MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

Gateshead Health NHS Foundation Trust

Date: Wednesday 27th January 2021
Time: 9:30 am
Venue: via Microsoft Teams

AGENDA

	TIME	ITEM	STATUS	PAPER
1.	9:30 am	**Welcome and Chair's Business**		
2.	9:35 am	**Declarations of Interest** To declare any pecuniary or non-pecuniary interests *Check – Attendees to declare any potential conflict of items listed on the agenda to the Trust Secretary on receipt of agenda, prior to the meeting*	Declaration	Verbal
3.	9:35 am	**Apologies for Absence** *Quoracy check: (s3.3.31 SOs: No business shall be transacted at a meeting unless a minimum of **4** members of the Board (including at least **one** Non-Executive and **one** Executive Member of the Board) are present)*	Agree	Verbal
4.	9:40 am	**Minutes of the meeting held on 25 November 2020** To be agreed as an accurate record	Agree	Enclosure 4
5.	9:45 am	**Matters Arising/Action Log**	Update	Enclosure 5
		ITEMS FOR DECISION		
6.	9:50 am	**Declarations of Interest** To receive the Declarations of Interest of Mrs J Baxter, Mrs L Crichton-Jones, and Professor M Sani, presented by the Chair	Approval	Enclosure 6
		ITEMS FOR ASSURANCE		
7.	10:00 am	**COVID Update** To receive an update, presented by the Medical Director	Assurance	Verbal
8.	10:10 am	**Finance Update** To receive the report, presented by the Group Director of Finance	Assurance	Enclosure 8
9.	10:20 am	**Performance Report** To receive the report, presented by the Chief Operating Officer	Assurance	Enclosure 9
10.	10:30 am	**Healthcare Associated Infections** To receive the report presented by the Joint Director of Infection Prevention and Control/Medical Director	Assurance	Enclosure 10
11.	10:40 am	**Nurse Staffing Exception Report & Annual Capacity and Capability Report** To receive the report, presented by the Deputy Director of Nursing, Midwifery and Quality	Assurance	Enclosure 11

12.	10:50 am	**Integrated Quality and Learning Report** To receive the report, presented by the Medical Director	Assurance	Enclosure 12
13.	11:00 am	**Mortality Report** To receive the quarterly report, presented by the Medical Director	Assurance	Enclosure 13
13a	11:10am	**Ockenden Review of Maternity Services Plan** To receive the Trust response, presented by the Medical Director	Assurance	Enclosure 13a
14.	11:20 am	**Assurance from Board Committees** i. Finance and Performance Committee – 24 November 2020 & 26 January 2021 (verbal) ii. Quality Governance Committee – 16 December 2020 & 20 January 2021 (verbal) iii. Audit Committee – 3 December 2020	Assurance	Enclosure 14
		ITEMS FOR INFORMATION		
15.	11:30 am	**Questions from Governors in Attendance** To receive any questions from governors in attendance		Verbal
16.	11:40 am	**Date and Time of the next Meeting** The next scheduled meeting of the Board of Directors to be held in public will be 31st March 2021 at 9:30 am via Microsoft Teams l		Verbal
17.	11:40 am	**Chair Declares the Meeting Closed**		Verbal
18.	11:40 am	**Exclusion of the Press and Public** 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		Verbal

Trust Board

Minutes of a meeting of the Board of Directors held at 9.30 am on Wednesday 25th November 2020, via Microsoft Teams

Gateshead Health NHS Foundation Trust

Present:	
Mrs A Marshall	Chair
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mrs L Crichton-Jones	Director of People & OD
Cllr M Gannon	Non-Executive Director
Mr P Harding	Commercial Director and Managing Director, QE Facilities
Mr P Hopkinson	Non-Executive Director
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
In Attendance:	
Ms D Waites	Membership Office
Governors and Members of the Public:	
Mr J Bedlington	Public Governor – Central
Mr L Brown	Public Governor – Western
Mrs J Coleman	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor - Western
Mr M Loome	Staff Governor
Mrs K Tanriverdi	Public Governor – Central
Mrs J Todd	Public Governor – Western
	3 x members of the public
Apologies:	

Agenda Item	Discussion and Action Points	Action By
20/153	**CHAIR'S BUSINESS:** The meeting being quorate, Mrs A Marshall, Chair, declared the meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. She welcomed Mrs L Crichton-Jones, newly appointed Director of People & OD to her first meeting. She also welcomed the Trust Governors, staff members and members of the public.	

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Agenda Item	Discussion and Action Points	Action By
20/154	**DECLARATIONS OF INTEREST:** Mrs A Marshall, Chair, requested that Board members present report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.	
20/155	**APOLOGIES FOR ABSENCE:** There were no apologies received.	
20/156	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Tuesday 29th September 2020 were approved as a correct record with no amendments.	
20/157	**MATTERS ARISING FROM THE MINUTES:** The Board Action Plan was updated accordingly to reflect matters arising from the minutes.	
20/158	**PEOPLE'S PLAN BRIEFING:** Mrs L Crichton-Jones, Director of People & OD, provided a briefing paper which sets out a summary of the People Plan, references some of the wider system and regional workforce context and advises of an initial update for members on actions and progress to date. The report has also been presented at the HR Committee in October 2020, but in light of its significance and the arising opportunities to strategically position our 'people agenda' at the heart of the Trust, the paper provides an update to all Board members on the content of the Plan and work undertaken to date. Mrs Crichton-Jones reported that the majority of actions highlighted in the plan are underway with timescales for completion through to March 2021. These will be monitored via HR Committee. The Chair of the Committee, Dr R Bonnington, has also agreed to assume the role of the Health and Well Being Guardian at Board level as well as supporting the relaunch of the Trust Health and Well-being Group. The Trust has also agreed the appointment of a Workforce Communication's Officer for two years and will ensure that our People agenda is well communicated and shared across the Trust and	

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Agenda Item	Discussion and Action Points	Action By
	plans are in place for a wider discussion on the Plan to take place at one of the Board development / strategy sessions in the near future. Mrs Crichton-Jones explained that further information is available on the ICS system response and plans are in place to develop a local People Plan for the organisation. Cllr M Gannon requested further information on how outputs of the plan will be measured and Mrs Crichton-Jones reported that the Trust has developed some metrics however national metrics are awaited. Discussion took place in relation to the completion and return of the Covid-19 risk assessments for staff and Mrs Crichton-Jones explained that the assessment forms were developed following national guidance as well as working with local organisations to create collective standard practice however they will continue to be refined and improved. Mrs Ormston, Chief Executive, emphasised that it is important for a health and well-being conversation to take place between members of staff and their line manager however a range of formats could be looked at. After consideration, it was: **RESOLVED:** i) to receive this report by way of update on the People Plan and note the work underway and the more detailed assurance report provided to, and scheduled for, HR Committee. ii) To note the future Board development session on the People Plan	AM/LCJ
20/159	**COVID UPDATE:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided a verbal update to the Board on the work being carried out due to new Covid requirements. Dr Lloyd informed the Board that the Trust has seen a significant increase in Covid admissions and outbreaks as well as staff infections in line with the regional widespread transmission. A peak of 135 patients exceeded admissions during Wave 1 however yesterday's figures show a much better position with a reduction to 88 patients and 169 staff absences due to Covid. She also provided the following key messages: • The Trust's Command and Control structure remains in place and there are no plans to stand this down during the current	

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Agenda Item	Discussion and Action Points	Action By
	lockdown. • Plans for the Morality Council to review excess deaths (working with the Local Authority) and will reported back to the Quality Governance Committee. • Staffing pressures – running with low levels of nursing and medical staff. • Incident reporting – being triangulated with staffing reports and updates provided to the Executive team and Quality Governance Committee in December. • No episodes of harm. • 19 outbreaks – caused significant disruption however was well managed. System development outbreak meeting reported into the Clinical Advisory Group throughout the day. • Reinforcement of good IPC guidance particularly for asymptomatic staff • Lateral Flow self-testing being introduced for frontline staff • Covid Vaccine Programme - reinforcing the need for flu vaccine. Drop-in clinics have been introduced. Working well with staff. • System reset – elective programme stood down in relation to pressures. Urgent care and cancer services continued. Additional capacity from Independent Sector to assist with waiting lists. Cllr M Gannon, Non-Executive Director, highlighted that the new government tier system was due to be announced this week prior to the end of lockdown and reported that the number of transmissions had recently declined. Mr P Hopkinson, Non-Executive Director, requested an update on the Trust's RTT (Referral to Treatment) targets due to elective surgeries for severe conditions being postponed. Mrs J Baxter, Chief Operating Officer, reported that only non-urgent work had been stood down and Independent Sector capacity was being utilised. She highlighted that a full report had been provided to the Finance & Performance Committee however can discuss further outside of the meeting. Following a query from Mr M Robson, Vice Chair, regarding locality support, Mrs Baxter reported that all local trusts had offered mutual aid and Northumbria had been supporting the Trust with unscheduled care and the elective programme. It is expected that this will continue into January 2021. Mrs Y Ormston, Chief Executive, reiterated the difficulties being faced by staff across the organisation and reported that a number of trusts had cancelled elements of services to balance demand and pressures. Mrs Marshall thanked all staff and the Executive Team for their efforts and hard work on behalf of the Board.	JMB

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Agenda Item	Discussion and Action Points	Action By
	After further discussion, it was: **RESOLVED:** to receive the update for assurance	
20/160	**FINANCE UPDATE:** Mrs J Bilcliff, Group Director of Finance, provided the Board with a summary of performance as at 31st October 2020 (Month 7) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). She reminded the Board that an interim financial framework was established to cover the period 1st April to 30th September 2020 (Months 1 to 6) and during this period, the Trust received a level of income reflective of actual costs incurred sufficient to achieve a breakeven financial position. Month 7 is currently on track and ahead of plan with some underspends mainly due to changes in activity. The Trust currently has a healthy cash position which will enable the Trust to move forward with the Capital Programme. There are a number of risks to be noted alongside consideration of the financial position however the report provides further detail of these risks, along with the current risk rating and progress against mitigating actions. After discussion, it was: **RESOLVED:** to receive the report for assurance	
20/161	**BREXIT POSITION STATEMENT:** Mrs J Baxter, Chief Operating Officer, provided the Board with a position statement in relation to the Group's (QEF and Trust) response to Brexit. Mrs Baxter highlighted that the UK is likely to leave the EU in a no-deal Brexit from the 1st of January 2021. She explained that preparation and planning work has been progressing leading up to this point under the transition phase. Information flows and work on assessing the risks has continued. Trusts have been advised to follow the central message for any shortages which will be to follow 'Business As Usual' (BAU) processes. The NHS will centrally coordinate operational response to Brexit from their National Co-ordination Centre.	

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Agenda Item	Discussion and Action Points	Action By
	Mrs Baxter explained that current assessments indicate that the impacts are likely to result in longer delivery and turnaround times for goods and services however there is a plan to centrally coordinate any risks and issues as a Group under the Trust's revised EPRR command and control arrangements. Mr P Harding, Commercial Director and QEF Managing Director, highlighted that the team have been working closely with Northumbria and Newcastle to support ICP collective mutual aid and discussions will continue. Mr D Shilton, Non-Executive Director, was reassured that controls were in place and felt that this provided the Board with a positive message in particular around medicines and pharmacy products. After consideration, it was: **RESOLVED:** to receive the report for assurance	
20/162	**ASSURANCE REPORTS FROM BOARD COMMITTEES** The Board Committee Chairs provided updates from the assurance reports as follows: **i) Finance & Performance Committee** Mr M Robson provided a verbal update from the Committee meeting held on Tuesday 24th November 2020. The Committee received a report on the impact of the Covid surge and core discussions took place. A report was received for assurance relating to QEF activities. Mrs J Baxter provided some performance headlines and reported that elective and day cases were currently below plan however this is a direct impact of the increased levels of Covid patients. **ii) Human Resources Committee** Dr R Bonnington provided the assurance report for the Committee meeting held on 13th October 2020. The People plan has been rated as amber due to increased focus required on health and well-being conversations, Covid risk assessments and the overhaul of recruitment practice to reflect diversity of community. Workforce metrics report remains amber due to development work and Mrs L Crichton-Jones reported that an improvement plan is being introduced for a 12 month piece of work.	

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Agenda Item	Discussion and Action Points	Action By
	Covid risk assessments has been rated red as further significant work is needed to provide assurance Following a query on the WDES and WRES benchmarking work, Mrs Crichton-Jones reported that further work was required and will be brought back to the Committee to look at in more detail. **iii) Digital Committee** Mr A Moffat provided an update on the report for the Committee held on 19th October 2020. He reported that this was the Committee's first meeting and the report outlines agreed actions. The Committee Assurance Report template will be completed going forward and will focus on three areas – assurance, risk and strategy. Mrs L Crichton-Jones felt that it was important to acknowledge the Board Committees interdependencies and a shared work programme will be taken forward. After consideration, it was: **RESOLVED:** to receive the reports for assurance	
20/163	**WDES AND WRES REPORTS:** Mrs L Crichton-Jones presented the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Annual Reports for 2020. She informed the Board that the actions from the reports will be incorporated into the Trust's integrated work plans for equality, diversity and inclusion and will be further enhanced by the People Plan. Mrs Crichton-Jones highlighted that these actions will be taken forward via the Senior Management Team and Mrs Marshall felt that it would also be a good topic for discussion at a future Board Strategy Session. Mrs Ormston, Chief Executive, highlighted that this work will also be the focus for the new Equality, Diversity, Inclusion & Engagement Manager, who starts with the Trust next week. Executive Leads have been appointed to the Equality Networks as follows: • BAME Network – Mrs J Baxter • D-Ability Network – Mr P Harding • LGBT Network – Mrs L Crichton-Jones	

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Agenda Item	Discussion and Action Points	Action By
	After further discussion, it was: **RESOLVED:** to receive the reports for assurance	
20/164	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** Mr J Bedlington thanked the Board, on behalf of the public, in response to the Covid pandemic and reported that he has been providing feedback to the community following the Chair's updates Reverend J Gill queried whether there would be an opportunity to thank Mrs D Atkinson following her departure as Trust Secretary and Mrs Crichton-Jones will look into this. Mrs Marshall informed the Board that this will be Mrs J Todd's last public Board meeting and thanked her for her contribution and support. Mrs Marshall brought the meeting to a close.	
20/165	**DATE AND TIME OF THE NEXT MEETING:** **RESOLVED:** that the next meeting of the Board of Directors will be held at 9:30 am on Wednesday 27th January 2021 via Microsoft Teams	
20/166	**EXCLUSION OF THE PRESS AND PUBLIC:** **RESOLVED:** to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed	

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PUBLIC BOARD ACTION TRACKER

Gateshead Health NHS Foundation Trust

Item Number	Date	Action	Deadline	Executive Lead	Progress
20/158	25/11/2020	People's Plan – wider discussion to take place at future board development/strategy session	31/03/2021	LCJ	

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 6

Date of Meeting:	Wednesday 27th January 2021				
Report Title:	Declaration of Board Members' Interests and The Fit and Proper Persons Declaration				
Purpose of Report:	In accordance with section 20 of Schedule 1 of the Health & Social Care (Community Health and Standards) Act 2003 NHS Foundation Trusts are required to maintain a register of Directors' and Governors' interests. This requirement is also enshrined in section 10 of the Trust's Constitution. Also included is the declaration (the Fit and Proper Persons Test) required by the Health Act 2012 and subsequently the Trust's Standard Licence Conditions. The register for Gateshead Health NHS Foundation Trust is held at Trust Headquarters and is available to the public through the Trust Secretary. This availability is published in the annual report. Declarations are recorded annually and recorded in the Board minutes. The declared interests for Mrs Joanne Baxter, Ms Lisa Crichton-Jones, and Professor Mojgan Sani, are attached as Appendix I and the Fit and Proper Persons Declaration as Appendix 2.				
	Decision: ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will provide consistently high quality care in all our services			
	Aim 2 ☒	We will be a great organisation to work in			
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	The Board is asked to: • Approve and record in the Board minutes the declared interests and Fit and Proper Persons Declaration as shown in appendices I and 2. • Note that the next full routine review of the declaration of Board members' interests will take place in April 2021.				

Financial Implications:	None	
Risk Management Implications:	None	
Human Resource Implications:	None	
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	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
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☒	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
Author:	Diane Waites, Membership Office	
Presented by:	Alison Marshall, Chair	

Appendix 1

Gateshead Health NHS Foundation Trust

Register of Board Member Interests

Name	Position	Interest	Interest of Spouse	Category
Mrs Joanne Baxter	Chief Operating Officer	None	None	-
Ms Lisa Crichton-Jones	Executive Director of People & OD	Museums North East Durham College	None	D E
Professor Mojgan Sani	Associate Non-Executive Director	Director of OEC Ltd (provider of clinical pharmacy education/ events) Public Governor at TEWV representing Stockton-on-Tees	None	A D

Appendix 2

Mrs Baxter, Ms Crichton-Jones and Professor Sani have signed the following declaration and a search of insolvency, bankruptcy and disqualified directors' registers has also taken place.

Fit and Proper Person Declaration

1. It is a condition of employment that those holding director and director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Your post has been designated as being such a post. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust's provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 ("the Regulated Activities Regulations") and the Trust's constitution.

2. By signing the declaration below, you are confirming that you do not fall within the definition of an "unfit person" or any other criteria set out below, and that you are not aware of any pending proceedings or matters which may call such a declaration into question.

Provider licence

3. Condition G4(2) of Gateshead Health NHS Foundation Trust's Provider Licence ("the Licence") provides that the Licensee shall not appoint as a director any person who is an unfit person, except with the approval in writing of Monitor.

4. Licence Condition G4(3) requires the Licensee to ensure that its contracts of service with its directors contain a provision permitting summary termination in the event of a director being or becoming an unfit person. The Licence also requires the Licensee to enforce that provision promptly upon discovering any director to be an unfit person, except with the approval in writing of Monitor.

5. An "unfit person" is defined at condition G4(5) of the Licence as:

   (a) an individual:

      (i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or

      (ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or

      (iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or

      (iv) who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986; or

(b) a body corporate, or a body corporate with a parent body corporate:

(i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub-paragraph (a) of this paragraph, or

(ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or

(iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or

(iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or

(v) which passes any resolution for winding up, or

(vi) which becomes subject to an order of a Court for winding up.

Regulated Activities Regulations

6. Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.

7. The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:

(a) the individual is of good character;

(b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;

(c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;

(d) the individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and

(e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

8. The grounds of unfitness specified in Part 1 of Schedule 4 to the Regulated Activities Regulations are:

(a) the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

(e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

(f) the person is prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment.

Trust's constitution

9. The Trust's constitution places a number of restrictions on an individual's ability to become or continue as a director. A person may not become or continue as a director of the Trust if:

(a) they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

(b) they have made a composition or arrangement with, or granted a Trust deed for their creditors and have not been discharged in respect of it;

(c) they have within the preceding five years been convicted in the British islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

(d) in the case of a Non-Executive Director they are no longer a Member of the Public or Patient Constituency.

(e) they are a person whose tenure of office as a Chairman or as a Member or Director of a Health Service body has been terminated on the grounds that his/her appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary/non-pecuniary interest;

(f) they have within the preceding two years been dismissed, from any paid employment for misconduct with a Health Service body;

(g) they are an Executive Director of the Trust, or a Governor, Non-Executive Director, Chairman, Chief Executive officer of another Trust;

(h) they are incapable by reason of mental disorder, illness or injury of managing and administering their property and affairs;

(i) they bring the Board of Directors or any of its Member organisations into disrepute;

(j) they have failed to comply with the required standard of behaviour as per the Trust policy for withholding treatment from violent and abusive patients;

(k) they have had their name removed, by a direction under section 46 of the 1977 Act from any list prepared under Part II of that Act, and has not subsequently had their name included in such a list;

(l) they have been placed on the Registers of schedule 1 Offenders pursuant to the Sex Offenders Act 1977 and/or the Children & Young Person Act 1933;

(m) they fail to abide by the Constitution

(n) they are under 16 years of age;

(o) they have failed to undertake the required training for Directors

I acknowledge the extracts from the provider licence, Regulated Activities Regulations and the Trust's constitution above. I confirm that I do not fit within the definition of an "unfit person" as listed above and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a "fit and proper person" or other grounds under which I would be ineligible to continue in post come to my attention.

Name: _____ Signed: _____

Position: _____ Date: _____

Gateshead Health NHS Foundation Trust

Trust Board

Report Cover Sheet

Agenda Item: 8

Date of Meeting:	Wednesday 27th January 2021			
Report Title:	Part One Executive Summary - Consolidated Finance Report			
Purpose of Report:	To provide a summary of performance as at 31st December 2020 (Month 9) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).			
	Decision: ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will provide consistently high quality care in all our services		
	Aim 2 ☐	We will be a great organisation to work in		
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	The Committee is asked to note the reported financial performance for Month 9 2020/21.			
Financial Implications:	As included in the report			
Risk Management Implications:	As included in the report			
Human Resource Implications:	None			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	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		
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☒	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		
Author:	Mrs Kris Mackenzie, Deputy Director of Finance			
Presented by:	Mrs Jacqueline Bilcliff, Group Director of Finance			

1 Introduction

1.1 The purpose of this report is to provide a summary of financial performance as at 31st December 2020 (month 9) for the Group (inclusive of the Trust and QE Facilities, excluding Charitable Funds).

2 2020/21 Financial Framework

2.1 In response to the Covid 19 outbreak, guidance was issued suspending the 2020/21 national operational planning process. An interim financial framework was established to cover the period 1st April to 30th September 2020. During this period, the Trust received a level of income reflective of actual costs incurred sufficient to achieve a breakeven financial position.

2.2 For the period 1st October 2020 to 31st March 2021 the Trust submitted a financial plan predicated on centrally calculated block contract values and North ICP system funding. The submitted financial plan results in an agreed financial deficit of £0.680m for the Trust.

3 Income and Expenditure

3.1 The Trust has reported income of £243.219m for the period to date. This is £1.440m higher than planned and is mainly driven by an over recovery against other operating income due to Covid 19 pathology testing work (which has an equal and opposite expenditure impact).

3.2 The Trust has reported expenditure of £238.210m for the period to date. This is £0.253m lower than plan and is due to:

- Reduced expenditure on substantive staffing and a continuation of reduced expenditure on bank and agency staffing. Planned additional sessions this month are less than expected as a result of the response required to the Covid 19 outbreak.
- Non pay underspends continue most notably in drugs, transport and other operating expenses as well as clinical supplies and services reflecting the reduced elective activity levels

3.3 Adjusting for non-operating items, the surplus for the period to December 2020 is £1.988m, against a planned surplus of £0.003m. The Trust Statement of Comprehensive Income (SOCI) is presented in Table 1.

3.4 The Trust is continuing to formally forecast a year end outturn to plan.

STATEMENT OF COMPREHENSIVE INCOME

DECEMBER 2020/21	GROUP POSITION NHSI/E Plan			VARIANCE		
Red >100k over Amber <> (£50k) - £99.99k Green <(£50.1k)	Revised Covid Plan Total	Covid Plan to Date	Actual to Date	Variance (Actual - Budget)		Previous Month Variance
	£000's	£000's	£000's	£000's		£000's
Operating						
Operating Income from Patient Care activities						
Income From NHS Care Contracts	(286,035.0)	(206,764.0)	(206,578.9)	185.1		173.5
Income From Local Authority Care Contracts	(93.0)	(69.0)	(67.5)	1.5		1.0
Private Patient Revenue	(320.0)	(213.0)	(287.4)	(74.4)		(91.2)
Injury Cost Recovery	(223.0)	(138.0)	(134.6)	3.4		(8.7)
Other non-NHS clinical revenue	(524.0)	(348.0)	(324.0)	24.0		17.6
Total Operating Income From Patient Care activities	**(287,195.0)**	**(207,532.0)**	**(207,392.3)**	**139.7**		**92.1**
Other Operating Income						
Education and Training Income	(7,273.4)	(5,261.4)	(5,574.6)	(313.2)		(324.9)
R&D Income	(625.0)	(475.0)	(500.7)	(25.7)		(11.8)
Top Up Funding	(20,174.0)	(20,174.0)	(20,172.8)	1.2		(0.0)
Funding ouside of System Envelope			(1,158.6)	(1,158.6)		(703.0)
Other Income	(11,095.6)	(8,279.6)	(8,420.2)	(140.6)		(54.0)
Donations & Grants Received	(115.0)	(57.0)	-	57.0		38.0
Total Other Operating Income	**(39,283.0)**	**(34,247.0)**	**(35,826.8)**	**(1,579.8)**		**(1,055.7)**
Total Operating Income	**(326,478.0)**	**(241,779.0)**	**(243,219.1)**	**(1,440.1)**		**(963.5)**
Operating Expenses						
Total Employee Expenses	**208,636.0**	**153,672.0**	**155,225.3**	**1,553.3**		**(1,325.4)**
Operating Expenses included in EBITDA	**316,169.0**	**233,552.0**	**233,214.7**	**(337.3)**		**(1,268.0)**
Operating Expenses excluded from EBITDA	**6,510.0**	**4,911.0**	**4,995.2**	**84.2**		**1,247.5**
Total Operating Expenses	**322,679.0**	**238,463.0**	**238,209.9**	**(253.1)**		**(20.5)**
(Profit)/Loss from Operations	**(3,799.0)**	**(3,316.0)**	**(5,009.2)**	**(1,693.2)**		**(984.0)**
Non Operating						
Non-Operating Income						
Finance Income	(25.0)	(25.0)	(39.9)	(14.9)		(10.0)
Total Non-Operating Income	**(25.0)**	**(25.0)**	**(39.9)**	**(14.9)**		**(10.0)**
Non-Operating Expenses						
Finance Costs	899.0	595.0	440.0	(155.0)		(103.2)
Gains / (Losses) on Disposal of Assests	-	-	(0.3)	(0.3)		(0.3)
PDC dividend expense	2,880.0	2,160.0	2,131.0	(29.0)		(29.0)
Total Finance Costs (for non-financial activities)	**3,779.0**	**2,755.0**	**2,570.7**	**(184.3)**		**(132.5)**
Total Non-Operating Expenses	**3,779.0**	**2,755.0**	**2,570.7**	**(184.3)**		**(132.5)**
(Surplus) / Deficit Before Tax	**(45.0)**	**(586.0)**	**(2,478.4)**	**(1,892.4)**		**(1,126.5)**
Corporation Tax	837.0	698.0	659.3	(38.7)		47.0
(Surplus) / Deficit After Tax	**792.0**	**112.0**	**(1,819.0)**	**(1,931.0)**		**(1,079.5)**
(Surplus) / Deficit After Tax from Continuing Operations	**792.0**	**112.0**	**(1,819.0)**	**(1,931.0)**		**(1,079.5)**
Remove capital donations / grants I&E impact	(119.0)	(115.0)	(168.5)	(53.5)		(39.8)
Adjusted Financial Performance (Surplus) / Deficit	**673.0**	**(3.0)**	**(1,987.7)**	**(1,984.7)**		**(1,119.3)**
						-
Adjusted Financial Performance (Surplus) / Deficit	**673.0**	**(3.0)**	**(1,987.7)**	**(1,984.7)**		**(1,119.3)**
Top Up Adjustment	20,174.0	20,174.0	21,331.4	1,157.4		0.0
Adjusted Financial Performance (Surplus) / Deficit excluding Top Up	**20,847.0**	**20,171.0**	**19,343.7**	**(827.3)**		**(1,119.3)**

Table 1: Trust Statement of Comprehensive Income

4 Cost Reduction Programme (CRP)

4.1 As part of the planned M7 to M12 expenditure plan submitted by the Trust, an efficiency programme of £2.141m was identified in response to the requirement to live within the financial envelope issued. The relevant efficiency target to December is £1.068m and the Trust has been able to deliver on this due to non-recurrent underspends against planned pay expenditure.

5 Cash and Working Balances

5.1 The Trust opened the financial year with £14.400m of cash, which was £5.800m higher than initially planned. This mainly resulted from scheduled creditor payments in respect of the 2019/20 financial year. The cash position was then further strengthened with the receipt of £4.700m unplanned PSFD/FRF monies in respect of 2019/20 financial performance. The adjusted cash position of £26.805m as at 31st December is equivalent to 33.22 days operating costs (37.10 days in November) and represents a £3.130m reduction from November.

5.2 The liquidity metric has deteriorated by 1.85 days against November to -7.58 days and is 0.74 days worse than the revised plan driven by a £0.543m reduction in the working capital balance. Debtors have reduced by £7.041m in the year due in the main to the receipt of PSF/FRF monies and are £1.051m above revised plan.

