reported that an evidence based workforce planning tool was used which included measuring quality as well as staffing numbers. The Trust signed up to use safer nursing tool and staff have been trained to ensure reliability.</p> <p>She reported that a collaborative approach was used as part of the review, which reviewed a range of information including the agreed staffing levels from 2018. She noted that most levels have remained the same and work was carried out with the finance team to ensure that levels have been set at the right level.</p> <p>Dr Lloyd reported that an uplift has been applied to the acute inpatient wards equating to 21% which will cover annual leave, sickness and training. The surgical reconfiguration has seen a reduction in beds across surgery and nurse staffing has been agreed to cover this.</p> <p>A comprehensive review of midwifery staffing was undertaken in 208,</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>using the Birthrate Plus tool as a model for calculating safe midwifery staffing. The Trust is compliant using this tool and in addition staffing has been increased in preparation for any increase in births due to the local service reconfiguration.</p> <p>Dr Lloyd stated that the staffing within community services underwent a significant review in 2018 following NHS Improvement guidance. She noted that the guidance refers to “safer caseloads” in district nursing rather than safer staffing. A quality framework has been mapped to ensure that locality teams are compliant.</p> <p>Nurse staffing within the Trust’s mental health inpatient wards have been reviewed utilising available guidance. Following a full review investment was made in funded establishments to achieve revised staffing numbers in 2018, and the review of these for 2019 showed no change.</p> <p>The paediatric nurse staffing was reviewed in 2018 and remains unchanged.</p> <p>Dr Lloyd reported that work to look at improving recruitment and retention has been carried out and during 2018/19 the Trust has actively addressed retention issues in line with guidance. It is important to note that retention is just as important as recruitment.</p> <p>She added that a lot of good work has been undertaken around retention, with the Trust’s work being highlighted in an NHS Improvement publication.</p> <p>Mr D Shilton, Non-Executive Director, thanked Dr Lloyd for a comprehensive report. He noted the safer nursing care tool from NICE, and the relationship between this and the CHPPD tool which the Trust is expected to report on. He queried if the Trust will we have to continue with the CHPPD tool.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that CHPPD cannot be replaced and the Trust will need to investigate how the two link together.</p> <p>Mrs Y Ormston, Chief Executive, noted the elements of community nursing contained in the report, stating that the falls team of 1.64 nurses for the whole population of Gateshead seems to be quite low. She stated that there is a falls team within the hospital also, and queried if these staff were included in the figures.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the overall falls team has moved to community services, however the report does not capture any occupational therapists or</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>physiotherapists in this team.</p> <p>Mr J Robinson, Non-Executive Director, queried how the report links with the monthly nurse staffing report. He noted that the report states that within the toolkit there is encouragement to use professional view and presumably this will take into account other staff who are supporting the service.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that NICE guidance recommends that there is one qualified nurse to every eight patients, and the Trust follows this guidance. She added that there is a problem with Nursing Associates as they do not feature in the NICE guidance as the guidance is a few years old. As a Trust, we need to ensure our patients are safe and that they receive good quality care by keeping the staff regular rather than bringing in agency staff.</p> <p>Mr J Robinson, Non-Executive Director, commented that it may be more beneficial for the Board to receive a view on how the Trust is filling the various areas of activity using the toolkit on a monthly basis.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the monthly report is limited in terms that it is a counting tool. She noted that the HSJ has recently reported on staffing numbers and the numbers can be interpreted wrongly. To change the methodology could allow for the Trust to be highlighted as this.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/195	<p><u>INTEGRATED QUALITY AND LEARNING REPORT:</u></p> <p>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 September 2019.</p> <p>Dr Lloyd drew attention to the paper, agenda item 12, highlighting the key metrics.</p> <p>She noted that a total of 46 medication errors were reported in September 2019. She added that two instances stated that there had been a distraction during the medication round leading to the errors.</p> <p>Dr Lloyd reported that the Trust has now reported 40 CDI cases; 12 of which have been successfully appealed. It was noted that one case was not presented to appeal following internal review, with seven</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>cases with a possible review pending. Therefore the Trust currently has eight cases against the objective of 40.</p> <p>She reported that there has been a reduction in all falls within the Trust, in particular with falls that are low or no harm. Focussed attention and learning will continue as this measure is incorporated into Nervecentre.