

# COUNCIL OF GOVERNORS' MEETING

A meeting of the Council of Governors will be held  
at 10.00 am on [Wednesday 19<sup>th</sup> May 2021](#),  
via Microsoft Teams



**Gateshead Health**  
NHS Foundation Trust

---

## AGENDA

1. **Apologies for Absence:**
  2. **To Sign the Attendance Register:**
  3. **Chair's Business**
  4. **Minutes of the Previous Meeting** **Enclosure**  
To approve the minutes of the previous meeting of the  
Council of Governors held on Wednesday 24<sup>th</sup> February 2021
  5. **Matters Arising from the Minutes**
  6. **Acting Chief Executive's Briefing** **Verbal**  
To receive the Acting Chief Executive's routine briefing report
  7. **Acting Chief Executive Q&A** **Verbal**  
To receive any questions from governors
- Items for Decision:**
8. **Lead and Deputy Lead Governor Appointment** **Enclosure**  
To approve the appointment of the Lead & Deputy Lead Governor  
presented by the Interim Trust Secretary
- Items for Discussion:**
9. **Trust Strategic Aims & Objectives 2021/22** **Enclosure**  
To receive a briefing report,  
presented by the Acting Chief Executive
  10. **Membership Update** **Verbal**  
To receive an update/discuss next steps  
presented by the Interim Trust Secretary
- Items for Assurance:**
11. **National Staff Survey Results** **Presentation**  
To receive a briefing presented by the  
Executive Director of People & OD

- |   |                     |
|---|---------------------|
| <b>12. Finance Update</b><br>To receive an update report presented by the Interim Group Director of Finance               | <b>Presentation</b> |
| <b>13. Integrated Oversight Report</b><br>To receive the routine briefing report presented by the Chief Operating Officer | <b>Enclosure</b>    |
| <b>14. Charitable Funds Committee Update</b><br>To receive a briefing for assurance presented by the Committee Chair      | <b>Presentation</b> |

**Items for Information:**

- |  |                  |
|--|------------------|
| <b>15. Integrated Quality and Learning Report</b><br>To receive an update, presented by the Interim Chief Nurse  | <b>Enclosure</b> |
| <b>16. Date and Time of Next Meeting</b><br>The next meeting of the Council of Governors will be held on Wednesday 29 <sup>th</sup> September 2021 at 10.00am                                |                  |
| <b>17. Exclusion of the Press and Public</b><br>To resolve to exclude the press and public from the remainder of the meeting, due to the confidential nature of the business to be discussed |                  |

# COUNCIL OF GOVERNORS'

Minutes of the Council of Governors' Meeting  
held at 10.00am on [Wednesday 24<sup>th</sup> February 2021](#),  
via teleconference (Microsoft Teams)



**Gateshead Health**  
NHS Foundation Trust

<b>Present:</b>	
Mrs A Marshall	Chair
Mrs E Adams	Public Governor – Central
Mr J Bedlington	Public Governor – Central
Mrs J Coleman	Staff Governor
Mr S Connolly	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor – Western
Mrs H Jones	Public Governor – Central
Mr M Looe	Staff Governor
Mrs K Marley	Staff Governor
Ms M Ndam	Staff Governor
Mr A Rabin	Public Governor – Central
Mr G Riddell	Public Governor – Western
Mr J Stephens	Public Governor – Central
Mrs K Tanriverdi	Public Governor – Central
Dr L Ternent	Appointed Governor
Mr C Toon	Appointed Governor
Mr P Usher	Public Governor – Out of Area
<b>In Attendance:</b>	
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Ms L Crichton-Jones	Executive Director of People & OD
Cllr M Gannon	Non-Executive Director
Mr P Hopkinson	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs A Maskery	Interim Trust Secretary
Mr A Moffat	Non-Executive Director
Mrs H Parker	Non-Executive Director
Mr A Robson	Acting Managing Director QE Facilities
Mr M Robson	Non-Executive Director
Dr M Sani	Associate Non-Executive Director
Mr D Shilton	Non-Executive Director
<b>Apologies:</b>	
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Mr L Brown	Public Governor – Western
Prof D Porteous	Appointed Governor
Mrs E Ward	Public Governor – Eastern

Agenda Item	Discussion and Action Points	Action By
G/21/01	<p><b>CHAIR'S BUSINESS:</b></p> <p>Mrs Marshall opened the meeting and explained that due to current pressures, the agenda had been reduced to allow Executive members to focus on current challenges.</p>	
G/21/02	<p><b>MINUTES OF THE PREVIOUS MEETING:</b></p> <p>The minutes of the previous meeting held on Wednesday 18<sup>th</sup> November 2020, were approved as a correct record following a minor amendment regarding suggestion for Lead Governor to chair a Board meeting.</p>	
G/21/03	<p><b>MATTERS ARISING FROM THE MINUTES:</b></p> <p>Following discussion at the last meeting regarding a report to be presented to the Quality Governance Committee on a rapid mortality review, Mr D Shilton explained that some analysis will be presented and will provide feedback at the next meeting.</p> <p>Mrs J Bilcliff explained that discussions regarding investment income had taken place in relation to maximising benefits in line with increased cash balances.</p>	DS
G/21/04	<p><b>CHIEF EXECUTIVE'S BRIEFING:</b></p> <p>Mrs Y Ormston, Chief Executive, provided a presentation which outlined details in relation to Covid statistics and ongoing work around the pandemic outbreak control measures.</p> <p><b>Statistical Update</b></p> <ul style="list-style-type: none"> <li>• The Trust has treated 1400 confirmed Covid cases with a death rate of 25% in the first wave however it should be noted that testing was not available at this time.</li> <li>• Second wave (with 2 peaks) was more lengthy than the first wave. Consideration needs to be given as to effect on staff.</li> <li>• The age profile during Wave 3 has altered showing slightly younger patients. 40% are within the 18-64 age bracket compared to 20% in Wave 1. Longer lengths of stay have also been seen.</li> <li>• Emergency admissions have continued with high levels of activity.</li> </ul>	

Agenda Item	Discussion and Action Points	Action By
	<p><b>Covid Pressures</b></p> <ul style="list-style-type: none"> <li>• Redeployment of 94wte staff across the Trust.</li> <li>• Additional front of house respiratory support provided (10 additional high flow nasal oxygen beds).</li> <li>• Daily Outbreak Management meetings implemented to manage control. Reduction in beds due to social distancing (circa 100 beds) which has added significant pressures.</li> <li>• Testing service extended hours and now supporting staff vaccination programme.</li> <li>• 9084 vaccinated to date (including care home staff)</li> </ul> <p><b>Activity and Recovery</b></p> <ul style="list-style-type: none"> <li>• Day cases are largely back on track with support from independent sector however facility requires staffing</li> <li>• Elective in-patient activity affected due to staff being redeployed to second CCU.</li> </ul> <p><b>Covid Pressures/Health and Well-Being</b></p> <ul style="list-style-type: none"> <li>• Staff have gone above and beyond however are experiencing “battle fatigue”.</li> <li>• Effect on CCD staff to be considered re. volume of death.</li> <li>• HWB support programme to provide counselling and support.</li> <li>• Occupational Health staff have been outstanding. They have worked increased hours and despite workload have provided support to testing and vaccination programme.</li> <li>• Introduction of Vivup, an employee assistance programme</li> <li>• Sanctuary Room established</li> <li>• Project Wingman used again in Wave 2.</li> <li>• Mainstream resources out of pandemic. Online facilities available.</li> </ul> <p><b>Major additional estates and facilities adjustments</b></p> <ul style="list-style-type: none"> <li>• Domestic staff have been outstanding – new technology implemented to clean wards</li> <li>• Security staff providing temperature checks at entrances</li> <li>• Creation of a new Covid testing lab</li> <li>• Circa 50 departmental moves to enable business continuity</li> <li>• Continue with business as usual day to day work</li> </ul> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• Today we have 40 Covid positive patients as well as typical winter pressures</li> <li>• Work being undertaken regarding the Elective</li> </ul>	

Agenda Item	Discussion and Action Points	Action By
	<p>Programme and staff are reviewing current backlog and GP referrals</p> <p>Mrs Ormston concluded by highlighting changes to the Executive team following the retirement of Mr Peter Harding and explained that Mr Anthony Robson will be acting up into the role. Work has also begun around the replacement for the Director of Nursing post and Mrs Jo Baxter will be covering with support by Mrs Karen Roberts, Deputy Director of Nursing. There are also some changes to the Senior Management Team with Mrs Kirsty Robertson's new role as Deputy Director of Corporate Services and Transformation and external support to the Test and Trace team has been commissioned.</p> <p>Mr Bedlington thanked Mrs Ormston for the presentation which provided a lot of information and highlights the amount of work taking place in the background and felt that staff required credit for their continued support. He also wished to mention the work of the Chaplaincy who have provided counselling and organisational pastoral support regardless of religion.</p> <p>Rev J Gill also thanked Mrs Ormston for the informative presentation and Mrs Ormston agreed that the slides could be shared to the rest of the governors to absorb however emphasised that additional data had been provided.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> to receive the update for information</p>	
G/21/05	<p><b>CHIEF EXECUTIVE Q&amp;A:</b></p> <p>Mrs A Marshall, Chair, explained that this section provides the opportunity to address any governor questions received in advance and not addressed within the Chief Executive's briefing.</p> <p>Mrs H Jones raised a question in relation to whether the Trust collected information about the effect of Covid on people with learning disabilities and Mrs Ormston reported that the Local Authority are working with local GPs therefore a regional response is being looked at.</p> <p>Mr S Connolly queried how the Trust intended to use the donation from NHS Charities Together and Mrs Bilcliff confirmed that the Trust has received a share of the national donation. Mr J Bedlington, who attends the Charitable Funds Committee reported that this was being used to support both staff and</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>patients and provided some examples including care bags for inpatients and shielding staff, water bottles and catering vouchers. Additional devices have also been purchased as well as extra jupiter hoods prayer items and Health and Well-Being support. Mr Bedlington provided reassurance to other governors that all purchases were being agreed by the Committee and these will benefit both staff and patients.</p> <p>Mrs Marshall reported that concerns had been raised by Mr L Brown regarding iPads and network connectivity on wards and Mrs Bilcliff reported that this is being resolved and will respond to Mr Brown directly.</p> <p>Following a previous query from Rev J Gill regarding vaccinations to volunteers, Mrs Bilcliff confirmed that the Trust's vaccination programme included offering the vaccine to volunteers to enable them to come back onsite however agreed that this could have been made clearer. The letter which was sent out has been discussed with the Senior Management Team and reported that it was intended to ensure systems were up to date.</p> <p><b>RESOLVED:</b> to receive the updates for assurance.</p>	
G/21/06	<p><b>ANNUAL REVIEW OF THE DECLARATIONS OF INTEREST:</b></p> <p>Mrs A Marshall, Chair, presented the declared interests of the newly elected governors together with the Annual Declarations of all elected and appointed governors.</p> <p>She stated that the Trust's Constitution and the Health and Social Care (Community Standards) Act 2003 require Governors' interests to be declared, recorded in the minutes of the Council of Governors' Meeting and made available on request to any member who wishes to view the register of interests.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i) to note the declared interests of Mr G Riddell and Mr P Usher newly elected public governors, and Mr S Connolly and Ms M Ndam, newly elected staff governors, detailed in paper Agenda item 8 (i)</li> <li>ii) to note the declared interests of the governors as attached in Appendix 1 and contained in the paper, Agenda item 8 (ii)</li> </ul>	

Agenda Item	Discussion and Action Points	Action By
G/21/07	<p><b>LEAD AND DEPUTY GOVERNOR APPOINTMENT PROCESS:</b></p> <p>Mrs A Maskery, Interim Trust Secretary presented the governors with the appropriate documentation to enable them to appoint a Lead Governor at the Council of Governors’ meeting in May 2021 and consider whether to appoint a Deputy Lead Governor to support the role of the Lead Governor.</p> <p>Mrs Maskery asked the governors to consider the job description and person specification for the Lead Governor and forward expressions of interest, along with a short statement (maximum of 200 words) by Wednesday 3<sup>rd</sup> March 2021. The process for appointing a Deputy Lead Governor will commence immediately after the process for appointing a Lead Governor has concluded and both will be completed at the next Council of Governors’ meeting on 19<sup>th</sup> May 2021.</p> <p>The governors discussed the purpose of the Deputy Lead Governor and Rev J Gill explained that this will support the Lead Governor and share the workload. Mr J Stephens also highlighted that this was a development opportunity and additional support would be of benefit.</p> <p>After consideration, it was:</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i) to note the principal responsibilities and person specification for Lead Governor</li> <li>ii) to note the appointment process for the Lead Governor</li> <li>iii) to agree to appoint a Lead Governor and Deputy Lead Governor at the May 2021 meeting of the Council of Governors</li> </ul>	AM
G/21/08	<p><b>NON EXECUTIVE DIRECTOR SUCCESSION &amp; REMUNERATION PROCESS:</b></p> <p>Mrs A Maskery, Interim Trust Secretary, presented a report from the Governor Remuneration Committee Meeting on 15 February 2021 relating to NED succession planning and Chair and NED remuneration.</p> <p>Mr C Toon, Chair of the Governor Remuneration Committee, highlighted that there was a lengthy debate at the meeting and the Council of Governors’ were well represented therefore Committee have requested the Council of Governors to consider the following recommendations:</p>	

Agenda Item	Discussion and Action Points	Action By
	<ul style="list-style-type: none"> <li>i. The proposed recruitment process</li> <li>ii. The recruitment of two new NEDs as set out in the paper</li> <li>iii. The extension of David Shilton’s term as a NED to end September 2021</li> <li>iv. The offer to Mike Robson of a further three year term as a NED, to expire on 30 June 2024</li> <li>v. The recommendation that there be no salary increase for either the NEDs or the Chair for 2021/22</li> </ul> <p>Following discussion and consideration, it was:</p> <p><b>RESOLVED:</b> to approve the recommendations above.</p>	
G/21/09	<p><b>NHS PROVIDERS GOVERNOR ADVISORY COMMITTEE ELECTIONS:</b></p> <p>Rev J Gill, Lead Governor, informed the Council of Governors that the process for the NHS Providers Governor Advisory Committee elections has been completed.</p> <p>She reported that a sub-group considered the 55 nominations in total and 10 candidates in order of preference have been returned to the Interim Trust Secretary for submission. Mr M Loomer was appointed as the Council of Governors nominated representative and Rev Gill wished him luck in the process. The closing date is at the end of March 2021 therefore the outcome will be shared at the next meeting.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> to receive the update for information.</p>	AM
G/21/10	<p><b>EXTERNAL AUDIT TENDER PROCESS:</b></p> <p>Mrs A Marshall, Chair, presented the timetable and terms of reference for the External Audit Working Group.</p> <p>She reported that the Trust’s current auditors Ernst &amp; Young LLP are entering the final year of their contract and this paper indicates the process timetable. The appointment of the Trust’s External Auditors is reserved for the full Council of Governors. Therefore to enable the Governors to effectively discharge this duty, it has been recommended that an External Audit Working Group be established and the Group will make recommendations to the Council of Governors to appoint the external auditors to the Trust.</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>Mrs Marshall highlighted that the first meeting took place earlier today and the tender process will be completed by the end of March 2021. An extraordinary Council of Governors meeting will be required to consider the potential candidates and approve the appointment and this will be arranged in due course.</p> <p>The Governors agreed the process and after consideration, it was:</p> <p><b>RESOLVED:</b> to receive the timetable and terms of reference for the External Audit Working Group for information.</p>	
G/21/11	<p><b>ANY OTHER BUSINESS:</b></p> <p>Mr J Bedlington paid tribute to Peter Smith, former Chairman to the Trust for 19 years and who worked in public services for 59 years. Mrs Marshall acknowledged Mr Smith's huge contribution to the Trust, Gateshead and the North East and Mrs Ormston reported that condolences had been sent to the family. A minute's silence is planned to take place before the next Board meeting.</p> <p>Mrs Jones again thanked Mrs Ormston for her report and emphasised her gratitude to the staff and all those involved. Mr Bedlington also thanked the senior team and felt that it was useful for governors to be aware of the effect on all roles within the Trust.</p> <p>Mr Loome highlighted his recent experience within the Emergency Care Centre and commended the efficient process and thanked the staff for their hard work.</p>	
G/21/12	<p><b>DATE AND TIME OF NEXT MEETING:</b></p> <p><b>RESOLVED:</b> that the next meeting of the Council of Governors will be held at 10.00am on Wednesday 19<sup>th</sup> May 2021 via MS Teams.</p> <p>An Extraordinary meeting will be required at the end of March 2021 to approve the External Audit Tender.</p>	