5.3 The balance sheet is presented in Table 2.

Statement of Position - December 2020

	2020/2021 November 2020 Group	2020/2021 December 2020 Group	Variance - Prior Month	2020/2021 December 2020 QEF	2020/2021 December 2020 FT
	£000's	£000's	£000's	£000's	£000's
Assets					
Non-Current Assets					
Investments	80	80	0	80	16,824
Property, Plant and Equipment, Net	115,471	118,548	3,077	460	118,088
Trade and Other Receivables, Net	2,229	2,221	(8)	889	1,332
Finance Lease - Intragroup				43,416	0
Trade and Other Receivables - Intragroup Loan	0	0	0		19,771
Total Non Current Assets	117,780	120,849	3,069	44,846	156,016
Current Assets					
Inventories	3,985	4,076	91	2,145	1,931
Trade and Other Receivables - NHS	4,790	4,516	(274)	321	4,195
Trade and Other Receivables - Non NHS	4,906	4,815	(91)	713	4,102
Trade and Other Receivables - Intragroup	8,124	7,142	(981)	6,676	466
Trade and Other Receivables - Other	0	0	0		0
Prepayments	4,591	4,183	(408)	324	3,858
Cash and Cash Equivalents	56,005	52,071	(3,934)	8,969	43,101
Other Financial Assets - PDC Dividend	0	0	0		0
Accrued Income	951	1,017	66	675	342
Finance Lease - Intragroup				192	0
Trade and Other Receivables - Intragroup Loan					974
Total Current Assets	83,352	77,820	(5,532)	20,016	58,970
Liabilities					
Current Liabilites					
Deferred Income	28,900	28,096	(803)	156	27,940
Provisions	710	710	0	0	710
Current Tax Payables	3,991	3,822	(169)	320	3,502
Trade and Other Payables -Intragroup	8,124	7,142	(981)	466	6,676
Trade and Other Payables - NHS	1,578	2,778	1,200	572	2,206
Trade and Other Payables - Other	8,168	6,845	(1,323)	2,856	3,989
Trade and Other Payables - Capital	800	645	(155)	0	645
Other Financial Liabilities - Accruals	30,127	28,918	(1,209)	5,085	23,834
Other Financial Liabilities - Borrowings FTFF	678	499	(179)	0	499
Other Financial Liabilities - PDC Dividend	480	720	240	0	720
Other Financial Liabilities - Intragroup Borrowings	0	0		974	0
Finance Lease - Intragroup	0	0		0	192
Total Current Liabilities	83,556	80,176	(3,380)	10,429	70,913
NET CURRENT ASSETS (LIABILITIES)	(205)	(2,356)	(2,152)	9,588	(11,944)
Non-Current Liabilities					
Deferred Income	2,752	2,724	(28)	1,869	855
Provisions	2,748	2,748	0	0	2,748
Trade and Other Payables - Other	0	0	(0)	0	0
Other Financial Liabilities - Accruals	0	0	0	0	0
Other Financial Liabilities - Intragroup Borrowings	0	0	0	19,771	0
Other Financial Liabilities - Borrowings FTFF	15,188	15,188	0	0	15,188
Finance Lease - Intragroup				0	43,416
Total Non-Current Liabilities	20,688	20,660	(28)	21,640	62,208
TOTAL ASSETS EMPLOYED	**96,887**	**97,833**	**946**	**32,793**	**81,864**
Tax Payers' and Others' Equity					
PDC	130,874	130,968	95	0	130,968
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(43,108)	(42,256)	852	15,969	(58,225)
Other Reserves	0	0	0	0	0
Revaluation Reserve	9,022	9,022	0	0	9,022
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	96,887	97,833	946	32,793	81,864
TOTAL ASSETS EMPLOYED	**96,887**	**97,833**	**946**	**32,793**	**81,864**

Table 2 – Statement of Position

6 Capital

6.1 The 2019/2020 capital programme was initially set at £7.090m at the planning stage; this CDEL limit has increased to £17.067m to reflect additional capital funding received for a number of additional programmes such as, but not limited to:

- £1.000m in respect of Critical Infrastructure Works,
- £1.435m for A&E Works,
- £1.370m for Mental Health Dorms
- £5.000m for Pathology Covid Works

6.2 There is still a claim outstanding with NHSI/E in respect of £1.000m of Covid 19 related capital expenditure that was incurred in the early months of the financial year. Given the Trust is now in the final quarter of the financial year it has mitigated this risk by constraining the remainder of its capital programme.

6.3 The revised capital plan is outlined within Table 3; Costs incurred to date are £7.463m but the Trust has reasonable confidence that the remaining capital commitments outlined in the plan will be delivered.

Capital Programme	£000s	£000s
Funding		
Internal generated	5,945	
Confirmed PDC	11,892	
Charitable Funds	230	
Total Funding		**18,067**
Expenditure		
Pathology Covid 19 Works	5,000	
IT GDE	2,350	
A&E Works	1,435	
Sunniside reprovision	1,370	
Equipment Replacement	1,195	
CT Scanner replacement	1,100	
Critical infrastructure	1,000	
Alterations to Tranwell	897	
Maternity Scheme (mitigation)	450	
Ward 21	400	
Building & Engineering Backlog Maintenance	396	
Other (aggregate of smaller schemes of less than £360k)	2,474	
Total Expenditure		**18,067**

Table 3: Capital Programme

7 Risk

7.1 There are a number of risks that must be noted alongside consideration of the financial position. Table 4 provides further detail of these risks, along with the current risk rating and any progress against actions to mitigate.

	CRR	Progress / Mitigation
Risk that the level of efficiency savings required in year cannot be achieved	6	The financial framework has been suspended for M1 to M6 of the financial year. The M7 to M12 financial regime has been agreed and the Trust is forecasting to hit the financial target. However moving forward BUs are unable to work on CIP plans dues to the ongoing COVID pandemic therefore the achievement of CIP in 21/22 will be a risk.
Unable to agree a reasonable financial plan or envelope for 2020/21 given timescales inherent in the proposed planning guidance	6	The financial framework was suspended for M1 to M6 and replaced with a breakeven funding regime; for months 7-12 systems have been issued with system level financial envelopes. A collective detailed ICP financial plan, prepared in response to the system financial envelope, has been submitted to the ICS including financial risks. The Trust continues to work in partnership with the ICP on the agreement of a financial plan for M7 to M12, with a further organisational level iteration due for submission on 22/10/2020. As directed by NHSI/E all plans have been prepared with the underlying assumption that phase 3 will continue to be delivered in the event of further Covid 19 pressures. Impact associated with escalation of further pressures are not inherent in the planning scenario. As at Month 9 the Trust is forecasting to hit its financial plan.
Robustness of the financial forecast given the uncertainty surrounding COVID and the effect on capacity and demand	16	DFBMs continue to work closely with the business units to ensure implications of potential second wave are identified but also the costs of 'catch up' are included, where relevant, within the forecast outturn scenario modelling. This is has increased due to the continued COVID surge and the subsequent unpredictability of costs.
Unmanaged escalation in costs leading to deterioration in underlying financial position and cost base of the Trust	15	Budgetary control framework remains in place, separate identification of COVID costs, continued focus on VFM and cost control to organisation.

Table 4: Financial Risk

Jackie Bilcliff, Group Director of Finance
24th January 2021

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 9

Date of Meeting:	27th January 2021				
Report Title:	Integrated Quality & Performance Report				
Purpose of Report:	The Integrated Quality and Performance Report (IQPR) will now be produced on a monthly basis to monitor key performance indicators mapped to the CQC's Key Lines of Enquiry. They include national and local (including phase 3) performance indicators together with clinical quality, patient safety indicators and workforce metrics. The IQPR provides assurance to the Committee that all areas of performance are monitored, allowing the Committee to gain assurance regarding actual performance, Trust priorities and remedial actions. Key elements of the report will be discussed by Finance & Performance Committee, Quality Governance Committee and the Human Resources Committee.				
	Decision: ☐	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services			
	Aim 2 ☒	We will be a great organisation to work in			
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	The Board is asked to note the key messages relating to performance this month: Acknowledge challenges in recovering activity during the second and third wave of the pandemic and impact on performance. Key areas of note are: • A&E performance below standard - increased acuity and re-organisation of front house to accommodate Red Zone patients • Increased demand for 2 week waits in cancer, particularly breast referrals • Diagnostics, 18 weeks RTT can cancer compliance continue to be impacted by Covid-19. Recovery plans were going well for September/October; then plans impacted by Wave 2 and now Wave 3. • Further investigation / report back required in relation to ensuring clinical prioritisation plans are implemented as per the recent guidance – from Quality Governance Committee.				

<table>
<tr><td></td><td colspan="2">The Board are asked to:
a) Receive the IQPR for December;
b) Note Trust performance & regional achievement against standards
c) To seek further information and test robustness of plans as is require, allowing judgement regarding levels of assurance for future levels of operational performance.</td></tr>
<tr><td>Financial Implications:</td><td colspan="2">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.</td></tr>
<tr><td>Risk Management Implications:</td><td colspan="2">Risk to Trust’s ability to deliver strategic objectives due to the diversion of resource (of all types) required to manage the pandemic.
A sustained exceptional level of demand for services that overwhelms capacity resulting in a prolonged widespread reduction in the quality of patient care and repeated failure to achieve the constitutional standards, with possible harm to patients.
Risk to deliver in the national access targets of 92% for 18 week RTT, and the ability to recover long waits and patient backlog:
- Gaps in workforce & theatre workforce redeployment into critical care
- National ask to prioritise cancer patients 1st and share resource regionally
- Reduction in Independent Sector capacity
Risk to deliver cancer standards:
- Growing demand (breast)
Reduced capacity due to staff redeployment and additional rota cover</td></tr>
<tr><td>Human Resource Implications:</td><td colspan="2">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.</td></tr>
<tr><td rowspan="3">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
☒</td><td>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</td></tr>
<tr><td>Obj. 2
☒</td><td>All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers</td></tr>
<tr><td>Obj. 3
☐</td><td>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</td></tr>
<tr><td>Author:</td><td colspan="2">Debbie Renwick</td></tr>
<tr><td>Presented by:</td><td colspan="2">Debbie Renwick and Jo Baxter</td></tr>
</table>

Integrated Quality & Performance Report
Finance & Performance Committee: January 2021

Gateshead Health NHS Foundation Trust

Contents:

- Introduction
- Executive Summary
- SOF
- Phase 3 Activity
- Integrated Oversight (KLOE)

- Responsive:
  - Operational & Phase 3 Metrics
  - Exception reporting:
    - RTT
    - 2 week waits
    - Diagnostics

- Safe: Safety Alert
- Effective: Deaths and HSMR
- Well Led: Sickness, Appraisals & Core training

Summary Icons	
Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)
?	The system may achieve or fail the target subject to random variation
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target

Integrated Quality & Performance Report

Introduction and SPC

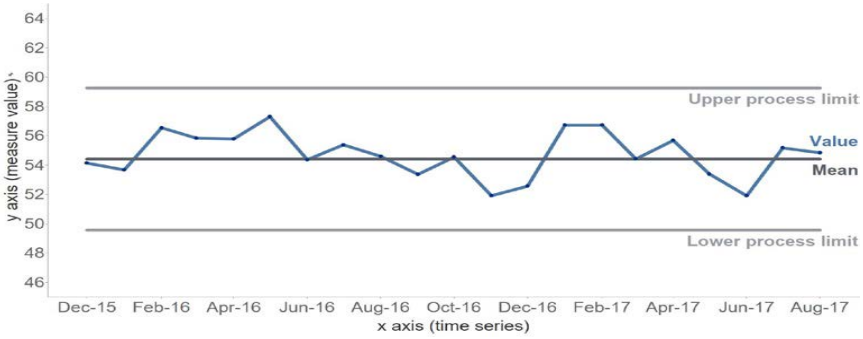
Gateshead Health NHS Foundation Trust

This report provides an integrated summary of the performance indicators from all domains of the Single Oversight Framework (SOF) that the Trust monitors and is monitored by NHSI and additional indicators as identified by the Trust's Board as priorities.

It is intended to complement, not replace, the more detailed reports for each domain that are scrutinised by Board Committees, i.e. the integrated quality and learning report, the operational performance report, the financial performance report, the HR metrics report.

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.
When the data falls within the process limits and there are no other statistically significant trends noticed in the data (those identified in the next page) we say the indicator is exhibiting 'normal variation'.

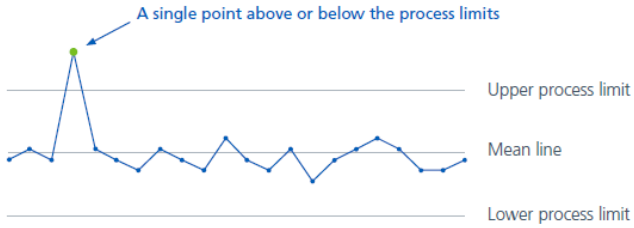
Integrated Quality & Performance Report

Using SPC to identify special cause variation

Gateshead Health NHS Foundation Trust

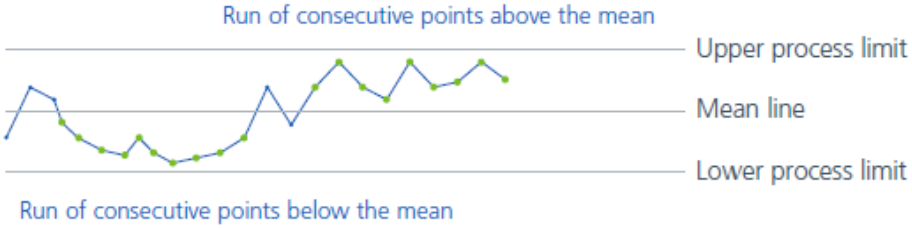
A single point outside the control limits

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.



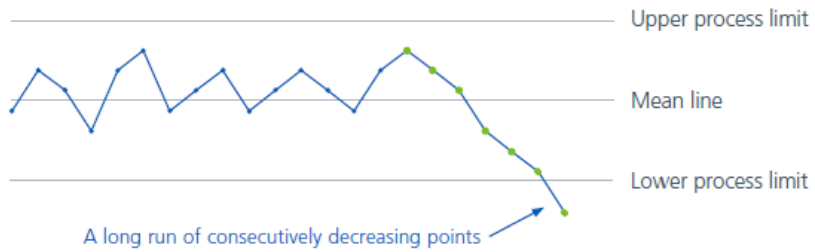
Consecutive points above or below the mean line

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.



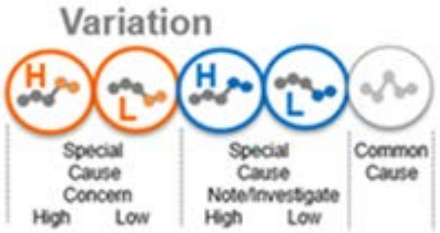
Integrated Quality & Performance Report

How we use statistical process control in this report

Gateshead Health NHS Foundation Trust

We apply SPC to all the selected metrics that it is appropriate to do so.

After applying this we use the following symbols to denote where we have identified special cause variation, and to show where targets are consistently achieved, failed, or will likely vary between being achieved and failing.



Orange variation symbols indicate that there is special cause variation in a direction that is considered of concern.
Blue variation symbols indicate that there is special cause variation in a direction that is considered a potential improvement.
A grey variation symbol indicates that the measure is demonstrating common cause variation, with values that are expected within current normal practice.

Assurance symbols are used to denote a judgement of whether targets are currently being consistently hit (blue symbol), failed (orange symbol), or hit/missed at random within current observed values (grey symbol).
There is no single rule that drives this judgement, but recent performance and 12 month performance are considered.
Assurance judgements are based upon retrospective data – they do not include any intelligence about future predicted performance. Where the NHS SPC tool has been used the assurance judgement is calculated by the tool, if the performance fluctuates up and down this may not always highlight a target being passed or failed.

Reporting by exception

This Board report provides a summary overview of all the SOF and selected metrics, organised by CQC key line of enquiry.
It provides detail on the metrics which exhibit special cause variation OR where a target is consistently being failed.
Metrics which exhibit common cause variation, do not have targets attached, are hit and miss or are consistently hitting the target do not have detail provided.
Detail for all metrics can be found in the more detailed reports that are scrutinised by Board Committees, i.e. the integrated quality and learning report, the operational performance report, the financial performance report, the HR metrics report.

Executive Summary

Responsive

A&E: The Trust continues to underachieve against the 4 hour standard, failing December and also Q3. This is the 5th consecutive month the Trust has failed the 4 hr target. In December the Trust saw 86.2% of the patients presenting through A&E within 4 hours, compared to 83.9% in December 2019 although footfall through A&E continues to be consistently lower than last year; since April the average daily reduction is 152 (42%) less patients - In December the rate is down by on average 170 patients (47%). The latest national benchmarking data places the Trust at 60th out of 139 Type 1 providers. This is mostly down to the front of house reconfigurations required due to the covid pandemic and the requirement for pending and covid testing prior to both admitting and transferring patients to speciality areas. The TAKT time of testing results is a major contributor.

Non-elective admissions are also much lower, down by circa 30% of last years activity. The Business Unit are preparing an analysis to best understand how to tackle the multifactoral pressures. Workforce pressures and Covid-19 testing turnaround times have impacted performance since August.

The Trust remains one of the better performing hospitals in the region for Ambulance Handovers, reporting 15 delays in December.

RTT: The waiting-list is now showing special cause variation, and is above plan. November (finalised data) indicates 9,399 patients awaiting treatment, with 108 patients waiting over 52 weeks. Influencing factors are reduced elective capacity (theatres, beds and workforce) due to the pandemic and the circuit break. The Surgical Business Unit are exploring all options to maximise the Independent Sector and reviewing options to explore additional capacity to deliver treatments in neighbouring Trusts. In December the Trust embarked on a technical validation of the waiting-list to better understand patient's wishes in support of clinical prioritisation of the waiting-list and maximising our clinical capacity.

Cancer: The Trust's position against the 2 week wait target dropped to 71.8% in November, the tumour groups driving this performance are breast, urology, Upper GI and lung. The Breast service runs 'best practice' one stop clinics, whereby patients wait slightly longer than two weeks for their initial appointment, however patients are diagnosed sooner & are given a treatment plan much quicker on this pathway.

The Trust's position for 62 Day cancer standards has slightly improved in November to 61.2% of our patients meeting the standard. All tumour groups are affecting performance, with the exception of Upper GI in November. Weekly target tracking meetings are in place to work through treatment plans and relieve the bottlenecks at tumour level to reduce the long waiters. The Trust has reduced the long-waiters (>104 days) from >100 to 28 . The Northern Cancer Alliance are supporting Trusts in the process to move away from Trust level performance management regimes and focus the efforts on getting patients seen.

The Trust remains below average for the NCA standards.

Diagnostics: Whilst the Trust failed the diagnostic standard in November reporting 73.9% of our patients seen with 6 weeks of referral, the recovery trajectory shows an improvement of 26% since April. Additional sessions and workforce plans are recovering the endoscopy position, audiology have a recovery plan which eradicates the backlog by March 2021, and echocardiography are currently compiling their recovery options.

Executive Summary

Safe

1 Outstanding national patient safety alert, in Dec 2020 - potentially closed Jan 21.

Effective

The Trust is showing more deaths than expected for the recent available period, these are currently being reviewed by Associate Medical Director, Lead Medical Examiner & Acting Assistant Director of Quality & Risk
To be reviewed at the Mortality & Morbidity Steering Group, reporting into the Quality Governance Committee.

Well Led

Staff sickness, core training and appraisals are all indicating cause for concern.

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 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

NHS Gateshead Health NHS Foundation Trust

Category	Performance Indicator Information	PSF Trajectory	2019/20	2020/21 Performance													Standard	Trigger for Potential Support Need:-
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2020/21	(2 consecutive months of non delivery of standard/PSF trajectory)*
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%					66.0%	92%	
	Maximum Waiting Time 4 hours in A&E	Y	89.6%	91.7%	94.7%	98.4%	97.5%	94.7%	94.6%	85.5%	83.3%	86.2%				92.1%	95%	
	62 day wait for 1st definitive treatments	N	76.7%	75.3%	41.0%	59.3%	69.4%	66.7%	71.9%	60.2%	61.2%					64.0%	85%	
	62 day wait for treatment (screening patients)	N	94.1%	77.8%	47.6%	0.0%	26.7%	45.5%	60.0%	96.6%	92.7%					60.9%	90%	
	Maximum 6-week wait for diagnostic procedures	N	98.8%	35.7%	32.5%	40.1%	53.4%	57.5%	61.2%	66.2%	61.8%					50.7%	99%	

Dashboard Key:

	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

SOF: Benchmarking

Provider	A&E 4 hour standard (Nov)	RTT - 18 week standard (Oct)	Cancer 62 day - GP referral (Oct)	Cancer 62 day - screening service (Oct)	Diagnostic 6 week waits (Oct)	Single Oversight Framework triggers			12 hour trolley waits (Nov)	Ambulance handovers 30-60 mins (Nov)	Ambulance handovers 60+mins (Nov)	52 week waits (Oct)	Total Waitng List (Oct)
	95%	92%	85%	90%	=<1%	This month	Last month	This month triggers	Zero			Zero	
North ICP													
Gateshead Health NHS Foundation Trust	83.3%	76.7%	61.1%	100.0%	33.8%	4	5	A&E; RTT; Cancer 62 (GP); Diagnostics	0	15	3	79	9,148
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	86.5%	68.8%	82.1%	85.7%	23.3%	5	5	A&E; RTT; Cancer 62 (GP); Cancer (Screening); Diagnostics	0	53	0	2,045	70,622
Northumbria Healthcare NHS Foundation Trust	95.7%	85.0%	79.9%	60.0%	5.3%	2	2	RTT; Diagnostics	0	271	59	27	22,579
South ICP													
South Tees Hospitals NHS Foundation Trust	83.4%	60.7%	76.3%	81.8%	22.0%	4	4	A&E; RTT; Cancer 62 (GP); Diagnostics	9	56	30	1,925	33,413
North Tees & Hartlepool NHS Foundation Trust	CRS Pilot site	92.4%	71.8%	88.9%	9.9%	2	3	Diagnostics; Cancer (GP)	0	89	29	37	14,485
Central ICP													
County Durham & Darlington NHS Foundation Trust	81.1%	67.3%	71.6%	100.0%	9.5%	4	5	A&E; RTT; Cancer 62 (GP); Diagnostics	4	250	98	1,325	24,217
South Tyneside and Sunderland NHS Foundation Trust	91.8%	85.0%	89.1%	100.0%	27.7%	3	3	A&E; RTT; Diagnostics	0	212	13	358	29,727
North Cumbria Integrated Care NHS Foundation Trust	80.3%	58.9%	63.7%	90.0%	50.5%	4	4	A&E; RTT; Diagnostics; Cancer 62 (GP)	23	94	14	1,777	25,460
Cumbria and North East STP *(including IS providers)*	87.0%	72.6%	76.3%	89.6%	24.8%	28	31	Total for providers in CNE	36	1040	246	7,652	242,319
North East & Yorkshire	83.2%	69.6%	73.2%	86.3%	30.3%								
National	84.0%	65.5%	74.5%	85.0%	29.2%								

Single Oversight Framework summary: *(the Single Oversight Framework was first published in 2016 and the latest iteration was published in November 2017. A link to the SOF can be found here. The SOF is recognised by all NHS providers and is used as a core element to monitoring overall performance. The basis of this report will continue keep SOF metrics at the core and expand beyond into areas of regional/national importance. The Operational Performance element of the SOF monitors performance against national standards and will attach triggers to areas of performance deterioration. Details of triggers are in the guidance, but these are most commonly attached to metrics with consecutive monthly under delivery.)*

Across CNE providers have a total of 28 SOF triggers for the latest reporting period. Since the last iteration of the report, the changes have been the removal of triggers for Cancer 62 (Screening) at Gateshead and CDDFT and RTT at North Tees and Hartlepool.

Phase 3 Activity Monitoring

Phase 3 national expectation is that hospital patient activity is to return to 'normal' levels.
Normal is therefore defined as activity levels delivered in 2019/20.
Activity delivered in the month of December are therefore expressed as a percentage of the activity delivered in the same period last year.

						Phase 3 Recovery			
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
OP New	29%	38%	63%	75%	80%	81%	73%	81%	82%
OP Follow Up	47%	50%	81%	78%	80%	90%	80%	86%	80%
Daycases	29%	34%	58%	65%	69%	84%	82%	78%	94%
Electives	10%	14%	25%	49%	79%	85%	73%	42%	68%
Diagnostic Tests	27%	44%	63%	68%	73%	83%	85%	86%	91%

In November the Trust experienced a number of 'outbreaks' which severely impacted upon our workforce availability and reduced capacity. To protect our workforce and to continue to provide urgent services safely, the Trust issued a two week circuit break, cancelling all non-urgent activity.
December introduced the requirement to submit a daily sit-rep identifying daily admissions and cancellations by patient priority category.

December: Ordinary Elective		
	Admissions	Cancellations
P1	0	0
P2	10	0
P3	51	4
P4	117	14
	178	**18**

December: Daycase		
	Admissions	Cancellations
P1	0	0
P2	2	0
P3	252	15
P4	1395	76
	1649	**91**

Patient Priority guidelines:

<1 month	P2
<3 months	P3
>3 months Delay 3 months possible	P4
Patient wishes to postpone surgery because of COVID-19 concerns**	P5
Patient wishes to postpone surgery due to non-COVID-19 concerns**	P6

Phase 3 Latest Activity Benchmarking

Weekly Activity

Weekly Activity Summary (WE 27/12/2020)	2020/21 (as % of 2019/20)			
	First Outpatient	Follow Up Outpatient	Day Case	Ordinary
NORTH ICP				
GATESHEAD HEALTH NHS FOUNDATION TRUST	95%	94%	55%	106%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	78%	90%	83%	299%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	114%	112%	84%	68%
CENTRAL ICP				
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	94%	99%	108%	117%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	62%	116%	99%	120%
SOUTH ICP				
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	105%	131%	99%	80%
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	83%	87%	78%	79%
NORTH CUMBRIA ICP				
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	96%	74%	81%	181%
NORTH EAST & NORTH CUMBRIA	91%	104%	87%	102%

Integrated Quality & Performance Report

Gateshead Health NHS Foundation Trust

Summary - Triggering indicators

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
SAFE	Patient Safety Alerts not completed by deadline	1	Dec-20	0				1 outstanding alert December 2020
EFFECTIVE	Hospital Standardised Mortality Ratio		Oct 19 - Sep 20		119			12 month figure, The Trust is demonstrating 'More Deaths than Expected' for the most recent available period.
RESPONSIVE	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	75.9%	Nov-20	92%	73.6%			Special cause variation since April 2020, performance below target since January 2020
	Number of patients on an incomplete pathway	9399	Nov-20					Special cause variation - concern in November 2020
	Number of patients waiting 52 weeks or more on an incomplete pathway	108	Nov-20					Special cause variation - since July 2020
	Cancer 2ww compliance	71.6%	Nov-20	93%	75.1%			Special cause variation from May 2020, performance below target since April 2020
	Maximum 6-week wait for diagnostic procedures	61.8%	Nov-20	99%	66.5%			Special cause variation since April 2020, performance below target since March 2020
WELL-LED	Staff sickness	6.1%	Nov-20	4%	4.8%			Special cause variation - concern for April and November 2020 increasing since July 2020
	Appraisals	60.5%	Nov-20	85%	67.9%			Special cause variation - concern, deterioration since April 2020 and below target
	Core Training	76.3%	Nov-20	85%	79.3%			Special cause variation - concern, deterioration since March 2020 and below target

Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Phase 3 Performance Monitoring & Operational Standards

Performance Measure	RO	Last Period		This Period		Variation Indicator	Target Indicator	Target (where applicable)	Target Type
Referral to Treatment within 18 weeks	JB	Oct-20	76.68%	Nov-20	75.94%			92%	National
Referral to Treatment Total Incomplete	JB	Oct-20	9,433	Nov-20	9,697			8,590	Phase 3 Monitoring
Referral to Treatment > 52 week waiter	JB	Oct-20	79	Nov-20	109			0	Phase 3 Expectatio
A&E Seen within 4 hours	JB	Nov-20	83.34%	Dec-20	86.21%			95%	National
A&E Attendances	JB	Nov-20	5,659	Dec-20	5,837			10,587	Phase 3 Monitoring
Handover Delays 30-60mins	JB	Nov-20	15	Dec-20	12				Local Monitoring
Handover Delays >60mins	JB	Nov-20	3	Dec-20	3				Local Monitoring
Bed Occupancy	JB	Nov-20	88.80%	Dec-20	86.00%			92%	Phase 3 Monitoring
Cancer 2 WW to Treatemt within 62 Day	JB	Oct-20	59.48%	Nov-20	65.04%			85%	National
Cancer 62 Day Treatment Waits (Screen	JB	Oct-20	96.55%	Nov-20	92.68%			90%	National
Cancer waits over 104 days	JB	Oct-20	17	Nov-20	28			0	Phase 3 Expectatio
DM01 Diagnostics % within 6 weeks	JB	Oct-20	66.24%	Nov-20	61.81%			99%	National
Diagnostics Waiters	JB	Oct-20	5,021	Nov-20	4,072			3,923	Phase 3 Monitoring
Endoscopy Waiters (subset of the above)	JB	Oct-20	787	Nov-20	580			3,923	Phase 3 Monitoring

Integrated Quality & Performance Report

NHS Gateshead Health NHS Foundation Trust

Responsive

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
RESPONSIVE	UEC maximum waiting time of four hours from arrival to admission/transfer/discharge	86.2%	Dec-20	95%	90.5%		?	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	75.9%	Nov-20	92%	73.6%	L	F	Special cause variation since April 2020, performance below target since January 2020
	Number of patients on an incomplete pathway	9399	Nov-20			H		Special cause variation - concern in November 2020
	Number of patients waiting 52 weeks or more on an incomplete pathway	108	Nov-20			H		Special cause variation - since July 2020
	Cancelled elective operations within 24 hours not readmitted within 28 days	0	Dec-20		13			
	Cancer 2ww compliance	71.6%	Nov-20	93%	75.1%	L	?	Special cause variation from May 2020, performance below target since April 2020
	Cancer 2ww ENCB compliance	97.1%	Nov-20	93%	77.2%		?	
	Cancer 28 day compliance	74.5%	Nov-20	75%	70.6%		?	Below target since April 2020 but improving
	Cancer 28 day exhibited compliance	96.9%	Nov-20	75%	72.4%		?	
	Cancer 28 day screening compliance	56.0%	Nov-20	75%	50.3%		?	Special cause variation in May and June 2020, performance below target in October and November 2020
	Cancer 31 day compliance	97.2%	Nov-20	96%	97.9%		?	Special cause variation in June 2020
	Cancer 31 day subsequent drugs compliance	100.0%	Nov-20	98%	99.2%		?	Special cause variation in June 2020
	Cancer 31 day subsequent surgery compliance	88.9%	Nov-20	94%	95.7%		?	Perfomance below target in November 2020
	All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	61.2%	Nov-20	85%	67.0%		?	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	92.7%	Nov-20	90%	69.3%		?	Special cause variation in June and July 2020, performance below target since April 2020
	Cancer 62 day upgrade compliance	66.7%	Nov-20	94%	52.7%			
	Maximum 6-week wait for diagnostic procedures	61.8%	Nov-20	99%	66.5%	L	F	Special cause variation since April 2020, performance below target since March 2020

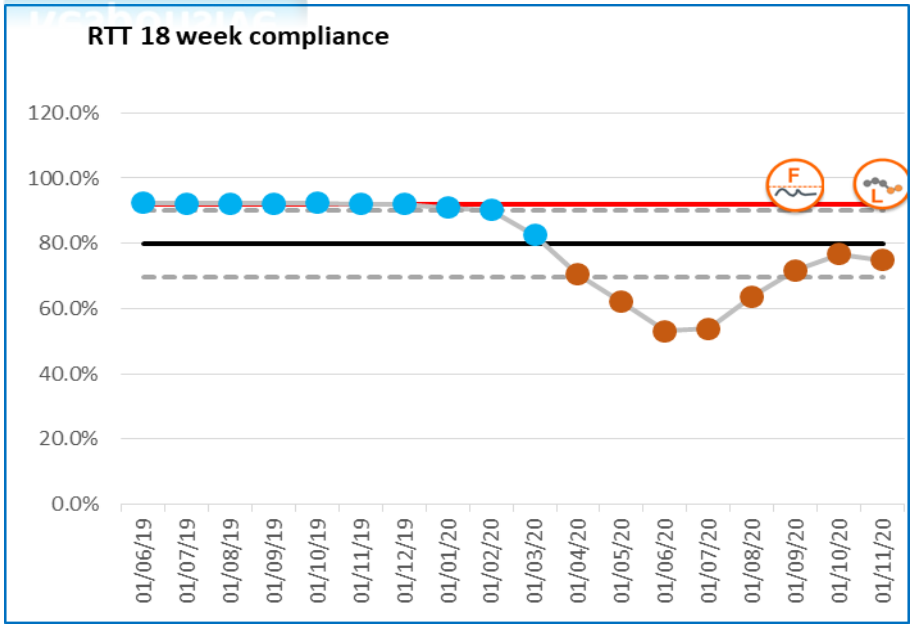
Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Report by exception: Responsive – Maximum time of 18 weeks from point of referral to treatment (RTT)

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard has not been met since December 2019 and special cause variation identified from April 2020

Responsive



Situation

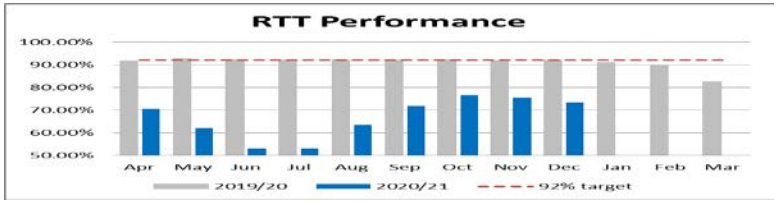
RTT performance has trended downwards significantly since February 2020. The standard has not been achieved since December 2019. A shift in performance is observed from April 2020 with performance below the 18 month mean from this point onwards .