</p> <p>Dr Lloyd reported that the Trust reported one never event in September 2019. This related to a double dose of Methotrexate being given to a patient. The patient has made a fully recovery.</p> <p>She reported that there has been a slight drop in the reporting of patient safety incidents in September 2019; however this is still within normal range. There has been a trend in incidents whereby positive patient identification has not been carried out and further work is required to ensure that staff continue to check.</p> <p>The Trust reported a slight drop in the Friends and Family Test responses in September 2019. Although the response rate was still high, there was an increase in patients choosing the “neither likely or unlikely” option and work will continue around this.</p> <p>Dr Lloyd stated that the 15 Steps Challenges continue with positive feedback from both staff and participants.</p> <p>Mr J Robinson, Non-Executive Director, queried if the increase in CDI was related to an email from Mr A Beeby, Medical Director, where it was highlighted that the Trust was experiencing an increase in the number of patients presenting with symptoms of influenza, and asking staff to ensure they continue to practice good hand hygiene.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that there had been an outbreak of CDI in Critical Care where four cases were reported. She noted that a full investigation has been carried out to ascertain if there was any cross infection. The investigation noted that two cases were the same so this is likely that they are cross infection; however two were unrelated and will be appealed. She added that work has been carried out within the area to look at the environment and equipment, and it was interesting to discover that the hand sanitiser had CDI on it so staff and patients were potentially contaminating themselves when trying to clean their hands.</p> <p>Mrs Y Ormston, Chief Executive, asked if this information has been shared with other areas within the Trust and with QE Facilities.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the information has been shared through an email from Mr A Beeby,</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Medical Director, a good practice bulletin and through the Medical Director's bulletin.</p> <p>Mr D Shilton, Non-Executive Director, added that Dr J Moore, Consultant Medical Microbiologist, has shared the information with colleagues around the region. Dr H Lloyd, Director of Nursing, Midwifery and Quality, added that she has also shared this with the Trust's commissioners.</p> <p>Mrs A Marshall, Chair, suggested that benchmarking information could be included in the report. Dr H Lloyd, Director of Nursing, Midwifery and Quality, agreed to look into this.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the update for assurance</p>	HL
19/196	<p><u>CONSOLIDATED FINANCE REPORT:</u></p> <p>Mrs K Mackenzie, Deputy Director of Finance, provided the Board with a summary performance against plan for activity, income and expenditure as at 30th September 2019 (Month 6) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).</p> <p>She advised that at Month 6, the Trust is reporting a deficit of £6.6m against a plan of £6.8m. She noted that at the end of Q2, the Trust secured non-recurrent income of £2.4m.</p> <p>Mrs Mackenzie stated that capital spend is behind plan and this relates to GDE, and in particular Nervecentre.</p> <p>She 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 delayed invoicing from a major supplier.</p> <p>She commented 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 £800k worse off at this point in the year.</p> <p>Mrs Mackenzie 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 is lower than in previous years, and this is due to an increased use of nursing agency staff and agency staff for QE Facilities external contracts.</p> <p>She highlighted to the Board the risks that are included in the current</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>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.</p> <p>Mrs Y Ormston, Chief Executive, queried if the run rate is allowing the Trust any levels of stabilisation, along with the management the expenditure which is not budgeted for.</p> <p>Mrs K Mackenzie, Deputy Director of Finance, stated that in terms of substantive staffing levels there is a correlation to the WTE. The Trust is seeing a continuation of agency spend with the biggest pressure in agency spend being seen in Medicine. There is no increase in the run rate but it is not reducing. She added that in terms of non-pay expenditure the Trust is starting to see a real slow down and containment in terms of discretionary spend. She noted that the message is obviously now reaching staff.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/197	<p><u>QUARTERLY MORTALITY REPORT:</u></p> <p>Mr N Halford, Deputy Medical Director, presented the quarterly mortality report for assurance.</p> <p>He reported that the Trust's SHMI score and the HMSR continue to be within the expected range.</p> <p>Mr Halford stated that work around palliative care coding continues to ensure that patients' data is captured correctly.</p> <p>He noted that the Trust continues to have an active and productive mortality review mechanism where all patient deaths are reviewed in detail.</p> <p>He Halford reported that there has been little progress around the Medical Examiner service. He noted the willingness to move this forward; however the financial model is not currently in place to be able to support in appointing to the position locally.