**GATESHEAD HEALTH NHS FOUNDATION TRUST**  
**Register of Governors' Interests**

**Elected Governors**

Forename	Surname	Constituency	Governors' Interests	Category
Les	Brown	Western	None	
Jenny	Gill	Western	None	
Grace	Henderson	Western	None	
Chris	Hulley	Western	Director of Napier Court Management (Whickham) Ltd	A
Michael	Lamport	Western	None	
Geoff	Riddell	Western	None	
Eileen	Adams	Central	None	
John	Bedlington	Central	Chairman – LIVErNorth	D
Helen	Jones	Central	Trustee – St Chad's Project, Bensham	D
Abe	Rabin	Central	Director of AMR Holdings Ltd, ABR Holdings Ltd, ACE Windows (NE) Ltd, and AMD Estates Ltd Trustee of The DR Alder Support & Help Group, and Zero Limits <i>Spouse – AMR Holdings Ltd, ADS Windows Ltd, and AMD Estates Ltd</i>	A D A
John	Stephens	Central	Connections to University of Sunderland	F
Karen	Tanriverdi	Central	None	
Des	Costello	Eastern	None	
Alan	Dougall	Eastern	None	
Esther	Ward	Eastern	Board of Trustees – Gateshead Carers Association	D
Patrick	Usher	Out of Area	None	
Joanne	Coleman	Staff	None	
Claire	Ellison	Staff	None	
Michael	Loome	Staff	None	
Kendra	Marley	Staff	<i>Partner – Financial Commissioning for North of England Commissioning Support Unit</i>	E
Marceline	Ndam	Staff	None	

## Appointed Governors

First Name	Surname	Stakeholder Organisation	Position Held	Governors' Interests	Category
Debra	Porteous	Northumbria University	Head of Department Nursing, Midwifery and Health	Education contracts	F
Aron	Sandler	Gateshead Jewish Community Council		Northern Property Management Ltd, Eco Tyre Disposals Ltd, Newford Estates Ltd, Blackfriars Property Developments Limited, Nominee Blackfriars Limited and Solid Tyre disposals Limited The Dash Group <i>Spouse - Wellspring Developments Limited, Whitley Bay Properties Limited</i>	A  D A
Laura	Ternent	Newcastle University	Senior Lecturer in Health Economics	None	
Chris	Toon	Gateshead College		None	

### Key to interests declared:

- A:** Directorships, including non-executive Directorships held in private companies or PLCs (with the exception of dormant companies)
- B:** Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
- C:** Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS
- D:** A position of authority in a charity or voluntary body in the field of health and social care
- E:** Any connection with a voluntary or other body contracting the NHS services
- F:** To the extent not covered in the declarations above, any connections with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust but not limited to, lenders or ban

## Report Cover Sheet

## Agenda Item: 8

Purpose of Report	Decision:	Discussion:	Assurance:	Information:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Report Title:</b>	Lead Governor Appointment and Deputy Lead Governor			
<b>Name of Meeting:</b>	Council of Governors			
<b>Date of Meeting:</b>	Wednesday 19 <sup>th</sup> May 2021			
<b>Author:</b>	Miss A Maskery, Interim Trust Secretary			
<b>Executive Lead:</b>				
<b>Report presented by:</b>	Miss A Maskery, Interim Trust Secretary			
<b>Executive Summary:</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>(i) Note the appointment of a Lead Governor</li> <li>(ii) Note the appointment of a Deputy Lead Governor</li> </ul>			
<b>Recommended actions for Board/Committee)</b>	To approve the appointment of a Lead Governor and Deputy Lead Governor			
<b>Trust Strategic Aims that the report relates to:</b> (Including reference to any specific risk)	<b>Aim 1</b> <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients		
	<b>Aim 2</b> <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce		
	<b>Aim 3</b> <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources		
	<b>Aim 4</b> <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes		
	<b>Aim 5</b> <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead		
<b>Financial Implications:</b>	None			
<b>Links to Risks (identify significant risks and DATIX reference)</b>	None			
<b>People and OD Implications:</b>	None			

Links to CQC KLOE	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
<b>Trust Diversity &amp; Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</b>	<b>Obj.1</b> <input checked="" type="checkbox"/>	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	<b>Obj. 2</b> <input checked="" type="checkbox"/>	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	<b>Obj. 3</b> <input checked="" type="checkbox"/>	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

# **GATESHEAD HEALTH NHS FOUNDATION TRUST**

## **Lead Governor Appointment and Deputy Lead Governor**

### **Aim**

To confirm the outcome of the election process for the Trust's Lead Governor and Deputy Lead Governor.

### **Process**

Governors elected in the public constituencies were invited to self-nominate for the post of Lead Governor and Deputy Lead Governor.

Following the nominations process the Governors are asked to:

- Approve the appointment of Reverend Jenny Gill as Lead Governor for a one-year term of office with effect from 19th May 2021
- Approve the appointment of Mr Abe Rabinowitz for a one-year term of office with effect from 19th May 2021

**Miss A Maskery**  
**Interim Trust Secretary**

## Report Cover Sheet

## Agenda Item: 9

<b>Purpose of Report</b>	<b>Decision:</b> <input type="checkbox"/>	<b>Discussion:</b> <input checked="" type="checkbox"/>	<b>Assurance:</b> <input checked="" type="checkbox"/>	<b>Information:</b> <input type="checkbox"/>
<b>Report Title:</b>	Strategic Aims and Objectives 2021/22			
<b>Name of Meeting:</b>	Council of Governors			
<b>Date of Meeting:</b>	19 <sup>th</sup> May 2021			
<b>Author</b>	Kirsty Robertson			
<b>Executive Lead</b>	<b>Jackie Bilcliff</b>			
<b>Report presented by</b>	<b>Jackie Bilcliff</b>			
<b>Executive Summary</b>	<p>Due to the pandemic 2020/21 strategy development was paused.</p> <p>Following this, the Board held time out sessions in February and March 2021 and reviewed the strategic aims and created new strategic objectives.</p> <p>It was agreed that the strategic aims outlined in the paper remain 3-5 year aims, and the strategic objectives cover the priorities for the trust over the next 12 months.</p> <p>Themes were identified within each strategic aim and 44 objectives have been identified.</p> <p>15 priority objectives have been identified and will be included within the Board Assurance Framework.</p> <p>The strategic aims and objectives will be managed via the committees of the board who will report assurances to the board via assurance reporting and the Board Assurance Framework.</p>			
<b>Recommended actions for Board/Committee)</b>	Note the new strategic aims and objectives			
<b>Trust Aims that the report relates to:</b> (Including reference to any specific risk)	<b>Aim 1</b> <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients.		
	<b>Aim 2</b> <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce		
	<b>Aim 3</b> <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of our resources		
	<b>Aim 4</b> <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes		

	<b>Aim 5</b> <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
<b>Financial Implications:</b>	None				
<b>Links to Risks (identify significant risks and DATIX reference)</b>	Strategic risks have been identified in line with the strategic aims and objectives and included in the Board Assurance Framework				
<b>People and OD Implications:</b>					
<b>Links to CQC KLOE</b>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
<b>Trust Diversity &amp; Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</b>	<b>Obj.1</b> <input checked="" type="checkbox"/>	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	<b>Obj. 2</b> <input checked="" type="checkbox"/>	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	<b>Obj. 3</b> <input checked="" type="checkbox"/>	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

## Strategic Aims and Objectives 2021/22

### Purpose of paper

1. To update Council of Governors on the Strategic Aims and Objectives for 2021/22

### Background

2. A key role of the Board is to set strategic aims and objectives for the organisation and to hold the organisation accountable for the delivery of these. The Organisational Risk Register will identify and manage the risks to the delivery of the Strategic Objectives. The Board Assurance Framework (BAF) although documents both the objectives and the associated strategic risks within it, does not manage the risks but instead is a tool through which the assurances provided to the Board and its Committees through its business, can be documented to provide assurance that the risks are not being realised
3. The Board have held discussions in time out sessions in February and March 2021, and reviewed the strategic aims and new strategic objectives. Themes were identified within each strategic aim and objectives have been identified. Priority objectives have been proposed for reporting to Trust Board. Due to the pandemic throughout 2020/21 strategy development has been paused and it was agreed that the strategic aims outlined in the paper are 3-5 year aims and the strategic objectives cover the priorities for the trust over the next 12 months.

### Proposed Strategic Aims:

4. The proposed strategic aims are outlined below:

	<b>Strategic Aim:</b>	<b>Executive Leads</b>	<b>Lead Board Committee</b>
1	We will continuously improve the quality and safety of our services for our patients.	Director of Nursing, Midwifery & Quality & Medical Director	Quality Governance
2	We will be a great organisation with a highly engaged workforce	Director of People and Organisational Development	HR
3	We will enhance our productivity and efficiency to make the best use of our resources	Director of Finance and Digital & Chief Operating Officer	Finance and Performance
4	We will be an effective partner and be ambitious in our commitment to improving health outcomes	Chief Executive Officer & Trust Chair	Quality Governance

5	We will develop and expand our services within and beyond Gateshead	Chief Operating Officer & Managing Director, QEF	Finance and Performance
---	---	--	-------------------------

*Nb – digital objectives run throughout the strategic aims and will be picked up through the Digital Committee*

### Strategic Objectives

5. A total of 44 objectives have been identified with 15 prioritised for reporting to the Trust Board. The prioritised objectives are detailed in Appendix 1 and an overview of the number of objectives assigned to each Committee is provided in the table below:

Strategic Aim	Number of Objective Statements	Number of Priorities	Board Committee (re priority aims)
Strategic Aim 1 - We will continuously improve the quality and safety of our services for our patients	10	3 + 1 Digital	Quality Governance & Digital
Strategic Aim 2 - We will be a great organisation with a highly engaged workforce	9	3	HR
Strategic Aim 3 - We will enhance our productivity and efficiency to make the best use of our resources	11	2	Finance & Performance
Strategic Aim 4 - We will be an effective partner and be ambitious in our commitment to improving health outcomes	5	2	Quality Governance
Strategic Aim 5 - We will develop and expand our services within and beyond Gateshead	9	4	Finance & Performance
	<b>44</b>	<b>15</b>	

6. The remainder of the objectives will be aligned to the appropriate Board Committee for monitoring and reporting.
7. The Planning Guidance and Single Oversight Framework has not been issued at the time of this report and therefore these priorities may need to be reviewed to ensure they reflect national priorities

### Monitoring and Assurance Reporting

8. Objectives will be monitored by Board Committees on a monthly basis. Each month the Committees will review their abstract from the Board Assurance Framework and Organisational

Risk Register to allow them to review risks and actions and agree assurances or make adjustments to the BAF. Each Committee will provide an assurance report to the Trust Board against delivery of the Strategic Objectives.

9. The Board Assurance Framework will be presented to the board on a quarterly basis.

### **Recommendation**

10. That the Council of Governors note the content of the paper.

## Appendix 1 – Priority Objectives

Strategic Aim 1 - We will continuously improve the quality and safety of our services for our patients				
Theme	Objective Statement	Measures	Timescale	Executive Lead (s)
Quality and Safety	Implementation of the recommendations of the Ockenden report on Maternity Services	Compliance with the 12 safety priorities and board assurance reporting in place	Implementation of safety objectives by March 2021 & development of Board reporting mechanism by April 2021	Mr Beeby
	Develop route map to CQC Outstanding	Improve CQC rating from Good to Outstanding within 18 Months	Sep-22	Joanne Baxter
Continue to learn and improve on the challenges in response to Covid	Understand the effects of Covid on mortality and look for learning	Completion of mortality council review of Covid deaths	Jul-21	Mr Beeby
		Summary report on learning from Mortality Council	Aug-21	
		Identification of themes from Mortality Reviews	Participation in regional discussions around Covid mortality (likely to continue through 2021)	
Provide and embed digital solutions to further improve patient safety and quality	Maximise the use of Carestream to digitise all imaging	Evidence that Cardiology Images available	Sep-21	Jackie Bilcliff
		Evidence that Photography Images available	Jan-22	
		Evidence of Shared PTLs at system level		

**Strategic Aim 2 - We will be a great organisation with a highly engaged workforce**

<p>Protect and understand the health and well-being of our staff</p>	<p>Establish a post covid health and wellbeing programme to incorporate; The development of a HWB strategy, the roll out of HWB conversations, the continuing arrangement for a Trust Testing Track &amp; Trace &amp; vaccine service and a review of the trust occupational health service</p>	<p>Staffing establishment in place to cover the service at least until October 2021</p> <p>HWB strategy and work plan approved and mobilised</p> <p>HWB conversations completed for all staff according to plan</p> <p>Future needs of OH / HWB service understand and commissioned</p>	<p>Plan Agreed by April 2021</p> <p>Mobilisation of plan June 2021</p>	<p>Lisa Crichton-Jones</p>
<p>Develop a leadership and OD strategy for the trust</p>	<p>Develop a leadership and OD Strategy with clear outcomes</p>	<p>Completed analysis of 'is as' to build on previous activity and agree priority strands; ie Board and executive development, triumvirate working, clinical leadership programmes</p> <p>EDI strategy in place with collective ownership of WRES / WDES actions</p> <p>Commencement of programme as per timescale</p> <p>Longer term – evidence of progression of the leaders trained to higher leadership roles</p> <p>Resources to lead this work reviewed and in place</p> <p>Aspirations on the development and embedding of a just culture understood and agreed</p> <p>Scope and commencement of a comprehensive staff engagement programme</p>	<p>Apr-21</p> <p>Sep-21</p> <p>Staff survey workshops held during march / April 21.</p> <p>Commencement of programmes by September 2021</p>	<p>Lisa Crichton-Jones</p>
<p>Strategic workforce planning</p>	<p>Develop a trust wide approach to strategic workforce planning</p>	<p>Resources and lead for this work in place.</p> <p>Trust wide education / workforce development group in place</p> <p>Scope of 'as is' completed</p> <p>Trust wide recruitment strategy developed, supported by investment in recruitment systems</p> <p>Improved workforce data / metrics</p> <p>Implications of digital strategy understood</p>		

