

Trust Board

Minutes of a meeting of the Board of Directors
held at 9.30 am on **Wednesday 29th January 2020**, in
Room 3, Education Centre, Queen Elizabeth Hospital



Gateshead Health
NHS Foundation Trust

Present:	
Mrs A Marshall	Chair
Mr L Atkinson	Deputy Director of Strategy and Performance (for Mrs S Watson)
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mr S Bowron	Non-Executive Director
Cllr M Gannon	Non-Executive Director
Mr P Hopkinson	Non-Executive Director
Mr M Laing	Acting Executive Director of Community Services and Medicine
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
In Attendance:	
Mrs D Atkinson	Trust Secretary
Mrs N Newton	Matron for Care of the Elderly (for item 20/06)
Mrs H Routh	Interim Associate Director – Surgical Services
Mrs J Williamson	Membership Co-ordinator
Mr R Wigham	Head of Communications and Marketing
Governors and Members of the Public:	
Mrs E Adams	Public Governor
Reverend J Gill	Public Governor
Mrs G Henderson	Public Governor
Mr M Loomer	Staff Governor
Mrs K Tanriverdi	Public Governor
Mrs J Todd	Public Governor
Apologies:	
Mrs C Coyne	Director of Clinical Support, Screening and Surgical Services
Mr N Halford	Deputy Medical Director
Mrs S Watson	Director of Strategy and Transformation

Agenda Item	Discussion and Action Points	Action By
20/01	<p><u>CHAIR'S BUSINESS:</u></p> <p>The meeting being quorate, Mrs A Marshall declared the meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p>	

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20/02	<p><u>DECLARATIONS OF INTEREST:</u></p> <p>Mrs A 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>	
20/03	<p><u>APOLOGIES FOR ABSENCE:</u></p> <p>Apologies were received from Mrs C Coyne, Mr N Halford and Mrs S Watson.</p>	
20/04	<p><u>MINUTES OF THE PREVIOUS MEETING:</u></p> <p>The minutes of the meeting of the Board of Directors held on Wednesday 27th November 2019 were approved as a correct record.</p>	
20/05	<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> <p>19/19/226 Mrs Y Ormston confirmed that papers for the Finance and Performance Committee are now being circulated to all Non-Executive Directors. Going forward the papers will be available to access on the network drive at the same time they are distributed to members of the Committee.</p>	
20/06	<p><u>PATIENT'S STORY:</u></p> <p>Mrs E Newton presented a patient story which related to an elderly patient on Ward 25, which showed staff going the extra mile to give great care to a patient.</p> <p>Mrs Y Ormston thanked Mrs Newton for a fabulous story which shows compassion and teamwork. She stated that the care of the patient must have been emotionally draining for all staff involved, and she asked if Mrs Newton felt that there was enough support available for staff.</p> <p>Mrs Newton stated that more could be done around supporting staff on the older people's wards, as sometimes end of life care becomes the norm and not everyone has a good experience.</p>	

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	<p>Mr J Robinson asked if the patient lived alone before being admitted to hospital. Mrs Newton noted that previous admissions of the patient showed he had some social input and assessment. He did not want to go into care and was of sound mind and capacity.</p> <p>Mrs A Marshall thanked Mrs Newton for her presentation, noting that it is nice to hear that staff can still take their time to do what they did for this patient.</p>	
20/08	<p><u>INTEGRATED QUALITY AND LEARNING REPORT:</u></p> <p>Dr H Lloyd provided assurance to the Board of Directors on the Trust's quality and safety performance to December 2019.</p> <p>Dr Lloyd drew attention to the paper, agenda item 9, highlighting the key metrics.</p> <p>She noted that the report provides a stable picture against the five Key Lines of Enquiry (KLOEs) and the Trust continues to see improvements being made.</p> <p>Dr Lloyd reported that a total of 51 medication errors were reported in December 2019, with one being moderate harm and none severe harm. A Medication Safety officer has been appointed and will work with the patient safety team to identify key learning at both ward and Trust level.</p> <p>She reported that patient falls remains stable, with five moderate harm falls in December 2019. The majority of falls occurred on care of the elderly wards, Ward 4 and Cragside. Dr Lloyd noted that further learning is being developed in relation to patients on mental health wards who sometimes experience a delay in being assessed. An inpatient falls assessment is to be trialled on Cragside and Sunnyside units.</p> <p>Dr Lloyd stated that two never events were reported in December 2019; however these were historical events from 2015. These issues have been discussed at Quality Governance Committee. Four serious incidents were reported in December 2019; one severe harm fall, two never events, and one delay in patient transfer.</p> <p>Dr Lloyd stated that work continues with the Surgical Business Unit to ascertain what complication of surgery is and what a serious incident is. Discussions are ongoing to ensure that these issues are reported in a consistent way.</p> <p>There were 637 patient safety incidents reported in December 2019,</p>	