</p> <p>Mrs Y Ormston, Chief Executive, queried what the current expectation is around where funding would come from for the Medical Examiner Service.</p> <p>Mr N Halford, Deputy Medical Director, stated that the expectation would be that Trusts would manage the funding from cremation and</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>fees service. He noted that some Trusts have managed to do, however the Trust is currently waiting to see how this moves forward.</p> <p>Mrs S Watson, Director of Strategy and Transformation, reported that meetings had taken place with Northumbria Healthcare and Newcastle Hospitals to see if the three Trusts could pool resources for a seven day service.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance and information</p>	
19/198	<p><u>WINTER CONTINGENCY PLAN:</u></p> <p>Mrs C Coyne, Director of Clinical Support and Screening Services, provided the Board with assurance that a plan is in place to support the Trust during winter pressures and that mitigation is in place in response to the identified risks.</p> <p>She drew attention to the paper, agenda item 17, which provides assurance that the winter plan encompasses guidance from all sources.</p> <p>Mrs Coyne stated that some of the key aims of the plan are to ensure that the Trust has enough capacity and that the Trust can respond effectively. The key issue is around increasing bed capacity, based on the previous year's activity and different scenarios.</p> <p>Mrs Coyne stated that, in essence, there are three phases in plan to enable the Trust to increase bed capacity. The ward areas have the ability to increase by using the areas used for surges in demand and these areas will open from November 2019 to the end of March 2020.</p> <p>The second phase is to open Ward 12 which will be an increase of 16 beds from December 2019 to February 2020. The final element, which will be used during the peak period in January 2020, will be to convert an existing surgical ward to use for medical capacity.</p> <p>Mrs Coyne noted that there is a balance needed between the physical estate and nurse staffing, along with carrying a number of vacancies. The winter plan is based around a level of realism, using specialist nurses to support ward areas and opening the required extra beds safely.</p> <p>She reported that the variance shows the lower demand capacity scenario and the Trust will not be able to increase the capacity to the level shown in the plan. There are a number of areas in place to</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>mitigate this. This includes embedding the long length of stay work across the organisation; however it is too difficult to ascertain what impact this would have.</p> <p>Mrs Coyne stated that there are a number of risks to the plan, in terms of if the Trust experiences an increased surge in some areas. She noted that it is now October and the Trust is already nearly at phase two of the plan, which was not planned to happen until November. There will be a financial risk as some of the expenditure will be incurred earlier than planned.</p> <p>She reported that other issues include flu planning, support for infection control, managing infectious admissions; along with control and command in terms of A&E performance.</p> <p>Work is ongoing within the region to manage any influx in demand, and other Trusts are reporting similar plans in the fact that plans are based on a staffing element as well as bed capacity. The ability to support each other is therefore limited as a result.</p> <p>Mr J Robinson, Non-Executive Director, commented that it is not clear how the discussions around the budget and CRP link with this plan. He added that in previous years the Board has discussed the report and felt that it was robust, but the question is around how affordable that is. He queried which area would take priority.</p> <p>Mrs K Mackenzie, Deputy Director of Finance, stated that the winter plan will not cost the Trust any more than the previous year as control totals were set using the last year; however the forecast outturn is modelled on a number of different scenarios.</p> <p>Cllr M Gannon, Non-Executive Director, commented that if the Trust is already moving towards the phase expected in November and is aware of when the peak will be. Community support will be key to assist the system to deal with demand increase.</p> <p>Mrs Y Ormston, Chief Executive, stated that one element that is not mentioned in the plan is support from social services and inter agency working. She noted that there are more avenues to be explored around the responsiveness of services and access to services. For example, when patients possibly start to move to intermediate care facilities and the difficulty in accessing these. She noted that good timely access at the front door is required to prevent admissions due to social reasons rather than health reasons.</p> <p>Mr M Laing, Acting Executive Director of Medicine and Community Services, commented that £240k has been set aside from the Better Care Fund for social care presence at front of house. Discussions are</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>ongoing to see if this could be both for physical and mental health care needs, as the Trust does see some patients who tend to use A&E as a place of safety. Another pressure area is those packages of homecare funded by continuing healthcare where the market is particularly volatile and some elderly care consultants are experiencing readmissions after their package of care has failed.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the Winter Plan for assurance</p>	