Background

In March the Trust was required to cancel all non-urgent elective activity (NHSE/I) for a minimum of 3 months. Restart of elective recovery was well underway, seeing an upward improving trend; outbreaks and the circuit break have impacted on the ability to deliver Inpatient overnight stays.

Assessment

The indicator is flagging to consistently fail the target based on current performance and monthly variation. All specialties are currently failing this target, although July – October demonstrated positive improvements against this standard.



Actions

- Business Unit are exploring all options to maximise capacity – Independent Sector & treatments at neighbouring hospitals.
- Weekly prioritisation of available capacity.
- Maximising Day case potential
- Technical validation of the waiting list completed to understand patients' treatment options and those choosing to delay treatment but remain on the waiting list.
- Treatment cancellations by priority type are now sit-rep reportable.

Recommendation

Finance & Performance Committee are to note that this trajectory is likely to deteriorate further given the UK alert level changing from 4-5. Mutual aid arrangements extended across regional boundaries to facilitate protection of P1 & P2 capacity. P3 and P4 activity can continue only if there is no unmet demand.

Combined impact analysis

Financial impact Not yet known

Quality impact

Long waits for elective surgery could mean that patients 'conditions may change from being first seen. This also has the potential to adversely impact on patient experience.

Workforce impact

Maximising IS capacity – Surgeons operating at Nuffield, and Spire.

Operational performance impact

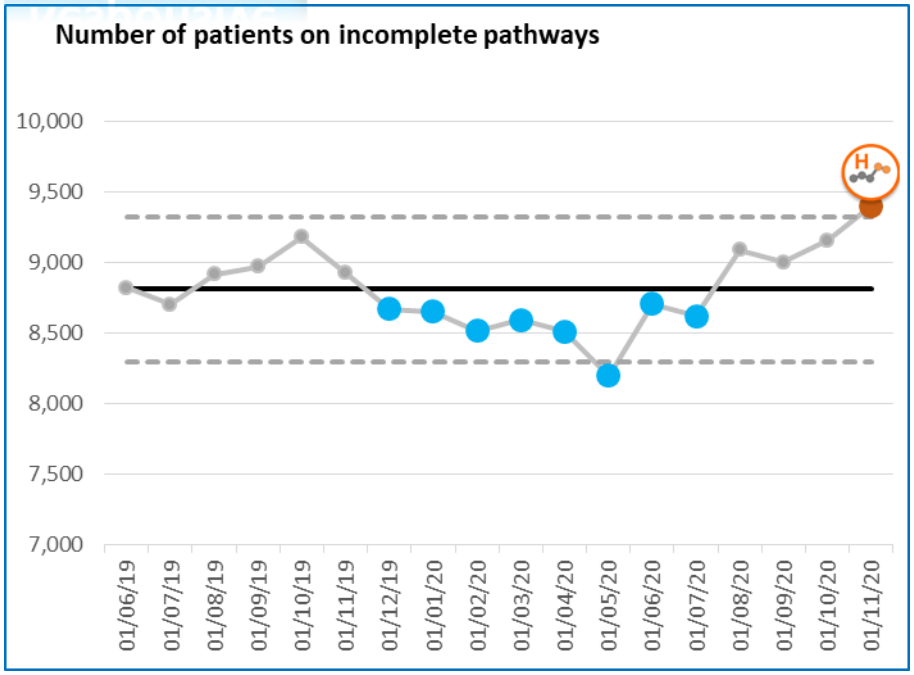
Trajectory set to fail.

Report by exception: Responsive – Number of patients on an incomplete pathway

Detail on this measure is included as the special cause variation identified in November 2020

Gateshead Health NHS Foundation Trust

Responsive



Situation

The number of patients on an incomplete pathway has shown a general increase since May 2020; The figures for the last four months have continued to be above the 18 month mean with November 2020 triggering special cause variation.

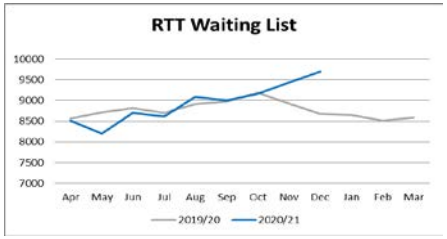
Background

In March the Trust was required to cancel all non-urgent elective activity (NHSE/I) for a minimum of 3 months. Outbreaks and the recent circuit break have impacted on the ability to deliver Inpatient overnight stays, therefore increasing the number of patients waiting to 9,339 at the end of November.

Assessment

All surgical specialties waiting lists have been impacted by reduced capacity.

Specialty	Growth since April	Volume
General Surgery	60%	784
Gynaecology	20%	156
Trauma & Orthopaedics	7%	47
Urology	25%	133
Paediatrics	20%	78
General Medicine	50%	10



Actions

- Business Unit are exploring all options to maximise capacity – Independent Sector & treatments at neighbouring hospitals.
- Weekly prioritisation of available capacity.
- Technical validation of the waiting list completed to understand patients' treatment options and those choosing to delay treatment but remain on the waiting list.
- Treatment cancellations by priority type are now monitored and are sit-rep reportable.

Recommendation

Finance & Performance Committee are to note that this trajectory is likely to deteriorate further given the UK alert level changing from 4-5. Mutual aid arrangements extended across regional boundaries to facilitate protection of P1 & P2 capacity. P3 and P4 activity can continue only if there is no unmet demand.

Combined impact analysis

Financial impact Not yet known

Quality impact

Long waits for elective surgery could mean that patients 'conditions may change from being first seen. This also has the potential to adversely impact on patient experience.

Workforce impact Maximising IS capacity – Surgeons operating at Nuffield, and Spire.

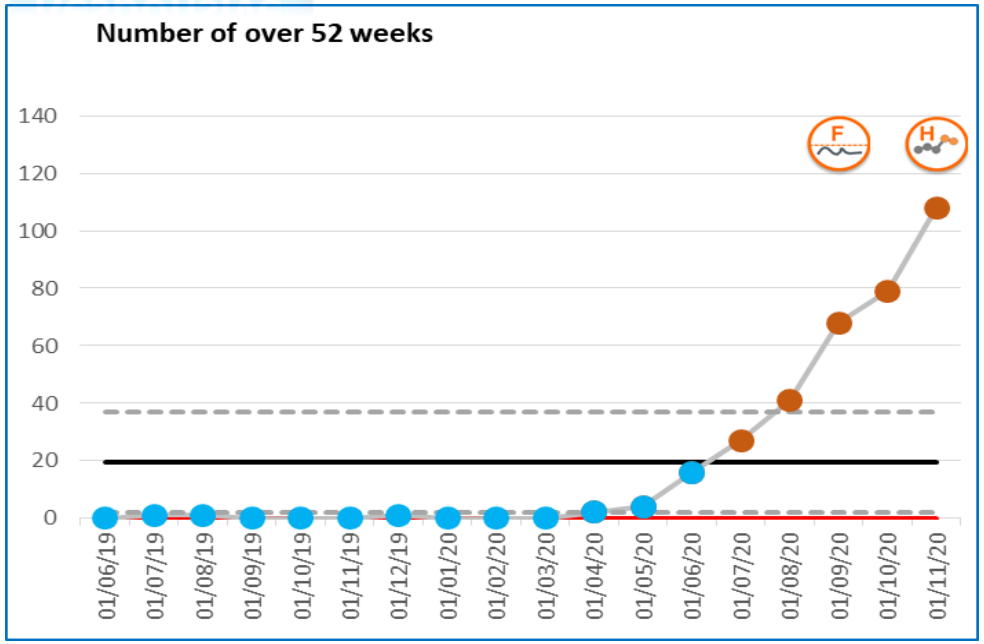
Operational performance impact Waiting list will continue to grow, until elective capacity is truly protected.

Report by exception: Responsive – Number of patients waiting 52 weeks or more on an incomplete pathway

Detail on this measure is included as the standard has not been met since June 2020 and special cause variation is identified

Gateshead Health NHS Foundation Trust

Responsive



Combined impact analysis

Financial impact Not yet known

Quality impact

Long waits for elective surgery could mean that patients 'conditions may change from being first seen. This also has the potential to adversely impact on patient experience.

Workforce impact Maximising IS capacity – Surgeons operating at Nuffield, and Spire.

Operational performance impact Over 52 week waiters will continue to grow, until elective capacity is truly protected.

Situation

The number of patients waiting 52 weeks has increase consecutively over the last 8 months triggering special cause variation from July onwards. At the end of November there were 109 patients waiting 52 months or more.

The indicator is highlighted to consistently fail based on current performance and variation.

Background

In March the Trust was required to cancel all non-urgent elective activity (NHSE/I) for a minimum of 3 months. Restart of elective recovery was well underway, seeing an upward improving trend; outbreaks and the circuit break have impacted on the ability to deliver Inpatient overnight stays.

Assessment

RTT > 52 weeks	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
General Surgery					1	2	7	11	13	20	26	27
Gynaecology							1				1	2
Orthopedics	1					2	8	16	25	42	45	71
Urology										2	3	5
Paediatrics										1	1	
Cardiology												
Gastro									1	1	2	
Rheumatology												1
Other									2	3	2	3
Totals	1	0	0	0	1	4	16	27	41	69	80	109

Actions

Business Unit are exploring all options to maximise capacity – Independent Sector & treatments at neighbouring hospitals.
Weekly prioritisation of available capacity.
Technical validation of the waiting list completed to understand patients' treatment options and those choosing to delay treatment but remain on the waiting list.
All 52 week waiters are fully validated as 'true' waits.
Treatment cancellations by priority type are now monitored and are sit-rep reportable.

Recommendation

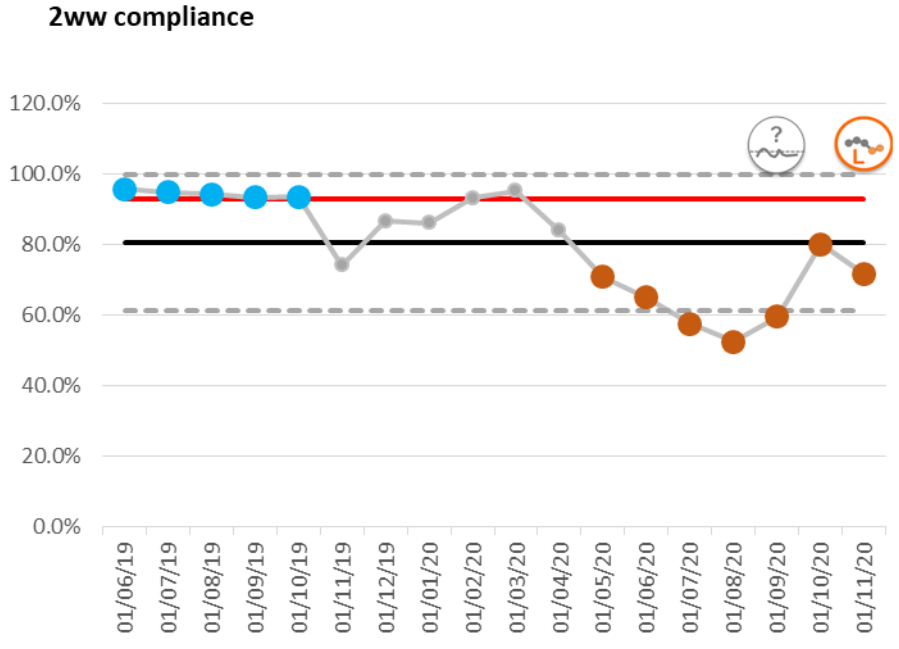
Finance & Performance Committee are to note that this trajectory is likely to deteriorate further given the UK alert level changing from 4-5. Mutual aid arrangements extended across regional boundaries to facilitate protection of P1 & P2 capacity. P3 and P4 activity can continue only if there is no unmet demand.

Report by exception: Responsive – Cancer 2 week wait compliance

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard has not been met since March 2020 and special cause variation identified

Responsive



Combined impact analysis

Financial impact

Quality impact

Workforce impact

Operational performance impact

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Situation

Cancer two week wait compliance has not met the 93% standard since March 2020 triggering special cause variation from May 2020 onwards.
Seven consecutive months from May 2020 performing below the 18 month mean.

Assessment

	April	May	June	July	August	September	October	November	December
14 Day	Total Seen %	Total Seen %	Total Seen %	Total Seen %	Total Seen %	Total Seen %	Total Seen %	Total Seen %	Total Seen %
Breast	81.48%	55.78%	44.88%	30.36%	19.50%	35.92%	69.62%	57.09%	38.62%
Gynaecological	92.16%	100.00%	87.95%	97.44%	97.50%	96.55%	93.00%	92.39%	87.50%
Haematological	75.00%	100.00%	100.00%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%
Lower Gastroint	67.50%	74.19%	89.08%	88.55%	94.85%	97.63%	98.85%	98.63%	95.50%
Lung	92.31%	100.00%	95.00%	94.12%	91.18%	96.43%	100.00%	80.95%	88.00%
Upper Gastroint	89.47%	81.08%	67.27%	81.82%	77.91%	59.71%	81.05%	79.82%	88.14%
Urological (Excl	94.29%	94.12%	98.00%	92.19%	92.86%	88.33%	93.33%	84.62%	95.83%
14 Day 2ww total	83.78%	70.73%	64.90%	57.53%	52.49%	59.43%	80.02%	71.82%	63.83%
Breast Non Exhib	100.00%	0.00%	0.00%	100.00%	100.00%	40.00%	100.00%	97.14%	100.00%
14 Day Breast Total	100.00%	0.00%	0.00%	100.00%	100.00%	40.00%	100.00%	97.14%	100.00%
Total	83.98%	70.45%	64.40%	57.80%	52.97%	59.34%	80.04%	72.64%	65.34%

Performance across all tumour sites with the exception of breast and UGI has been closer to achieving the performance standard.
There has been marked increase of X% in breast referrals, since October 2020. However, the breast service has continued to provide a one stop service throughout the pandemic. Patients are seen, diagnostic tests undertaken and a diagnosis given within one visit. Thereby ensuring the quality of the patient experience is maintained. The latest median waiting time is 28 days for diagnostics, the Trust has passed the faster diagnostic test against this standard since Aug 2020. Both the UGI and lung team contribute to the general medical rota and have had increasing commitments to this throughout the pandemic, alongside increasing their inpatient bed capacity. This increasing commitment alongside senior medical staff vacancies and shielding issues have impacted on the achievement of the 2ww standard.

Actions

The breast team has a proactive approach in arranging extra clinics and has plans in place over the next 3 weeks to increase clinic capacity. Northern Cancer Alliance funding of £75000 has been agreed to assist with increasing clinic capacity which will support ongoing plans.
There is a consideration that the increased number of breast referrals noted in recent months may be related to the higher number of patients being assessed by their GP via a telephone consultation and hence generation of referrals for patients who would not normally be seen in the service. It is difficult to initiate action for this currently considering the current community prevalence of covid which continues to impact on GP services.
Anticipation that performance within medical specialities will only improve as commitment to the general medical rota reduces and covid surge declines

Recommendation

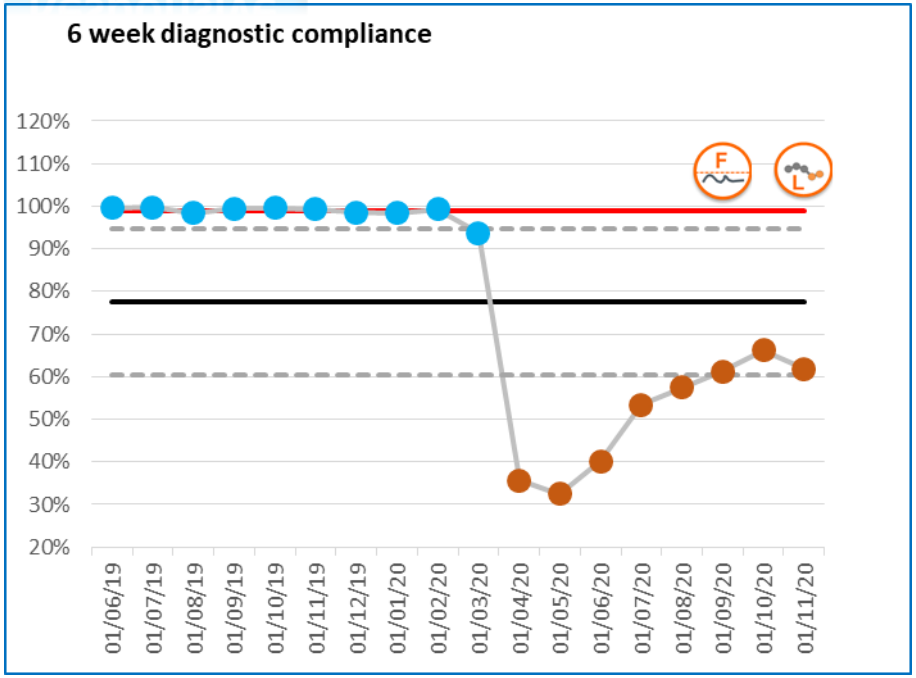
Detailed discussion and scrutiny at Finance & Performance Committee

Report by exception: Responsive – Maximum 6-week wait for diagnostic procedures

Detail on this measure is included as the standard has not been met since November 2019 and special cause variation triggered.

NHS Gateshead Health NHS Foundation Trust

Responsive



Situation

The 6 week wait target has not been met since November 2019 with a significant reduction in performance observed from March 2020 onwards triggering special cause variation.

The indicator is flagged as consistent fail as current performance and variation means that the target cannot be achieved due by normal variation.

Background

This indicator measures, at the end of each month, how many patients are still waiting more than 6 weeks for any of a number of diagnostic tests.

Assessment

Particular areas of concern are: Audiology, Echo cardiology, Flexi-sigs.

Actions

Audiology recovery plan anticipates achieving the target by March 2021. Medical business Unit are currently undertaking an options appraisal of staffing and Estate review – Plans expected Jan 21. Review to start with the department to understand Flexi-Sig pressures in Jan 21; linked to the national programme.

Recommendation

Detailed discussion and scrutiny at Finance & Performance Committee

Combined impact analysis

Financial impact

Quality impact

Workforce impact

Operational performance impact

	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Barium Enema	100.0%	100.0%	91.7%	85.1%	41.5%	29.7%	27.9%	75.0%	92.6%	100.0%	100.0%	100.0%
CT	100.0%	100.0%	100.0%	99.4%	59.9%	40.3%	54.7%	82.1%	91.4%	99.3%	99.4%	94.3%
MRI	100.0%	99.6%	100.0%	99.0%	41.0%	36.4%	72.0%	94.1%	97.5%	97.8%	99.1%	98.4%
Ultrasound	99.8%	99.8%	99.5%	92.4%	30.5%	32.8%	38.3%	50.7%	62.1%	78.4%	99.4%	98.1%
Audiology	99.3%	98.4%	99.6%	96.2%	18.8%	14.9%	21.8%	21.9%	26.6%	27.3%	23.3%	40.8%
Urodynamics	100.0%	100.0%	100.0%	91.7%	54.5%	53.3%	61.9%	48.1%	80.0%	93.3%	87.5%	98.2%
Colonoscopy	86.5%	85.4%	96.8%	93.2%	43.7%	37.6%	51.3%	70.4%	72.6%	85.2%	93.2%	82.5%
Flexi-sig	95.8%	98.5%	98.6%	94.4%	26.8%	29.4%	35.1%	35.6%	41.5%	44.2%	51.3%	45.5%
Gastroscopy	97.2%	95.3%	99.5%	92.1%	30.6%	30.7%	50.4%	66.4%	71.8%	81.2%	89.1%	95.8%
Dexa	100.0%	99.7%	99.7%	97.3%	46.7%	30.4%	40.5%	58.4%	63.7%	60.9%	85.7%	88.9%
Echos	99.6%	98.4%	99.4%	90.4%	37.9%	37.6%	45.5%	46.8%	41.6%	30.5%	28.4%	24.6%
Cystoscopy	96.6%	94.5%	93.8%	92.7%	25.4%	27.0%	16.8%	25.5%	29.8%	38.1%	51.7%	68.8%

Integrated Oversight Report

NHS Gateshead Health NHS Foundation Trust

Safe

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
SAFE	Occurrence of any Never Event	0	Dec-20	0	3		?	1 never event in January 20, 1 in June 20, and 1 in October 20
	Emergency c-section rate	13.3%	Dec-20		14.5%			
	Venous thromboembolism (VTE) risk assessment	98.6%	Dec-20	95%	98.8%		P	
	C difficile actual	34	Apr - Dec 20					
	Clostridium difficile - infection rate	35.5	Apr - Dec 20					
	Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	Apr - Dec 20	0	0			
	Medication errors per 1000 FCEs	8.8	Dec-20		7.4			A general upward trend over the past 12 months which may result in a trigger if this pattern continues. Special cause low triggering for the first seven points (Jul-19 to Jan-20) of the 18 month period considered.
	Patient Falls per 1000 bed days	11	Dec-20		9.8			
	Trust Aqcuired Pressure Damage per 1000 bed days (Category 2 and above)	4.2	Dec-20		3.4			
	Potential under-reporting of patient safety incidents	55.6	Dec-20		51.4			
	Patient Safety Alerts not completed by deadline	1	Dec-20	0			F	1 outstanding alert December 2020
	Escherichia Coli (E. coli) bacteraemia bloodstream infection (BSI)	190.2	Apr - Dec 20					
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemia infection rate	17.7	Apr - Nov 20					
	Care hours per patient day	9.9	Nov-20		9.1			

Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Report by exception: Safe – Patient safety alerts not completed by deadline

Detail on this indicator is included because there was an outstanding Patient Safety Alerts in Nov 20

Gateshead Health NHS Foundation Trust

Safe

Situation:

There was one outstanding Patient Safety Alerts in November 2020.

Background:

Patient Safety Alerts are issued by NHS Improvement and distributed via the electronic Central Alerting System.
All Patient Safety Alerts are forwarded to the Medical Director to advise on the most appropriate distribution.
New alerts are also aligned to a committee or group to ensure action progress is managed and evidenced in a robust process with director-level.
Each department within the Trust has nominated a number of key staff with responsibility for responding to safety alerts and this is reliant upon the CAS Liaison Officer selecting whichever staff are deemed appropriate to manage the alert.

Assessment: NatPSA 2020 001: Ligature point and ligature point risk assessment tools and policies. Date of issue: 03.03.2020
Remove from publicly accessible websites all policies, protocols, guidelines, tools or similar documents** that describe detail of ligature points, ligatures, or detail of any other means of self-harm.

Actions Completed:

- Revise local publication procedures to include positive confirmation that the content does not risk the safety of patients or the public, prior to upload to public-facing websites.
- Review local policies, guidance or tools for ligature risk assessment to ensure they are up to date and reflect all Estates and Facilities Alerts related to ligature risk, and the most current version of CQC's Brief Inspectors' Guide to Ligature Points.

Actions to be finalised (January 2021) :

Action 1: A search of the words ligature / ligature point / self harm was made on policies accessible to the public. General reference (not detailed) made within the appendix of one Mental Health Policy - request made to remove the appendix from the document.

Action 2: Agreed to amend the Terms of Reference for those councils and committees with responsibility for overseeing the development, review and ratification of guidelines and policies which may refer to self-harm to ensure that all documents presented for publishing make no reference to the detail of self-harm.

Action 3: policy in draft form; the detail contained within the draft is compliant with the suggested references.

Recommendation:

Please note the outstanding actions will be closed as of January reporting. Risk and Safety Committee to monitor progress of changes to governance and report through Quality Governance Committee.

Integrated Oversight Report

Gateshead Health NHS Foundation Trust

Effective

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
EFFECTIVE	Summary Hospital level Mortality Indicator		Aug 19 - Jul 20		1.05			12 month figure, The Trust has a banding of 'As expected' for the most recent available 12 month period.
	Hospital Standardised Mortality Ratio		Oct 19 - Sep 20		119			12 month figure, The Trust is demonstrating 'More Deaths than Expected' for the most recent available period.
	Long Length of Stay Patients	30.3	Dec-20		44			Reduction in December 2020
	Readmissions within 30 days	10.5%	Sep-20		10.2%			Special cause variation for May 2020
	Pre procedure elective bed days	0.32	Dec-20		0.25			High against national median Q2 20/21 of 0.15

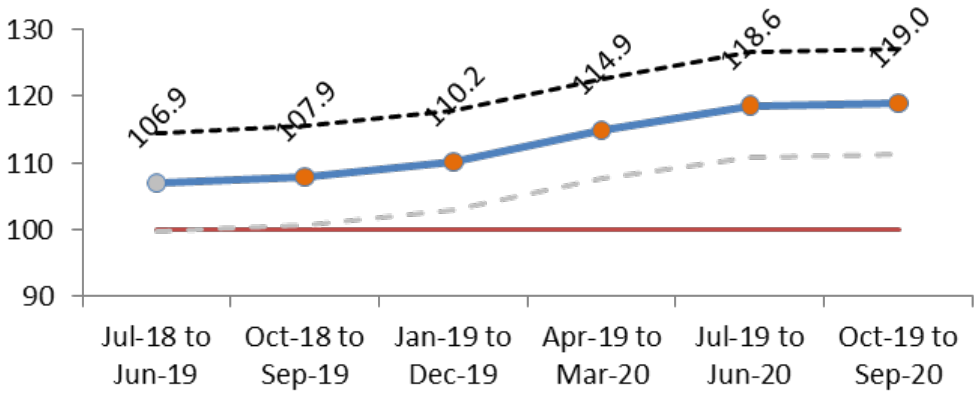
Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Report by exception: Effective – Hospital Standardised Mortality Ratio

Detail on this measure is included as HSMR is above the expected value and the lower confidence limit is also above the expected value

Gateshead Health NHS Foundation Trust

Effective



Combined impact analysis

Financial impact

No direct financial impact yet identified.

Quality impact

No direct quality impact yet identified.

Workforce impact

No direct workforce impact yet identified.

Operational performance impact

No direct operational performance impact identified.