**Strategic Aim 3 - We will enhance our productivity and efficiency to make the best use of our resources**

Provide robust financial oversight and delivering key finance targets	Develop an approved capital and revenue plan	Development and production of plan in line with requirements and timetable set out by planning guidance	Anticipate that draft plan for H1 April Board, with final H1 plan May's Board. <i>(No timescales have yet been communicated in respect of H2).</i>	Jackie Bilcliff
		<i>NB (Still awaiting planning guidance. It is anticipated that the financial year will be split into two periods of April - September (H1) and October to March (H2). H1 is an extension of the current financial framework, with H2 intended to represent a return to more 'normal' financial arrangements. It is thought that plans for H1 are due in on the 6th May (draft) and 3rd June (final)</i>		
		Approval of plan at Board and with ICP partners.	Simultaneously with the production of plan. March Board for H1 on a set of assumptions. <i>These will need amended to reflect the specifications outlined in the planning guidance. No understanding of timescales for H2.</i>	
		Translation of plan into business unit budgets to be signed off by Operational Directors		
		Reinstate financial performance framework.	1st October 2021	

**Strategic Aim 3 - We will enhance our productivity and efficiency to make the best use of our resources**

Provide robust financial	Develop an approved capital	Reinstate financial performance framework.	1st October 2021	Jackie Bilcliff
<p>Improve our efficiency and productivity through the delivery of sustainable services using transformed approaches to delivering care where appropriate</p>	<p>Deliver the Operational transformation programme to improve productivity and efficiency of service delivery and recovery post covid</p>	<p><b>Elective Care Recovery Fund Thresholds:</b></p> <p><b>Activity Thresholds</b> as a % of the value of 19/20 activity:</p> <ul style="list-style-type: none"> <li>• 70 % in April</li> <li>• 75% in May</li> <li>• 80% in June</li> <li>• 85% from July to September 2021</li> <li>• Restore cancer treatment to pre covid levels</li> </ul> <p>Waiting list Data Quality                      Evidence of Clinical Validation &amp; prioritisation as part of BAU                      Reduction of long waiters in line with plans                      Evidence of balancing clinical priority                      Evidence of Shared decision making with patients                      Work towards shared PTL's at system level                      Submission of WLMDS – evidence of ongoing improvement in data</p>		
		<p>Outpatient Transformation :</p> <ul style="list-style-type: none"> <li>• 25% - digital contacts</li> <li>• Evidence of Collect &amp; Count PIFU data – 3 specialties</li> <li>• Evidence of Increased Advice &amp; Guidance/1st OP avoidance</li> <li>• Reduced N: Review Ratios</li> <li>• Implement clinical stratification of follow-up</li> </ul>	<p>Mar-22</p>	<p>Joanne Baxter</p>
		<p>Improved ED performance                      Increased theatre productivity in-line with ICP / Recovery +targets                      Reduced LOS                      Reduced N:R ratios                      Reduced Boarding – right specialty right place                      Increased theatre utilisation rate                      Reduced avoidable emergency admissions                      Compliance with right to reside guidance                      Reduced complaints in relation to discharge                      Reduced waiting list                      Exemplar site status                      Increased patient satisfaction</p>		

**Strategic Aim 4 - We will be an effective partner and be ambitious in our commitment to improving health outcomes**

<p>Evidenced Based Care incorporating innovation and research</p>	<p>Establish an Acute Tobacco Dependency Service (based on the CURE model - full implementation)</p>	<p>Staffing establishment in place</p> <hr/> <p>Reduction in smoking rate by X%</p> <hr/> <p>Reduction in smoking related admissions</p> <hr/> <p>Reduction in mortality</p>	<p>Bid prepared by April 21 in anticipation of ICS opening the process</p> <p>Bid for funding into ICS by May 2021</p> <p>Full implementation by August 21</p>	<p>Mr Beeby/Joanne Baxter</p>
<p>Strong partner working at place, ICP, ICS levels and beyond to manage population health and tackle health inequalities</p>	<p>Work collaboratively with all partners as part of the Gateshead Place and through the Alliance agreement</p>	<p>Delivery of objectives outlined in through Gateshead Cares plan</p>	<p>Mar-22</p>	<p>Joanne Baxter</p>

**Strategic Aim 5 - We will develop and expand our services within and beyond Gateshead**

We will look to utilise our skills and expertise to provide service beyond Gateshead	Prepare a bid for Community Diagnostic Hub for North ICP	Bid Prepared and submitted to North ICP Board	Sep-22	Joanne Baxter
	Continue to further develop our pathology offer using innovation and technology	Sustained current contracts and growth in business	Mar-22	Joanne Baxter
Optimise Commercial Opportunities	Manufacture FFP3 masks for NHS and commercial markets. We will work with our partners at Northumbria to make the manufacture of PPE a successful venture.	Output of masks and face fitting for staff	Plant fully operational by June 2021	Anthony Robson
			NHS contract inclusion June 21.	
	Utilise the Warehouse facility at Washington to provide efficient commercial use of building. We will ensure that the warehouse is used to generate income and house services to improve efficiency.	Trading account and internal / external recharges.	Transport move Feb 21	Expansion to March 22. Training Facility inception April 21 - October 21. Wholesale Pharmacy September 21.

## Report Cover Sheet

## Agenda Item: 13

<b>Purpose of Report</b>	<b>Decision:</b> <input type="checkbox"/>	<b>Discussion:</b> <input checked="" type="checkbox"/>	<b>Assurance:</b> <input type="checkbox"/>	<b>Information:</b> <input type="checkbox"/>
<b>Report Title:</b>	Integrated Oversight Report			
<b>Name of Meeting:</b>	Council of Governors			
<b>Date of Meeting:</b>	19 <sup>th</sup> May 2021			
<b>Author</b>	Debbie Renwick			
<b>Executive Lead</b>	<b>Jo Baxter</b>			
<b>Report presented by</b>	<b>Jo Baxter</b>			
<b>Executive Summary</b>	<p>The Trust has continued its covid response alongside maintaining critical non-covid services whilst ensuring a greater focus on staff wellbeing.</p> <p>Areas of Improved performance include:</p> <ul style="list-style-type: none"> <li>• Activity levels reaching and exceeding pre-covid levels in March</li> <li>• Patient safety alerts closed within target</li> <li>• No reported never events (last reported October 2020)</li> <li>• Cancer referrals seen within 14 days achieved in March</li> <li>• 31 Day cancer standard achieved</li> <li>• 62 Day cancer screening targets achieved</li> <li>• 28 Day faster diagnostic target achieved</li> </ul>			
<b>Recommended actions for Board/Committee)</b>	The Council of Governors are asked to note Trust performance & achievement against standards			
<b>Financial Implications:</b>	There are direct financial implications to recovering the organisational performance position and delivering activity plans. Across all indicators, potential future actions to improve operational performance are likely to incur additional spend.			
<b>Trust Strategic Aims that the report relates to: (Including reference to any specific risk)</b>	<b>Aim 1</b> <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients		
	<b>Aim 2</b> <input type="checkbox"/>	We will be a great organisation with a highly engaged workforce		
	<b>Aim 3</b> <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources		
	<b>Aim 4</b> <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes		

	<b>Aim 5</b> <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
<b>Links to Risks (identify significant risks and DATIX reference)</b>	Areas of focus & risk include: <ul style="list-style-type: none"> <li>• Sustaining activity levels</li> <li>• Access targets (A&amp;E, RTT, Diagnostics, Cancer treatments) and back log management, despite higher activity volumes</li> <li>• Understanding current HMSR rates &amp; impact of Covid</li> <li>• Core training and staff appraisal</li> </ul>				
<b>People and OD Implications:</b>	Several areas of reduced activity are assessed as being linked to unavailability of key clinical staff. There may be an impact on staff wellbeing as a result of working in an increasingly pressurised operational environment.				
<b>Links to CQC KLOE</b>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
<b>Trust Diversity &amp; Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</b>	<b>Obj.1</b> <input checked="" type="checkbox"/>	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	<b>Obj. 2</b> <input checked="" type="checkbox"/>	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	<b>Obj. 3</b> <input checked="" type="checkbox"/>	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

# Integrated Oversight Report

## April 2021



Gateshead Health  
NHS Foundation Trust

### Contents:

- Key Messages & Executive Summary
- Phase 3 Activity & Recovery
- Summary Triggering Indicators KLOE
- Responsive: Single Oversight Framework

# Key messages

The Trust has continued its covid response alongside maintaining critical non-covid services whilst ensuring a greater focus on staff wellbeing.

## Areas of Improved performance include:

- Activity levels reaching and exceeding pre-covid levels in March
- Patient safety alerts closed within target
- No reported never events (last reported October 2020)
- Cancer referrals seen within 14 days achieved in March
- 31 Day cancer standard achieved
- 62 Day cancer screening targets achieved
- 28 Day faster diagnostic target achieved

## Areas of focus & risk include:

- Sustaining activity levels
- Access targets (A&E, RTT, Diagnostics, Cancer treatments) and back log management, despite higher activity volumes
- Understanding current HMSR rates & impact of Covid
- Core training and staff appraisal

# Executive Summary

## Responsive

**A&E: March 21** The Trust continues to underachieve, reporting March's performance at 90% against the 4 hour standard. Footfall through A&E continues to be consistently lower than last year; between April-20 and March-21 the average daily reduction is 143 less patients (42%) - In March the rate is down by on average 31 patients per day (13%). The latest national benchmarking data places the Trust at 39<sup>th</sup> of 139 Type 1 providers.

The Trust remains one of the better performing hospitals in the region for Ambulance Handovers, reporting 4 delays in March.

**RTT: February (indicative March)** The waiting-list is now showing special cause variation, and is above plan. February performance of 74% (finalised data) indicates 8,888 patients awaiting treatment, with 197 patients waiting over 52 weeks. Early (unconfirmed) data for March with performance of 76% demonstrates a slight performance improvement. The waiting list has increased by 136 patients, taking the indicative PTL for March up to 9,024 patients awaiting treatment, 166 are waiting over 52 weeks. Trauma & Orthopaedics & Surgery remain area of risk. Making best use of our capacity, reducing our patients waiting by prioritising our available capacity based on clinical priority, whilst managing our long waits remains a priority.

**Cancer: February (indicative March)** The Trust's position against the **2 week wait** target increased to 79% in February, tumour groups impacting on this performance were Breast and Upper GI. Indicative data for March shows a vast improvement against the 2 week wait target with performance at 96.9%, passing the 2 week wait standard, despite an increased referral rate in March.

The Trust's position for **62 Day cancer standards** has slightly increased in February to 72% of our patients meeting the standard with Haematology, Lung and Upper GI the tumour sites achieving the target of 85%. Indicative performance for March shows an overall improvement, reporting 78% of our patients receiving treatment within 62 days (*pending breach reallocation discussions*). *Gynaecology, haematology, Lower GI, urology and Lung remain the tumour sites under pressure.* The Trust is currently reporting 35 long-waiters waiting greater than 104 days.

Weekly target tracking meetings are in place to work through treatment plans and relieve the bottlenecks at tumour level to reduce the long waiters.

A project team has commenced work on the Gynaecology Rapid Diagnostic Concept and recruitment has commenced to the cancer navigator and Clinical Nurse Specialist roles. Over the next few months the focus within cancer will be to continue to expedite cancer pathways, reduce backlogs and focus on supporting clinical teams to optimise pathways to achieve the 28 day Faster Diagnosis Standard.

**Diagnostics: February (indicative March)** The Trust failed the diagnostic standard in February reporting 69% of our patients seen with 6 weeks of referral. Indicative data for March shows a slight improvement in this position with performance at 72%. Additional sessions and workforce plans are recovering the endoscopy and audiology position. Echocardiography remains a concern; estates and service plans have been approved to re-provide more physical space to carry out cardiac diagnostics.

# Executive Summary

## Safe

There are **no safety indicators triggering** concern in this reporting period. Previously demonstrating a 'trigger' - Safety alerts are now tabled for discussion at each Health and Safety Committee to ensure progress against actions is monitored. An improvement has been observed in the closing of alerts received during 2020 to date. The latest Never Event was observed in October 2020.

## Effective

The Trust **Hospital Standardised Mortality Ratio** (HSMR) continues to show more deaths than expected when compared to the National expected value.

## Well Led

**Core training and appraisals** continue to indicate cause for concern: In 2021/22 there will be greater focus in this area, an options paper is being discussed at Execs in April 2012. Compliance rates against core training are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels.

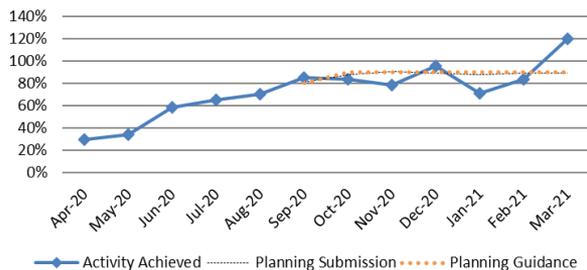
## Caring

There are **no caring indicators triggering** concern. Electronic patient feedback mechanisms are being rolled out across the Trust

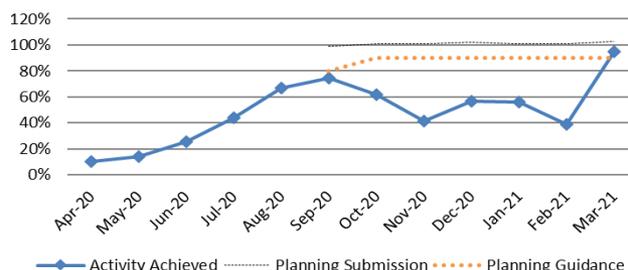
# Phase 3 Activity & Recovery

Phase 3 Planning guidance stated the hospital patient activity should return to 'normal' levels, the national expectation is Trusts return to activity levels delivered in 2019/20. As part of the phase 3 planning round the Trust submitted internal trajectories of could be delivered realistically given capacity constraints and altered pathways for new ways of working.