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	<p>and this shows a stable picture. Dr Lloyd noted that safety thermometer issues have risen in December 2019, with nine new harms identified across 767 patients.</p> <p>Mr A Beeby reported that the Trust's mortality indices are both in expected bandings. He noted the good review of compliance and learning from the Mortality Council.</p> <p>Dr H Lloyd reported that the Trust's Friends and Family Test response for December was 89%. She noted that A&E feedback dropped to 80% but on further examination it was found that the responses did not say that the patient would not recommend the Trust's services. This is demonstrated by the pressures in A&E and the low response could be linked with increased waiting times.</p> <p>Dr Lloyd reported that the Trust experienced two mixed sex accommodation breaches in November 2019, but none were reported in December 2019.</p> <p>The Trust also reported a 12 hour wait in A&E in December 2019 (the actual time was 12 hours and 11 minutes). There was no patient harm and the patient was complimentary about the care they received. The incident happened on a day when the Trust was experiencing high pressures, and the Trust instigated a regional search call to highlight the level of the pressures.</p> <p>Dr Lloyd reported that an operational model is now being piloted with a designated senior team to work alongside patient flow to enable focus on reducing long waits for patients requiring admission to hospital. This will hopefully improve the 4 hour waiting times, and importantly ensure quality and safety of patient care.</p> <p>The Trust's flu vaccination uptake is now currently over 80%.</p> <p>Mr S Bowron noted the reported has stabilised at around 150 reported each month, adding that this is the highest level for some time. He asked for clarification that the measuring of falls has not changed.</p> <p>Dr H Lloyd stated that the Trust reports falls in two ways; falls with harm and slips trips and falls. She added that if a patient is assisted to the floor then this is still reported as a fall. She noted that falls with harm have remained stable.</p> <p>Mr M Laing added that one particular patient in Cragside prefers to sit on the floor; however, this still needs to be reported as a fall and will affect figures.</p>	

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	<p>Mr J Robinson noted the decline in the Trust's Friends and Family Test responses and asked if the Trust made patients aware of how busy the department was.</p> <p>Dr Lloyd noted that there were some exceptions as some patients had to wait with ambulance crew so experienced a long wait, and some people would not recommend the services as they do not want to be in an A&E department ever.</p> <p>Mrs Y Ormston noted that representatives from HealthWatch were in the A&E department on a busy day. She added that the Trust will receive feedback from this visit.</p> <p>Mrs A Marshall asked if the Trust's presented mortality figures are compliant with reporting standards.</p> <p>Mr A Beeby noted that one additional piece of information needs to be added to the report. This is around deaths of patients with learning difficulties. He added that the Board of Directors will receive the reports on a six monthly basis, where an overview of mortality will be provided plus anything other urgent information.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the update for assurance</p>	
20/09	<p><u>HEALTHCARE ASSOCIATED INFECTIONS:</u></p> <p>Dr H Lloyd provided an update to the Board on the current performance of HCAI mandatory performance for the Trust throughout the 2019/20 period.</p> <p>She reported that at the end of Q3 the Trust reported one hospital onset MRSA blood stream infection, with two community-onset infections.</p> <p>The Trust has reported 32 healthcare associated CDI samples, 19 of which were hospital onset healthcare associated and 13 community onset healthcare associated. 29 cases have been reviewed and 23 were successfully appealed, therefore the Trust reports nine CDI positive samples against the objective of 40.</p> <p>Dr Lloyd reported that the Trust continues to report the lowest incidence of MSSA in the region, reporting five hospital onset cases. However, 42 samples were reporting in the community. This could be due to the flu season and the increase in respiratory infections.</p>	