Situation

HSMR is above expected value. The Trusts HSMR has increased to 'Higher than Expected' levels since from the period Jul-18 to Jun-19 to date .

Background

The HSMR is a measurement tool that considers observed hospital deaths with the expected number of deaths based on certain risk factors identified in the patient group.

Assessment

The mortality indicators show the Trust deaths relative to the expected deaths per the statistical models for HSMR and SHMI. For the Trust the two mortality indicators are diverging

The models are influenced by a trust's coding, in particular the Primary diagnosis, also the Secondary and Palliative Care coding.

No specific cause for the high HSMR, or concern about quality of care, has been identified.

There is some evidence that respiratory infection (pneumonia, septicaemia, COPD, acute bronchitis) contributes to the overall mortality position.

Due to the impact of Covid-19 and the fundamental weaknesses of the HSMR and SHMI indicators, the Trust should be more reliant on other methods and sources of intelligence to monitor mortality. For instance, outcomes from Mortality Reviews, Medical Examiner reviews and Serious Incident Patient Safety Investigations.

Actions

- NQOS to present the findings to the Trust Board and CCG Quality Review Group.
- Findings to be shared at the Mortality & Morbidity Steering Group.
- Explore the use of HIE to ensure all comorbidities are captured more efficiently in the initial clerking document in order to be coded appropriately.
- Review the admission document to ensure all differential diagnoses can be added and coded appropriately

Recommendation

Continue to inform & note actions undertaken at Mortality and Morbidity steering group and Quality Governance Committee via the Integrated quality report and Mortality Paper.

Integrated Oversight Report

Gateshead Health NHS Foundation Trust

Caring

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment	SOF	Committee
CARING	Written Complaints rate	4.1	Nov-20						Y	QGC

Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Integrated Oversight Report

Gateshead Health NHS Foundation Trust

Well Led

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
WELL-LED	Staff sickness	6.1%	Nov-20	4%	4.8%	H	?	Special cause variation - concern for April and November 2020 increasing since July 2020
	Staff turnover	0.97%	Nov-20		1.26%			
	Appraisals	60.5%	Nov-20	85%	67.9%	L	F	Special cause variation - concern, deterioration since April 2020 and below target
	Core Training	76.3%	Nov-20	85%	79.3%	L	F	Special cause variation - concern, deterioration since March 2020 and below target
	Data Quality Maturity Index (DQMI) - MHSDS datset score	88.8%	Aug-20		87.70%			

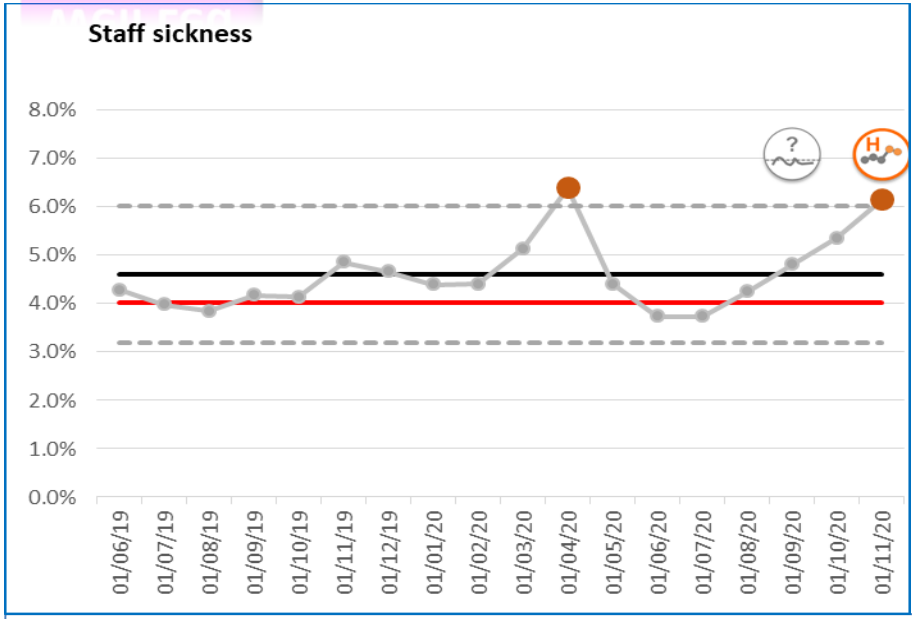
Variation & Assurance : Indicators that do not include a symbol for variation and /or assurance are either not appropriate for measuring by SPC charting or are not measured against a target.

Report by exception: Well led – Staff sickness

Detail on this measure is included as the target is not met every month and special cause variation triggered.

NHS Gateshead Health NHS Foundation Trust

Well Led



Combined impact analysis

Financial impact

Sickness absence costs the Trust approximately £1m for every 1% of absence due to lost work and outputs, with the hidden costs where some roles are backfilled. Therefore the reduction of absence by 0.22% over the last 12 months has indicatively saved the Trust over £200,000. When clinical staff are absent, most roles where possible are back-filled with bank or agency workers; the latter at premium cost.

Quality impact

Absent or temporary staff may reduce continuity of care delivered.

Workforce impact

There is an impact upon colleagues when staff are absent, as well as the time element for line managers to manage the absence and gap this leaves.

Operational performance impact

Staff absence reduces the capacity needed to meet operational demand.

Situation

A consecutive increase in staff sickness is observed over the past 5 months, culmination in special cause variation triggering in November 2020.

Background

The target of 4% (12 month rolling average) was set as an ambitious target, acknowledging the national average is 4.2%

Assessment

Seasonal variations are anticipated, though not reflected in the target set. Two months (April and November 2020), were outside current normal parameters and therefore special cause for concern.

The staff sickness target has been achieved in only 4 of the previous 18 months. In month sickness in November was 6.1%, higher than the equivalent period in 2019. The target is within the range of normal variation so may be subject to pass or fail due to monthly variation.

Actions

A review is underway of sickness absence across the Trust, focusing on the impact of 'long covid' and the increase in non-covid related absence across the Trust. Actions to support include; support to managers from the HR teams to take appropriate action, referral, review and triage by Occupational Health to the relevant service e.g. MSK, psychological support, counselling. Absence levels will continue to be reviewed by business units as part of the suite of metrics that are produced.

Recommendation

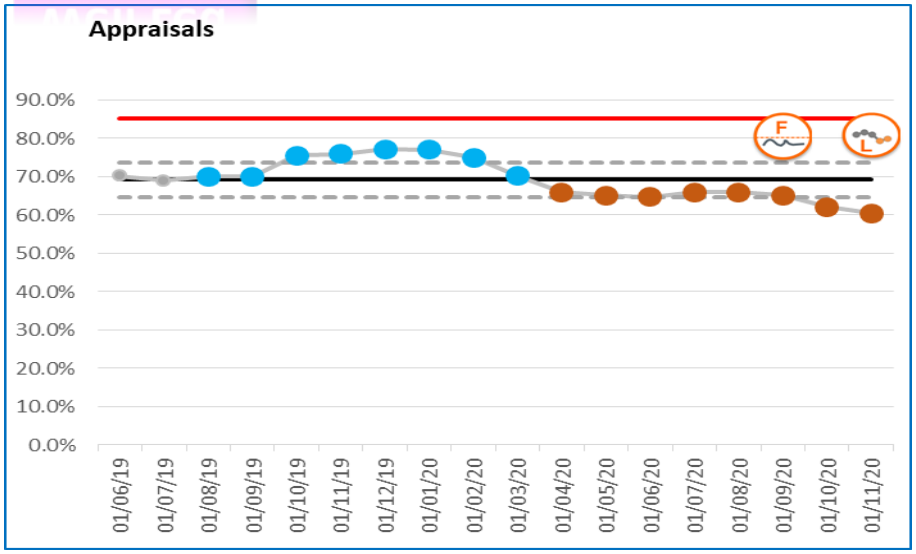
Continued scrutiny through HR committee.

Report by exception: Well led – Appraisals

Detail on this measure is included because the target is consistently not met and special cause variation triggered demonstrating a shift in performance.

Gateshead Health NHS Foundation Trust

Well Led



Combined impact analysis

Financial impact

When staff don't feel valued, focussed or developed there is a higher risk of them leaving which is often a cost to the organisation.

Quality impact

Similarly, appraisals are an opportunity to reinforce our values and set objectives in pursuit of the highest quality of service/care. Valued staff = improved patient experience and outcomes.

Workforce impact

An appraisal is an opportunity to ensure staff are aligned to the goals and objectives of the organisation, are clear about work and behavioural expectations, and are supported in line with those objectives and future career plans. Without an appraisal, development is not identified, acted upon, and our talented workforce is not maximised.

Operational performance impact

Increased staff satisfaction/retention supports the provision of capacity necessary to meet operational demand.

Situation

Appraisal compliance consistently fails target with the target not being achieved during the past 18 months. The target cannot be achieved by normal variation alone. A general downward trend is observed.

Special cause variation is observed from April 2020 with a shift in performance identified by 8 consecutive points below the mean.

Background

The Trust expects all staff, who are a valued part of the organisation to have an annual conversation about their objectives, performance and development as a minimum.

Assessment

Compliance rates are monitored via ESR and reported to business units as part of the suite of workforce metrics that are produced.

Actions

Compliance rates are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels.

Recommendation

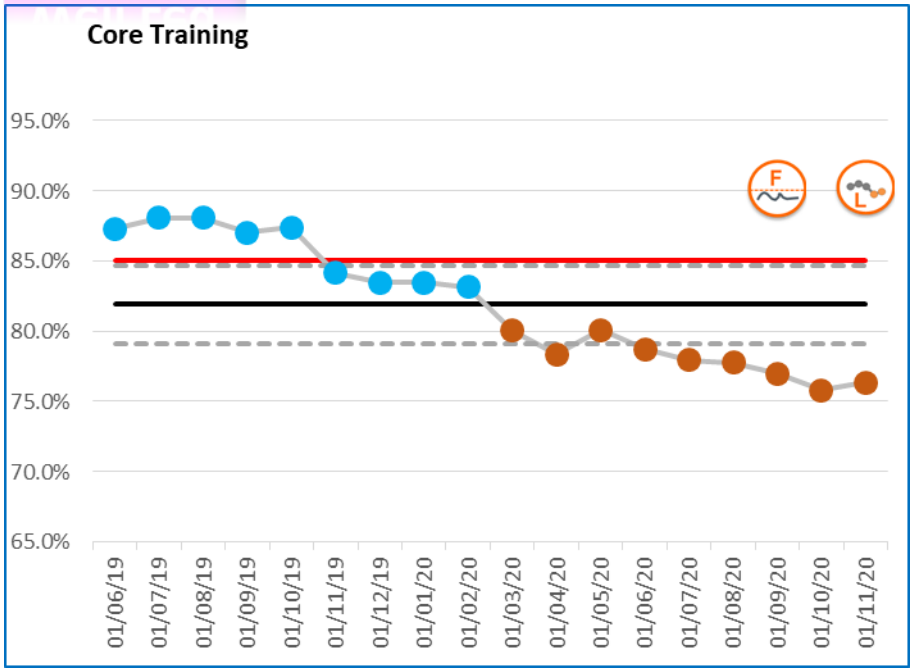
Continued scrutiny through HR committee.

Report by exception: Well led – Core training

Gateshead Health NHS Foundation Trust

Detail on this measure is included because the target is no longer being met and special cause variation indicates a shift in performance.

Well Led



Situation
A shift in core skills compliance is observed from March 2020 with special cause variation (low) triggered and remaining from this point. A general downward trend is observed.

The indicator is flagging to consistently fail the target based on current performance and monthly variation.

Background
Core training covers those programmes which are recognised as core or essential training for all employees.

Assessment
Current compliance is at 76.3% against an 85% target.

Actions
Compliance rates are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels.

Recommendation
Continued scrutiny through HR committee

Financial impact
If Information Governance training does not meet the required standard, there is a risk the Trust will fail the Information Governance Toolkit.

Quality impact
Given the reduced compliance level is staff who have had the competency recently expired, the safety & quality risk is lessened.

Workforce impact
Protecting time for staff to complete their training is often welcomed in times of Winter pressure.

Operational performance impact
Balance will be struck between supporting staff with their core training, and the operational requirements/performance of the organisation at the time.

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 10

Date of Meeting:	Wednesday 27th January 2021				
Report Title:	**Healthcare Associated Infection (HCAI) Performance Report**				
Purpose of Report:	To update and advise the Trust Board on the current performance of HCAI mandatory reporting for Gateshead Health NHS Foundation Trust throughout the 2020-21 period.				
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services			
	Aim 2 ☒	We will be a great organisation to work in			
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	To note the Trust performance on mandatory HCAI reporting and other infection prevention activity as required.				
Financial Implications:	**Yes** - HCAI and treatment is costly across the whole healthcare economy, delays discharge and increases length of hospital stay. Financial sanctions may also be applied by NHS England and Commissioners.				
Risk Management Implications:	**Yes** - HCAI has implications for the whole healthcare economy. The expertise, advice and support of the IPC team are crucial in ensuring that the risk and spread of infection is minimised.				
Human Resource Implications:	**Yes** – organisational culture and behaviours, engagement, responsibility and ownership required across the whole healthcare economy.				
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	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			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☒	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			
Author:	**Louise Caisley** - Head of Infection Prevention and Control				
Presented by:	**Dr Hilary Lloyd** - Director of Nursing, Midwifery, AHPs & Quality and Joint Director of Infection Prevention and Control (DIPC)				

1.0 EXECUTIVE SUMMARY

The Trust continues to adopt the national aspiration of attaining a zero tolerance approach to all avoidable infections. The mandatory reporting infection objectives for CDI and blood stream infections (BSI) for 2020/21 have not been published by NHS England/NHS Improvement for 2020/21.

COVID-19 continues to be the prominent organism of focus in 2020, and is dominating the healthcare horizon entering 2021.

From April 2020 the financial sanctions and associated appeals process for CDI cases were discontinued. To the end of December 2020 the Trust has reported thirty three (**33**) CDI healthcare associated samples - *compared to thirty two (**32**) for the same period last year*. Twenty four (**24**) hospital onset healthcare associated (HOHA) and nine (**9**) community onset healthcare associated (COHA).

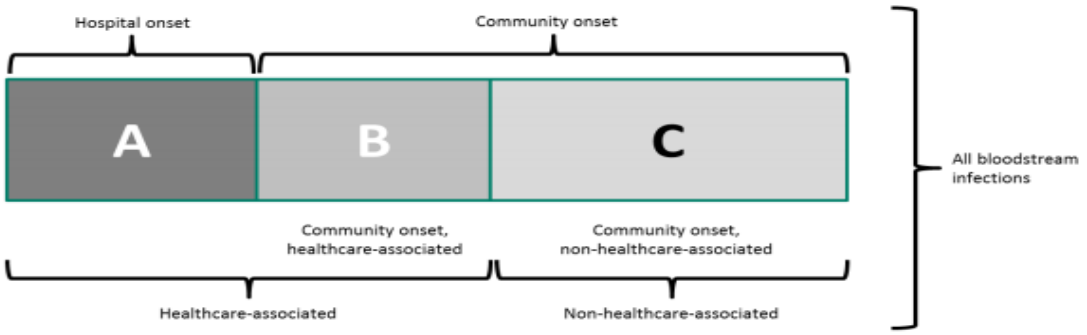
From the end of July 2020, BSI were no longer reported as hospital onset/community onset but rather as healthcare associated and community associated (non-healthcare associated) and it is anticipated the Trust objective will be set against the healthcare associated category.

The Healthcare associated category comprises:

- Hospital Onset – Healthcare Associated (HOHA) – when the sample is taken 48 hours following admission (equivalent to the previous Hospital onset category)

and

- Community Onset – Healthcare Associated (COHA) – when the sample is taken within the first 48 hours following admission **and** the patient has undergone an healthcare intervention in the preceding 28 days prior to the sample collection



From April 2020 to the end of December 2020 the Trust reported zero (**0**) Hospital-onset Meticillin resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI) and zero (**0**) Community-onset Meticillin resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI).

From April 2020 to the end of December 2020 the Trust reported fifteen (**15**) Hospital Onset/Hospital Onset Healthcare Associated Meticillin sensitive *Staphylococcus aureus* (MSSA) blood stream infections (BSI) and thirty-seven (**37**) Community Onset/Community Onset Healthcare/Indeterminate/Community Associated Meticillin sensitive *Staphylococcus aureus* (MSSA) blood stream infections (BSI).

From April 2020 to the end of December2020

- *Escherichia coli* (*E.coli*): The Trust reported thirty (**30)** Hospital-onset/ Hospital Onset Healthcare Associated BSI and one hundred and fifty two (**152**) Community-onset/Community onset Healthcare/Indeterminate/Community Associated samples.

- *Pseudomonas aeruginosa*: The Trust reported three (**3**) Hospital-onset/ Hospital Onset Healthcare BSI and twelve (**12**) Community-onset/Community Onset Healthcare/Indeterminate/Community Associated samples.
- *Klebsiella spp*: The Trust reported three (**3**) Hospital-onset BSI and thirty four (**34**) Community-onset samples.

There have been zero (**0**) cases of laboratory confirmed cases of influenza identified between October and December 2020 compared to three hundred and ninety five (**395**) for the same period 2019.
From April 2020 there have been zero (**0**) norovirus outbreaks; however there have been twenty one (**21**) COVID-19 outbreaks to the end of December 2020 affecting both clinical and non-clinical areas.

From May 2020 the Trust was required to report COVID -19 positive results against four categories:

- Community-Onset – First positive specimen date <=2 days after admission to Trust;
- Hospital-Onset indeterminate Healthcare-Associated (HOIHA)– First positive specimen date 3-7 days after admission to trust;
- Hospital-Onset probable Healthcare-Associated (HOPHA) - First positive specimen date 8-14 days after admission to trust;
- Hospital-Onset definite Healthcare-Associated (HODHA) – First positive specimen date 15 or more days after admission to trust.

The Trust reports the number of COVID-19 positive in-patients via SitRep and investigates and reports all identified nosocomial COVID-19 cases and COVID-19 outbreaks. From May 2020 to end of December 2020 the Trust has identified seven hundred and fifty three (**753**) positive initial samples: fifty two (**52**) indeterminate; fifty four (**54**) probable and forty one (**41**) definite hospital onset healthcare associated cases.

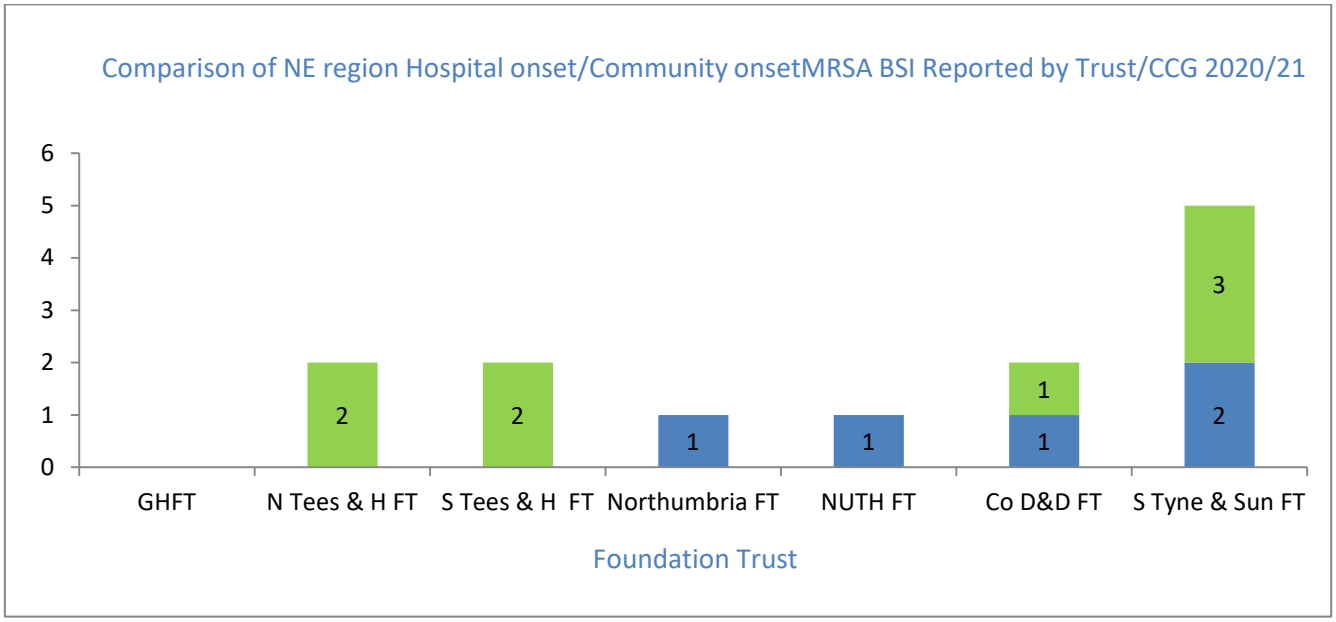
2.0 MANDATORY HCAI SURVEILLANCE

2.1 Meticillin Resistant *Staphylococcus aureus* (MRSA) Blood Stream Infections (BSI)

The Trust has reported zero (**0**) Hospital onset/Hospital onset Healthcare Associated samples of MRSA BSI and zero (**0**) Community-onset/ Community onset – Healthcare, Indeterminate, Community Associated MRSA BSI from April 2020 to end of December 2020 - *table 1*.

Table 1 **– Hospital onset**	**Q1**			**Q2**			**Q3**			**Q4**		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Hospital-onset + Hospital onset Healthcare Associated **MRSA BSI**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			
Cumulative YTD	**0**											
2019/20 data = **1/0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**

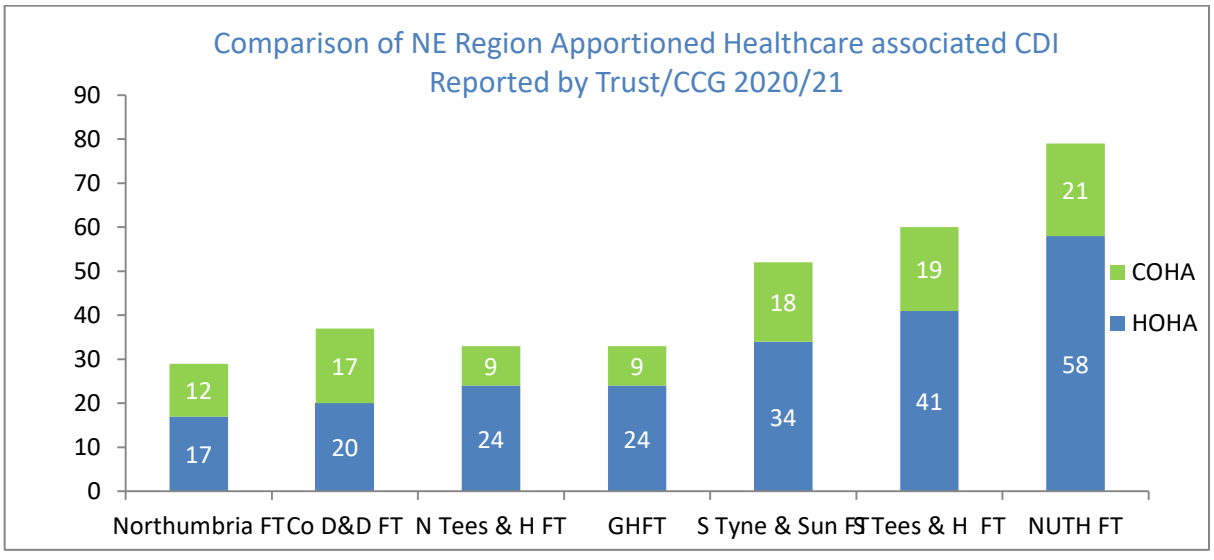
Table 1 **– Community onset**	**Q1**			**Q2**			**Q3**			**Q4**		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Healthcare + Indeterminate + Community Associated **MRSA BSI**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			
Cumulative YTD	**0**											
2019/20 data = **2/0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**



2.2 *Clostridioides difficile* Infection (CDI)

Clostridiodies difficile infection (CDI) is an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety across the Trust. The CDI reporting objective for 2020/21 has not yet been published.

From April 2020 the financial sanctions and the associated appeals process for CDI cases were discontinued. From April 2020 to the end of December 2020 the Trust has reported thirty three (**33**) CDI healthcare associated samples - *compared to thirty two (**32**) for the same period last year*. Twenty four (**24**) hospital onset healthcare associated (HOHA) and nine (**9**) community onset healthcare associated (COHA).

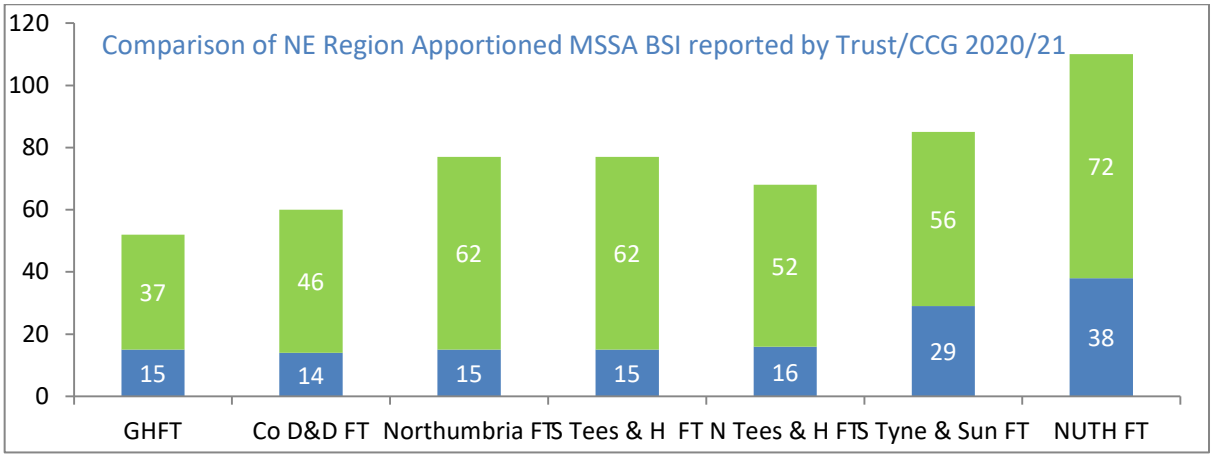


2.3 Meticillin Sensitive *Staphylococcus aureus* (MSSA) Blood Stream Infections (BSI)

The Trust has reported fifteen (**15**) Hospital-onset/Hospital-onset Healthcare Associated samples of MSSA BSI and thirty seven (**37**) Community-onset/ Community onset – Healthcare, Indeterminate, Community Associated MRSA BSI from April 2020 to end of December 2020 - *table 2*.

Table 2 – Hospital onset	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital onset + Hospital onset Healthcare Associated **MSSA BSI**	0	1	3	3	1	4	1	2	0			
Cumulative YTD	15											
2019/20 Actual = 7	0	0	2	1	0	0	2	0	0	1	1	0

Table 2 - Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Healthcare + Indeterminate + Community Associated **MSSA BSI**	4	2	3	6	5	5	5	5	2			
Cumulative YTD	37											
2019/20 Actual = 52	7	3	4	2	5	3	3	4	12	2	4	3



3.0 GRAM-NEGATIVE BLOOD STREAM INFECTIONS (GNBSI) - ENGLAND ONLY

The anticipated Gram-negative BSI reporting objectives for 2020/21 have not been published.

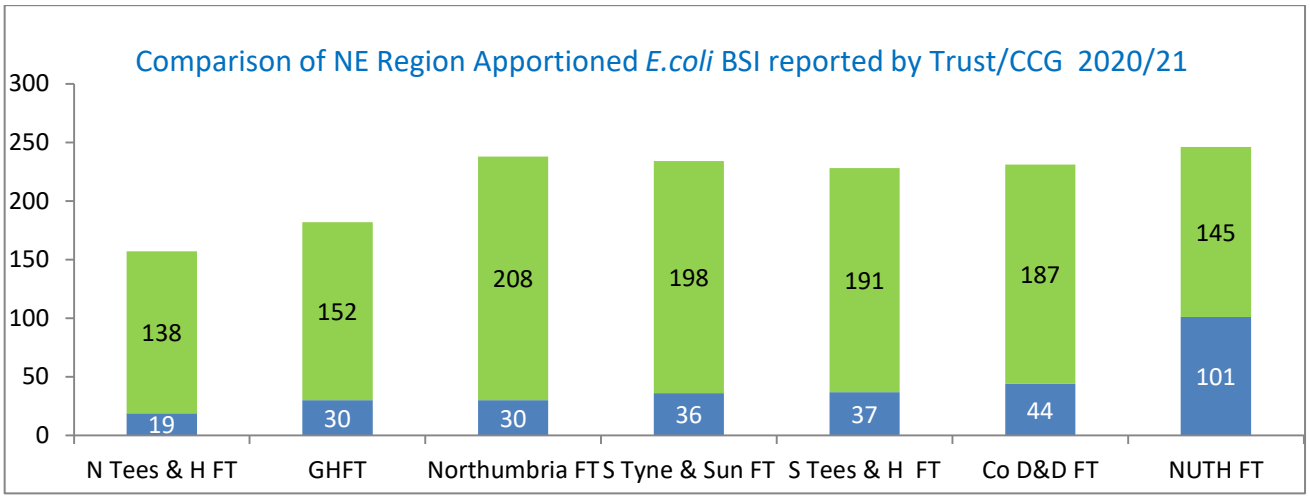
The following data representing *E. coli*, *Klebsiella* species and *Pseudomonas aeruginosa* blood stream infections (BSI) and demonstrate that the main proportion of BSI occur within the primary and social care environment.