### Daycase



### Elective Inpatients

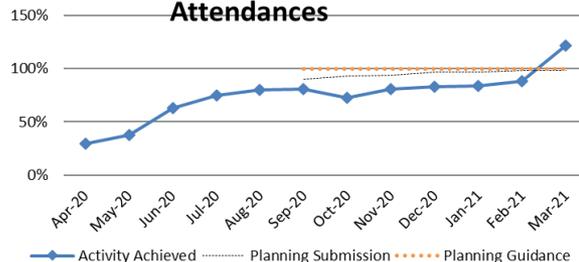


### Commentary for March

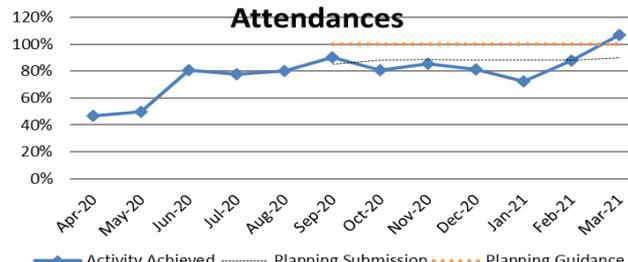
**Day case:** Activity at 120% Above PHASE 3 expectation of 90%.

**Elective Inpatients:** Activity at 95% Above national PHASE 3 expectation of 90%.  
*C-19 pressures have impacted on the ability to deliver overnight stays, March's activity reflects C-19 recovery.*

### New Attendances



### Follow-up Attendances



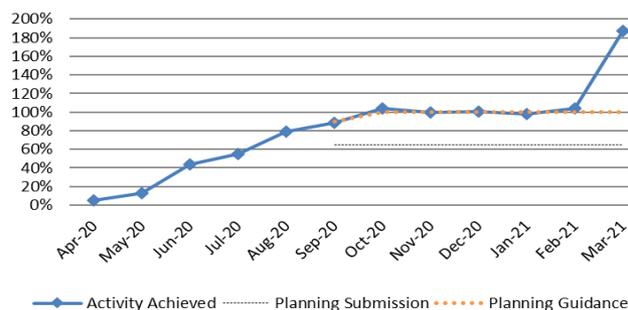
**New OP Attendances:** Activity at 122% Above national PHASE 3 expectation of 100%.

**Follow-up OP Attendances:** Activity at 107% Above national PHASE 3 expectation of 100%.

### All Diagnostics



### Endoscopy



**All Diagnostics:** Activity at 114% above national PHASE 3 expectation of 100%.

**Endoscopy:** Activity at 187% national PHASE 3 expectation of 100%.

Activity Charts: Under SPC  
Development - timescales to be confirmed

# Integrated Oversight Report

## Responsive

## Summary Indicators

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
RESPONSIVE	UEC maximum waiting time of four hours from arrival to admission/transfer/discharge	90.2%	Mar-21	95%	91.1%			Below target since August 2020 but common cause variation
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	74.2%	Feb-21	92%	69.4%			Common cause variation from September 2020, performance below target since January 2020
	Number of patients on an incomplete pathway	8888	Feb-21					Special cause variation since August 2020. Seven consecutive points above the mean demonstrating a shift in patient numbers.
	Number of patients waiting 52 weeks or more on an incomplete pathway	197	Feb-21					Special cause variation since August 2020
	Cancelled elective operations within 24 hours not readmitted within 28 days	0	Mar-21		8			
	Cancer 2ww compliance	97.0%	Mar-21	93%	69.0%			Compliance achieved in March 2021, this first time since March 2020. Common cause variation.
	Cancer 2ww ENCB compliance	100.0%	Feb-21	93%	92.8%			Special cause variation for May and June 2020
	Cancer 28 day compliance	83.9%	Feb-21	75%	70.4%			Target achieved in Feb 2021 for the first time since March 2020
	Cancer 28 day exhibited compliance	100.0%	Feb-21	75%	74.7%			Below target in October 2020 and January 2021 Jan figures related to a single patient
	Cancer 28 day screening compliance	46.4%	Feb-21	75%	48.7%			Special cause variation concern in May and June 2020, below target since October 2020
	Cancer 31 day compliance	99.1%	Feb-21	96%	97.7%			Special cause variation in June 2020
	Cancer 31 day subsequent drugs compliance	100.0%	Feb-21	98%	98.8%			Special cause variation in June 2020
	Cancer 31 day subsequent surgery compliance	92.3%	Feb-21	94%	95.1%			Performance below target in November & December 2020 and February 2021
	All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	72.2%	Feb-21	85%	66.7%			Special cause variation in May 2020, performance below target since November 2019
	All cancers - maximum 62-day wait for first treatment from NHS cancer screening service referrals	90.2%	Feb-21	90%	68.8%			Special cause variation in June and July 2020, performance above target since October 2020
	Cancer 62 day upgrade compliance	80.0%	Feb-21	94%	52.0%			
	Maximum 6-week wait for diagnostic procedures	68.8%	Feb-21	99%	58.2%			Special cause variation since April 2020, performance below target since March 2020

# Integrated Oversight Report

## Summary Indicators

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
SAFE	Occurrence of any Never Event	0	Mar-21	0	2			1 never event in June 20, and 1 in October 20
	Patient Safety Alerts not completed by deadline	0	Mar-21	0				
EFFECTIVE	Hospital Standardised Mortality Ratio	112.3	Feb-20 - Jan 21					12 month figure. The Trust is demonstrating 'More Deaths than Expected' for the most recent available period.
WELL-LED	Staff sickness	4.2%	Mar-21	4%	4.8%			Special cause variation - concern for April 2020
	Appraisals	60.2%	Mar-21	85%	62.6%			Special cause variation - concern, shift in performance from April 2020 and below target
	Core Training	74.2%	Mar-21	85%	77.0%			Special cause variation - concern, shift in performance from June 2020 and below target
CARING	A&E scores from Friends & Family Test - % positive	86.5%	Mar-21		87.3%			Friends and Family patient feedback mechanisms restarted in A&E (December); The Trust is preparing to move away from manual feedback mechanisms & is championing text messaging & digital solutions for slicker processing .Work is ongoing to roll out FFT electronically to Inpatient area, and to maternity using the Badger system. Some areas are reporting low volumes using traditional methods.
	Inpatient scores from Friends & Family Test - % positive	100.0%	Mar-21		100.0%			
	Outpatient scores from Friends & Family Test - % positive	100.0%	Mar-21		100.0%			
	Community scores from Friends & Family Test - % positive	100.0%	Mar-21		100.0%			
	Mental Health scores from Friends & Family Test - % positive	-	Mar-21		100.0%			
	Written Complaints rate per 1000 WTE	4.5	Mar-21					

# Single Oversight Framework



Responsive

Single Oversight Framework is recognised by all NHS Providers and is used as a core element to monitoring overall performance. The basis of this report continues to keep SOF metric (as per NHSE/I reporting) and expands beyond into areas of regional and national importance. The operational element of the SOF monitors performance against national standards and will attach triggers to areas of performance deterioration.

## 2020/21 Trust Performance Dashboard NHS Improvement - Single Oversight Framework



Category	Performance Indicator Information	PSF Trajectory	2019/20	2020/21 Performance													Standard	Trigger for Potential Support Need:- (2 consecutive months of non delivery of standard/PSF Trajectory)*
				April	May	June	July	August	September	October	November	December	January	February	March	YTD	2020/21	
Operational	Incomplete RTT Pathways - Waiting < 18 weeks	N	91.1%	70.5%	62.0%	53.0%	52.9%	63.6%	71.8%	76.7%	75.9%	74.7%	74.4%	74.2%	76.0%	60.4%	92%	
	Maximum Waiting Time 4 hours in A&E	Y	89.3%	91.7%	94.6%	98.4%	97.5%	94.7%	94.6%	85.5%	83.3%	86.2%	86.0%	90.4%	90.3%	91.3%	95%	
	62 day wait for 1st definitive treatments	N	77.2%	77.0%	39.0%	58.3%	70.0%	67.5%	70.4%	59.5%	65.6%	65.8%	58.3%	69.4%	79.9%	66.2%	85%	
	62 day wait for treatment (screening patients)	N	93.6%	77.8%	47.6%	0.0%	26.7%	45.5%	60.0%	96.6%	93.2%	92.3%	95.5%	90.5%	82.2%	76.0%	90%	
	Maximum 6-week wait for diagnostic procedures	N	98.7%	35.7%	32.5%	41.0%	53.4%	57.5%	61.2%	66.2%	61.8%	63.9%	64.6%	68.8%	70.7%	55.8%	99%	

	Performance is below the required threshold		Indicative performance is below the required threshold
	Performance is above the required threshold		Indicative performance is above the required threshold

## Report Cover Sheet

## Agenda Item: 15

<b>Purpose of Report</b>	<b>Decision:</b> <input type="checkbox"/>	<b>Discussion:</b> <input type="checkbox"/>	<b>Assurance:</b> <input checked="" type="checkbox"/>	<b>Information:</b> <input checked="" type="checkbox"/>
<b>Report Title:</b>	Integrated Quality and Learning Report			
<b>Name of Meeting:</b>	Council of Governors			
<b>Date of Meeting:</b>	Wednesday 19 <sup>th</sup> May			
<b>Author</b>	Andrew Ward – Senior Information Analyst Andrea Tweddell - Strategic Lead for Patient Safety Wendy McFadden - SafeCare Lead – Clinical Effectiveness Jane Douthwaite - Patient Experience Lead			
<b>Executive Lead</b>	Joanne Baxter, Interim Chief Nurse			
<b>Report presented by</b>	Joanne Baxter, Interim Chief Nurse			
<b>Executive Summary</b>	<p>Incident reporting rates continue to show special cause variation (high) This may be explained by increased reporting of incidents by staff along with the retrospective reporting of patient safety incidents related to nosocomial infections as outbreak investigations remain ongoing. A review of IPC incidents reported in February has highlighted that a proportion of these date back to October 2020.</p> <p>Trust acquired pressure damage is displaying special cause variation for pressure damage incidents occurring in a community setting.</p> <p>The Trust’s Hospital Standardised Mortality Ratio (HSMR) is showing more deaths than expected when compared to the National expected value.</p>			
<b>Recommended actions for Board/Committee)</b>	To receive for assurance and information on the Trusts key quality and safety indicators			
<b>Financial Implications:</b>	Financial sanctions may be applied by NHS England and commissioners in relation to Health Care Associated Infection (HCAI)			
<b>Trust Strategic Aims that the report relates to: (Including reference to any specific risk)</b>	<b>Aim 1</b> <input checked="" type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients		
	<b>Aim 2</b> <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce		
	<b>Aim 3</b> <input checked="" type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources		

	<b>Aim 4</b> <input checked="" type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	<b>Aim 5</b> <input checked="" type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
<b>Links to Risks (identify significant risks and DATIX reference)</b>					
<b>People and OD Implications:</b>	None				
<b>Links to CQC KLOE</b>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Safe <input checked="" type="checkbox"/>
<b>Trust Diversity &amp; Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</b>	<b>Obj.1</b> <input type="checkbox"/>	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	<b>Obj. 2</b> <input checked="" type="checkbox"/>	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	<b>Obj. 3</b> <input checked="" type="checkbox"/>	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

# Integrated Quality and Learning Report

## April 2021



Gateshead Health  
NHS Foundation Trust



Overall Good	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

# Integrated Quality and Learning Report

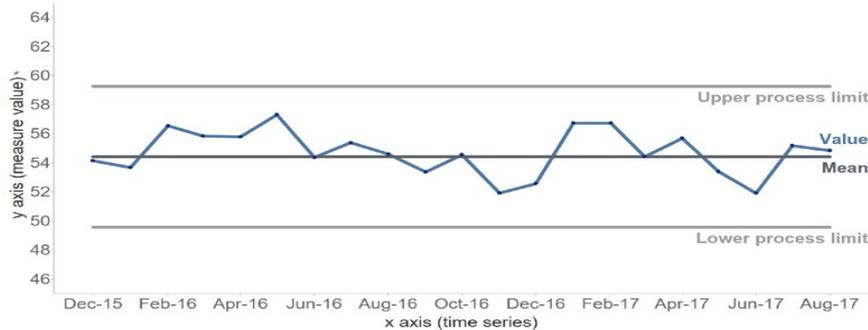
## Introduction and about SPC

This report details quality indicators monitored by the Trust and also provides trust learning from these indicators. It is designed as an enhancement to replace the previous Trust Quality and Safety Dashboard and CLIP (Complaints, Litigation, Incidents, PALS).

Statistical process Control (SPC) has been used where appropriate to identify where situations may be improving or deteriorating.

### Statistical process control (SPC) chart

This is an SPC chart. It's a time series line chart with three reference lines that help you appreciate variation in the data.



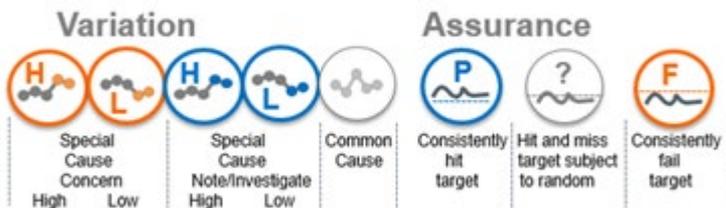
The reference lines are:

- centre reference line: the average line (often represented by the mean, sometimes the median)
- upper and lower reference lines: the process limits, also known as control limits.

You can expect approximately 99% of data points to fall within the process limits.

### Key

The following symbols are used in this report to identify areas of special cause variation ,or where targets are consistently achieved, failed, or may be achieved / fail as a result of normal variation.

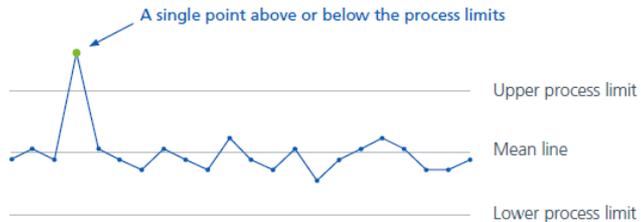


# Integrated Quality and Learning Report

## more about SPC

### A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.



### Consecutive points above or below the mean line

A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system.



### Six consecutive points increasing or decreasing

A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.