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	<p>She stated that reporting of Gram negative BSI became mandatory from April 2019, and at the end of Q3 the Trust has reported 26 Hospital-onset E.coli samples and 133 Community-onset samples. She added that to the end of Q3 the Trust has experienced four periods of increased incidence, three of which were due to Norovirus.</p> <p>She noted that the confirmed flu cases have been seen earlier this year than in the previous year, with 395 positive samples compared to 18 in the same period in 2018/19. Dr Lloyd added that the number of cases has reduced recently.</p> <p>Dr Lloyd reported that the NHS standard contract has included targets relating to MRSA, BSI and CDI. She noted that proposed changes to the standard contract for 2020/21 indicate that NHS England and NHS Improvement are to set additional annual Trust and CCG level BSI reductions for MSSA, E.Coli, Klebsiella and Pseudomonas. She added that NHS England also proposes removing the current financial sanctions for MRSA, BSI and CDI.</p> <p>Mr A Beeby reported that although no cases of Coronavirus have been confirmed in the UK, Trusts have been preparing and ensuring that PPE equipment is stocked in the required areas, including fit testing of masks. He added that the guidance has been updated and email correspondence has been sent to key areas in the Trust. Notices have also placed on the front doors and include information in Chinese.</p> <p>Mr J Robinson asked if the Trust is aware if the flu vaccination covered the strain of flu from this year.</p> <p>Dr H Lloyd stated that no information is available to date nationally to say how effective the vaccine has been this year, however information should be available in the planned debrief.</p> <p>Mrs A Marshall queried the wording in the report which states that the Trust has an objective of 40 CDI cases. She asked Dr Lloyd to include further details of this in the narrative as the current wording implies that the Trust is trying to achieve 40 cases.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
20/07	<p><u>PERFORMANCE REPORT:</u></p> <p>Mr L Atkinson provided an update on performance against national and local targets, giving assurance about the Trust's performance in</p>	

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	<p>light of national requirements and local changes.</p> <p>He reported on the Trust's A&E performance, reminding the Board that the activity in the A&E department reflects on the activity across the rest of the hospital. He noted that the target is challenging and is linked to high demand for beds in the Trust, adding that the breaches reported are largely due to not having the space for patients who need a bed. Mr Atkinson also noted that the early influx of flu this year has impacted on performance, and the Trust therefore experienced a more demanding position in November and December 2019.</p> <p>He noted that nationally there is significant pressure on this indicator, with A&E performance across the region struggling. He added that the Trust has also accepted diverted ambulances from other Trusts.</p> <p>Mr Atkinson commented that the Trust's performance for cancer 62 days is varied but within the expected range. Improvement work is being developed, with a new prostate cancer pathway to go live in the next couple of months.</p> <p>He reported that the target for diagnostic procedures slipped below the required standard in December 2019. The Trust will now appoint additional external endoscopy capacity to enable the backlog to be cleared. Mr Atkinson noted that the backlog has impacted on other pressures within the hospital where ward patients have affected the number of endoscopies that have been carried out.</p> <p>Mr Atkinson reported that the Trust's rolling sickness absence rate has shown a reduction overall in the last year. This is consistent with overall picture and not as high as reported during the previous winter period.</p> <p>He stated that core training compliance has again deteriorated and is below the agreed standard. However, this was anticipated due to the pressures on clinical services. Mr Atkinson stated that the Human Resources Committee will continue to review the metrics in more detail.</p> <p>Mr P Hopkinson commented that it is positive to note that the sickness absence rate is improving. He added, however that the staff turnover rate continues to rise and it is at the highest level for some time. He noted that there is currently no target around the turnover rates, but there is focus on this area.</p> <p>Mr J Robinson noted previous discussions at the HR Committee, stating that a report suggests the turnover is due to the demographics across the Trust, commenting that it is reasonable to think that those</p>	

