

<b>Name of Meeting:</b>	Audit and Risk Committee
<b>Date of Meeting:</b>	24 May 2019
<b>Prepared by:</b>	Mark Lam, Chair of Audit and Risk Committee/Non-Executive Director

### Highlights from the meeting

The agenda of this meeting were dominated by annual reports and accounts, a number of which were statutory requirements.

The Committee reviewed and approved the following, subject to a number of minor corrections:

- Annual Report 2018/2019
- Annual Governance Statement
- Annual Accounts 2018/2019
- Annual Quality Account 2018/2019
- Statement on AGH Solutions Ltd.

The Committee thanked David Child for his significant contribution to the Trust during his term as a governor, in particular for his insight, experience and dedication. The Committee also noted that this was Mark Lam's last Committee session as Chair, as he was stepping down from his post due to other NHS commitments.

### Assurances gained at the meeting

Significant assurance was received in reports provided by the internal auditors in a number of operational areas. Limited assurance was received in one area, but the Committee was satisfied with its recommendations and risk level.

### Challenges from the meeting

No substantive challenges were recorded.

### New / Emerging risks

No substantive new risks emerged.

<b>Name of Meeting:</b>	Finance Performance and Digital Committee
<b>Date of Meeting:</b>	Tuesday 21 May 2019
<b>Prepared by:</b>	Jeremy Cross, Chair of Committee/Non-Executive Director

### Highlights from the meeting

Financial performance was behind plan in the first month of the year.

Performance had slipped in a couple of areas – particularly A&E

The new integrated performance dashboard was presented – with new data that the board will need to familiarise itself with.

We agreed the international nurse recruitment business case.

### Assurances gained at the meeting

The new integrated performance dashboard was reviewed. We have new measures showing complaint response times, sepsis response, vacancy rates by staff grouping and fill rates for bank and agency staff. The new finance dashboard reflects the new fixed income contracts.

The issues with nurse staffing and vacancy rates are well known. It was reassuring to review the international recruitment business case and see how this may help address this long standing issue. The business case was approved for submission to the board – though there is a consequent financial impact in this year. We are looking to recruit up to 70 nurses from overseas, together with a developing 18 more nurses in house from the existing team.

The review of the AAU business case 12 months on was deferred until the next month.

We reviewed a report from the IT function showing the structure of the IT estate. Of note was that 98% of systems were actually outside of the direct control of the Airedale IT team. Work has started with Bradford IT to reduce the number of systems across the two teams, and to improve governance processes. Work is ongoing to gain assurance over what all our IT assets are, and where their vulnerabilities are (eg Business Continuity) and to improve overall change management processes. A future business case is likely to be submitted (alongside Radford) to address this. All other IT systems were stable. Short term funding of £500k to keep the IHR business case moving has been found (a risk reported last month) though we recognise that this is merely the minimum level of funding needed.

### Challenges from the meeting

Many papers were not available until the night before the meeting. There were good reasons why, but it did mean we needed to go into more detail on several items than would otherwise have been the case. The review of dates for future sub committee and board meetings is an important piece of work if we are to make committees run smoothly, and allow the governance processes to work as we want.

Financial performance in the first month was disappointing – almost entirely as a result of cost over runs in Integrated Care. With fixed income contracts there is little opportunity to make up cost over spends through driving income.

A&E performance slipped in the month to 86% - its lowest in recent history. Activity was 7% up year on year. Nevertheless there are actions we can take, and we have now improved the availability of ambulatory care (to keep patients out of beds where possible) and improved streaming for issues such as minor injuries. The COO is anticipating an improvement towards 90% in May

Our 6 week diagnostic performance is already on a recovery plan, but this plan may need extending due to the lack of locums currently available to deliver it.

Our 2 week cancer screening is also in recovery plan. All other performance targets were met although noted the previously reported 2 Never Events, together with one instance of a single sex accommodation breach in the month.

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**New / Emerging risks**

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A&E performance.

Overspends in Integrated Care, and lack of flexibility given fixed income contracts.

IT systems governance.

<b>Name of Meeting:</b>	People Committee
<b>Date of Meeting:</b>	22 May 2019
<b>Prepared by:</b>	Melanie Hudson, Chair of Committee/Non-Executive Director

### Highlights from the meeting

The Progress that AGH Solutions had made over the last 12 months on its people plan was discussed and the improvements made in a short period of time, were positively acknowledged. It was noted that the catering contract was due to be brought in house as planned.

A detailed presentation from the Freedom to Speak Up Guardian highlighted the progress made and in particular there had been a significant change in the way people reported concerns, with only 4% raising issues anonymously which was extremely positive. It was agreed that further work would take place to assure the committee that appropriate follow up was taking place, and to work with the HR team to look at other data such as absence and resignations from those involved in this process.