# Integrated Quality and Learning Report

## Included this month



Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

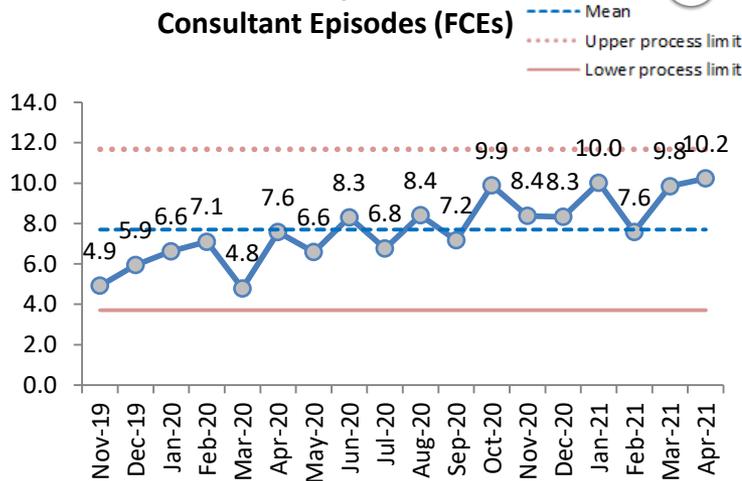
<b>Safe</b>	<b>5-16</b>	<ul style="list-style-type: none"><li>• Medication Errors</li><li>• Health-Care Associated Infections</li><li>• Falls</li><li>• Pressure damage</li></ul>	<ul style="list-style-type: none"><li>• Never Events</li><li>• Serious Incidents (SIs)</li><li>• Patient Safety Incidents</li></ul>
<b>Effective</b>	<b>17-18</b>	<ul style="list-style-type: none"><li>• Mortality</li><li>• HSMR</li><li>• SHMI</li></ul>	<ul style="list-style-type: none"><li>• Learning from mortality review</li></ul>
<b>Caring</b>	<b>19</b>	<ul style="list-style-type: none"><li>• Friends and Family Test</li></ul>	
<b>Responsive</b>	<b>20-24</b>	<ul style="list-style-type: none"><li>• Compliments</li><li>• Informal Complaints</li><li>• Formal Complaints</li></ul>	<ul style="list-style-type: none"><li>• Duty of Candour</li></ul>
<b>Well-led</b>	<b>25</b>	<ul style="list-style-type: none"><li>• CQUIN</li></ul>	

# Integrated Quality and Learning Report

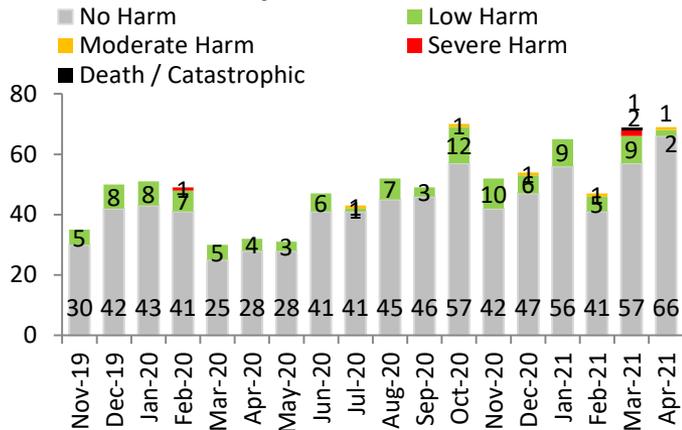
Safe

## Medication Reporting

**Medication Errors per 1000 Finished Consultant Episodes (FCEs)**



**Severity of Medication Errors**



### Medication Errors

- A total of 69 medication errors were reported in April 2021.
- 1 moderate harm

#### Moderate harm incident:

Isoprenaline infusion prescribed and administered at wrong rate due to drug strength confusion following stepdown from critical care to cardiology ward. Two strengths are available, one used for central administration and another for peripheral administration. Patient was under dosed leading to deterioration in patient's condition; medical team noticed the error and responded appropriately.

Learning has been shared with the relevant teams and actions identified including updating of specialist cardiology drug administration guidance available in this setting.

#### Incident themes:

##### Insulin

14% incidents relating to the prescribing of insulin. Ongoing monitoring and feedback in place for insulin incidents with ongoing system change following PDSA cycle principles. New diabetes incident review group to include safety partners from across the whole system in formation to understand areas for further improvement.

##### Medicines not prescribed

7% of incidents relating to medicines not being prescribed for patients requiring surgical admission. Leading to treatment omission including critical medicines. Incidents currently under investigation to identify system factors and learning.

# Integrated Quality and Learning Report

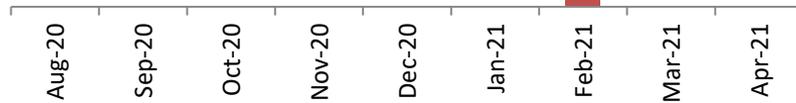
## Healthcare Associated Infections

### MRSA & nosocomial COVID-19

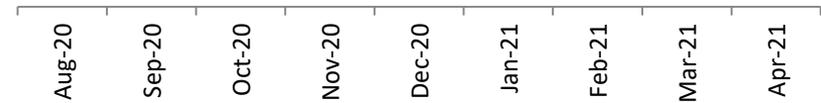
Safe

The Trust adopts the national aspiration of a zero tolerance to all avoidable infections including MRSA blood stream infections (BSI). The trust has had zero incidence of Healthcare associated MRSA BSI in the preceding 12 months and no further Community cases since February 2021.

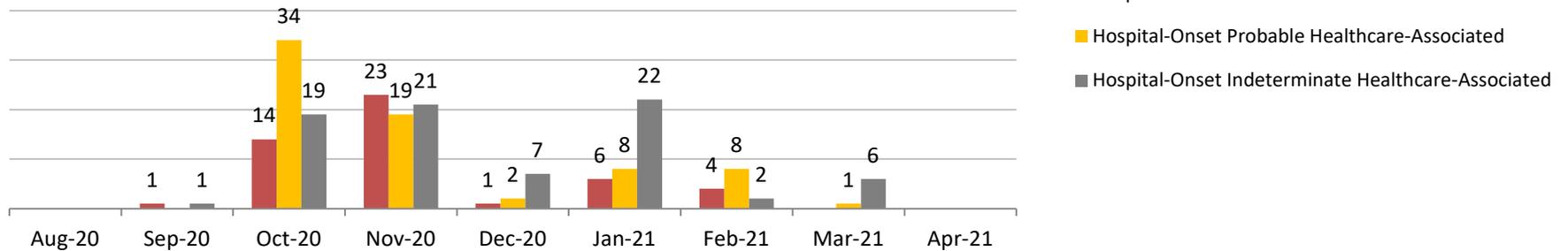
#### MRSA -Community Associated



#### MRSA- Healthcare Associated



#### Nosocomial COVID-19



#### Nosocomial COVID 19 cases

All Healthcare associated COVID cases are reported and investigated through the DATIX system. There have been zero Nosocomial COVID cases in the Trust during April 2021.

# Integrated Quality and Learning Report

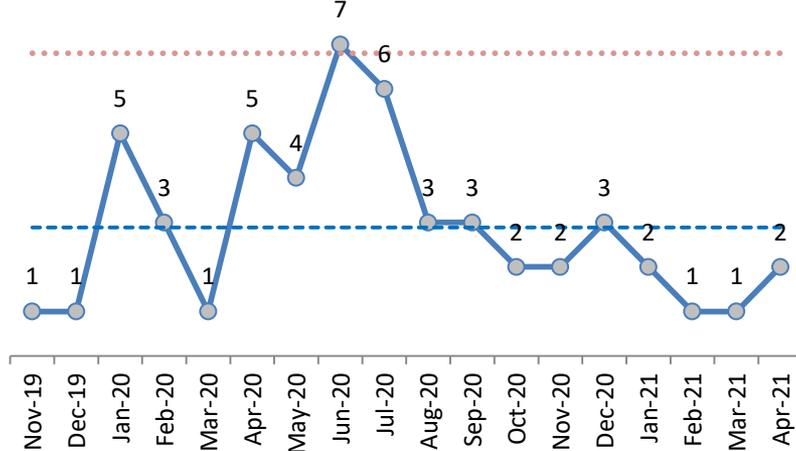
## Healthcare Associated Infections

### Clostridiodes Difficile Infection

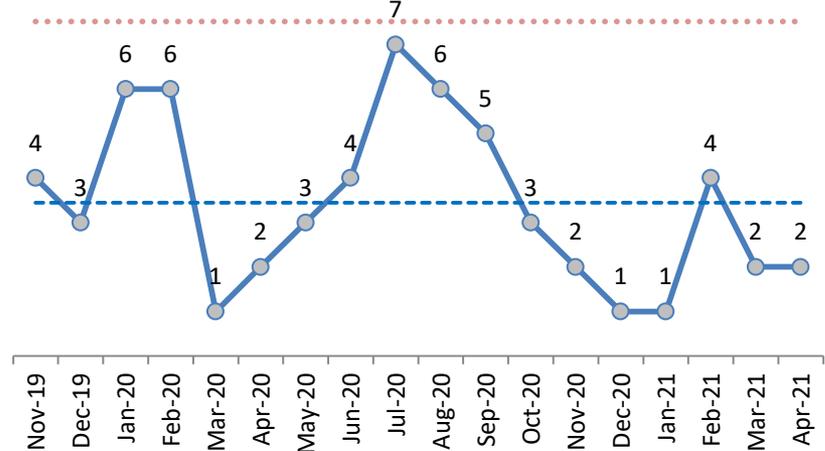
Safe

For the period 01/04/2020 to 31/03/2021 the Trust has reported 40 healthcare associated CDI.  
 The Trust reported 2 Healthcare associated CDI cases in April 2021. The positive samples were identified >2 days following admission and as such categorised as Hospital onset.  
 Review has taken place and no lapses in care identified. Monitoring of bowel activity in a single electronic record was identified as an area for improvement and the IPC team continue to work with the 'Nervecentre' project team to facilitate this action.

**Clostridiodes difficile infection - Community Associated**



**Clostridiodes difficile infection - Healthcare Associated**



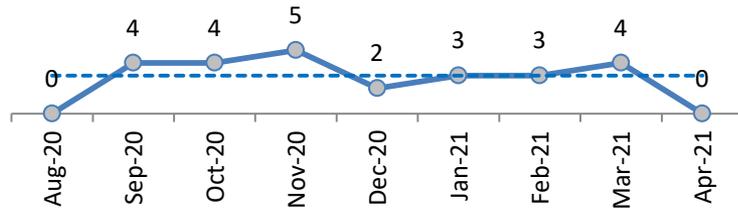
# Integrated Quality and Learning Report

## Healthcare Associated Infections

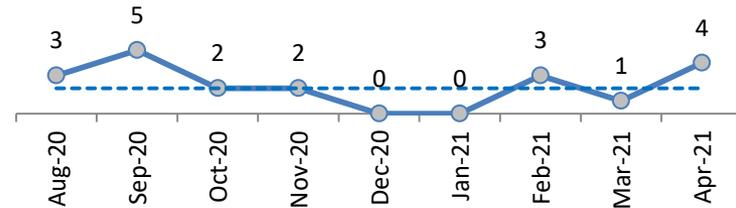
### MSSA & E Coli

Safe

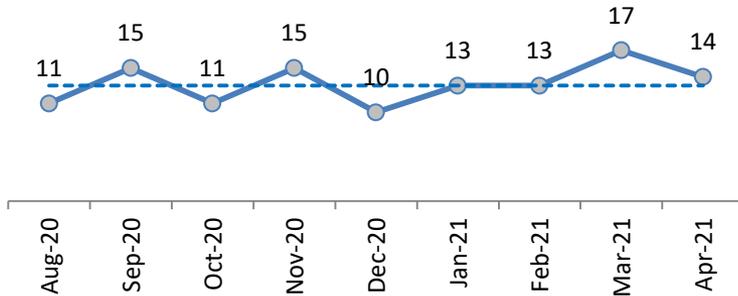
#### MSSA BSI - Community Associated



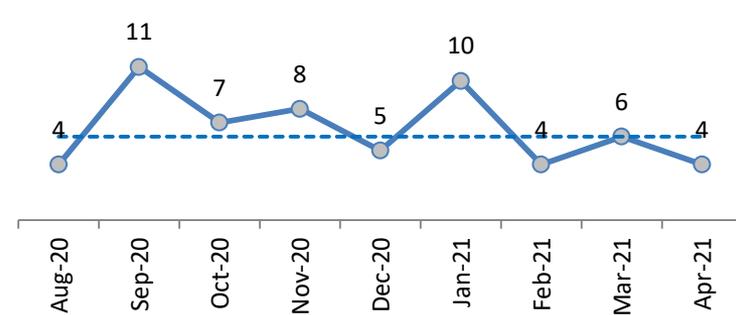
#### MSSA BSI - Healthcare Associated



#### E.coli BSI - Community Associated



#### E.coli BSI - Healthcare Associated



All Healthcare associated BSI are reviewed and actions are initiated if necessary.

Considering the Healthcare Associated MSSA BSI, 1 positive samples was identified > 48 hours following admission and as such categorised as Hospital onset – Healthcare Associated (HOHA). 3 of the positive samples were taken < 48 hours following admission but had an healthcare intervention in the preceding 28 days prior to the sample and as such categorised as Community onset – Healthcare Associated (COHA).

Of the 4 Healthcare Associated *E.coli* BSI, 1 positive sample was categorised as HOHA. Review of the case found the source to be lower urinary and no lapses in care identified.

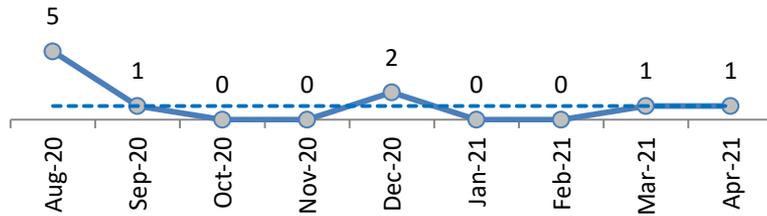
# Integrated Quality and Learning Report

## Healthcare Associated Infections

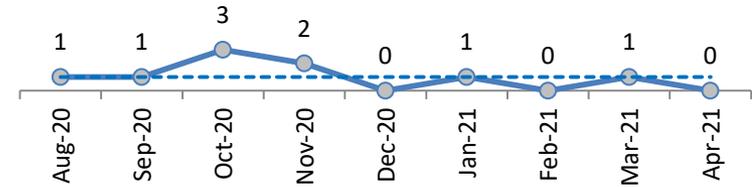
### *P. aeruginosa* & *Klebsiella* spp.

Safe

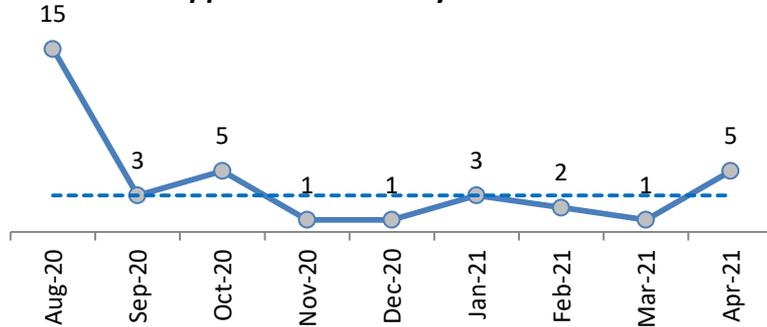
#### *P. aeruginosa* BSI - Community Associated



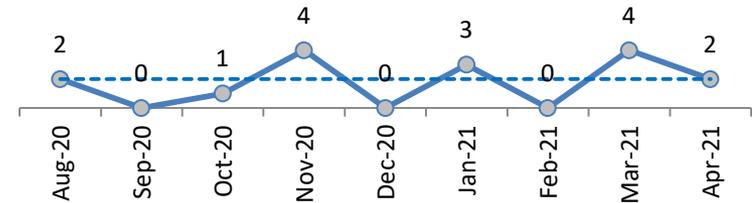
#### *P. aeruginosa* BSI - Healthcare Associated



#### *Klebsiella* spp. BSI-Community Associated



#### *Klebsiella* spp. BSI-Healthcare Associated



All Healthcare associated BSI are reviewed and actions are initiated if necessary.