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	<p>who are coming to retirement age could be encouraged to think about retirement and if they would wish to return to work flexibly. He stated that he asked for a further report to enable a better understanding of this.</p> <p>Mr M Robson queried the slow rise in the appraisal rate and the eight staff members quoted who have not had appraisal in the last two years. Mr M Laing noted that the eight staff concerned are administration staff who had transferred from one business unit to another.</p> <p>Mr J Robinson stated that it is difficult for managers who are managing in very difficult times to deal with appraisals. There has been improvement and with a lot of effort, however core training is reducing. He asked for further narrative regarding this. He noted that as Chair of the Human Resources Committee it is difficult to encourage and imply that staff are not doing enough and the approach to this needs to be considered.</p> <p>Mr J Robinson queried if patients with suspected prostate cancer are referred for an MRI before any other appointments.</p> <p>Mr L Atkinson noted that the traditional pathway for prostate cancer is to have a biopsy before an MRI, and this is a long pathway due to the biopsy. He noted that the MRI takes away the long wait for a biopsy.</p> <p>Mr J Robinson asked if all patient pathways are reviewed in a similar way to the prostate cancer pathway.</p> <p>Mr L Atkinson stated that one of the Trust's leading cancer clinicians is looking at an evolving series of best practice, with the prostate cancer pathway being one where the Trust has checked against these developments.</p> <p>Mr J Robinson queried if the pathways are regularly reviewed and if the Trust and partners are able to make straightforward changes with the commissioners.</p> <p>Mr A Beeby stated that the pathways are current clinical pathways so they are established as best practice, however if there are changes that can be introduced, they will be looked at. He noted that work is ongoing to look at the MDT usage and how the process can be constantly streamlined. This will also be carried out from a best practice point of view.</p> <p>Mr J Robinson noted that the performance is also important in terms of quality of care for patients.</p>	

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	<p>Mr A Beeby stated that the most important element is to get the pathway right, to allow patients to be seen at the right time and in the right order of flow and diagnosis.</p> <p>Mrs Y Ormston noted that she will be reviewing the appraisal system and paperwork to ensure that the whole process is user friendly.</p> <p>Following further discussion, it was:</p> <p>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</p>	
20/10	<p><u>NURSE SAFE STAFFING REPORT:</u></p> <p>Dr H Lloyd provided assurance to the Board that nursing and midwifery staffing requirements for November 2019 and December 2019 were met.</p> <p>She drew attention to the paper, agenda item 11, which gave an overview of the Care Hours Per Patient Day (CHPPD) measurement, noting that NHS Improvement view this reporting mechanism as the single most consistent way to report staffing. This measurement is calculated by adding the hours of registered nurses and the hours of healthcare support workers together, and then dividing by the total number of patients.</p> <p>Dr Lloyd noted the difference of the calculation is that it is based around the number of patients, rather than the funded establishment. As the measurement is based on the number of patients, this allows the Trust to benchmark against other organisations. She noted that the measurement does not yet set a requirement for CHPPD, although the Trust's CHPPD is stable but any variation is generally based on patient acuity or dependency.</p> <p>Dr Lloyd stated that the report contains the Trust's fill rates and these remain fairly stable, for example for registered nurses during the day this is in the high 80%. Where the Trust cannot fill the shift with a registered nurse, this shift will be filled with a healthcare assistant if needed.</p> <p>As part of the Trust's winter plan, ward 12 has been opened. This is a temporary ward and does not have a funded establishment, so staff have been moved from other wards on a temporary basis. These shifts will be reported in the staff member's original ward as there is</p>	