19/199	<p><u>PATIENT EXPERIENCE ANNUAL REPORT:</u></p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided an update and assurance to the Board on the Patient, Public and Carer Involvement and Experience Group (PPCIEG) objectives for 2018/19, highlighting positive outcomes for the year and the next steps for 2019/20.</p> <p>Dr Lloyd highlighted the key achievements in 2018/19. She noted that the Trust's compliance against the Accessible Information Standard (AIS) was mapped and it was concluded that a considerable amount of work was required before compliance with requirements could be achieved. In light of this and following the set-up of an AIS Steering Group, work has been undertaken to promote the AIS framework this month with training and visibility of resources around the Trust.</p> <p>She reported that focus was given mental health services and adapting the Friends and Family Test card for use in the mental health setting.</p> <p>Patient forums have been established weekly within mental health inpatient areas to allow for patient involvement not just engagement. The forums provide patients, carers and families with an opportunity to ask questions, receive updates and give feedback.</p> <p>Dr Lloyd reported that other work includes a community services developed Service User Experience Programme, and the development of a Patient and Public Involvement Toolkit.</p> <p>The Trust took part in a collaborative with NHS Improvement and NHS England to implement always events. Dr Lloyd noted that this has been an excellent piece of work with the Sunnyside Unit being a pilot site for this work. A vision statement and aim statement have been developed.</p> <p>Dr Lloyd concluded her report by providing an overview of the</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>priorities for 2019-2021.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/200	<p><u>HEALTHCARE FOR ALL ANNUAL REPORT:</u></p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided an update to the Board about progress made to support people with learning disabilities who use the Trust's services.</p> <p>She drew attention to the paper, agenda item 17, which provided a summary of the ongoing work to meet the needs of patients with learning disabilities. She highlighted the range of publications which detail a range of recommendations or actions to improvement healthcare for people with learning disabilities.</p> <p>Dr Lloyd stated that there are six areas which are reviewed on a quarterly basis and form part of the requirements of the Trust's CQC registration. She reported that the Trust has met all requirements in the six areas.</p> <p>She added that NHS Improvement published the Learning Disability Improvement Standards in 2018. She noted that if the standards only reflected learning disabilities then the Trust would be rated as green, however this year autism has been included. Dr Lloyd stated that the guidance is not year clear and it is difficult to identify patients, so meeting this standard is proving difficult.</p> <p>Dr Lloyd stated that the report highlights the good work of the team including recent work undertaken with lead nurse for sepsis to identify deterioration in patients with learning disabilities. She noted that good practice and future work includes ensuring that patients with learning disabilities are seen first on a clinic list in outpatients.</p> <p>Mr J Robinson, Non-Executive Director, asked what training is given to staff to enable them to identify particular issues with patients and to what extent are staff appropriately trained, especially those who have contact with learning disability patients less often.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that learning disability training was removed from regional core skills framework. She noted that the Trust is looking into ways that training can be delivered as all staff need to have an awareness.</p> <p>Mrs Y Ormston, Chief Executive, commented that the Trust should</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>reflect diversity in the workforce, and asked if any support employment opportunities have been made available for people with learning disabilities.</p> <p>Mrs S Watson, Director of Strategy and Transformation, stated that work has been undertaken in the past but this did not receive a high level of interest. She added that there is no currently activity in this area.</p> <p>Mr S Bowron, Non-Executive Director, queried the recommendation which suggests a person with learning difficulties could be part of the Council of Governors or be a member of one of the Trust's committees. He asked if this is a regulatory guidance or a Trust recommendation.</p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that this is seen as good practice. She stated that she thinks that the Trust may already cover this recommendation as there may be governors who fit the remit but may not be used as a resource.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/201	<p><u>RESEARCH AND DEVELOPMENT ANNUAL REPORT:</u></p> <p>Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided the Board with assurance and information on the activity of the Research and Development Team.</p> <p>She drew attention to the paper, agenda item 18, which gave a summary of the good work which has been undertaken within the Trust around R&D. She added that the CQC are very focussed on R&D from a Well-led perspective going forward.