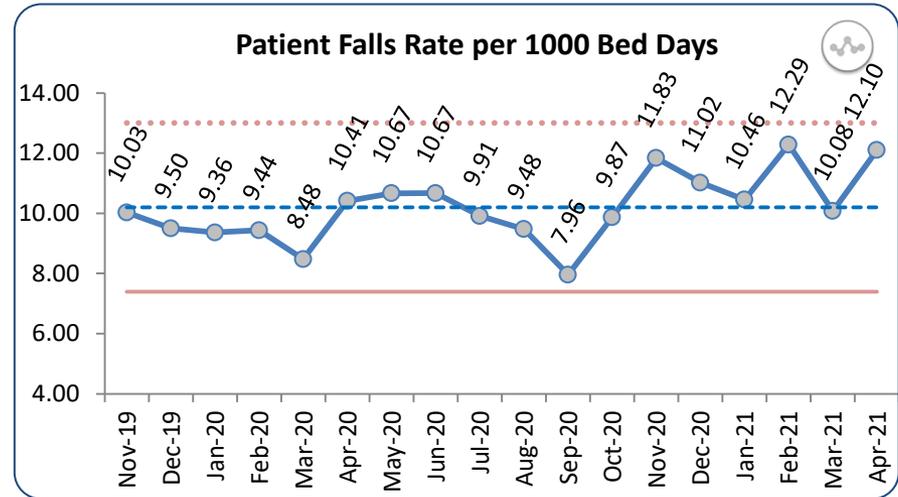
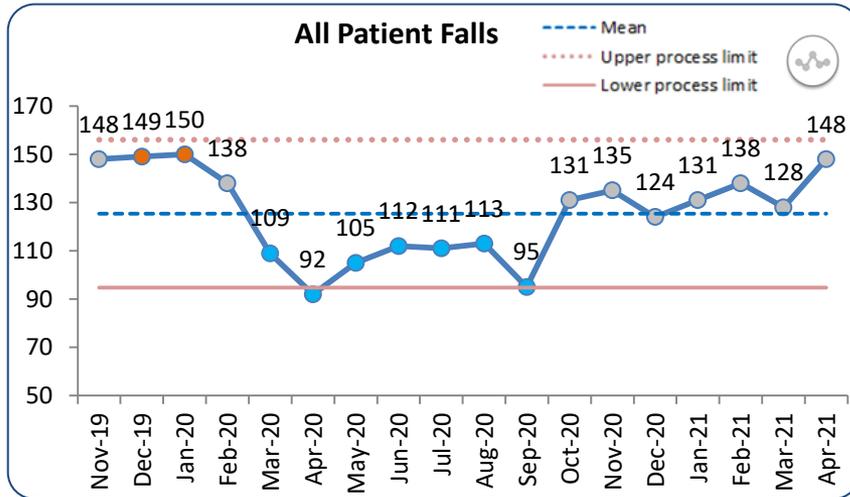
The Trust has reported zero Healthcare Associated *P. aeruginosa* BSI during April 2021.

Of the 2 Healthcare Associated *Klebsiella* BSI, both positive samples were categorised as HOHA. Review found the source to be hepatobiliary for both cases and no lapses in care identified.

# Integrated Quality and Learning Report

## Falls

Safe



### Patient Falls – statistics and learning

April 2021 - 148 falls reported; 121 no harm; 24 low harm; 1 moderate harm; 1 severe harm; 1 death.

The incident which was graded as moderate harm, was reported following a fall in a ward corridor. The patient hit their head and required neurological observations to be recorded. A head CT scan was undertaken which was normal and the patient has since been discharged home. This is currently under review and learning will be shared in future reports.

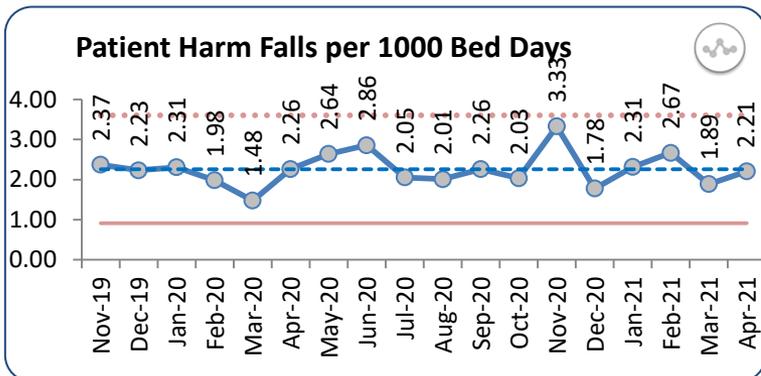
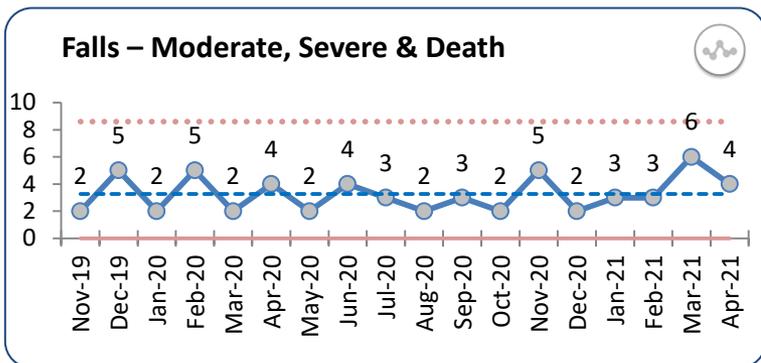
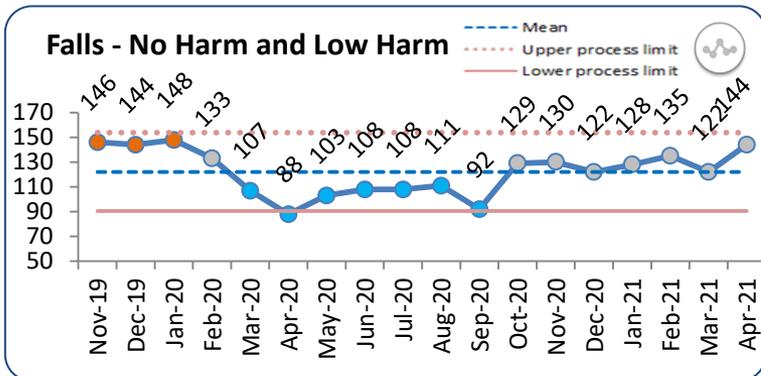
The incident which has been graded as severe harm has been reported to StEIS as the patient sustained a fractured neck of femur. This patient was admitted following a number of falls at home which were thought to be multifactorial in nature. Whilst on the ward, the patient fell again and required a right hip hemi-arthoplasty. They have since been discharged to an assessment bed. This incident is currently under review and learning will be shared in future reports.

The incident which has been graded as a death has been discussed at the Trust Serious Incident Review Panel. The post mortem report is awaited as following an initial review of the care provided, it appears that the fall was the result of the patient being at the end of life rather than the fall directly causing their death. Once more information becomes available, this will support the patient safety investigation.

# Integrated Quality and Learning Report

Safe

## Falls



### Further learning from Inpatient Patient Falls

The inpatient falls rate remains within normal variation.

Following a patient safety investigation of a fall which occurred in an inpatient area of the Emergency Care Centre, a number of key learning points have been identified. These include the use of single cubicles, when cohorting is recommended and the availability of staff to undertake enhanced care and one to one nursing. Additional funding has been awarded to expand the current Enhanced Care Team in order to increase the availability of additional staff during the day as well as over night to support teams across the Trust. It has also been recognised that the current Falls Assessment Tool requires review to ensure that the recommended model provides guidance for staff nursing patients in cubicles as well as in bay areas.

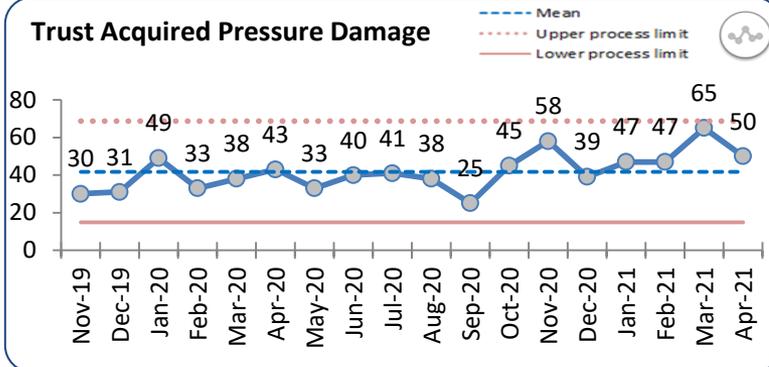
It was acknowledged that visitors are a valuable resource in terms of patient monitoring and can alert staff to potential issues when in a cubicle.

# Integrated Quality and Learning Report

Safe

## Trust & Hospital Acquired Pressure Damage

Trust Acquired Pressure Damage



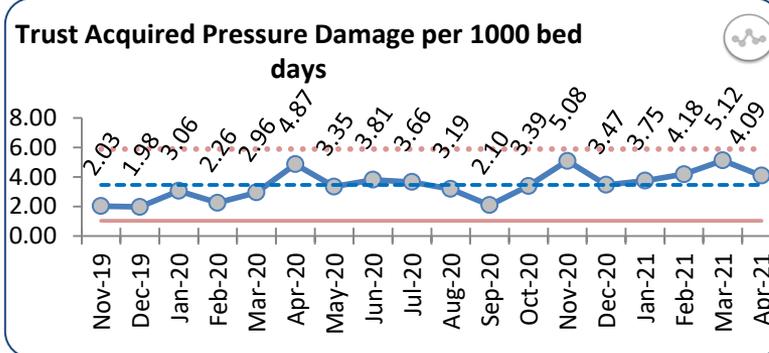
Trust Acquired Pressure Damage

(Category 2 and above including deterioration, unstageable and deep tissue injuries)

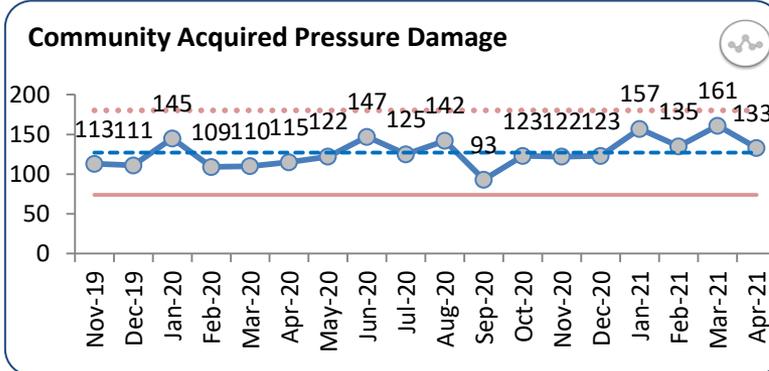
Please note that these figures include pressure damage acquired in both acute and community settings whilst under the care of the Trust.

- Common cause variation is currently displayed in the rate of Trust Acquired pressure damage per 1000 bed days.
- 50 incidents of Trust acquired pressure damage were reported in April 2021.
- 9 incidents observed in an acute setting
  - 3 x category 2
  - 3 x deep tissue injuries
  - 2 x unstageable
  - 1 x device related category 2 pressure ulcer
- 41 incidents observed in a community setting during Trust care
  - 28 x category 2
  - 8 x unstageable
  - 3 x deep tissue injuries
  - 2 x deterioration to category 2

Trust Acquired Pressure Damage per 1000 bed days



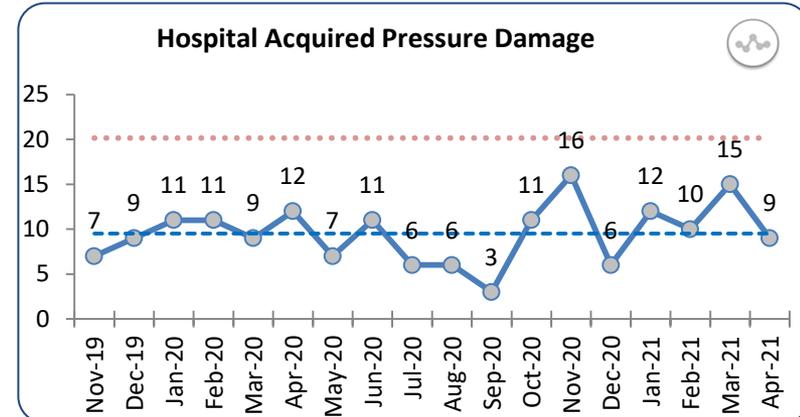
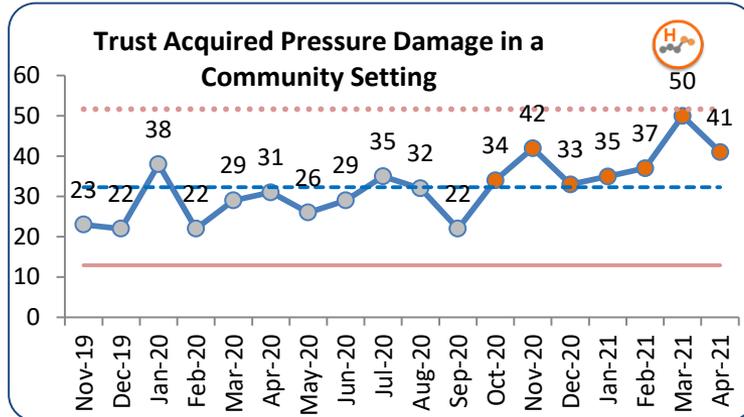
Community Acquired Pressure Damage



# Integrated Quality and Learning Report

Safe

## Trust & Hospital Acquired Pressure Damage



The data for April demonstrates common cause variation for pressure damage acquired in the acute setting however special cause variation has been demonstrated for pressure damage in the community setting.

Trust-acquired pressure damage in the community setting has decreased from the previous month and is more in keeping with the overall reporting of this category of pressure damage.

Recent patient safety investigations have demonstrated a significant improvement in the assessment and documentation of mental capacity with regards to the patients' ability to follow recommended guidance relating to pressure damage prevention. This has supported the decision-making regarding the contribution of the organisation towards the outcome of the patient safety incident.

However, ongoing patient safety investigations have identified that some targeted work needs to be undertaken with regards to managing 'unstageable' pressure damage and communication processes between the clinical areas and the Tissue Viability Nursing Team to ensure that patients are reviewed in a timely way. There is also an emerging theme relating to sharing the extent of a patient's pressure damage with the medical team caring for the patient. These issues have been shared with the Deputy Director of Nursing to develop an appropriate review.