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	<p>no an actual budget. Non-ward based nurses are also not recorded in the data.</p> <p>Dr Lloyd reported that work is ongoing around enhanced care which has evolved from where patients are requiring more 1-to-1 care. This is usually from falls, risks or from mental health observations. Local and regional work is being carried out to focus on this area.</p> <p>She noted the report exceptions where planned staffing has dropped below 75%. This is usually due to vacancies, sickness, or maternity leave. Dr Lloyd stated that the staffing establishment for Ward 8 has been reviewed and adjusted.</p> <p>Dr Lloyd reported that at the end of December 2019, the Trust had a total of 50 nurse vacancies across the medical and surgical wards. She added that 24 of these posts have been recruited to date.</p> <p>Work continues to investigate how the Trust can retain the workforce with well-being initiatives being put in place. Work is also ongoing to look at a triangulation of data with quality (patient experience, safety and incident report) to see if the fill rates have had any impact on patient care.</p> <p>Mr P Hopkinson queried the CHPPD rates for the paediatric department. He asked if his interpretation is correct in that there are over two members of staff looking after each patient in the unit over a 24 hour period.</p> <p>Mrs A Marshall commented that this figure may stem from that the measurement is taken from the number of patients on a ward at midnight, and the paediatrics unit is not an overnight ward.</p> <p>Dr H Lloyd stated that there is still a lot of work to carry out around this. She added that currently there is no intelligence available from the Centre on this however, the issue is being picked up by the Nursing Directors as a group.</p> <p>Mr J Robinson stated that the Board can take assurance from the overall report which is remaining reasonably static against the staff numbers and the number of overall patients.</p> <p>Dr H Lloyd stated that she is happy to provide further information for further assurance, however she would still be required to report on the staffing requirements</p> <p>Mr M Robson stated that it would be helpful to have both measures reported. He also queried the reported factors that influence enhanced care, and asked how the Trust can measure acuity and</p>	

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	<p>dependency as a reason for pressures in staffing.</p> <p>Dr H Lloyd stated that this measurement is used to produce the annual report; the safer nurse staffing tool is used to measure acuity and dependency of every ward and department.</p> <p>Mr D Shilton noted that the area in which the CHPPD metric appears to show that the system works is in the staffing levels on Cragside and Sunnyside units. There are some prompts in the system but the Trust should be cautious about excluding others.</p> <p>Mr Shilton queried the reported safe and sustainable staffing group and asked who this group reports into.</p> <p>Dr H Lloyd stated that the group reports into the nursing and midwifery forum, and this group looks to ensure that the Trust has efficient and effective rostering and that the right numbers of staff are on shift at the correct time.</p> <p>After further discussion, it was:</p> <p>RESOLVED: receive the report for assurance</p>	
20/11	<p><u>CONSOLIDATED FINANCE REPORT:</u></p> <p>Mrs J Bilcliff provided the Board with a summary performance against plan for activity, income and expenditure as at 31st December 2019 (Month 9) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).</p> <p>She noted that the figures in the report are different to previous, due to the control total changes with the Trust's ICP partners which have now been accepted. Mrs Bilcliff thanked those involved in the discussions on this and for the overall outcome.</p> <p>Mrs Bilcliff reported that at Month 9, the Trust is reporting an operational deficit (excluding PSF) of £9.5m against a revised deficit of £9.8, a positive variance of £0.018m.</p> <p>Capital spend is currently behind plan and this relates to the implementation of NerveCentre. Plans are in place to achieve the capital target and there are no current concerns.</p> <p>Mrs Bilcliff reported that the Trust's cash position continues to look positive, with the Trust receiving the PSF funding. The position is due to the £2m cash from Newcastle Gateshead CCG and some non-recurrent HPV contract funding. She added that the Trust has now</p>	