3.1 Escherichia coli BSI (*E. coli*)

The Trust has reported thirty (**30**) Hospital-onset/Hospital-onset Healthcare Associated samples of *E.coli* BSI and one hundred and fifty two (**152**) Community-onset/ Community onset – Healthcare, Indeterminate, Community Associated *E.coli* BSI from April 2020 to end of December 2020 - *table 3*.

Table 3 – Hospital onset	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital onset + Hospital onset Healthcare Associated ***E.coli* BSI**	2	3	3	2	3	5	5	4	3			
YTD	30											
HO *E.coli* BSI 2019/2020 = 47	2	5	4	3	2	5	4	3	2	6	3	2

Table 3- Community onset	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Healthcare + Indeterminate + Community Associated ***E.coli* BSI**	**13**	**26**	**17**	**19**	**12**	**21**	**13**	**19**	**12**			
YTD	**152**											
CO *E.coli BSI* 2019/2020 = 186	**14**	**10**	**16**	**23**	**16**	**13**	**13**	**12**	**13**	**21**	**17**	**18**



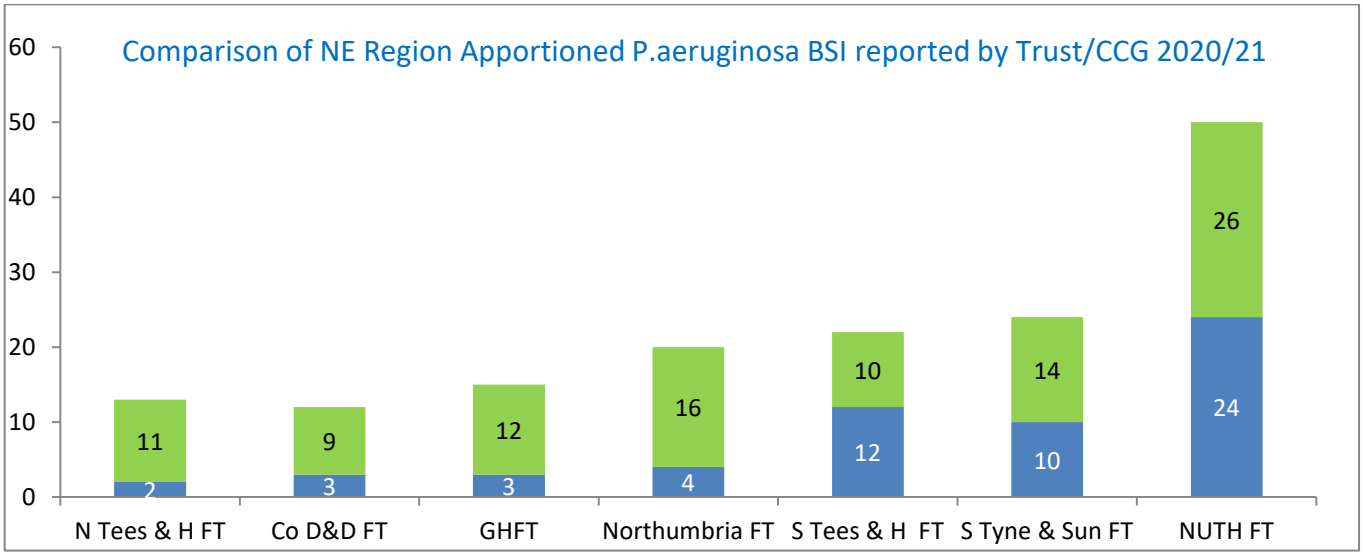
3.2 Pseudomonas aeruginosa BSI

Pseudomonas aeruginosa is a common opportunistic Gram-negative pathogen often found in soil and ground water. It rarely affects healthy individuals however can cause a wide range of infections, particularly in those with a weakened immune system. In hospitals, the organism can contaminate devices that are left inside the body, such as respiratory equipment and urinary catheters. P. aeruginosa is also resistant to many commonly-used antibiotics

The Trust has reported three (**3**) Hospital-onset/Hospital-onset Healthcare Associated samples of *P.aeruginosa* BSI and twelve (**12**) Community-onset/ Community onset – Healthcare, Indeterminate, Community Associated *P.aeruginosa* BSI from April 2020 to end of December 2020 - *table 4*.

Table 4 – Hospital onset	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital onset + Hospital onset Healthcare Associated ***P.aeruginosa* BSI**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**0**			
Cumulative YTD	**3**											
HO *P. aeruginosa BSI* 2019/2020 = 8	**2**	**0**	**2**	**1**	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**0**

Table 4 - Community onset	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Healthcare + Indeterminate + Community Associated ***P.aeruginosa* BSI**	**0**	**3**	**1**	**1**	**0**	**2**	**2**	**1**	**2**			
Cumulative YTD	**12**											
CO *P. aeruginosa* BSI 2019/2020 = 16	**4**	**1**	**0**	**1**	**1**	**0**	**1**	**2**	**1**	**4**	**0**	**1**



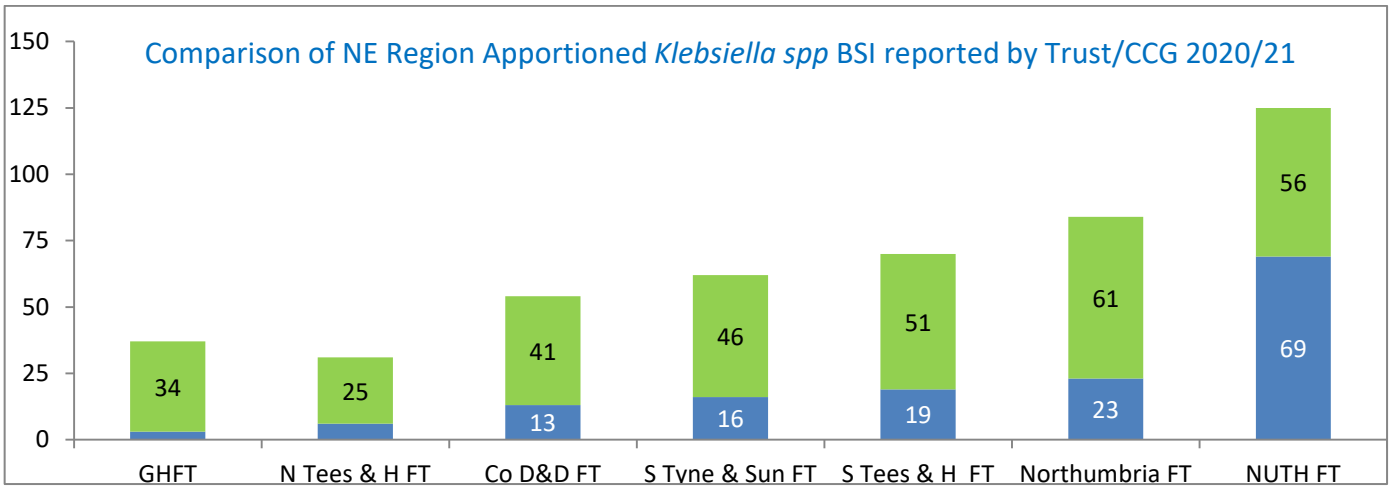
3.3 *Klebsiella species* BSI

Klebsiella species are a type of bacteria that are found ubiquitously in the environment and also in the human intestinal tract and are commonly associated with a range of HCAI. In healthcare settings, Klebsiella infections are seen in vulnerable, immunocompromised and unwell patients who have other co-morbidities and who are receiving treatment for other conditions.

The Trust has reported three (**3**) Hospital-onset/Hospital-onset Healthcare Associated samples of *Klebsiella spp* BSI and thirty four (**34**) Community-onset/ Community onset – Healthcare, Indeterminate, Community Associated *Klebsiella spp* BSI from April 2020 to end of December 2020 - *table 5*.

Table 5 **– Hospital onset**	**Q1**			**Q2**			**Q3**			**Q4**		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Hospital onset + Hospital onset Healthcare Associated ***Klebsiella spp*** **BSI**	**0**	**0**	**1**	**1**	**0**	**0**	**1**	**0**	**0**			
Cumulative YTD	**3**											
HO *Klebsiella spp. BSI 2019/20 = 10*	**0**	**0**	**0**	**0**	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**1**

Table 5 **- Community onset**	**Q1**			**Q2**			**Q3**			**Q4**		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Healthcare + Indeterminate + Community Associated ***Klebsiella spp*** **BSI**	**6**	**1**	**5**	**3**	**5**	**3**	**5**	**5**	**1**			
Cumulative YTD	**34**											
CO *Klebsiella spp.* BSI 2019/2020 = 47	**5**	**2**	**6**	**3**	**1**	**5**	**6**	**5**	**4**	**4**	**2**	**4**



4.0 PERIODS OF INCREASED INCIDENCE (PII) AND OUTBREAKS

An outbreak is the occurrence of two or more actual or potentially related infections within a ward/department/area of practice within the Trust. This is also referred to as a 'Period of Increased Incidence' (PII) for clusters of known/unknown infections.
COVID-19 outbreak definition is outlined in section 5.0

The Trust has experienced zero (**0**) PII due to confirmed Norovirus infections from April 2020 the end of December 2020

All PII are managed consistently with the outbreak policy to minimise disruption to bed occupancy and patient flow.

Table 6 indicates the number of PII by month against 2019/20.

Table 6 **- Outbreaks & Periods of Increased Incidence (PII)**	**Q1**			**Q2**			**Q3**			**Q4**		
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2020/21	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			
YTD	**0**											
2019/20 Actual = 12	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**2**	**0**	**2**	**6**	**0**

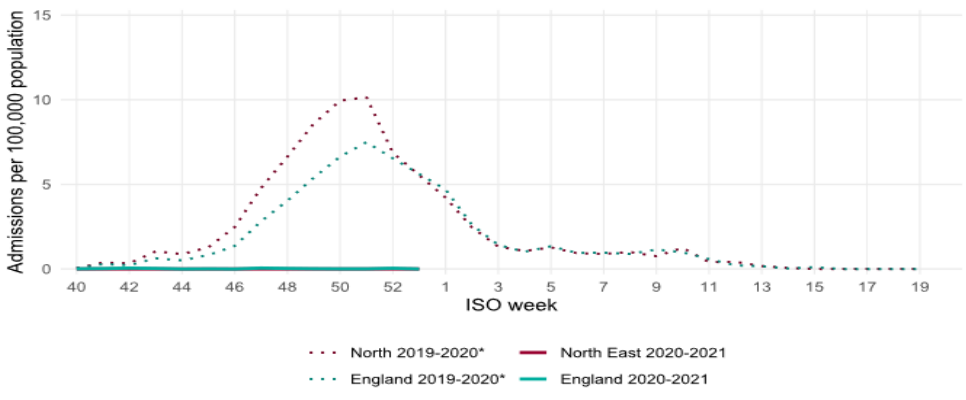
5.0 Influenza activity

Influenza is a highly infectious, acute viral respiratory tract infection which has a usual incubation period of one to three days. There are two types of influenza virus (Type A and B) that affect people

Annual surveillance of Influenza activity is implemented in the Trust since week 40 (1st October 2020).

From 1st October to end of December 2020 (Q3) there have been zero (**0**) positive samples of hospitalised influenza A/B samples, compared to the three hundred and ninety five (**395**) reported during Q3 2019.

This is consistent with the lack of influenza incidence in the North East and Nationally.



6.0 COVID - 19

COVID-19 is a novel coronavirus identified in 2019 which has resulted in a pandemic.
The emerging evidence base on COVID-19 is rapidly evolving but at the time of writing transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact and require the use of standard infection control precautions and transmission based precautions when managing patients with suspected or confirmed COVID-19.

The latter part of 2019/20 and all of 2020/21 has been dominated by the rapidly evolving COVID-19 pandemic.

The trust are involved with the contact tracing required for all patients and staff that have a positive swab in line with the National Test and Trace service.

The Trust reports instance of Healthcare associated COVID-19 cases against 3 categories

- Hospital-Onset indeterminate Healthcare-Associated – First positive specimen date 3-7 days after admission to trust.
- Hospital-Onset probable Healthcare-Associated - First positive specimen date 8-14 days after admission to trust
- Hospital-Onset definite Healthcare-Associated – First positive specimen date 15 or more days after admission to trust.

Table 7 indicates the number of cases reported by the organisation from April 2020.

Table 7	Q1			Q2			Q3			Q4			Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Hospital-Onset indeterminate Healthcare-Associated	n/a	1	0	0	0	1	19	23	8				52
Hospital-Onset probable Healthcare-Associated	n/a	0	0	0	0	0	32	21	1				54
Hospital-Onset definite Healthcare-Associated	n/a	0	0	0	0	1	14	25	1				41
Total	n/a	1	0	0	0	2	65	69	10				

The Microbiologists and IPC team support any investigation, management, and reporting of any COVID-19 outbreaks.

An outbreak of COVID-19 is defined using the criteria detailed below and are required to be declared by NHS England/improvement and PHE.

	Criteria to declare	Criteria to end
Outbreak in an inpatient setting	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting. For linked patients this will be onset dates 8-14 days after admissions within the same ward or wing of a hospital. NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.	No confirmed cases with onset dates in the last 28 days in that setting.
Outbreak in an outpatient setting	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case	No confirmed cases with onset dates in the last 28 days in that setting
Outbreak in a non-clinical workplace	Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND: Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case	No confirmed cases with onset dates in the last 28 days in that setting.

1st September 2020 the first COVID-19 outbreak, using the new national criteria, was declared in a non-clinical area. The first outbreak in a clinical area was declared on the 24th September 2020. To the end of December 2020 the Trust has reported twenty two (**22**) COVID-19 related outbreaks (table 7). Whilst some of these outbreaks have been very small involving just two or three office based staff, several outbreaks have caused significant concern and involved large numbers of patients and staff and have been very challenging to contain and manage.

Our outbreak strategy, in line with national guidance, has a low threshold for identifying COVID cases with the intention of aggressively terminating the cycle of transmission.

During October 2020, concerns were raised by the IPC team and DIPC's that the incidence and scale of COVID-19 outbreaks in our hospital was increasing at a significant rate and that existing control measures in the context of operational, staffing and elective activity pressures were proving ineffective at controlling the spread of infection. The reasons behind this were felt to multifactorial.

The DIPC escalated the concerns to the strategic senior management team articulating the significance of the situation resulting in several immediate actions being initiated, including a pause to all 'non urgent' activity to provide a 'circuit break' and a window of opportunity to regain IPC control of the situation, increased patient testing and a renewed focus on effective communications around basic IPC and social distancing principles. The 'circuit break' coincided with the second national lockdown in November.

The combination of these two interventions proved extremely effective at quickly containing and terminating the open outbreaks and restricting new outbreaks and nosocomial COVID-19 infections from occurring. By the end of November the Nosocomial infection rate had declined significantly and the outbreak situation came under control. However, continued vigilance and compliance with IPC recommendations are necessary to maintain low levels of transmission and it is essential that IPC remains a top organisational priority.

Following the easing of national restrictions in December 2020 there has been an increase in the incidence of COVID-19 circulating within the Gateshead community, including cases with the new more transmittable UK variant strain. The impact of increased community prevalence on hospital activity is anticipated in January 2021.

Table 7 COVID-19 outbreaks 2020/21	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical setting	0	0	0	0	0	1	5	4	1			
Non clinical setting	0	0	0	0	0	3	5	1	1			
Total	0	0	0	0	0	4	10	5	2			

Louise Caisley
Head of Infection Prevention and Control

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 11i

Date of Meeting:	Wednesday 27th January 2021				
Report Title:	Nursing Staffing Exception Report				
Purpose of Report:	To provide assurance to the Board that staffing establishments are being met month by month				
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services			
	Aim 2 ☒	We will be a great organisation to work in			
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	The Board are asked to receive the report for assurance				
Financial Implications:	Costs associated with nurse bank to provide cover for maternity and sickness				
Risk Management Implications:	Areas of potential risk have been mitigated against through the implementation of robust staffing plans and ongoing monitoring of staffing levels across the organisation				
Human Resource Implications:	Nurse recruitment continues to be a challenge; however the Trust is being proactive and innovative in terms of recruitment solutions				
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	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			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☐	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			
Author:	Dr Karen Roberts, Deputy Director of Nursing, Midwifery and Quality Michael Shaw, Clinical Lead, HealthRoster				
Presented by:	Dr Karen Roberts, Deputy Director of Nursing, Midwifery and Quality				

Gateshead Health NHS Foundation Trust

Nursing and Midwifery Staffing Exception Report

November/December 2020

1. Introduction

This report is to provide assurance to the Board that staffing establishments are being met on a shift-to-shift basis. The Board will receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps and the actions being taken to address these. This report provides information for November and December 2020.

2. Staffing

The actual ward staffing against the budgeted establishments for November and December are presented in Table 1 and 2: Whole Trust wards staffing are in appendix 1 (tables 3&4): Ward by ward staffing in this report. In addition, the Trust has published this information on our website for the public, and provided a link from NHS Choices to this information.

Table 1: Whole Trust wards staffing November 2020

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
92%	102%	102%	110%

Table 2: Whole Trust wards staffing December 2020

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
91%	91%	100%	112%

The Trust is required to present information on funded establishments (planned) against actual nurses on duty. The above figures are average fill rates and thus do not reflect the daily challenges experienced during the COVID pandemic to maintain adequate staffing levels.

Exceptions

The Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. In terms of exception reporting, we will report to the Board if the safe planned staffing drops below 75%.

The exceptions to report are as below:

November

November 2020	
Qualified Nurse Days	**%**
Ward 11	63.4%
Ward 14A	61.4%
Ward 24	66.3%
Ward 27	68.1%
Healthcare Assistant Days	**%**
Ward 14A	69.3%
Ward 26	67.5%
St Bedes	65.2%
Healthcare Assistant Nights	
Ward 4	52.0%

Qualified Nurses

The above exceptions took place during the “peak “of our organisations second wave of COVID19 when the organisation as a whole was experiencing staffing difficulties directly rated to this. Ward 11, Ward 14a, ward 27 and ward 24 all had staff absences related to COVID19. This together with other sickness and vacancies resulted in the above reportable fill rates. However, at times during the month of November wards 11, 14a, 4 and 26 were also closed to admissions resulting with low or zero patients present on the ward and staff were redeployed to areas of clinical need.

Areas of deficit were escalated to the Senior Nurse on duty and mitigations were put in place by the wider Matron teams which included:

- Regular redeployments of Registered Nurses and HealthCare assistants on a daily and at times hourly basis between wards.
- Mobilisation of part of the None Ward Based Nurse workforce away from normal duties to support areas most in need of support.
- Monetary incentives were offered in the form of enhanced payments in clinical areas most in need and Agency Nursing (which was difficult to obtain).

Healthcare Assistants

As above, exceptions to report were 14A, ward 26, St Bedes and ward 4. Again daily mitigations were actioned by the matrons and for periods of time the affected units were closed to admissions with low or zero patient numbers.

Areas of higher fill rates are due to enhanced care requirements of patients and increased staff rostering in support of COVID 19 "donning and doffing"

December

December 2020	
Qualified Nurse Days	**%**
Ward 9	62.2%
Ward 24	63.9%
Ward 25	64.0%
Ward 27	65.4%
Healthcare Assistant Days	**%**
Ward 8	72.3%
Ward 9	70.9%
Ward 24	57.5%
St Bedes	69.3%
Healthcare Assistant Nights	**%**
Ward 9	65.7%

Qualified Nurses

The above exceptions in the month of December again took place with a background of COVID19 staff absences.

During the month of December wards 9, 24, 25 have lower fill rates, however these correspond with lower bed occupancy during the month; the staff were redeployed appropriately to areas of clinical need. Ward 27 had lower bed occupancy and acuity therefore affecting the fill rates.

Healthcare Assistants

Exceptions for healthcare assistants again correspond with sickness absence and reduced bed occupancy. Additionally, ward 8 were supporting staffing for the cardiac Cath Lab.

Areas of higher fill rates are due to enhanced care requirements of patients and increased staff rostering in support of COVID 19 "donning and doffing" Additionally Sunnside Unit is temporarily running an increased staffing establishment of Healthcare assistants on night shift as a mitigation to a CQC environmental action until there new unit which is under construction has been finished.

3. Care Hours Per Patient Day (CHPPD)

Following the Lord Carter Cole report, it was recommended that all trusts start to report on care hours per patient per day (CHPPD) this is to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated by adding the hours of registered nurses to the hours of support workers and dividing the total by every 24 hours of inpatient admissions. CHPPD is relatively stable month on month but they can show variation due to a number of factors including:

- Patient acuity and dependency
- Patients required enhanced care and support
- Bed occupancy (activity)

Work is ongoing to use the CHPPD metric to monitor and provide assurance in relation to the safe staffing of our ward areas. In line with this review more information will be provided in future board papers.

4. Monitoring Nurse Staffing via Datix

The Trust has in place a process for reporting and monitoring any concerns regarding nurse staffing levels. This is via the Datix incident reporting system. A report is generated on a monthly basis and discussed at the Nursing and Midwifery Professional Forum. This report helps identify areas where nurse staffing may have fallen below planned levels and what actions were taken to manage the situation. We also identify trends for organisational learning.

November

There were 3 incidents related to staffing on the areas in scope. None resulted in patent harm

December

There was 1 incident related to staffing on the areas in scope. This did not result in patient harm.

5. Governance

Actual staff on duty on a shift to shift basis compared to planned staffing is clearly displayed on the ward 'time to care' boards alongside key quality and outcome metrics. These 'time to care' boards are all located in an area clearly visible to the public.

6. Conclusion

This paper provides an exception report for nursing and midwifery staffing in November and December 2020. During the months of November and December significant staffing challenges were experienced due to sudden staff absence related to Covid 19 that began to manifest from mid-October.

7. Recommendations

The Board is asked to receive this report for assurance.

Dr Karen Roberts
Deputy Director of Nursing, Midwifery and Quality

Appendix 1 – Table 3: Ward by Ward staffing November 2020

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Ward 1	93.0%	131.1%	123.6%	111.2%	536	3.8	4.1	7.9
Ward 2 SSU	100.0%	140.1%	125.0%	113.8%	573	3.8	3.3	7.1
Ward 4	78.1%	140.0%	78.1%	52.0%	240	6.4	6.8	13.3
Ward 8	103.7%	109.6%	101.5%	104.6%	563	3.6	3.4	7.0
Ward 9	94.2%	106.0%	124.4%	123.4%	568	6.2	4.9	11.1
Ward 10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ward 11	63.4%	94.7%	80.2%	75.5%	297	5.4	5.8	11.2
Ward 12 Escalation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ward 14 Medicine	86.9%	85.0%	103.4%	107.6%	485	4.4	3.7	8.2
Ward 14A	61.4%	69.3%	98.1%	91.2%	360	4.9	5.0	9.8
Ward 21	107.1%	85.9%	92.1%	118.4%	340	5.5	3.9	9.4
Ward 22	76.4%	110.8%	102.6%	118.8%	770	2.6	2.9	5.4
Ward 23	90.3%	142.1%	102.0%	167.7%	677	2.7	4.7	7.5
Ward 24	66.3%	99.2%	100.1%	96.5%	720	2.5	2.7	5.1

November 2020 cont'd

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Ward 25	81.7%	117.6%	101.4%	119.4%	746	2.8	3.1	5.9
Ward 26	77.4%	67.5%	91.4%	116.9%	482	3.5	3.7	7.3
Ward 27	68.1%	82.4%	101.8%	106.5%	758	2.8	2.8	5.7
Cragside Court	80.1%	140.6%	102.0%	115.4%	243	7.1	9.9	17.0
Critical Care	95.9%	97.5%	108.5%	147.6%	324	25.8	4.3	30.1
EAU	114.6%	154.3%	90.9%	123.6%	623	7.0	2.8	9.8
Maternity	134.0%	87.9%	99.0%	108.5%	381	19.3	6.0	25.3
Paediatrics	111.1%	108.7%	135.7%	-	31	77.1	23.5	100.6
SCBU	98.4%	80.4%	106.8%	86.7%	135	13.2	3.7	16.9
St Bedes	99.6%	65.2%	80.9%	100.7%	155	9.1	6.1	15.2
Sunniside	115.5%	88.2%	95.2%	194.8%	216	8.0	7.8	15.7

Appendix 1 – Table 3: Ward by Ward staffing December 2020

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Ward 1	88.8%	84.4%	134.5%	132.3%	403	5.2	5.4	10.7
Ward 2 SSU	97.5%	151.2%	111.2%	115.4%	498	4.2	4.2	8.4
Ward 4	108.4%	103.6%	113.4%	80.5%	481	4.7	4.3	9.0
Ward 8	100.3%	72.3%	99.0%	102.7%	525	3.9	3.4	7.3
Ward 9	62.2%	70.9%	98.0%	65.7%	536	4.8	3.8	8.5
Ward 10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ward 11	88.9%	78.3%	98.3%	128.6%	573	3.9	3.9	7.8
Ward 12 Escalation	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ward 14 Medicine	89.3%	81.8%	102.0%	104.9%	550	4.1	3.3	7.4
Ward 14A	78.8%	94.5%	101.3%	128.4%	529	4.1	4.8	8.9
Ward 21	96.1%	85.5%	100.3%	90.7%	317	5.8	4.0	9.9
Ward 22	79.3%	105.6%	105.1%	128.3%	666	3.2	4.0	7.2
Ward 23	87.4%	115.4%	98.2%	169.4%	586	3.2	5.4	8.6
Ward 24	63.9%	57.5%	77.4%	82.0%	369	4.5	4.4	8.8

December 2020 cont'd

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Ward 25	64.0%	84.3%	83.7%	108.6%	575	2.9	3.5	6.5
Ward 26	86.7%	91.8%	99.6%	112.7%	491	4.0	4.6	8.6
Ward 27	65.4%	85.5%	102.1%	106.3%	782	2.8	2.9	5.7
Cragside Court	79.5%	118.8%	101.9%	107.0%	213	8.3	10.2	18.5
Critical Care	86.9%	81.3%	103.3%	144.8%	240	33.3	5.3	38.6
EAU	108.0%	182.2%	76.8%	122.6%	592	6.8	3.3	10.1
Maternity	133.9%	87.2%	98.9%	118.6%	362	20.9	7.0	27.9
Paediatrics	134.9%	110.3%	133.7%	-	26	107.5	29.4	136.9
SCBU	100.9%	80.1%	118.7%	96.8%	188	10.4	2.9	13.3
St Bedes	96.5%	69.3%	90.0%	91.3%	159	9.4	6.2	15.5
Sunniside	114.5%	95.1%	93.6%	207.8%	250	7.0	7.5	14.5

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 11ii

Date of Meeting:	Wednesday 27th January 2021			
Report Title:	**Nurse Staffing Annual Capacity & Capability Report**			
Purpose of Report:	To provide a comprehensive review of inpatient / ward nurse staffing for Gateshead Health NHS Foundation Trust.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services		
	Aim 2 ☒	We will be a great organisation to work in		
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	The Board is asked to receive the report for assurance and information.			
Financial Implications:	Yes			
Risk Management Implications:	Yes – links to risk register			
Human Resource Implications:	Yes – compliance with NICE and NQB Guidance			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	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		
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☐	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		
Author:	Dr Karen Roberts, Deputy Director of Nursing, Midwifery and Quality			
Presented by:	Dr Karen Roberts			

Gateshead Health NHS Foundation Trust

Nurse Staffing Annual Capacity and Capability Review

1. Introduction

This annual report provides a comprehensive review of nurse staffing for Gateshead Health NHS Foundation Trust. It is in line with the requirements set out by the National Quality Board (NQB): *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time- safe, sustainable and productive staffing* (July 2016).

This guidance is supported by a further publication from NHSI *'Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing'* which was published in October 2018. It supports providers to use best practice in effective staff deployment and workforce planning. This paper builds upon the NICE guidance 'Safer staffing for nursing in adult inpatient wards in acute hospitals' published in 2014.

NHSI have published a suite of staffing improvement resources, including NHSI collaborative events aligned to the NQB guidance. These have been utilised in the Trust to support recruitment, retention and deployment of nursing staff.

A detailed review of nursing and midwifery staffing led by the Deputy Director of Nursing, the Clinical Lead for HealthRoster and Chief Matrons took place between July and November 2020 for the following areas:

- Acute inpatient areas
- Critical Care Unit
- Maternity including SCBU
- Paediatrics
- Mental Health wards
- Community Nursing

2. Developing Workforce Safeguards Guidance

NHSI *'Developing Workforce Safeguards'* was published by NHSI in October 2018 to support organisations to use best practice in effective staff deployment and workforce planning. It offers advice on governance issues related to redesigning roles and responding to unplanned changes in workforce, and describes NHSI's role in helping providers achieve high quality, sustainable care by assessing the effectiveness of workforce safeguards annually, which includes new recommendations on workforce safeguards to strengthen the commitment to safe, high quality care in the current climate.

NHSI will assess Trusts' compliance with the 'triangulated approach' to deciding staffing requirements described in National Quality Board (NQB) guidance. This includes the requirement to complete a Quality Impact Assessment (QIA) for all skill mix changes across the workforce. NHSI will measure compliance using information collected through the Single Oversight Framework (SOF) and will also ask Trusts to include a specific workforce statement in their annual governance statement.

From a nursing and midwifery perspective, all of the required data is available to inform board reporting and provide assurance to the Board that we are meeting the standards and recommendations. As a Trust we have assessed ourselves against the recommendations of the workforce safeguards to understand our current level of assurance and we report we are fully compliant and have relevant policies in place.