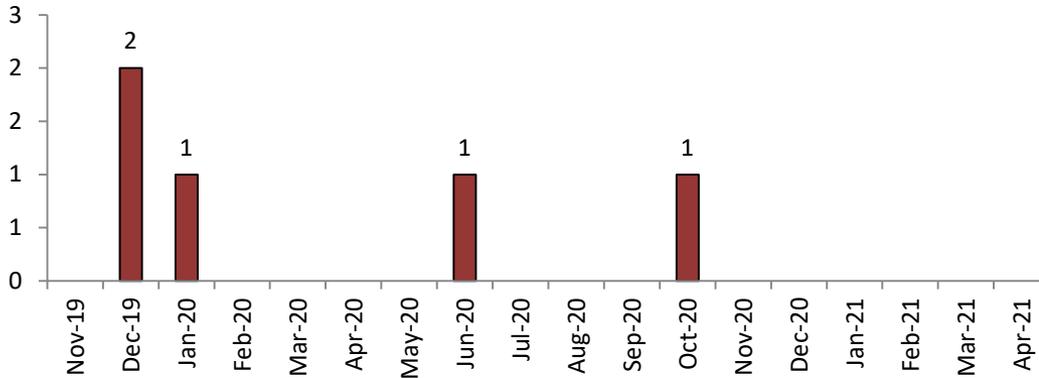
# Integrated Quality and Learning Report

Safe

## Never Events

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. The Trust operates a zero tolerance approach to Never Events. When Never Events occur a comprehensive investigation is undertaken to identify learning and implement appropriate actions.

Never Events



### Never Events

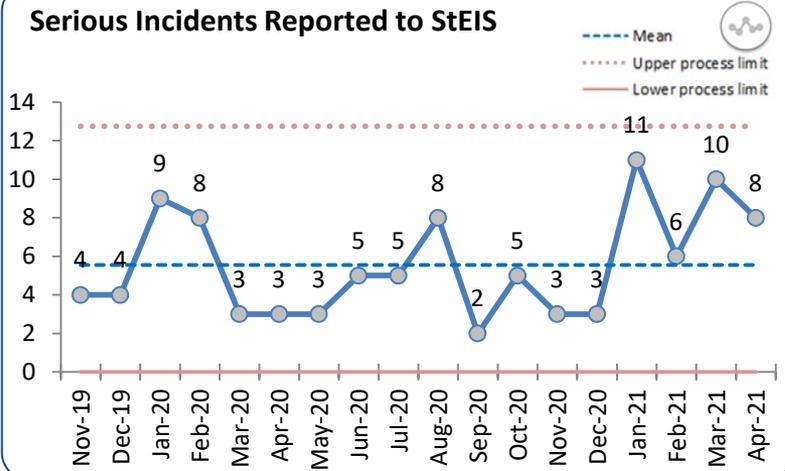
- October 2020 - Foreign body left in situ (Low Harm)
- June 2020 - Incorrect equipment / medical device used – None/Negligible Harm
- January 2020 – Wrong site surgery carried out.
- December 2019 – 2 x Wrong implant/prosthesis identified from procedures undertaken in August and October 2019

# Integrated Quality and Learning Report

## Serious Incidents

Safe

Serious Incidents Reported to StEIS



### Serious Incidents Reported to StEIS

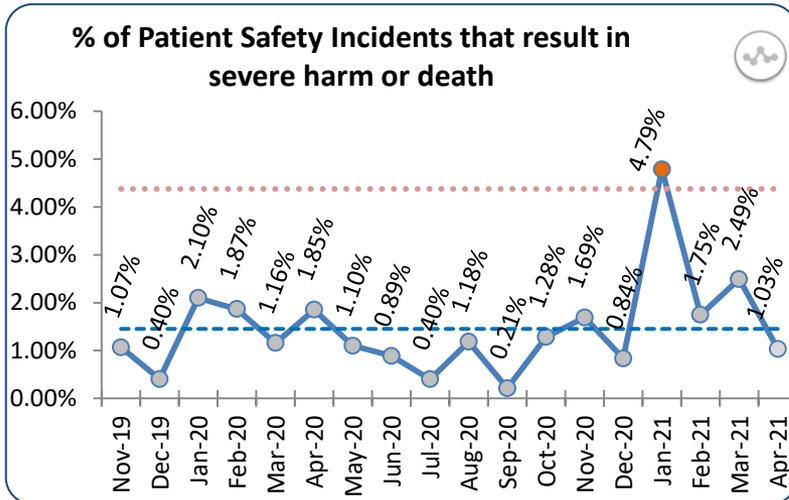
**April 2021** 8 serious incidents reported

- 2 x respiratory infections (2 death)
- 1 x non-controlled drug incident (death)
- 1 x self discharge against medical advice (death)
- 1 x monitoring delay in recognising complication of treatment (severe)
- 1 x fall on same level – cause unknown (severe)
- 1 x alleged awareness during surgery (severe)
- 1 x diagnosis delay / failure (low)

**March 2021** 10 serious incidents reported

- 7 x respiratory infections (7 death)
- 1 x Fall on same level - cause unknown (severe)
- 1 x stillbirth >500g (severe)
- 1 x non controlled drug incident (severe)

% of Patient Safety Incidents that result in severe harm or death



### Learning from Serious Incidents Review

A patient safety investigation was undertaken following the collapse of a patient on their first post-operative day with cardiovascular instability and low oxygen saturations. The working diagnosis was an air embolus secondary to central venous catheterisation/CV line use/faulty line? And it was thought that likely ongoing neurological impairment was due to possible Atrial Septal Defect.

The investigation identified that two separate companies have similar items available on the market and that the size, packaging and colour are too similar. The incorrect connector was selected from an equipment drawer which had also been stocked with the incorrect connectors. Both types of equipment were stored side by side in the store room at the time of the incident.

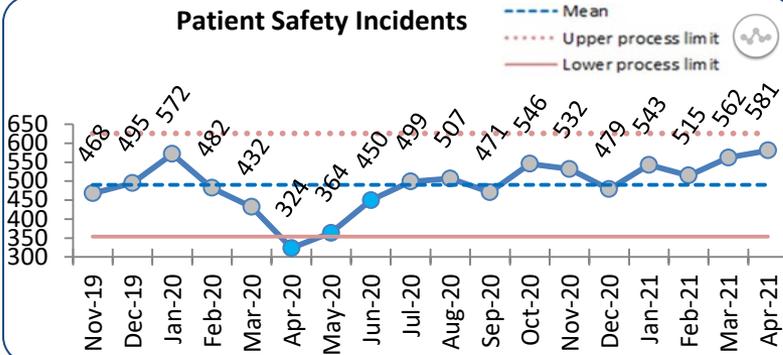
The recommended actions from this investigation include the requirement to separate the two connectors within the storage facility of theatres and to work with the Procurement Department to liaise with the manufacturers of the connectors to discuss the possibility of amending the packaging so that the two types of connectors are easily identified.

# Integrated Quality and Learning Report

Safe

## Patient Safety Incidents

**Patient Safety Incidents**



### Patient Safety Culture

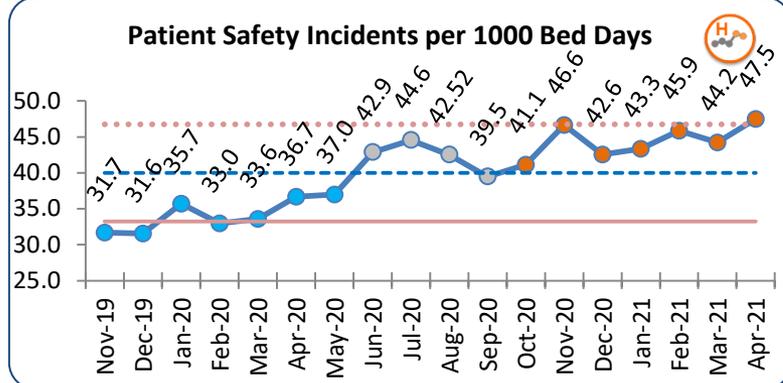
The NRLS (National Reporting & Learning System) incident reported rate was 46.4 incidents per 1000 bed days in April 2021.

**Patient Safety Incidents** – These figures previously included community acquired pressure damage incidents. Community acquired pressure damage is reported earlier in the report (page 11) and is excluded from these patient safety incident figures.

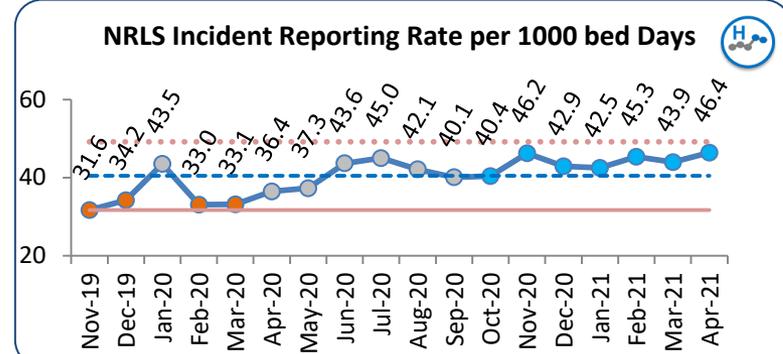
581 patient safety incidents were reported in April 2021

- Special cause variation is observed in the patient safety incident rate per 1000 bed days, showing a shift in the incident rate.
- The top 5 incident types for April 2021 are listed below:
  - Patient falls
  - Medication
  - Pressure damage
  - Delay / failure to treat / monitor
  - Pathology sample issues

**Patient Safety Incidents per 1000 Bed Days**



**NRLS Incident Reporting Rate per 1000 bed Days**



### Learning from Patient Safety Incidents

The overall incident reporting rate has remained consistent for a number of months however as mentioned above, special cause variation is demonstrated in the patient safety incident rate per 1000 bed days. High levels of reporting are viewed as a positive feature of a patient safety culture.

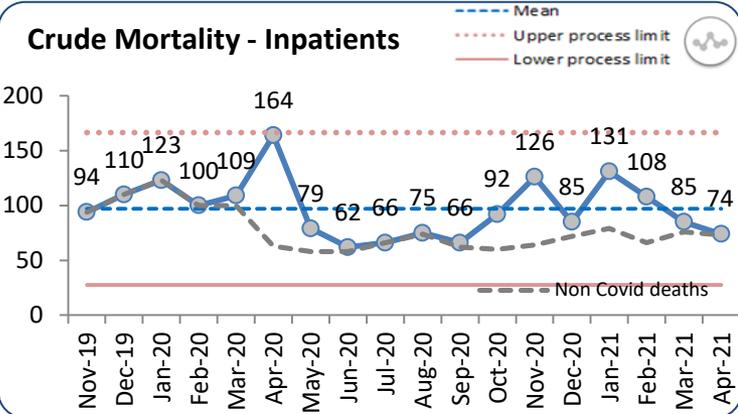
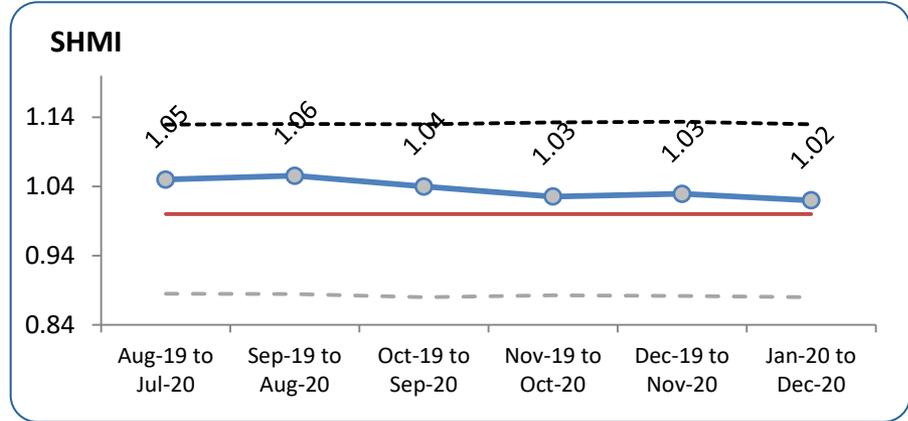
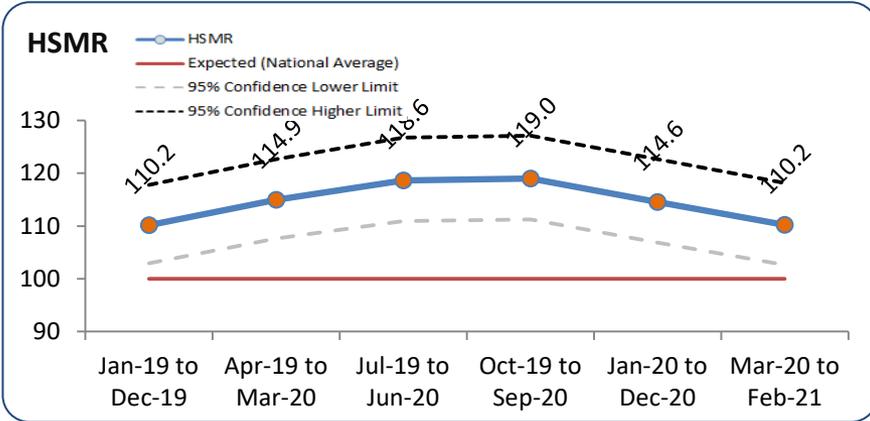
Inpatient falls are demonstrating an upward trend and in order to address the most frequently reported patient safety incident; the Patient Safety Team in collaboration with the Falls Team is to explore the feasibility of identifying those patients who have fallen multiple times on the Datix system, to assist with targeting preventative measures for those affected.

*All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.*

# Integrated Quality and Learning Report

Effective

## Mortality



### Mortality Review

Period: April 2020 to March 2021

	Deaths in period	Deaths reviewed	%	Hogan 1	Hogan 2	Hogan 3	Hogan 4	Hogan 5	Hogan 6	Potentially Avoidable Deaths
All Deaths	1221	738	60.4%	93.8%	5.6%	0.4%	0.3%	0.0%	0.0%	0.3% (2)
Learning Disability Deaths	15	12	80.0%	91.7%	0.0%	0.0%	8.3%	0.0%	0.0%	8.3% (1)

- HSMR – For the most recent 12 months the Trust is demonstrating more deaths than expected. Recent analysis by NEQOS identified no specific cause for the high HSMR or cause for concern about quality of care. The Trust is likely to continue to flag high for some time however the HSMR is starting to decrease towards the normal range.
- 74 inpatient deaths observed in March 2021; of which 1 was a COVID patient deaths.
- SHMI – The Trust has consecutive scores of over the England Average (1) and has a banding of ‘As Expected’.
- The number of inpatient deaths is currently displaying common cause variation.
- 60.4% of deaths reviewed between April 2020 and March 2021. 93.8% Definitely not preventable. Two cases identified as potentially avoidable.

### Learning from Mortality Review

#### Mortality Council Update - April

The Mortality Council reviewed 22 cases in April 2021, the scores of which are detailed in the tables below:

Hogan 1 – Definitely not preventable	17 cases	NCEPOD 1 – Good practice	8 cases
Hogan 2 – Slight evidence of prevention	5 cases	NCEPOD 2 – Room for improvement clinical care	2 cases
		NCEPOD 3 – Room to improve organisation of care	12 cases

#### Learning from Mortality Council reviews:

A case was discussed which further highlighted the issue in relation to the management of fluid balance within the organisation and the use of the correct fluid charts.

In this case it was a near miss as the patient was dying of their existing condition, however, in a patient who wasn't, the fluid issue would have either caused the patient to die or caused severe complications. The issue of fluid balance management has become a theme over recent months and has been raised in a number of cases reviewed by the Mortality Council as well as featuring in a number of Serious Incident Patient Safety Investigations.