The Public Sector Equality Duty report and the progress made was acknowledged by the Committee, and some suggestions were made for further reporting in line with the protected characteristics.

### Assurances gained at the meeting

The Deputy Medical Director reported to the committee that improvements had been put in place to ensure that the new junior doctors were able to use the systems appropriately particularly electronic prescribing. Changes had been put in place to ensure that this would now be part of the induction for new Junior doctors at an early stage. The committee was also given assurance that any locum doctors who were not familiar with the trust would not be used to fill gaps out of hours where they were not familiar with the system.

The FTSU presentation gave the Committee significant assurance that the Trust has a positive culture of speaking up. Trust's data evidenced performance better than the national average for all measures.

### Challenges from the meeting

Recruitment and retention of clinical staff remains a key challenge, and discussion took place about the work taking place to address this issue, both locally and on a partnership basis. The Guardian of Safe Working reported that further work on the complex rotas would be unlikely to improve them and the experience of the junior doctors. Levels of staffing would need to improve to make improvements which were sustainable.

The need to improve way the trust accessed and maximized the use of the apprenticeship Levy was discussed, to be reported back to a future meeting.

The Freedom to Speak Up Guardian highlighted a need for further resources in the form of time to really meet the demands of the function appropriately.

The report from the Guardian of Safe working identified that there would be benefit in the addition of an ultrasound machine specifically allocated for use by the respiratory team. The Committee queried whether funding might be available from the Friends of Airedale charity or Airedale NHS Foundation Trust Charitable Fund.

An issue was raised about the length of time taken to fill posts by AGH Solutions and the impact this was having and it was agreed that this would be reviewed to see if the process could be streamlined and report back to the next meeting.

**New / Emerging risks**

There were no new or emerging risks identified that had not been previously discussed at the committee or other committees of the Trust.

<b>Name of Meeting:</b>	Quality and Safety Committee
<b>Date of Meeting:</b>	22 May 2019
<b>Prepared by:</b>	Dr Maggie Helliwell, Chair of Committee/Non-Executive Director

### Highlights from the meeting

The Committee received and approved the formalised Quality and Safety Reporting Structure.

- They noted the incorporation of Mortality Surveillance with the Patient Safety Group.
- They noted that the new Patient Safety Group has now met for the first time. The committee looks forward to its formalised Terms of Reference, steady evolution and its first reports.

The committee noted the Terms of Reference for the Trust Assurance Panel. This Panel will examine, challenge and scrutinize the evidence presented by governance leads in response to agreed actions following completion of investigations into Serious Incidents, Coroners Inquests and actions or recommendations following receipt of a schedule 28. The Q and S Committee will receive exception reports in relation to this evidence.

The Committee received the Trust's Safeguarding Report. It recognised the complexity of the work carried out in this area across the Trust and commended the whole team on their achievements this year.

The Committee was pleased that the Trust had achieved the 60 day standard in the expected time interval for Serious Incident Investigation Reports to be received by the CCG

The Committee noted and welcomed the new approach from the CQC Response Group in gaining direct evidence from Trust groups as to progress with their requirements.

### Assurance gained at this meeting

The committee received assurance as to the progress of investigation into the 2 new Never Events. In particular the committee received assurance that the result of an initial audit into the relevant practice in interventional procedures across the Trust was now positive.

### Challenges from the meeting

The Committee welcomed the new Integrated Governance Dashboard. They welcomed the new approach and the new additional Quality Markers.

- However they were concerned about 3 of the 'surrogate' quality markers.
- They wish to have further clarity around the marker related to the Trust's bed base and they were concerned in the apparent marked increase in Medical Staff vacancies
- The committee had received a report relating to the progress of the Local Maternity Service and were pleased to see the inclusion of the marker related to 'Continuity of Care' – but recognized that there were challenges related to achieving the required standard

The Committee strongly felt that the Trust needs to take a strategic approach to the CQC 'Learning from Deaths' Report. The initial 'True for Us' Assessment revealed the need for a nuanced complex response across several Directorates.

At several points in the meeting the Committee discussed the Trust's approach to Communication in the context of the current pace of work, the capacity of staff to engage with messages related to change and essential learning , to communicate with and learn from each other and to translate all learning into patient care .

The Committee is aware that the Patient Safety Thermometer is now not a mandatory requirement. The Committee received evidence that all the components are reflected in much more robust, detailed and nuanced reporting in the Quarterly Safety Review. The data collection is also cumbersome and other local Trusts have removed it from their Quality Schedules. The Committee agreed that this Quality Marker could be dropped.

The Committee also agreed that the monthly Mortality Report be amalgamated into the Quarterly report. The values will remain as markers in the monthly Integrated Governance Report.

In relation to the Serious Incident Learning Report the Committee was concerned about the continued theme of lack of written clinical documentation in line with professional Standards and Trust Policy. This is a national perennial problem.

<b>New / Emerging risks</b>
None this month