This year has been unprecedented in relation to the Covid-19 pandemic and as such national guidance has been produced to support Chief Nurses in Acute Trusts with their surge response within their adult inpatient wards, maternity services and critical care units. The key principles for increasing the nursing workforce in adult critical care units are captured within the specialty guides for management during a pandemic (Principles for increasing the nursing workforce in response to exceptional increased demand in adult critical care VO1 25th March 2020 and Adult critical care novel coronavirus staffing framework VO2 3 April 2020 NHS Publication). A further

guidance document, 'Covid-19: Principles for the management of demand outstripping the capacity of nursing workforce on the critical care unit(s) and adult inpatient wards' was published in November 2020.

3. Review of staffing establishments

National guidance recommends that inpatient ward staffing is determined using a validated, evidence based methodology. The Trust has an embedded review process for nurse staffing establishment for acute inpatient wards which are undertaken utilising the following:

- Safer Nursing Care Tool (SNCT)
- NQB / NICE Guidance
- Nurse sensitive outcome indicators
- Professional judgement
- Review of current establishments

The Trust uses the Safer Nursing Care Tool (SNCT) as the evidence based establishment staffing tool. The process triangulates this evidenced based methodology (SNCT) with professional judgement of experienced ward managers, matrons and chief matrons to ensure wards are safely staffed and that the skill mix is balanced. The triangulation also includes patient and nurse sensitive outcome data and also adjusts for the care environment.

4. Safer Nursing Care Tool

The SNCT is a NICE endorsed evidence-based tool, which uses acuity and dependency to support workforce planning. SNCT has been endorsement by NICE since 2014 acknowledging that it meets the requirements set out in the NICE guideline "Safe staffing for adult in-patient wards" (NICE, 2014).

The Developing Workforce Safeguards (NHSI, 2018) guidance states that to use SNCT, the Trust must sign a license to ensure the tool is used appropriately and is free from local manipulation. The Trust has a SNCT licence which cover all inpatient wards and senior nurses have been trained in the inter-rater reliability assessment process. We have recently purchased two further licenses so that in 2021 staffing reviews use this evidence based tool for the Emergency Admissions Unit (AMU) and in-patient mental health wards (MHOST). Further to this, the Clinincal Lead for HealthRoster and Digital Nurse Lead have attended a site visit at Newcastle Hospitals for further training and benchmarking of our own processes.

It is important to note, that the SNCT tool assumes at least 22% uplift when setting establishments (i.e. headroom for annual leave, sickness, training etc.). The Trust standard of 21% uplift which is included in establishment for in-patient areas means that the SNCT outputs will always include a 1% differential requirement. This is well known and understood and is not viewed as a risk as SNCT metrics are always triangulated in conjunction with professional judgement and other safe staffing metrics to inform establishment setting.

For one week each month every ward collects SNCT data, which involves scoring each patient to an acuity and dependency care level. Staffing multipliers are applied at each acuity and dependency care level. These multipliers factor in nursing time spent on:

- Direct and indirect care
- Ward management
- Education/training
- Staff performance review
- Staff breaks
- Associated work such as administration and clerical
- Bed occupancy

These results are then considered alongside the current establishments and nurse quality indicators. All matrons and senior ward staff are required to complete inter-rater reliability scoring to assure validity of the levels of care identified by staff for establishment setting.

5. Collaborative Approach to Safer Staffing

Although Covid-19 has caused significant disruption to the normal cycle of business for the nurse staffing review process this year, assurance can be given to the Trust Board that the staffing establishments are based on acuity, dependency profiles and professional judgement using the SNCT methodology. This is then aligned with rostering and shift patterns, whole time equivalent RN and unregistered staffing resource and associated finance budget.

Staffing review meetings were held with ward sister/charge nurses, matrons and chief matrons to review a range of information that included the previously agreed staffing levels in 2019, SNCT data and quality indicators. The meetings involved detailed discussions and challenge to enable robust decisions to be made regarding staffing levels moving forward. Meetings were then held with the Director and Deputy Director of Nursing, Midwifery and Quality and Chief Matrons to finalise the staffing levels to ensure the continuity of safe patient care.

As part of the review, once any new staffing levels are identified the required establishments are calculated and compared to the current funded establishments to determine whether any adjustments to skill mix and funding are required. Where this is the case a business case will be produced. The agreed staffing establishments for 2020/21 were agreed in line with the SNCT recommendations and are detailed below, with any changes detailed in the comments:

5.1 Urgent and Emergency Care

The Trust has contributed to the development of a new module of the Safer Nursing Care Tool (SNCT) this year with a national advisory group looking at safer staffing in Emergency Care units. The release of the establishment setting tool for the Emergency Department (ED) has been delayed nationally due to the Covid-19 pandemic. Therefore, for this year the staffing review remained unchanged due to this delay and the significant reconfiguration to respond to Covid-19.

5.2 Acute inpatient wards

Agreed staffing levels (Table 1 and 2) provide the planned staffing numbers on a shift by shift basis on acute inpatient wards and rationale for changes. These staffing levels have been set using the described methodology and are based on the ratio of 1:8 qualified nurse to patient (plus the co-ordinator for an early shift) and a ratio of 1:8 for the late shift.

No significant changes in skill mix have been reported since the last staffing review, with the exception of guidance released in late 2019 which stated that Nursing Associates should be included in the registered category of staffing data returns. The Trust has invested in training nursing associates and a small number are now qualified. The Trust has employed a number of qualified Nursing Associates this year. This staff group supplements the qualified nurse gaps and are spread equitably across clinical areas with no more than one qualified Nursing associate (NA) on each ward. Currently we have 4 qualified Nursing Associates and 20 trainee Nursing Associates.

Table 1 (Medicine)

Ward			Early		Late		Nights		Comments
		Beds	RN	HCA	RN	HCA	RN	HCA	
Ward 1 (short stay)	Prev	24	4	3	3	3	3	2	Coordinator identified as required on late shift due to patient population changes and patient flow through the ward. Patient dependency overnight required enhanced observation by HCA rather than RN.
	Now	24	4	3	4	3	2	3	
Ward 2 (short stay)	Prev	24	4	3	4	3	3	2	Patient dependency overnight required enhanced observation by HCA rather than RN.
	Now	24	4	3	4	3	2	3	
Ward 4	Prev.	30	5+1	4	4+1	3	2	3	Reduction in beds and service configuration changed. Due to difficulty in patient observation the HCA levels were not reduced.
	Now	20	4	4	4	4	2	3	
Ward 8	Prev.	21	5+1	2	4+1	2	2+1	1	Chest pain nurse incorporated into establishment and adjusted HCA uplift following SNCT
	Now	21	5	3	5	3	3	1	
Ward 9	Prev.	36	6+1	4	5+1	4	2+1	3	No change - W9 runs as a 36 bedded ward except in winter where it runs alongside W10 as 48 beds in total – due to layout they are split as 25/23 (includes NIV nurse each shift)
	Now	36	7	4	6	4	3	3	
Ward 11	Prev.	29	5	4	4	3	2	2	4 beds taken out from core bed base and staffing adjusted accordingly
	Now	25	4	3	4	3	2	2	
Ward 14 Medicine	Prev.	16	3	3	3	3	2	1	Ward used to be a surgical ward – now medical, different patient acuity hence establishments reset.
	Now	25	4	3	4	3	2	2	
Ward 22		29	5	4	4	3	2	2	No change
Ward 23		24	4	4	3	4	2	2	Extra HCA on night shift – SNCT and incident levels demonstrated need to adjust
		24	4	4	3	4	2	3	
Ward 24		29	5	4	4	3	2	2	No change
Ward 25		30	5	4	4	3	2	2	No change
St. Bedes		10	3	2	2	2	2	1	No change

Additional specialist nurses for chest pain and NIV are rostered on wards 8 and 9. These are included in the above staffing numbers.

The Surgical reconfiguration and improvement programme has seen a reduction in beds across surgery and the nurse staffing has been agreed in Table 2.

Table 2 (Surgery)

Ward			Early		Late		Nights		Comments
		Beds	RN	HCA	RN	HCA	RN	HCA	
Ward 14a	Prev.	24	5	3	4	3	2	2	Nurse co-ordinator on early shift not required following review but additional HCA support at night required.
	Now	26	4	3	4	3	2	3	
Ward 21	Prev.	18	3	2	3	2	2	1	Increase in bed base and change in patient acuity required uplift across all shifts.
	Now	28	5	4	4	4	2	3	
W26		24	4	4	4	4	2	2	No change
W27	Prev.	30	5	4	4	4	3	2	Previous establishment set on plans to step down from critical care which have not happened in 2019/20. Therefore staffing establishments adjusted accordingly.
	Now	30	4	4	4	4	2	2	
CCD	Prev.	12	11	2	11	2	10	1	Uplift recommended due to CCD guidelines.
	Now	12	11	2	11	2	11	1	

Enhanced and Supportive Care Team

There has always been a need for one-to-one nursing care, also known as special observation or 'specialling', for critically ill or vulnerable patients in hospital. Definitions of enhanced care come largely from mental health nursing, with different levels of observation defined by the proximity of staff to the patient needing enhanced care (based on a robust risk assessment). Studies on enhanced care in acute settings have built on this, with a driver to move from 'passive watching' to an engaged person-centered relationship with the patient and their family or carers. A business case was approved in October 2020 to run a six month pilot of an Enhanced and Supportive Care team to start in December 2020. The team will consist of twelve WTE Band 2 Health Care Assistants. This team will offer a structured approach to delivering care to the most vulnerable patients in our wards.

5.3 Maternity Staffing

A comprehensive review of midwifery staffing was undertaken by the Head of Midwifery in 2018. Birthrate Plus is a NICE endorsed model for calculating safe midwifery staffing.

A Birthrate review refresh was performed in 2018 based on the current acuity and activity within the maternity services and using the birth rate calculations and CNST recommendations, the clinical establishment calculation had a short fall of -1.72 WTE and the non-clinical specialist midwives have a short fall of - 2.65 WTE. This has been highlighted in the Maternity Service review in September 2020. The Head of Midwifery highlighted that there were staffing pressures due to high levels of maternity leave and the Associate Director for the SBU and COO supported the increase of the midwifery establishment in the run rate by 3 WTE in October 20 to support this risk.

The results of the Birthrate review staffing calculation tool are based on the activity, acuity and Birthrate Plus methodology. Within Delivery Suite the Birth Rate Acuity and dependency tool has also informed the decision making process. The service has recently begun using the specialist acuity tool for the postnatal ward. The

tables (3-5) below set out the agreed numbers for each department within the maternity service. It is recommended that a further full Birth rate review is performed in 2021.

Table 3

Delivery Suite / Theatres		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	*6	*5	*6	*5	*6	5	5
	U	2	2	2	2	2	2	2
Late	Q	5	5	5	5	5	5	5
	U	2	2	2	2	2	2	2
Night	Q	4	4	4	4	4	4	4
	U	1	1	1	1	1	1	1

*** accommodate elective theatre staffing Monday to Friday**

Table 4

Antenatal/Postnatal Ward		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	2	2	2	2	2	2	2
	U	3	3	3	3	3	3	3
Late	Q	2	2	2	2	2	2	2
	U	3	3	3	3	3	3	3
Night	Q	2	2	2	2	2	2	2
	U	2	2	2	2	2	2	2

Maternity Support Workers are included the unqualified staffing numbers and support 10% of the postnatal workload and this is included in the Birth Rate calculation.

There is 1 House keeper on the postnatal ward.

Table 5

Pregnancy Assessment Unit		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Late	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Night	Q	2	2	2	2	2	2	2

Staffing is compliant with recommended midwifery and maternity support worker staffing levels for the number and acuity of women and babies using our service. Staffing and acuity levels continue to be monitored to anticipate any increased demand in capacity.

5.4 Special Care Baby Unit (SCBU) staffing

Staffing levels in SCBU are measured against occupancy via the Neonatal Network on a quarterly basis as shift-by-shift cover must take account of the recommended minimum staffing levels based on average unit occupancy of 80% (DH 2009).

The minimum standards for nurse staffing levels for each category of neonatal care are: (DH 2009, NICE 2010, British Association of Perinatal Medicine 2010)

- neonatal intensive care: 1:1 nursing for all babies

- neonatal high dependency care: 2:1 nursing for all babies
- Neonatal special care: 4:1 nursing for all babies

The minimum percentage of registered staff should be 80% for intensive and high dependency care; 70% for special care.

Analysis of staffing in 2018 indicates the Trust is compliant with regional operating network standards and National requirements in relation to special care. The staffing is set out in table 6 and 7 below.

Table 6

Special Care Baby Unit		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Late	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Night	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1

Model of care for Advanced Neonatal Nurse practitioners

September 2019 saw the launch of the Transitional care model. This was associated with the release of the Advanced Neonatal Nurse Practitioner (ANNP's) from inclusion in the unit staffing numbers to facilitate the development of the ANNP role. This is critical to the development of our transitional care model and service improvement. The ANNPs will lead the development and the implementation of the Transitional Care model with the support of 1 band 3 Midwifery Support Worker. There is also 1 ANNP to cover the medical tier 1 paediatric rota three nights per week. This is based on 4.12WTE Band 7.

Table 7

Transitional care pathway ANNP		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	1	1	1	1	1	1	1
	U	1	1	1	1	1	1	1
Late	Q	1	1	1	1	1	1	1
	U	1	1	1	1	1	1	1
Night	Q		1	1	1			
	U	1	1	1	1	1	1	1

5.5 Community Nursing Services

Staffing within community services underwent a significant review in 2018 following NHS Improvement draft guidance in 2017 on community staffing. This was as part of a suite of guidance developed for various care settings and specialities which acknowledged the different factors in planning district nursing workforce compared to acute settings.

The guidance refers to "safer caseloads" in district nursing services rather than safer staffing as this better reflects the complexity of determining the required staffing levels. The resource is based on the NQB (2016) three expectations right staff, right skills, right place and time, and provides a set of principles under these key areas.

The approach to determining a safe caseload is not based on nurse to patient ratios due to caseloads varying in size and complexity and geographical distribution of patients. It involves assessment of current and projected population, the skills within the team, and an assessment of needs of patients at a service and team level to determine how staff are best deployed. In Gateshead we have devised and use a model for determining complexity to enable appropriate scheduling and staffing levels, with monitoring and review built in. This is

better supported with the introduction of mobile Emis within Community Services, which enables an accurate data set of activity, complexity, new referrals and review appointments to assist in capacity planning with delineations of complexity more visible.

In addition the Queens Nursing Institute (QNI) in October 2019 issued a presentation of what an "outstanding District Nursing Service" looks like including the requirement to have a proportion of staff employed, to have the Specialist Qualification in District Nursing.

The Trust developed a quality framework as a basis for an assessment tool for measuring the quality of district nursing services, with agreed metrics and a dashboard which has been rolled out across all locality teams and as part of the service transformation we continue to monitor and evaluate and this includes patients and staff feedback.

Current nursing workforce within community services is presenting in Table 8.

Table 8

Row Labels	Sub-Part 1 RNA (Adult)	Sub-Part 1 RNC (Children)	Sub-Part 2 RN2 (Adult)	Grand Total
Childrens Community Nursing Team	0.80	6		6.80
Community Transformation	0.60			0.60
Discharge Liaison Team	3.68			3.68
Divisional Management - Community	3.60			3.60
Eastwood	5.00			5.00
Falls Team	1.64			1.64
Frailty Team	5.80			5.80
Hospice Out Of Hours Extended	1.33			1.33
Locality Team - Central	29.00			29.00
Locality Team - East	18.14			18.14
Locality Team - Inner West	16.20			16.20
Locality Team - South	25.13			25.13
Locality Team - West	25.60			25.60
Nurse Specialist - Continence	3.40			3.40
Palliative Care Team	6.80			6.80
Rapid Response	14.88		0.64	15.52
Readmissions Unscheduled Care	2.00			2.00
Stroke Team	1.00			1.00
Urgent Care Team	24.84			24.84
Grand Total	**189.45**	**6**	**0.64**	**196.09**

5.6 Mental Health Inpatient Nurse Staffing

Nurse staffing within our Mental Health Wards, Cragside and Sunniside have been reviewed utilising available guidance from RCN, RCP, NICE and NHSI as well as professional judgement. Safer staffing is central to all healthcare settings and ensuring an adequate number of skilled staff is vital for providing therapeutic mental health care.

Factors considered when agreeing these staffing establishments include the care environment, the higher degree of observation and engagement required to manage risks associated with severe mental illness and staff wellbeing. In line with NHSI guidance professional judgement has been benchmarked with visits to local Mental Health Trusts to compare staffing levels in similar Older Persons Wards and staffing standards in these organisations.

The care environment enables the units to provide least restrictive MDT led care. It is focussed on well-being and positive outcomes. This good practice and significant improvement in the model of care delivery has been recognised with the recent inspection from the CQC.

There has been some changes in this year reducing beds on Sunniside from 16 to 10 beds and is reflected in the establishment review.

Table 9

Agreed staffing levels 2019 /2020 Cragside (No change)														
Mon			Tues		Weds		Thurs		Fri		Sat		Sun	
		Q	HCA	Q	HCA	Q	HCA	Q	HCA	Q	HCA	Q	HCA	Q	HCA
E		4	3	4	3	4	3	4	3	4	3	3	3	3	3
L		3	3	3	3	3	3	3	3	3	3	3	3	3	3
N		2	2	2	2	2	2	2	2	2	2	2	2	2	2

Table 10

Agreed staffing levels 2020 Sunniside														
Mon			Tues		Weds		Thurs		Fri		Sat		Sun	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA	RN	HCA
E	3	2	3	2	3	2	3	2	3	2	2	2	2	2
L	2	2	2	2	2	2	2	2	2	2	2	2	2	2
N	2	1	2	1	2	1	2	1	2	1	2	1	2	1

The changes from 2019 include a reduction of one HCA on every early and late shift. The re-setting of establishment figures are in alignment with the reconfiguration and reduction in beds and business case. Having purchased the license for MHOST, the mental health approved staffing tool, we will be implementing this in 2021.

5.7 Paediatric nurse staffing

A full review of paediatric nurse staffing was undertaken in 2018 as part of a wider review of paediatrics to ensure the safe and sustainable delivery of the service over the next 1- 5 years. This resulted in financial investment to improve the nursing skill mix.

Table 11 sets out working patterns and agreed nursing numbers across Day Unit and Children's Outpatients, Children's Short Stay Assessment Unit. These remain unchanged for 2020.

Table 11

All areas	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	4Q, 1HCA	4Q, 1HCA
Late	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA
Night	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP

In summary, the Trust provides a monthly staffing report to board where wards reporting less than an 75% day RN fill rate in month are consider as an exception and undergo a staffing review. In line with planned levels of staffing on a shift by shift basis both planned and actual nurse staffing levels are publically displayed on all wards across the Trust. All nurse staffing issues on the risk register are regularly reviewed and staffing incidents are review by matrons and at the Nursing and Midwifery Professional Forum and reported in the monthly staffing exception report to board.

6. Recruitment and Retention

Improving recruitment and retention among the nursing workforce is a national and local priority of the NHS and is high on the agenda at Gateshead Health NHS Foundation. During 2019/2020 the Trust has actively addressed retention issues in line with National NHS Employers Retention Guidelines and has participated in the NHS Improvement Retention Programme.

Notably not one standalone action will boost recruitment and retention for the nursing workforce. However, sustained action in several key areas can make significant improvements. Therefore, our recruitment and retention strategy will focus on four primary drivers for improvement work to commence which are:

- Effective and Efficient Recruitment
- Staff Engagement
- Career Planning and Staff Development
- Focus on Over 50s.

As a result we have developed welcome days, fast track recruiting, career discussions, retire and return conversations, flexible working e.g. 6 monthly changes to different ward areas (known as a *'transfer window'* opportunity).

Aspirant Nurses and Midwives

In response to the Covid-19 pandemic we had forty eight Aspirant Nurses and two Aspirant midwives working in the Trust, all were year 3 students. All Aspirants were offered a band 4 full time fixed term contracts with end dates informed by their practice placement and to support the national pandemic response to support clinical areas. The Aspirant Nurses and Midwives have been primarily aligned to areas where they have recently been on placement and secondly where they have secured a substantive post, which is in keeping with recommendations from Health Education England.

Following the first wave of the pandemic, 39 Aspirant nurses and midwives secured Band 5 posts within the Trust and started in September, the remainder were completing further training or returning to their local area.

Vacancy and Turnover Data

It is not currently possible to access a corporate nursing vacancy position from the data available. However, the turnover data has been reviewed.

- Turnover rate from November 2019 – November 2020 remains low at 7.9% for Registered Nurses and Midwives compared to the national average of 12.6%. The turnover of HCA's is higher at 15.38%.
- During this period we have successfully recruited a total of 115 qualified nurses and 43 HCA's to the hospital and this does not include bank staff or staff on fixed term contracts.

7. Capability and Quality

It is important for any staffing review to take into consideration the quality of the care provided, patient experience and capability of the work force as well as the capacity. Table 12 provides a breakdown by ward of the following information:

- Patient experience – the Friends and Family Test
- Percentage of harm free care – the Safety Thermometer
- Percentage of staff who have completed mandatory training
- Percentage of staff who have had an appraisal

Table 12 Quality and capability indicators

Business Unit	Specialty	Ward / Dept	Patient F&FT	Your Care Your Voice (% Positive)	Safety Thermometer (harm free)
Medicine	Elderly	Ward 1 ECC	96.5%	95.6%	95.6%
Medicine	Stroke	Ward 4	94.1%	96.9%	95.3%
Medicine	Cardiology	Ward 8	97.1%	97.2%	97.9%
Medicine	Respiratory	Ward 9	97.3%	98.7%	97.9%
Medicine	Gastro	Ward 11	99.0%	97.4%	96.1%
Medicine	Elderly	Ward 22	97.0%	98.4%	90.2%
Medicine	Elderly	Ward 23	96.4%	100.0%	94.7%
Medicine	Elderly	Ward 24	99.0%	95.8%	88.5%
Medicine	Elderly	Ward 25	96.6%	92.8%	91.5%
Medicine	Palliative	St Bedes	100.0%	98.6%	97.9%
Medicine	Emergency Care	Ward 2 Short Stay	99.0%	95.2%	97.7%
Medicine	Emergency Care	ECC Assessment	98.1%	96.2%	98.4%
Medicine	Gen Medicine	Ward 14	97.0%	97.3%	99.1%
Paediatrics	Paediatrics		98.4%	n/a	100.0%
Surgery	Maternity	Ante & Postnatal	99.3%	n/a	100.0%
Surgery	Maternity	Delivery Suite	99.3%	n/a	100.0%
Surgical	Orthopaedics	Ward 14A	95.9%	95.5%	94.8%
Surgical	Gynaeoncology	Ward 21	98.2%	97.4%	98.4%
Surgical	Orthopaedics	Ward 26	98.7%	98.2%	99.2%
Surgical	Gen Surgery	Ward 27	98.0%	96.1%	98.8%
Surgical	Critical Care	Critical Care	100.0%	100.0%	97.0%
Community	Mental Health	Cragside	100.0%	n/a	98.1%
Community	Mental Health	Sunniside	100.0%	n/a	98.6%
Community	Community		98.1%	n/a	96.0%

Figures for the period 1st April 2019 to 31st March 2020

It must be acknowledged that these figures have been affected by the Covid-19 pandemic as some aspects, for example, the Friends and Family Test was stood down nationally from March 2020 and data collection recommenced in December in preparation for a January 2021 submission. Going forward we will no longer be reporting the Safety Thermometer as this was decommissioned in March 2020 following national consultation.

Business Unit	Specialty	Ward / Dept	Core Skills Training	Appraisal
Medicine	Elderly	Ward 1 ECC	54.0%	66.7%
Medicine	Stroke	Ward 4	68.5%	21.7%
Medicine	Cardiology	Ward 8	68.7%	85.3%
Medicine	Respiratory	Ward 9	75.8%	78.3%
Medicine	Gastro	Ward 11	78.2%	84.4%
Medicine	Elderly	Ward 22	76.9%	43.6%
Medicine	Elderly	Ward 23	70.0%	23.7%
Medicine	Elderly	Ward 24	71.5%	54.3%
Medicine	Elderly	Ward 25	84.2%	84.9%
Medicine	Palliative	St Bedes	78.7%	87.0%
Medicine	Emergency Care	Ward 2 Short Stay	69.9%	40.5%
Medicine	Emergency Care	ECC Assessment	68.2%	15.6%
Medicine	Gen Medicine	Ward 14	78.4%	51.5%
Paediatrics	Paediatrics		72.8%	63.9%
Surgery	Maternity	Ante & Postnatal	64.5%	53.9%
Surgery	Maternity	Delivery Suite	69.4%	46.5%
Surgical	Orthopaedics	Ward 14A	79.7%	82.9%
Surgical	Gynaeoncology	Ward 21	73.2%	81.3%
Surgical	Orthopaedics	Ward 26	82.2%	84.2%
Surgical	Gen Surgery	Ward 27	71.7%	50.0%
Surgical	Critical Care	Critical Care	81.6%	64.5%
Community	Mental Health	Cragside	66.4%	71.4%
Community	Mental Health	Sunniside	76.0%	100.0%
Community	Community		82.2%	80.1%

Figures on the 7th December 2020

There are local action plans in the areas that have not achieved over 80% for mandatory training and appraisals as well as Trust wide plans for F&FT. The recovery plan following the pandemic will include plans to monitor and improve core skills training and appraisal rates across the Trust.

8. Conclusion

Due to the COVID 19 pandemic this has been an unprecedented year for the NHS, however as a Trust we have maintained a focus on ensuring safe levels of staffing for our patients. This report provides assurance to the Board on staffing capacity planning and capability. It provides a clear methodology for agreeing nursing and midwifery staffing numbers and establishments, including the responsive re-deployment of staff and rapid agreeing the safest staffing levels to respond to Covid-19. It provides information on the agreed number of staff needed on a shift by shift basis on each ward and meets the requirement set out in expectations set out by the NQB and provides assurance that the Trust has robust systems in place to safeguard the quality of care provided to patients. This report will be published on the Trust website for our patients and the public.

9. Recommendations

The Board is asked to receive this report for information and assurance.

Dr Karen Roberts
Deputy Director of Nursing, Midwifery and Quality

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 12

Date of Meeting:	Wednesday 27th January 2021			
Report Title:	**Integrated Quality and Learning Report**			
Purpose of Report:	To provide assurance to the Board on the Trust's quality and safety performance in the last 18 months to December 2020.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services		
	Aim 2 ☐	We will be a great organisation to work in		
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	To receive for information on the Trust's key quality and safety indicators			
Financial Implications:	Financial sanctions may be applied by NHS England and commissioners in relation to Health Care Associated Infection (HCAI)			
Risk Management Implications:	The indicators contained relate to the quality of patient care. Risks are associated with any areas of poor performance of these indicators.			
Human Resource Implications:	None			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	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		
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☐	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		
Author:	Quality team			
Presented by:	Hilary Lloyd – Director for Nursing, Midwifery and Quality			

Integrated Quality and Learning Report
December 2020

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

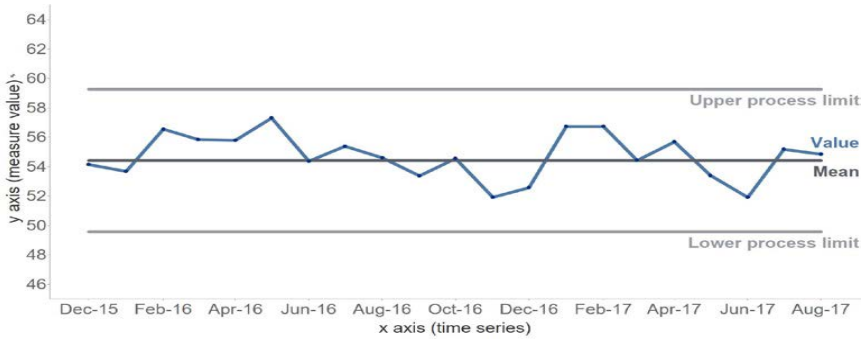
Gateshead Health NHS Foundation Trust

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.



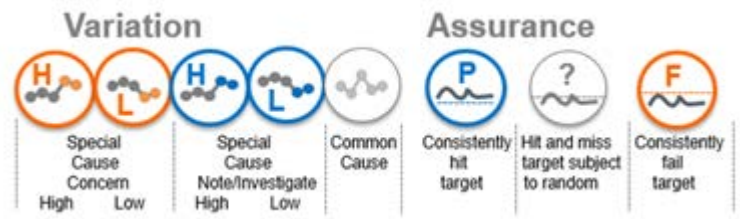
The reference lines are:

- 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.



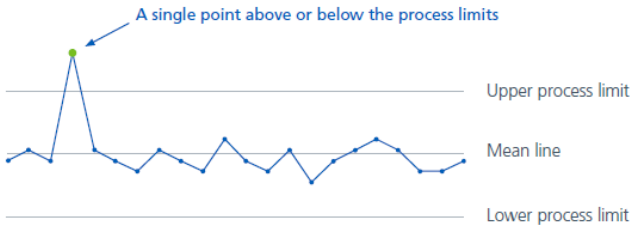
Integrated Quality and Learning Report

more about SPC

Gateshead Health NHS Foundation Trust

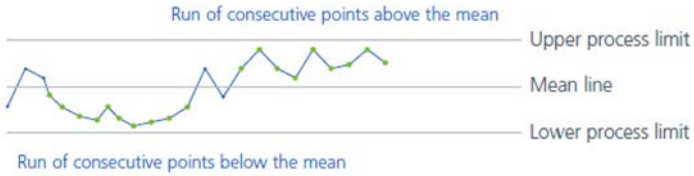
A single point outside the control limits

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

Gateshead Health NHS Foundation Trust

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.