Discussions have previously taken place at the Mortality & Morbidity Steering Group around this patient safety issue and what is required to improve the way in which fluid balance is managed across the organisation. A Task & Finish Group is to be set up to develop innovative strategies to engage within clinicians and develop training and education to be delivered in ways to ensure the key messages are shared.

The Task & Finish Group will provide progress updates to the Mortality & Morbidity Steering Group.

## Duty of Candour

### Responsive

#### Regulation

Duty of Candour is governed by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 deals with duty of candour

There are three elements to the Duty of Candour process:

1. Verbal (stage 1)– Regulation 20 stipulates that an individual (or other appropriate person) must be notified "as soon as reasonably practicable" after a notifiable patient safety incident has occurred and the NHS Standard Contract requires that the verbal discussion must be within at most 10 working days of the incident being reported to the local system and sooner where possible.
2. Notification (stage 2) - the verbal notification given must be followed by a written notification given or sent to the relevant person containing the facts as provided during the discussion, details of any enquiries to be undertaken as discussed verbally, the results of any further enquiries into the incident; and an apology.
3. Findings (stage 3) – should the relevant person required details of any findings from further enquiries this should be provided to them face to face and/or in writing

#### Update to Regulation

The above regulation was updated on 1 March 2021 and came into effect on 12 March 2021. The updates focus on the classification of notifiable patient safety incidents and also confirm that indemnity would not be withheld when having candour conversations. The updates are reflected in the Trusts' current documentation e.g policies, leaflets, training etc.

#### Legal duties and implications

The Trust has a legal obligation to comply with the verbal Duty of Candour namely that a verbal notification of any notifiable patient safety incident should be discussed within 10 days following reporting of the incident. Sanctions will be issued for non-compliance of this regulation. It is an offence to fail to comply with the verbal Duty of Candour and the offence carries a maximum penalty of up to (£2,500). ***(In January 2019 - Bradford Trust were fined £1,250 for failure to have a verbal discussion with a family within a reasonable time, in October 2019 - Royal Cornwall Hospital Trust were fined on 13 counts for non-compliance with the regulation in the sum of £16,250 and in September 2020 - University Hospital Plymouth were fined £1,200 for non-compliance)***

## Duty of Candour

### **Legal duties and implications continued.....**

The CQC can move directly to prosecution without first serving a warning notice if a registered person fails to comply with the Regulations. NHSR can withhold indemnity cover

The only available defence to breach of the Regulation is proving that all reasonable steps had been taken and all due diligence had been exercised to prevent the breach of the regulations.

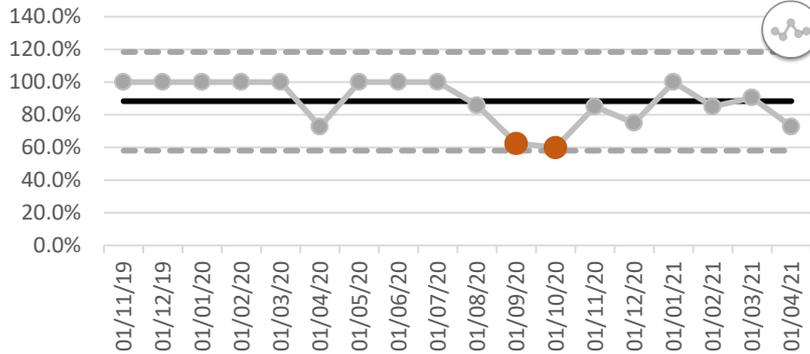
### **Current policy**

The Trust's current policy stipulates that if an incident meets the criteria of a notifiable patient safety incident the Trust must have a verbal discussion with the patient or relevant person as soon as reasonably practicable and within at most 10 days of the incident being reported on the Datix system, this discussion will be followed up by a Notification letter detailing the discussion within 10 days of the verbal discussion and be given the opportunity to receive detail of the findings from the Trust's investigation. Should the findings be required a Findings letter must be sent within 10 days after the Serious Incident Panel have signed off the Serious Incident report.

## Responsive

## Duty of Candour

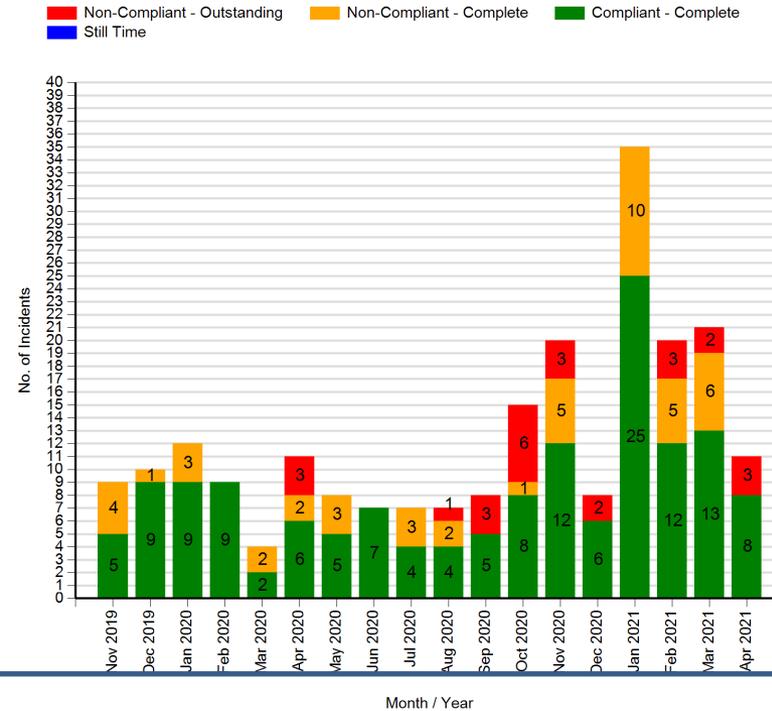
**Verbal Duty of Candour Compliance\***



\*Compliance above excludes 'Still Time' cases

The data shown is correct as of 10<sup>th</sup> May 2021 – any subsequent updates will not be shown in this report.

**Trust Verbal DoC Compliance**



As you will note from the above bar chart, historically the Trust have clearly done very well in terms of compliance with the verbal Duty of Candour process. Compliance rates for the Trust overall, pre-pandemic, were **99%** for the verbal Duty of Candour; the pandemic has had a significant impact on compliance rates over the last 12 months with rates dropping to as low as **54.2%** in January 2021. Following some investigatory work and reviewing of incidents by the Legal team, it transpires that the reduced compliance figures were due to the Datix system not having been updated – the verbal discussions in most cases had in fact been undertaken but not updated on the system. This was evident following review of the medical records. The Legal Services team have been working with the Business Units in an attempt to update the system to reflect those discussions had. In Quarter 4 following this piece of work, verbal compliance has increased to **93.5%**.

Currently the SPC indicator is displaying common cause variation however special cause variation is identified between September and October 2020.

The Legal Services team are continuing to work with the business units with an aim to review all the red non-compliant incidents as above and to review the outstanding Notification letters and Findings letters. The metrics in relation to all 3 stages of the Duty of Candour process will be included in IQLR's going forward.

# Integrated Quality and Learning Report

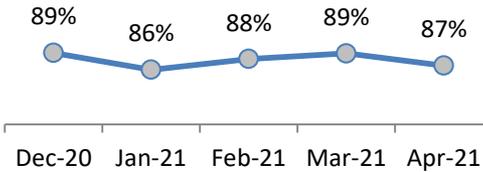
## NHS Friends and Family Test- Trust Experience Rating April 2021

### Caring

#### F&FT Trust Experience Rating A&E

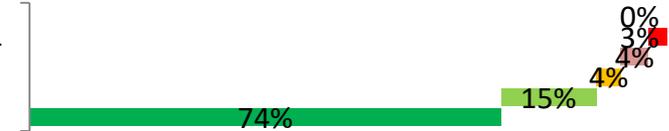
- The Friends and Family test has restarted in A&E using Health call Text messaging. Other areas to follow shortly.
- The A&E positive experience rating for April 2021 is 87%.

#### Friends and Family Test % Positive Experience



Very Good Good Neither good or poor Poor Very poor Don't know

Overall how was your experience of our service?



"I was treated and released with follow up instructions, the doctor was relaxed and informative"

"Extremely well organised nurses and doctors friendly and willing to answer my questions."

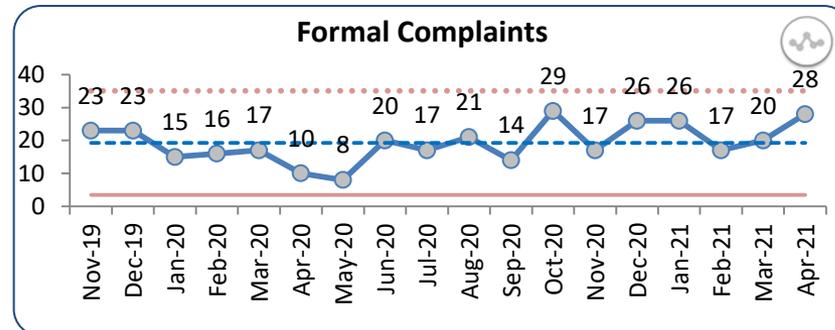
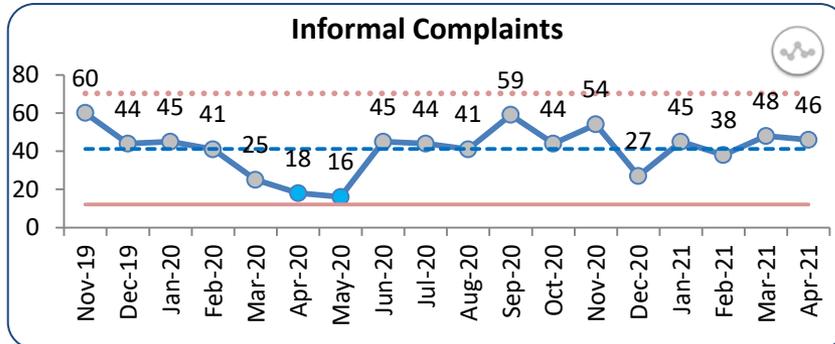
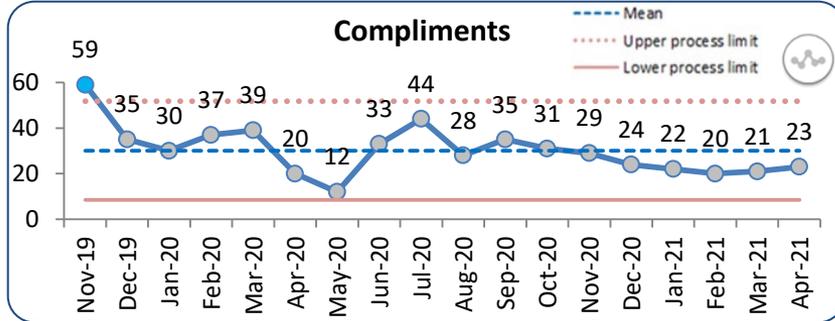
"We were seen to relatively quickly, staff are nice and friendly.  
  
Felt as though patient care was delivered and appropriate tests were carried out."



# Integrated Quality and Learning Report

## Learning From Compliments and Complaints

Responsive



### The themes identified in Formal Complaints were :

- Clinical Treatment (7)
- Communications (5)
- Values & Behaviours (Staff) (6)
- Privacy, Dignity & wellbeing (including patients' property & expenses) (5)
- Admissions, discharge & Transfers (1)
- Appointments including delays & cancellations (1)
- Commissioning Services (1)
- Patient care (1) Other (1)

### Breakdown of Formal Complaints by clinical area:

- Emergency Care (6) Gynae-Oncology (2) Gastroenterology (2) Therapy Services (2)
- Endocrinology & Clinical Haematology (2) General Surgery (2) Respiratory (1)
- Planned Care (1) Critical Care (1) Trauma & Orthopaedics (1) Quality Governance (1)
- Unscheduled Care (1) Theatres & Anaesthetics (1) Finance (1)
- General Medicine (1) Obstetrics (1)

### Learning from complaints

The patient had an appointment at 10am on a Monday morning at the Endoscopy Unit for a Cystoscopy, and asked why their COVID-19 test result was not ready for this time, which led to a delay in their procedure. As a result of this complaint, practice has been changed within the department. The department have now allocated a member of staff to be responsible for checking the incoming patient swab results prior to patients' appointments. The Unit Manager confirms that these are also checked on the Sunday for patients who are attending appointments on a Monday. Where the result of a swab is not available, they will liaise with Microbiology. Staff have also been asked to inform patients of their negative COVID-19 result when admitted for their procedure.

## Patient Experience

### Responsive

The Patient Experience team are facilitating a number of bodies of work across the Trust and are reviewing potential improvements to processes. This includes looking at how we can better evidence that there is demonstrable learning from patient feedback in line with best practice and NHS Complaint Standards.

#### **Current proactive patient experience projects which aim to identify areas for improvement and obtain feedback include:**

- Experience Based Design in Same Day Emergency Care, in collaboration with NHS Elect
- Emergency Assessment area – working with the Chief Matron Medicine and unit manager to review patient's experience of fundamentals of care. Volunteers will be used to gain this feedback.
- Pharmacy - experience of Patients dependent on insulin who attended A&E during November and December.
- Older Persons' Mental Health – review of Carers experiences from all services.

**Overdue Complaints** –the Patient Experience team have been meeting with Business unit leads to identify additional support with overdue/outstanding complaints with additional focused support being provided.

#### **Patient Experience Volunteers**

Earlier this year the Trust secured funding from NHSI to start a new volunteering project to help with both the winter pressures and the COVID-19 pandemic. An exciting new volunteer role was introduced to the service. The Patient Experience Volunteers role is to support patients to keep in touch with their relatives and friends by the use of an iPad. If patients do not want to use the iPad the volunteers will assist them to write an email or letter or help them to use their mobile telephone or text. The volunteer is also a listening ear. Sitting with and talking and listening to patients makes a real difference.

#### **Feedback from Ward 4 Staff re: volunteer's role**

*The Volunteer Service is very good. During very trying times the volunteers have been priceless supporting staff. They have been collecting patient's belongings and this has been a great help during COVID.*

*The communication between the ward and the volunteer's service is excellent. The volunteers are a valuable liaison between staff, patients and relatives. They always communicate well and always have a pleasant attitude.*

#### **Feedback from Patient Experience Volunteer**

*As a retired person it is good to feel that you are doing a worthwhile role and contributing to an over stretched service. I feel that we are treated well and we are a great support to the staff. I feel that the service could be extended to more wards. There have been some issues with the ward iPad not being charged. However we are getting our own which will be much better.*

# Integrated Quality and Learning Report

Well-led

## National Acute & Community CQUIN 2020/21

Following advice from the CCG stating that a CQUIN 'holiday' had been implemented for Q3 and Q4 of 2019/20 and Q1 2020/21, further guidance has been published to confirm that the CQUIN scheme will remain suspended for all providers for the remainder of the year.