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	<p>secured HPV funding for the full length of the contract.</p> <p>Mrs Bilcliff asked the Board of Directors for approval to draw down the cash by year end, if needed. This was agreed.</p> <p>She noted that the risk table included in the report had been updated to reflect the change in control total, with the risk being slightly reduced. However, there is still a risk of increased costs, as there could be issues that hit by year end.</p> <p>Mrs Bilcliff concluded her update by stating that the financial year had obviously been difficult. The Trust was unable to change the plan mid-year, and she noted that when the plan was submitted the Trust did not have the HPV contract. She stated that the Trust is away from original plan on income and expenditure but the bottom line is satisfactory.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
20/12	<p><u>ASSURANCE FROM BOARD COMMITTEES:</u></p> <p>i) Finance and Performance Committee</p> <p>Mrs A Marshall provided an update from the Finance and Performance Committee meetings held on 26th November 2019 and 17th December 2019.</p> <p>She drew attention to the paper reported in agenda item 13, which highlighted the issues raised in November 2019.</p> <p>Mrs Marshall stated that the December assurance report rates all financial reports as red, and this is due to reasons previously and the remaining risks. She noted that financial performance was also rated as red.</p> <p>She reported that the Committee discussed an offer for the Dunston Hill site and agreed to the offer pending Board approval.</p> <p>The Committee received a comprehensive update on the Mental Health Business Case Review, noting that there are still issues with the Sunnyside Unit which are being monitored through the Quality Governance Committee. The Committee agreed for the Business Case Review to be picked up through the Transformation Board going forward. This issue was rated as green.</p>	

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	<p>Mrs Marshall concluded her update by reporting that the Committee received the summary from the Transformation Programme Finance. This was rated as red until more detailed information is reported.</p> <p>ii) Quality Governance Committee Mr D Shilton provided an update from the Committee meeting held on 18th December 2019.</p> <p>Mr Shilton reported that the Committee received good assurance on the serious incident performance report, noting the extensive work as part of the action plan which has already taken place.</p> <p>The Committee also received good assurance on the Trust's family liaison officer initiative. The project is a newly adopted initiative but good progress is being made and the number of people involved is increasing. Mr Shilton noted that there is more work to carry out in terms of the family liaison officers where duty of candour may be required.</p> <p>Mr Shilton noted that good assurance was received from the Freedom to Speak Guardian, noting that some real themes are being identified.</p> <p>The Committee received good assurance from the Mental Health Compliance Group, but noted that not all business units are represented at the meetings.</p> <p>Mr Shilton reported that at the Committee meeting the previous week, updates were received on a number of issues.</p> <p>He noted the positive work being undertaken as part of the Treat as One campaign, including exciting innovations in relation to simulation training.</p> <p>The Committee received good assurance on the Quality Improvement Strategy with a number of actions planned but not yet implemented.</p> <p>Mr Shilton noted that good assurance was received on the Trust's operational resilience. He stated that it was clear from the report that staff are doing an amazing job in difficult circumstances, and are being supported in their roles.</p> <p>iii) Audit Committee Mr M Robson provided an update from the Committee</p>	

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	<p>meeting held on 5th December 2019.</p> <p>He noted the amber rating on International Financial Reporting Standards (IFRS) 16 which refers to leasing. The Committee received an update on the ongoing work and were assured that the programme is progressing.</p> <p>The Committee received a positive group progress report from Internal Audit and the clearance of outstanding recommendations. Mr Robson noted that the complexity of recommendations raised some issues with the Committee, and AuditOne have agreed to consider how to present complex recommendations.</p> <p>Mr Robson reported that the audit results report for QE Facilities was rated as green. This was due to the matter being due to be resolved shortly after the Committee meeting, and based on the advice given, it was resolved and assurance was received.</p> <p>iv) Human Resources Committee</p> <p>Mr J Robinson provided an update from the Committee meeting held on 10th December 2019.</p> <p>He noted that the Committee received a report on the number of executive walkabouts that had taken place during 2019. It was noted that the number of visits is generally always lower than planned, and a number of visits had been cancelled. This issue was rated as amber.</p> <p>Mr Robinson reported that the Committee received a report on the Local Clinical Excellence Awards, and noted the increase of both female and part time workers.</p> <p>The Committee received an update report from the Guardian of Safe Working, which did not highlight any issues or concerns.</p> <p>Mr Robinson concluded his update by reporting that the Committee discussed the internal audit report which focussed on the use of agency staff within the Medicine business unit. He noted that the audit showed room for improvement and this has been rated as amber.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the reports for assurance</p>	

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20/13	<p><u>QUESTIONS FROM GOVERNORS IN ATTENDANCE:</u></p> <p>There were no questions from governors in attendance.</p>	
20/14	<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 25th March 2020 in Room 3, Education Centre, Queen Elizabeth Hospital</p>	
20/15	<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>	