Safe	**5-15**	• Medication Errors • Health-Care Associated Infections • Falls • Pressure damage	• Never Events • Serious Incidents (SIs) • Patient Safety Incidents
Effective	**16-18**	• Mortality • HSMR • SHMI	• Learning from mortality review
Caring	**-**	• Friends and Family Test (Currently Suspended)	
Responsive	**19-20**	• Compliments • Informal Complaints • Formal Complaints	
Well-led	**21**	• CQUIN	

Integrated Quality and Learning Report

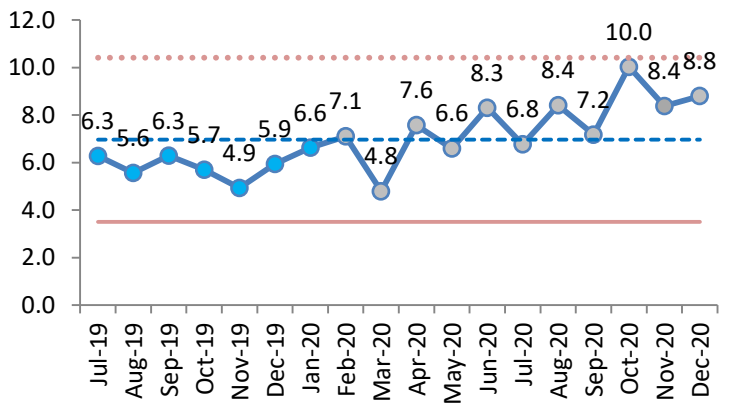
Medication Reporting

Safe

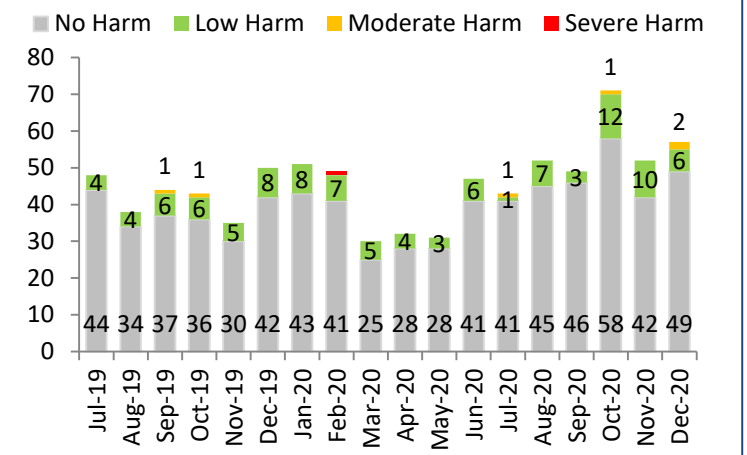
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Medication Errors per 1000 Finished Consultant Episodes (FCEs)



Severity of Medication Errors



Medication Errors

- A total of 57 medication errors were reported in December 2020.
- There were 2 moderate harm errors – both occurred in primary care and are under investigation, learning to be shared. There were no severe harm errors.
- Common cause variation is observed in the medication error rate in December 2020.

Inpatient themes identified:

Similar sounding medicine name BISOPROLOL and BISACODYL – selection errors. System review complete – changes made to EPMA system to support safety and learning shared with prescribing teams.

Incorrect drug selected (penicillamine) when adding allergy to penicillin to EPMA system. Risk reported to EPMA system provider – resulting change to display in new update Jan 2021. Learning shared with prescribing teams.

Insulin safety progress:
Insulin error reports have reduced by around 50%. Specifically errors relating to the prescribing process have reduced. We hope that this is a sign that insulin errors continue to be reported but that recent safety initiatives have resulted in a reduction in overall errors.

Integrated Quality and Learning Report

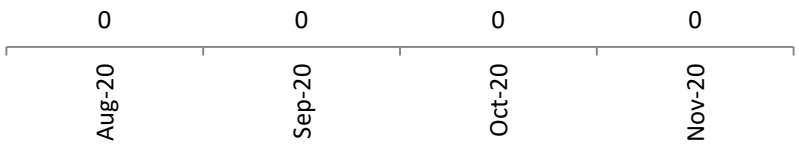
Safe

Healthcare Associated Infections
MRSA & nosocomial COVID-19

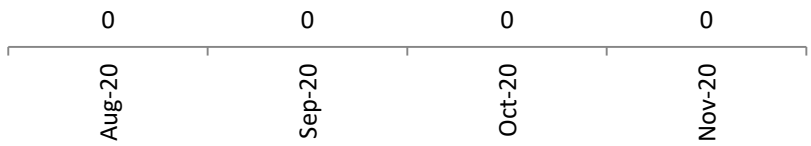
Gateshead Health NHS Foundation Trust

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 Hospital onset or Community onset MRSA BSI in 2020-21.

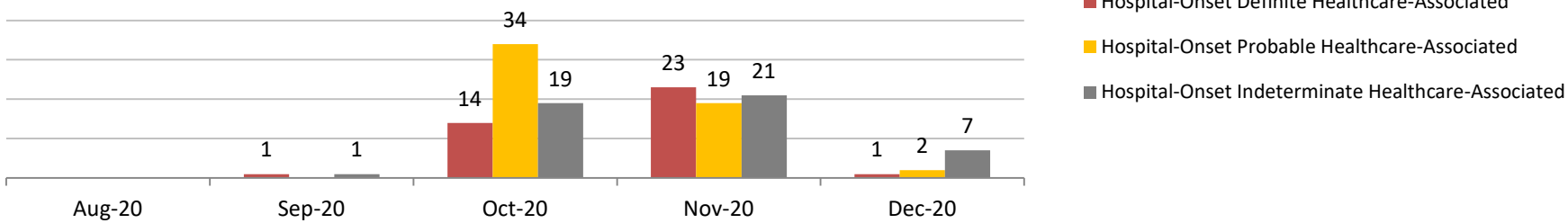
MRSA -Community Associated



MRSA- Healthcare Associated



Nosocomial COVID-19



Nosocomial COVID 19 cases

Due to the large number of nosocomial COVID within the organisation during November a briefing paper has been written and with a detailed breakdown of these cases, was presented at QGC in December 2020. These cases are reported via the DATIX system.

Integrated Quality and Learning Report

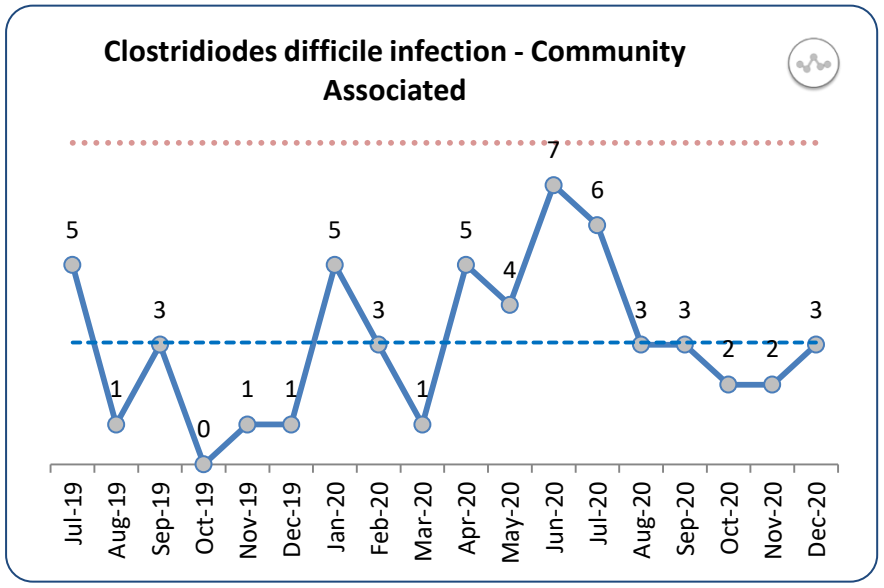
Safe

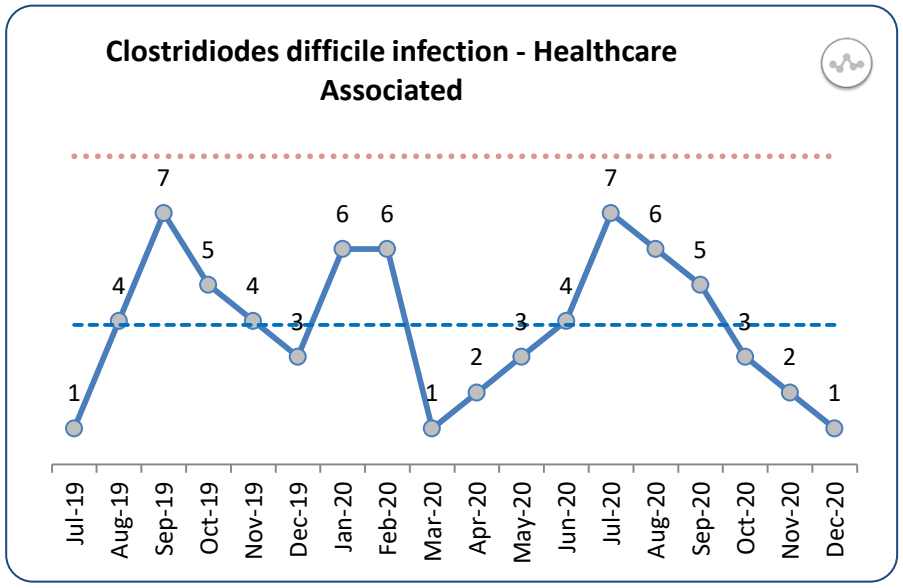
Healthcare Associated Infections

Clostridiodes Difficile Infection

Gateshead Health NHS Foundation Trust

For the period 01/04/2020 to 31/12/2020 the Trust has reported 33 healthcare associated CDI.
The incidence of healthcare associated CDI has continued to reduce. All incidence of healthcare CDI have been reviewed and learning shared with the relevant clinical areas.
All of these patients had appropriate antibiotic treatment and there were no issues with laxative management.
NHS England /NHS Improvement has not published the CDI objectives for 2020/21





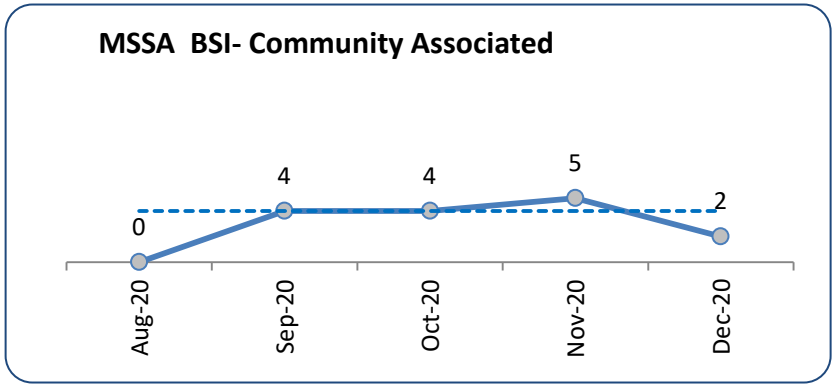
Integrated Quality and Learning Report

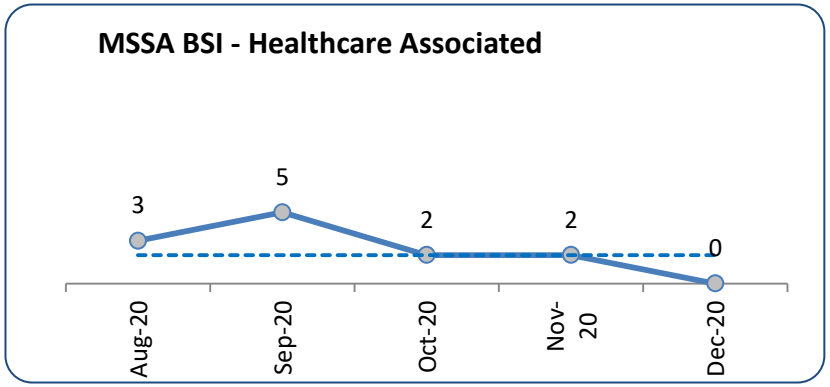
Healthcare Associated Infections

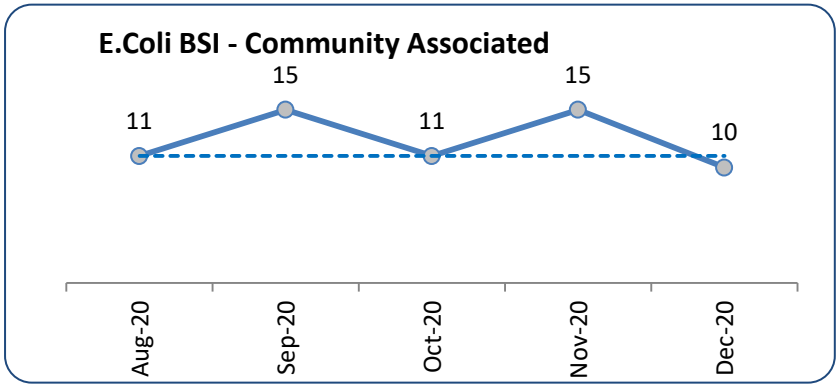
MSSA & E Coli

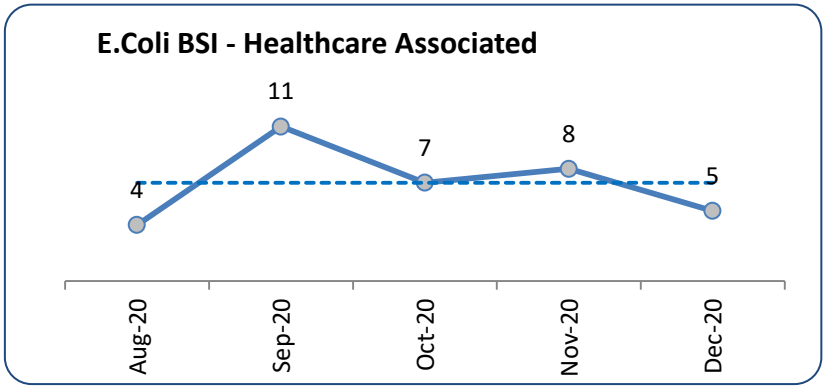
Safe

Gateshead Health NHS Foundation Trust







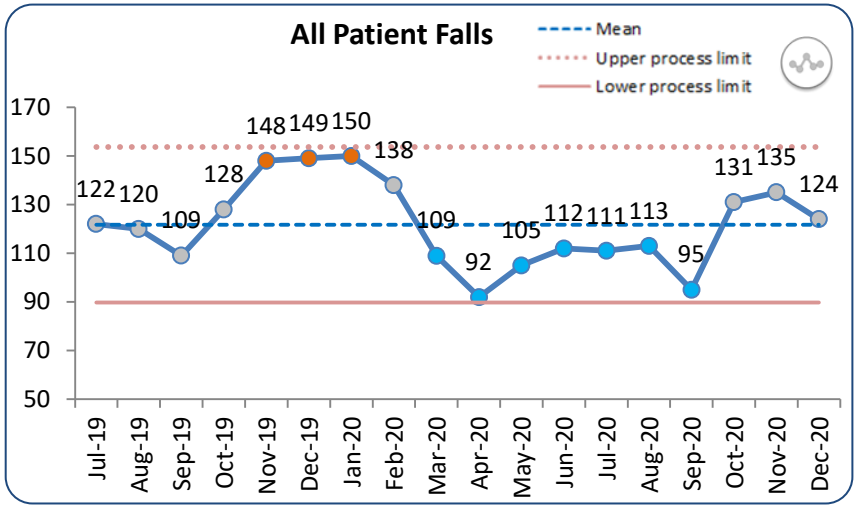


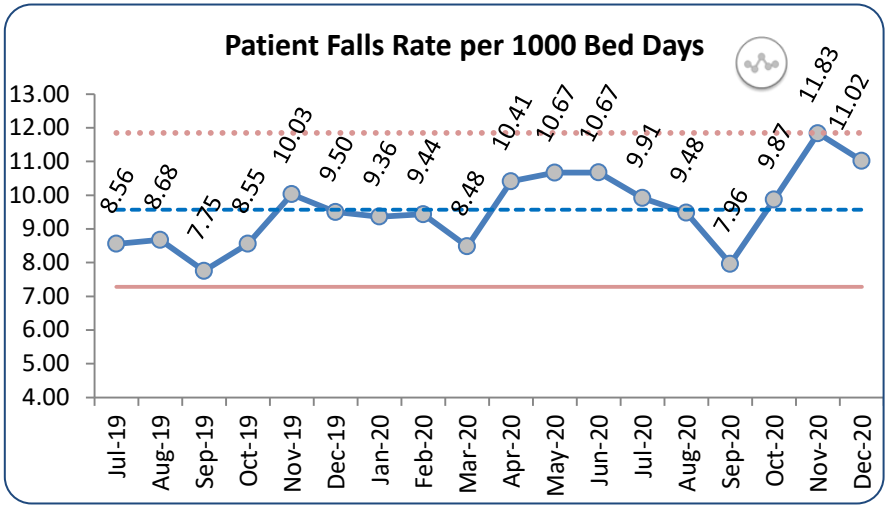
The number of Community associated MSSA BSI reduced in December and investigation suggested the source to be respiratory in origin . We will continue to monitor this trend for any themes/learning.
Healthcare associated *E.coli* BSI have reduced slightly in December with the source identified as gastro intestinal in 2 instances, urinary in 2 instances and hepatobiliary in 1 instance
Healthcare Associated category comprises
Hospital onset – Healthcare Associated (HOHA) – when the sample is taken 48 hours following admission.
Community onset-Healthcare Associated (COHA) – when the sample is taken within the first 48 hours following admission and the patient has undergone an healthcare intervention in the preceding 28 days prior to the sample collection.

Integrated Quality and Learning Report

Falls

Safe





Patient Falls – statistics and learning

December 2020 – 124 falls reported; 104 no harm; 18 low harm; 2 moderate harm. Both of the moderate harm incidents occurred within the Medical Business Unit and both were graded as moderate harm due to the patients hitting their heads when they fell. Investigations are underway for both incidents.

November 2020 – 135 falls reported; 98 no harm; 32 low harm; 3 moderate harm ; 2 severe harm. Both of the moderate and severe harm incidents remain under review by the clinical teams. The incidents which resulted in moderate harm involved two patients falling and fracturing their shoulder. The two incidents which resulted in severe harm occurred following unwitnessed falls and both patients sustained a fracture to the neck of femur. Both incidents have been reported to StEIS.

All patient falls data for December continues to demonstrate common cause variation and patient falls per 1000 bed days has returned to common cause variation for this month.

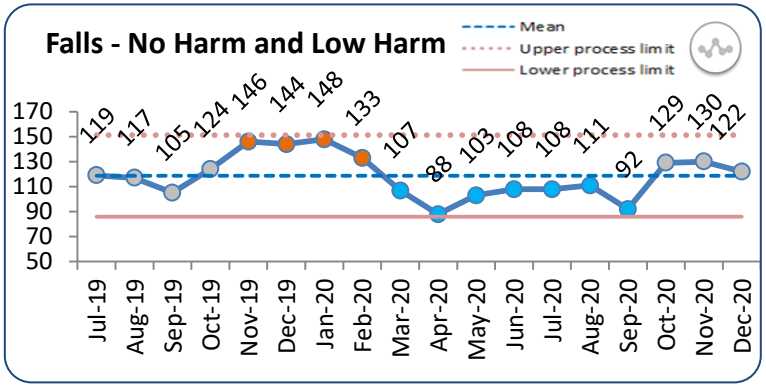
Integrated Quality and Learning Report

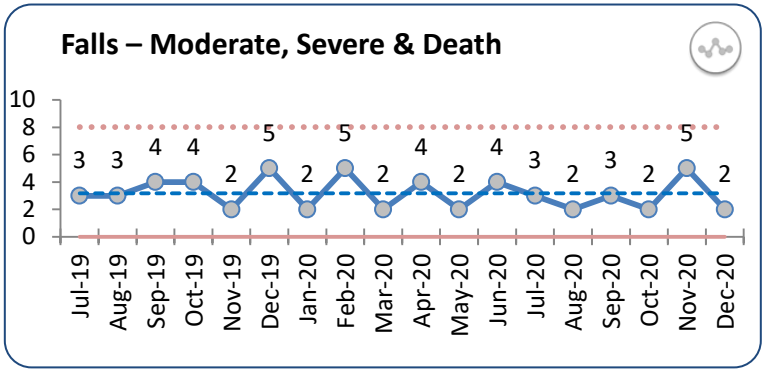
Falls

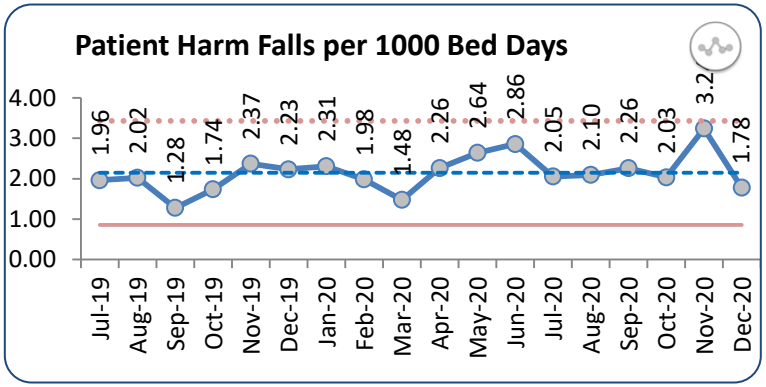
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe







Further learning from Inpatient Patient Falls

The inpatient falls rate remains within normal variation.

A two week 'firebreak' was introduced by the Trust during November to manage the increased pressures due to the ongoing high levels of Covid-19 within the local area and the pressure placed upon the operational services and clinical teams. The Falls Serious Incident Panel was arranged to review the completed investigation reports remotely and for feedback to be shared with the clinical teams as necessary.

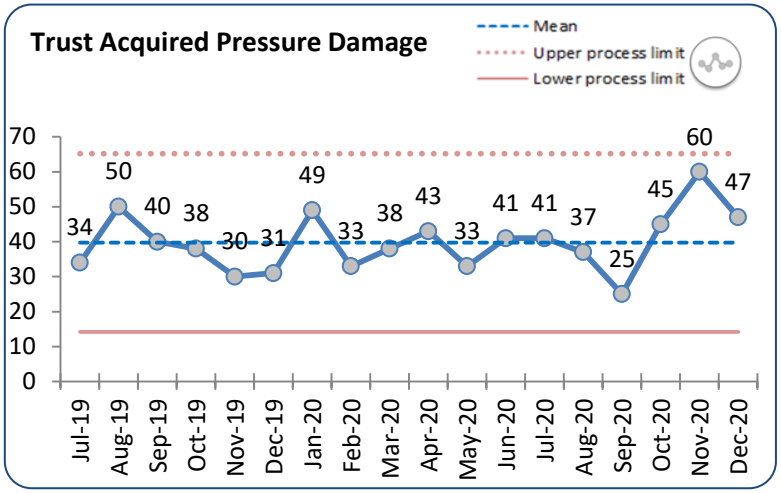
As a result of the firebreak and ongoing pressures within the Trust, the Trust Falls Group meeting was stood down. However, work has been ongoing to develop the electronic Falls Assessment for use within Nerve Centre and this has now been completed and is ready to be demonstrated with the aim towards approving this electronic-based assessment for use in the clinical areas.

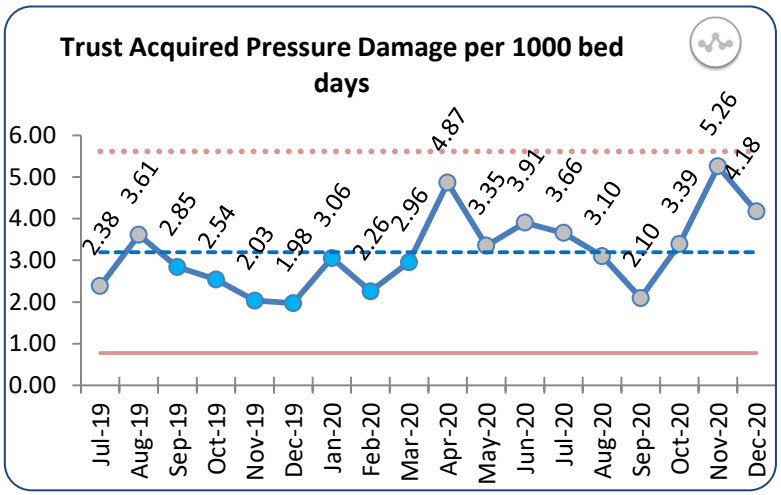
It is anticipated that once this has been approved, training will be arranged and the Nerve Centre assessment will be introduced into the clinical areas when operational pressures have eased.

Integrated Quality and Learning Report

Trust & Hospital Acquired Pressure Damage

Safe





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..
- 47 incidents of Trust acquired pressure damage were reported in December 2020.
- 10 incidents observed in an acute setting
  - 6 x category 2
  - 2 x category 3
  - 2 deep tissue injuries
- 37 incidents observed in a community setting during Trust care
  - 24 x category 2
  - 1 x deterioration to category 2
  - 1x deterioration to category 4
  - 6 x unstageable
  - 5 x deep tissue injuries

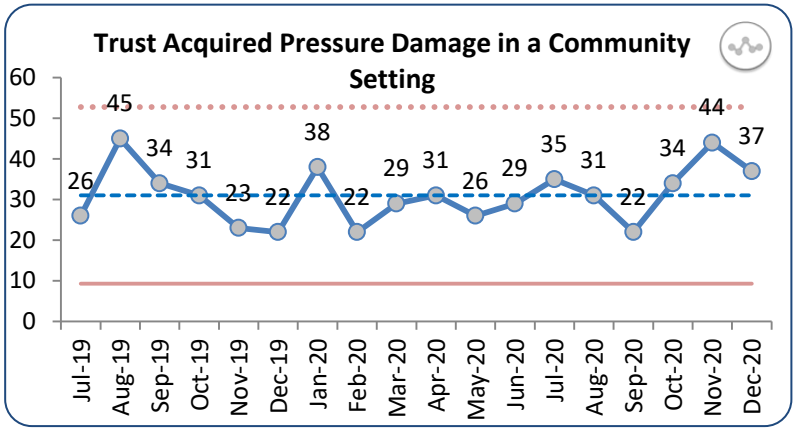
Integrated Quality and Learning Report

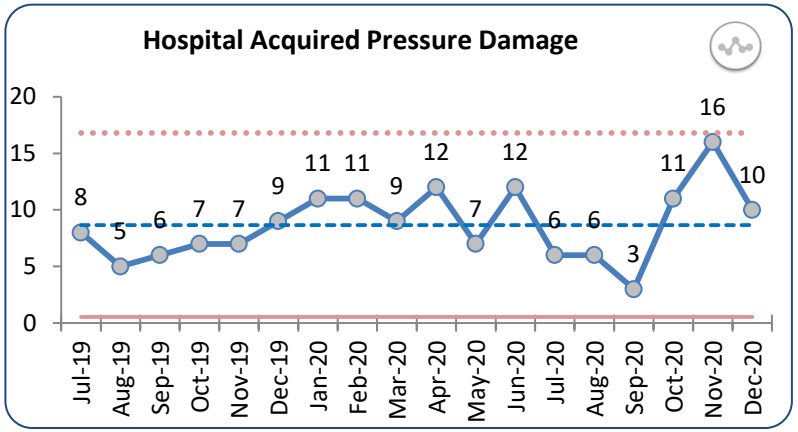
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Trust & Hospital Acquired Pressure Damage

Safe





The data for December demonstrates common cause variation for both pressure damage acquired in the community and the acute settings.

In April 2019, the process of grading pressure damage was amended and the categories of 'unstageable' and 'deep tissue injury' were introduced. Pressure damage which would have previously been graded as moderate or severe harm is now graded as low harm until the pressure damage is verified by one of the Tissue Viability Nursing team. This change has led to a significant decrease in the number of serious incident investigations being undertaken and there is a concern that the Trust may miss the opportunity to learn meaningful lessons.

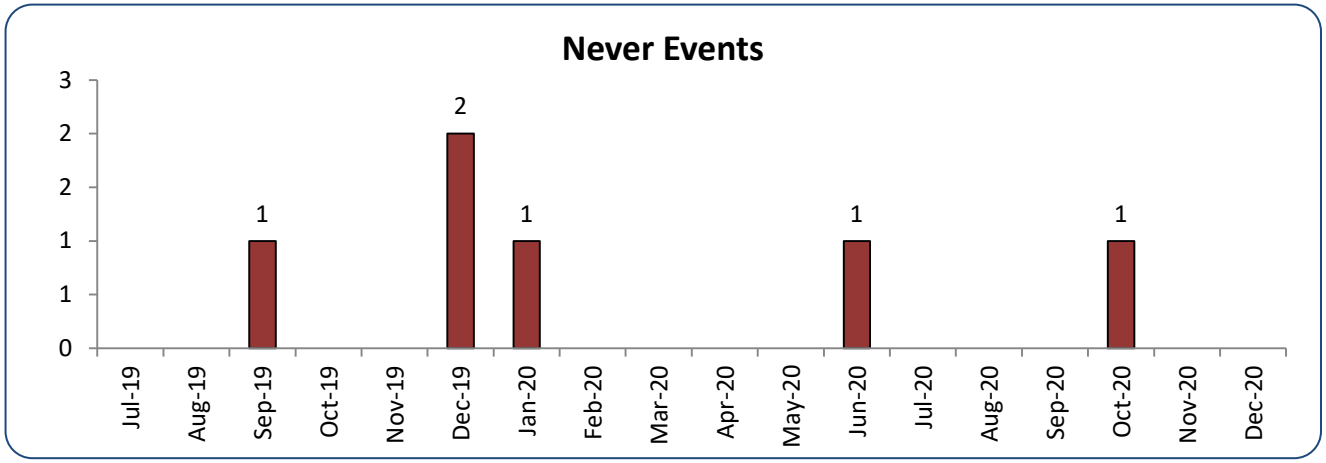
This has been demonstrated by a reported incident within an inpatient setting which was graded as low harm due to the pressure damage being classified as unstageable; the elderly patient died as a result of sepsis which was related to the pressure damage. This is currently being reviewed using the Human Factors Patient Safety Investigation approach and lessons learned from the investigation will be shared in future reports. Family Liaison Officer support is being provided to the patient's relatives throughout the investigation process.