</p> <p>She reported that the Trust was part of 54 trials and recruited over 1,000 patients into these trails over the 12 months from 1st April 2018 to 31st March 2019.</p> <p>Dr Lloyd stated that although small, the Trust tries to maximise research wherever possible. The Trust has been involved in the Quality Improvement Incentive Scheme around data completeness and this has been successful. Areas have also been increased where it is felt there is a priority such as hepatology, respiratory and surgery.</p> <p>She noted that bank research nurses have been developed to enable a flexible workforce, adding that one issue with R&D is that the</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>workforce is needed to recruit but sometimes patients are not always recruited.</p> <p>The Trust is part of the Northern Research Alliance which looks at the streamlining processes and at working more flexibly across Gateshead, Northumbria and Newcastle.</p> <p>She reported that work has focussed on building recruitment as numbers have dropped across the ICP area due to large studies coming to an end. The Trust continues to remain a research active organisation and is involved in projects as much as possible.</p> <p>Mr D Shilton, Non-Executive Director, commented that recruitment levels for research have been difficult to sustain due to some large studies which have ended with not many large studies becoming available in the short term. He noted that Dr H Lloyd, Director of Nursing, Midwifery and Quality, is chairing the joint work throughout the area. Overall this is a good performance however the Trust has learned that this does not always work every time.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/202	<p><u>ASSURANCE FROM BOARD COMMITTEES:</u></p> <p>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 16th October 2019.</p> <p>He reported that the Committee received a comprehensive update with excellent progress being made. This has been rated as amber due only being applied to a limited number of areas within the Trust.</p> <p>Mr Shilton stated that the LD Standards Annual Report was rated as amber due to work still required in relation to people with autism.</p> <p>He reported that the CQC ECC Action Plan Update was discussed and given an overall rating of amber. He noted the progress made however there are a small number of areas where not all actions have been completed.</p> <p>ii) Finance and Performance Committee Mr S Bowron, Non-Executive Director, provided an update</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>from the Finance and Performance Committee meetings held on 23rd September and 29th October 2019.</p> <p>He noted that he has been asked to chair the Committee going forward.</p> <p>Mr Bowron reported that there were no changes to the ratings from September 2019, noting that all ratings remain as red.</p> <p>He reported that the Committee also discussed the Medway business case and the Trust's winter plan.</p> <p>iii) HR Committee</p> <p>Mr J Robinson, Non-Executive Director and Chairman of the HR Committee, provided an update from the Committee meeting held on 8th October 2019.</p> <p>He reported that the Committee received a presentation from the Trust's Staff-Side Chair regarding partnership working, where a number of issues were raised to move forward with, noting the positive relationship between the Trust and Staff-Side.</p> <p>The Committee approved the self-assessment documentation to be submitted as part of the Annual Deans Quality Meeting Self-Assessment Report, noting the tremendous amount of work required. Mr Robinson stated that there was one issue mentioned about areas of improvement in relation to rest facilities and catering, and work will be required around this in the coming months.</p> <p>Mr Robinson reported that the Committee discussed the first Workforce Disability Equality Scheme (WDES), noting the areas of improvement highlighted in relation to encouraging staff to declare disabilities and bullying experienced by disabled staff.</p> <p>The Committee received positive assurance that the delivery of the Health and Wellbeing strand of the People Strategy was on track, following a deep dive into the work.</p> <p>He stated that the Committee received confirmation that Mrs Y Ormston, Chief Executive, will lead the way to improve appraisal compliance.</p> <p>The Committee noted that the level of concerns raised through the Freedom to Speak Up Guardian has remained</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>static and that the Trust received a national award for this work overall.</p> <p>The Ofsted inspection of the Trust's apprenticeship scheme gave assurance that the Trust is able to continue to deliver apprenticeships.</p> <p>iv) Audit Committee Mr D Shilton, Non-Executive Director, provided an update from the Audit Committee meeting held on 5th September.</p> <p>He reported positive assurance on a number of areas, however there was one area of concern which related to the capacity of Internal Audit to deliver the annual programme. Mr Shilton noted that the mid-year report is due to be presented at the next meeting of the Audit Committee to ascertain how this is progressing.</p>	
19/203	<p><u>QUESTIONS FROM GOVERNORS IN ATTENDANCE:</u></p> <p>There were no questions from the governors in attendance.</p>	
19/204	<p><u>DATE AND TIME OF THE NEXT MEETING:</u></p> <p>RESOLVED: that the next meeting of the Board of Directors will be held at 9.30am on Wednesday 27th November 2019 in Room 3, Education Centre, Queen Elizabeth Hospital</p>	
19/205	<p><u>EXCLUSION OF THE PRESS AND PUBLIC:</u></p> <p>RESOLVED: to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed</p>	