Integrated Quality and Learning Report

Never Events

Safe

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

- 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 2015
- September 2019 – Overdose of methotrexate for non-cancer treatment (moderate harm)
- March 2019 - Wrong Patient for treatment/procedure (Low Harm)

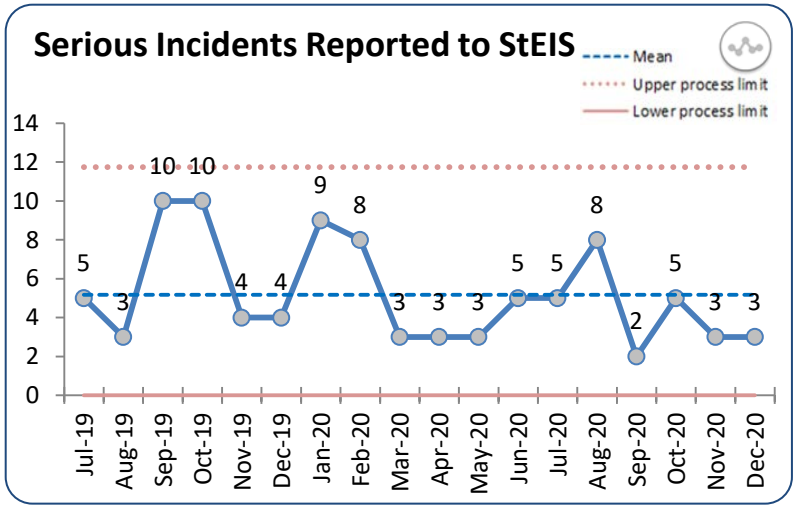
Integrated Quality and Learning Report

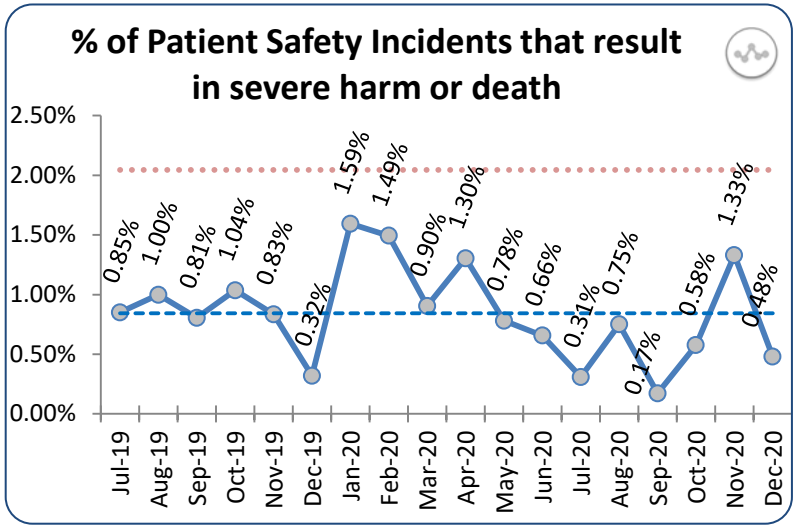
Serious Incidents

Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe





Serious Incidents Reported to StEIS

December 2020 3 serious incidents reported
1 x Breach of IPC policy (Death / catastrophic)
1 x Unstageable damage during trust care (Low)
1 x Infection – Respiratory (Low harm)

November 2020 3 serious incidents reported

- 1 x fall from height - bed (Severe harm)
- 1 x fall from height - chair (Severe harm)
- 1 x unplanned return to Theatre (Severe harm)

Learning from Serious Incidents Review

During October and November, a significant number of inpatient wards reported outbreaks of Covid-19 infections. Patient safety investigations have been initiated for those patients harmed as a result of the outbreak and there will be a review of each patient with Family Liaison Officer support offered to ensure that feedback from relatives and carers is included within the process. This has required a multidisciplinary approach, including Infection Control and Prevention; microbiology staff ; estates and facilities as well as nursing and medical support.

Guidance has been developed, supported by the Medical Examiner to assist with the identification of potential serious incidents and it is anticipated that the Trust will demonstrate a significant increase in the number of serious incidents reported to StEIS. To ensure timely progress, extraordinary Serious Incident review Panels will be arranged for the purpose of hearing these investigations.

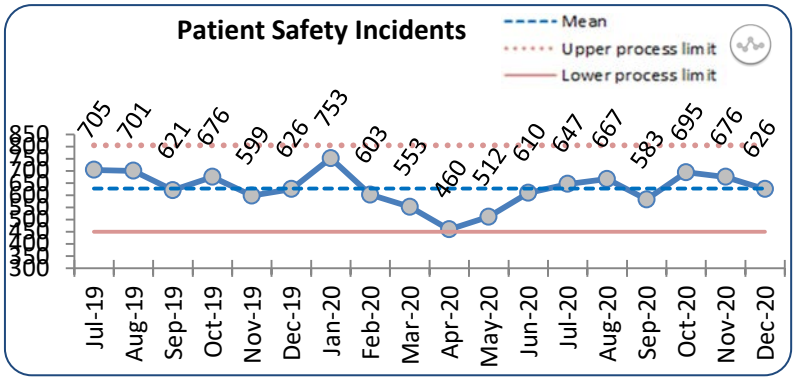
Integrated Quality and Learning Report

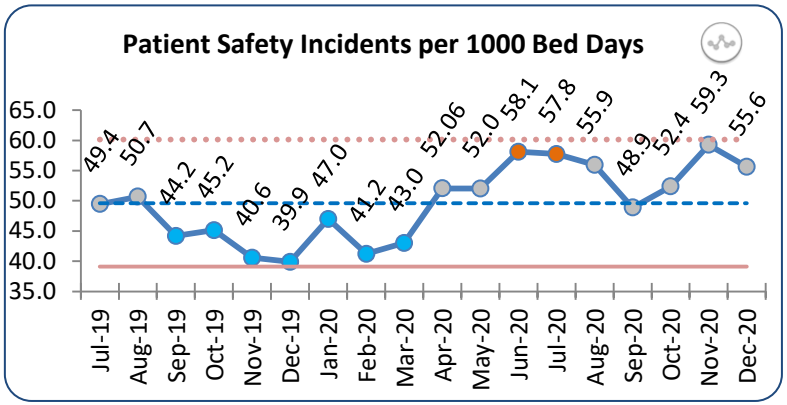
Patient Safety Incidents

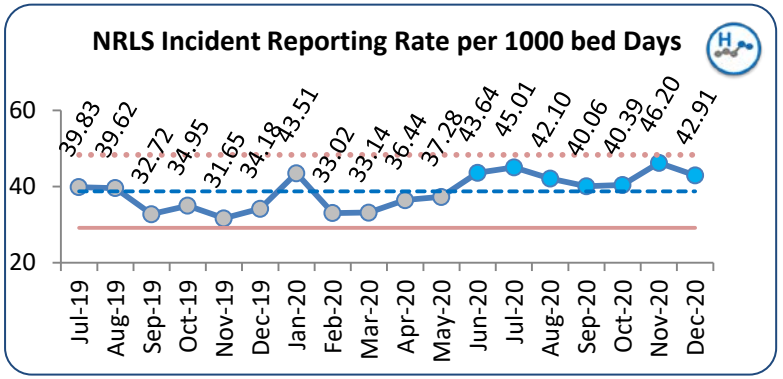
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe







Patient Safety Culture

The NRLS (National Reporting & Learning System) incident reported rate was 42.91 incidents per 1000 bed days in December 2020.

Patient Safety Incidents

- 626 patient safety incidents were reported in December 2020
- Common cause variation is shown in the patient safety incident rate per 1000 bed days , however this metric remains extremely close to triggering special cause variation (high)
- The top 5 incident types for December 2020 are listed below:
  - Pressure damage (Trust and community, all categories)
  - Patient falls
  - Medication
  - Pathology sample issues
  - Discharge or transfer issue

Learning from Patient Safety Incidents

Despite the operational pressures that the Trust has faced during the last quarter of 2020-21, the number of incidents reporting has remained fairly constant in comparison to the decrease in reporting which was demonstrated when the Covid-19 first began. Furthermore, more incidents have been reported in Q3 of 2020-21 when compared with the same quarter of 2019-20.

Responding to feedback from clinical colleagues, the patient safety team is developing a shortened version of the incident reporting form to facilitate the reporting of incidents in a succinct and timely way. Further information will be provided in January's report.

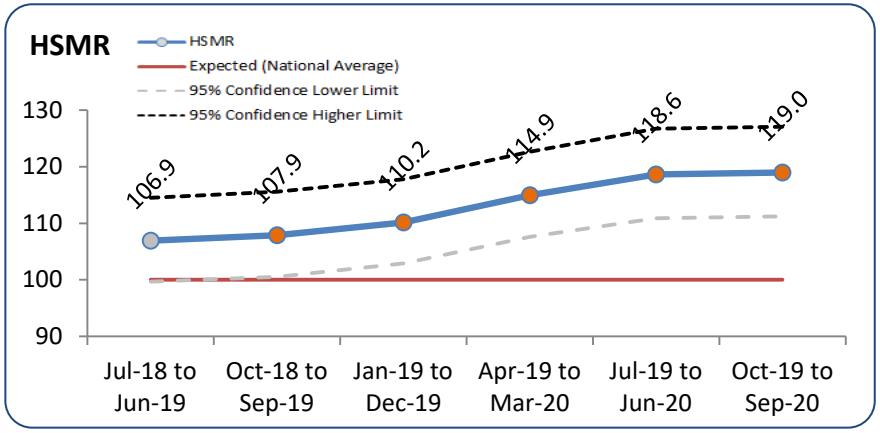
All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.

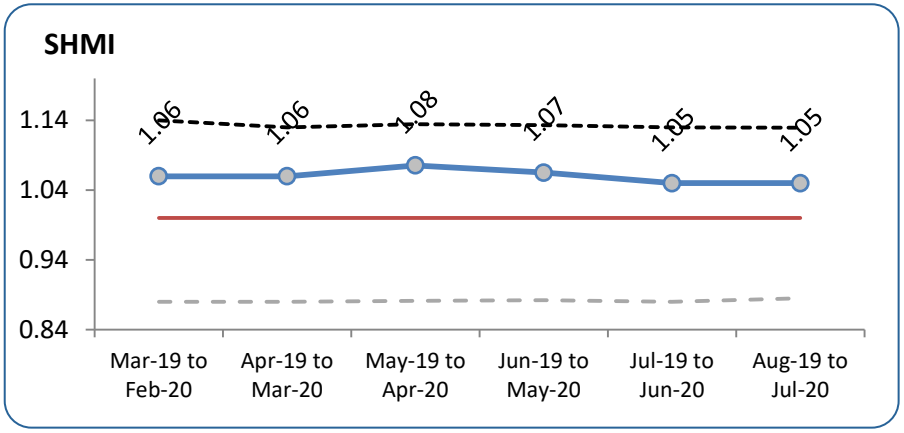
Integrated Quality and Learning Report

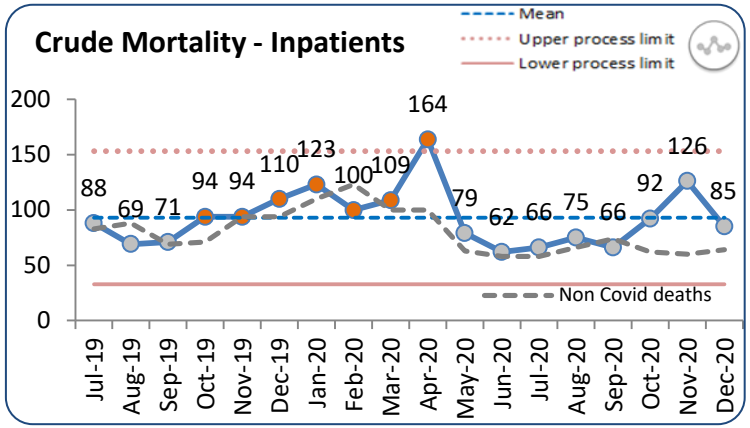
Gateshead Health NHS Foundation Trust

Effective

Mortality







Mortality Review

Period: December 2019 to November 2020

	Deaths in period	Deaths reviewed	%	Hogan 1	Hogan 2	Hogan 3	Hogan 4	Hogan 5	Hogan 6	Potentially Avoidable Deaths
All Deaths	1261	788	62.5%	97.0%	2.5%	0.3%	0.3%	0.0%	0.0%	0.3% (2)
Learning Disability Deaths	10	10	100.0%	90.0%	0.0%	0.0%	10.0%	0.0%	0.0%	10.0% (1)

- HSMR – For the most recent 12 months the Trust is demonstrating more deaths than expected. Analysis by NEQOS in January 2020 identified no specific cause for the high HSMR or cause for concern about quality of care. Other quality of care indicators do not provide cause for concern. The effect of COVID-19 on the mortality indicators is unclear at present, there appears to be more variation in the HSMR across trusts in England.
- 85 inpatient deaths observed in December 2020; of which 13 were 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 since May 2020.
- 62.5% of patient deaths reviewed between Dec-19 and Nov-20. 97.0% Definitely not preventable. Two cases identified as potentially avoidable.

Integrated Quality and Learning Report

Effective

Mortality

Learning from Mortality Review

Mortality Council Update

A meeting of the Mortality Council dedicated to reviewing Covid-19 patient deaths took place on 9th December 2020. Patients who had passed away from September – November 2020 were reviewed. Cases of hospital acquired Covid-19 infections as well as any complaints received from relatives were reviewed which was 11 cases in total. Some elements of good practice were identified; documentation of discussions with family, appropriate use of palliative care team and pathways, appropriate use of swabbing, PPE and restriction of visitors, rapid release of body was not affected.

The following learning was identified:

- Discussions with family re the use of DNACPRs had not taken place, family were unaware of these being completed for their relatives
- Excessive movement of patients through the hospital, often resulting in patients being on multiple wards
- Delays in moving positive patients to appropriate wards resulting in staying in negative/holding wards for longer, potentially increasing the possible exposure to other patients
- Discharges of positive patients home when there are vulnerable family members at home – pathway/patient information required

Actions taken to date:

- A small group was set up to look at the documentation and communication processes for decisions made with regards to DNACPRs. A guide practice guide has subsequently been developed and is available to staff within the Covid-19 section of the intranet.
- There is an ongoing piece of work within the Trust around discharge, the learning from the Mortality Council has been fed into this. In order to triangulate all patient feedback in relation to discharge, a review of complaints and PALs issues received in relation to discharge is to be undertaken over the last 12 months to identify any further, along with the results of the National Inpatient Survey from the last two years as discharge, as it is evident from these results that elements of the discharge process require improvement.

Further Covid-19 dedicated Mortality Councils have been scheduled for February and March 2021.

Integrated Quality and Learning Report

Gateshead Health NHS Foundation Trust

Effective

Mortality

North East Observatory Service (NEQOS) further Mortality Analysis

The Trust requested support from colleagues NEQOS to understand the rise in mortality seen in the Trust Hospital Mortality Ratio (HSMR). The Trust has remained a high outlier for a number of consecutive months. NEQOS were asked to provide more granular analysis of Trust mortality and to make recommendations if appropriate. The final report was provided and presented to the Trust in early January. The findings and conclusions are listed below. Following the presentation to the Trust by NEQOS it was agreed that it would be useful for NEQOS to return at a later date to present to the Trust Board. This is to be arranged at a convenient date.

Findings

1. Latest SHMI for the Trust is 105 whilst the HSMR is 120 – a 15 point gap.
2. The level of palliative care coding for Gateshead is now similar to, but below that seen for England (with the possible exception of COPD).
3. Mortality review and the Serious Incidents process only identified a small number of instances where death may have been preventable in 2019/20.
4. Mean centred analysis highlights the differences between the observed and expected deaths seen over the last 18 months or so.
5. The Variable Life Adjusted Display (VLAD) charts for Pneumonia and Sepsis highlight these groups for further investigation, potentially of the coding for Primary diagnosis.
6. The effect of COVID-19 on the mortality indicators is unclear at present, there appears to be more variation in the HSMR across trusts in England

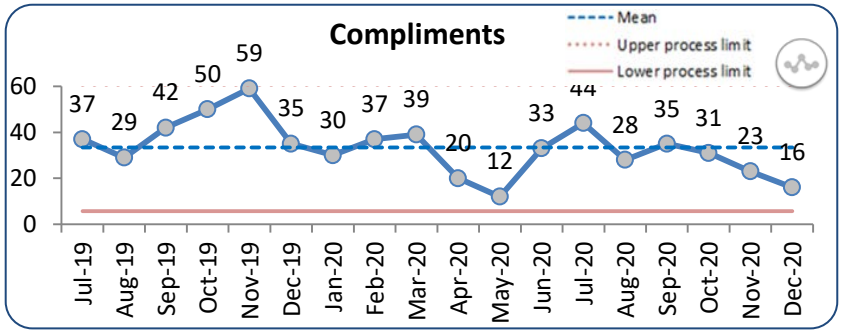
Conclusions

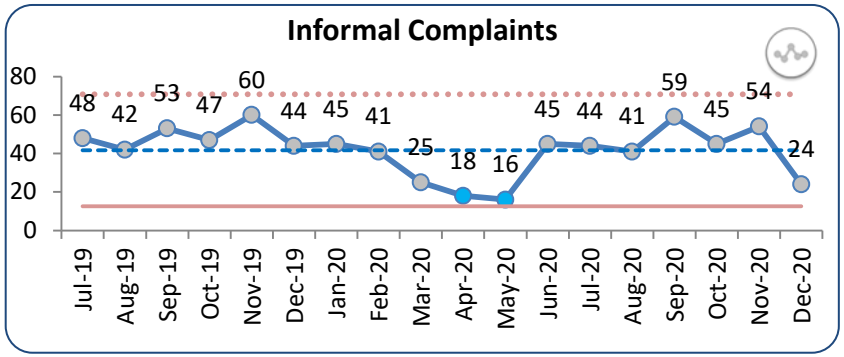
- The mortality indicators show the trust deaths relative to the expected deaths per the statistical models for HSMR and SHMI. For Gateshead the two mortality indicators are diverging.
- The models are influenced by a trust's coding, in particular the Primary diagnosis, also the Secondary and Palliative Care (PC) coding.
- No specific cause for the high HSMR, or concern about quality of care, has been identified.
- There is some evidence that respiratory infection (pneumonia, septicemia, COPD, acute bronchitis) contributes to the overall mortality position.

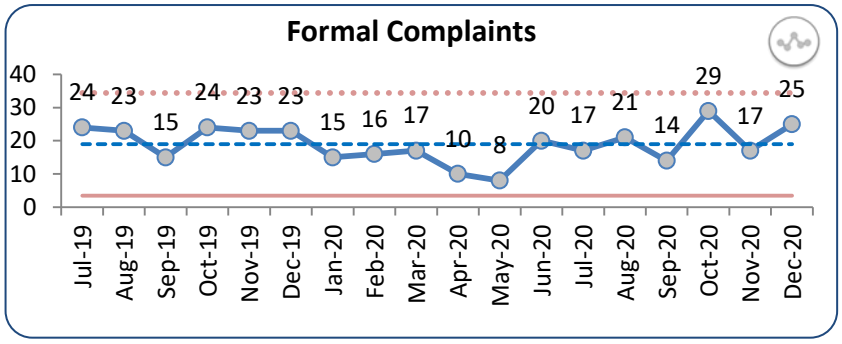
Integrated Quality and Learning Report

Learning From Compliments and Complaints

Responsive







The themes identified in Formal Complaints were :

Clinical Treatment (11)
Values & Behaviours (Staff) (5)
Communications (4)
Patient Care (2)
Privacy, Dignity & wellbeing (including patients' property & expenses) (1)
Prescribing errors (1)
Appointments including delays & cancellations (1)

Breakdown of Formal Complaints by clinical area:

General Surgery (8) Emergency Care (4) Care of the Elderly (3) Trauma & Orthopaedics (2) Obstetrics (1) Endocrinology & Clinical Haematology (1) Paediatrics (1) Planned Care (1) Therapy Services (1) General Medicine (1) Mental Health (1) Gynaecology (1)

Learning from Complaints

As a result of a patient's experience after pregnancy loss following IVF treatment, processes are being reviewed to ensure that processes within the IVF unit are identical to those within the Early Pregnancy Assessment. Work is ongoing to ensure that every family who experience a pregnancy loss whilst they are under the care of the IVF Unit will be offered a 'Cradle Bag' which contains small tokens of remembrance and signposting to support services. The IVF Clinic Lead Nurse is working with the Early Pregnancy Clinic to develop a robust process to ensure the wishes of bereaved parents are followed.

A complaint was received regarding the discharge of an elderly patient late at night via taxi. The driver did not assist the patient to the front door, the patient was very breathless and stressed when they got home. The Trust have contacted the taxi company to share this experience, they confirmed that all drivers are told to accompany elderly relatives to the door as part of their training, they apologised this it had not happened on this occasion and confirmed they would remind all drivers of this expectation.

Integrated Quality and Learning Report

Patient Experience

Responsive

Formal Complaints and PALs

The complaints process was reinstated in the recovery phase In Summer 2020 and work to facilitate responses restarted, however due to the Trust's 'firebreak' another two week pause until 30th November was necessary. As at 18th January 2021, there are 67 overdue formal complaints and 25 overdue PALs issues.

All overdue complaints and PALs issues have been reviewed and where possible have been answered by the Patient Experience Team in order to support the Business Units, this will continue. The team will continue to support Investigating Officers to facilitate responses.

A Rapid Process Improvement Workshop (RPIW) is in the planning stages to look at the formal complaints and PALs processes. The aim of this RPIW is to review the current processes to ensure that there is a consistent trust wide approach to complaints management with an emphasis on providing compassionate responses , learning from patient and relatives experiences and evidencing that the necessary action has been taken to make improvements. Engagement and participation from key members of the Business Units will be key to developing the new processes. Following the RPIW a new policy will be launched across the Trust.

Message to a loved one

Just a reminder that the Message to a Loved One service is available for relatives to use to keep in touch with their loved ones. Messages, letters and photographs can be emailed to: ghnt.messagetoalovedone@nhs.net

The letters, messages or photographs should be a maximum of one A4 side of paper per day. The Patient Experience Team will try their best to ensure that all patients receive their messages Monday-Friday.

If relatives do not have access to email and would still like to send their loved one a short message, they can telephone 0191 445 6047 or 0191 445 6129 between 10am and 12pm, Monday to Friday. To make sure they get to the right person the following should be included:
the patient's name, the ward number or name, either the date of birth **or** the address of the patient

Winter Volunteers Project

The project remains ongoing, 16 volunteers have successfully been appointed in the role of 'Patient Experience Volunteer' and are currently going through the on-boarding process; which includes obtaining the necessary references, health checks etc. A further 26 applicants are in the process of being shortlisted. A additional 10 tablet devices have been donated to the Trust with another 10 expected. These are currently being programmed by our IT department.

Integrated Quality and Learning Report

Gateshead Health NHS Foundation Trust

Well-led

National Acute & Community CQUIN 2020/21

Following advice from the CCG stating that a CQUIN 'holiday' had been implemented for Q3 and4 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.

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 13

Date of Meeting:	Wednesday 27th January 2021				
Report Title:	**Mortality Report**				
Purpose of Report:	Present Mortality report and proposed framework				
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services			
	Aim 2 ☐	We will be a great organisation to work in			
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	To receive the report for assurance				
Financial Implications:	Learning from deaths and reducing risk has the potential to reduce the volume of financial claims received by the Trust.				
Risk Management Implications:	Monitoring, review and learning from deaths is essential to ensure the Trust can identify areas of risk and reduce potential risk				
Human Resource Implications:	No				
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	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			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☐	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			
Author:	Andrew Ward, Senior Information Analyst – Quality and Patient Safety Wendy McFadden, SafeCare Lead –Clinical Effectiveness				
Presented by:	Mr Andy Beeby, Medical Director				

Quarterly Mortality Report

Executive Summary

The Trust's latest published SHMI (Summary Hospital-level Mortality Indicator) is 1.07 placing the Trust with the banding of deaths 'as expected'.

The HSMR (Hospital Standardised Mortality Ratio) for Gateshead in the last 12 months (Oct-19 to Sep-20) is 118.6 placing the Trust with 'more deaths than expected' as calculated by the model. The Trust has the sixth highest HSMR when compared to peer group performance of neighbouring Trusts.

Caution is required when interpreting the mortality indices this year as removal of COVID-19 activity from the indices has resulted in smaller denominators used in the calculation. Most useful information is likely to come from individual mortality reviews

In order to understand the Trust's continuing high HSMR in more detail, NEQOS have been commissioned, as part of the Trust's existing SLA, to undertake a review and analysis of our mortality data. Data analysis will commence in November to be completed by 18 December.

The Trust has increased its palliative care coding following on from discussions and actions implemented in 2019.

Where mortality alerts have been triggered, case note review demonstrates that a good proportion of deaths have been reviewed, and the vast majority identified as 'definitely not preventable'. Those cases that demonstrated evidence of preventability have been reviewed by the Trust's Mortality Council where learning and actions have been identified.

The number of deaths having a Level 1 review has decreased again due to the Covid-19 2nd wave. The wards whose function and staffing were changed as a result of the 1st and 2nd waves are those who have a lower compliance for Level 1 reviews. A process is to be developed as a matter of urgency in order for these deaths to be reviewed by a mini panel to ensure all possible learning is captured. The management of hospital acquired Covid-19 deaths in the 'community', 'indeterminate' 'probable' categories rely on the outcome of the Level 1 review to determine whether there are any issues with care and further scrutiny is required by the Mortality Council.

A Mortality Council dedicated to Covid-19 deaths is scheduled to take place on the 9th December alongside the regular meeting scheduled for later in the month.

A Lead Medical examiner and Medical Examiner team have been appointed to provide 5 sessions per week of Medical Examiner service, Monday to Friday. The service went live on 7th September 2020.

1. Introduction:

The purpose of this paper is to update the Board upon on going work in relation to mortality within Gateshead Health NHS Foundation Trust. Within the paper is an update on the Summary Hospital-level Mortality Indicator (SHMI) which is the national mortality ratio score developed for use across the NHS and the Hospital Mortality Standardised Ratio (HSMR) provided by Healthcare Evaluation Data (HED).

2. The National Picture:

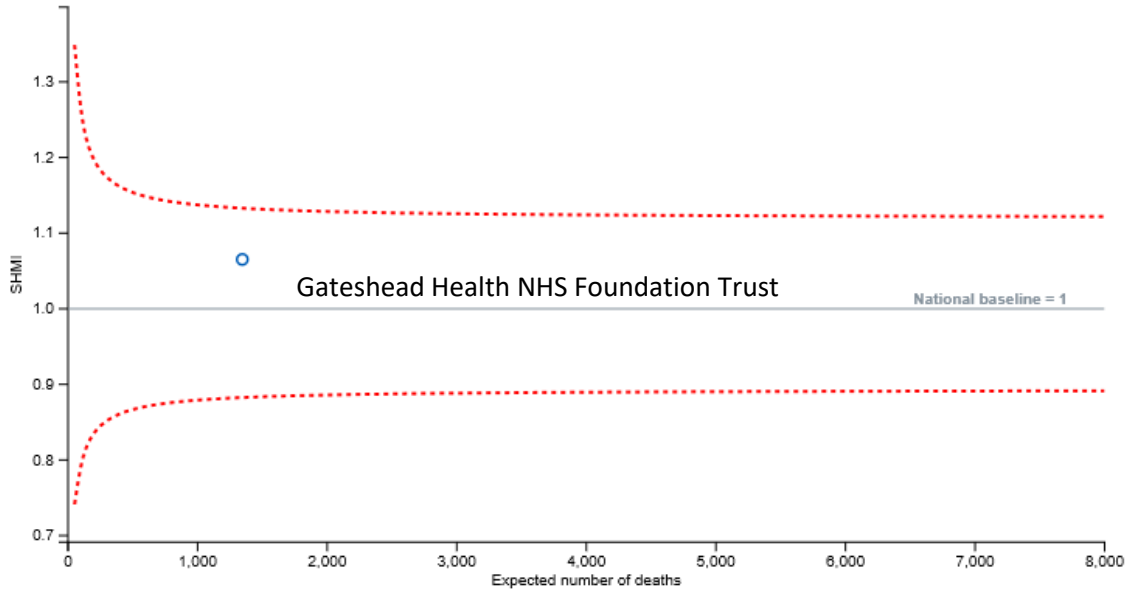
The SHMI is currently published on a monthly basis. Each publication includes discharges in a rolling twelve-month period.

The SHMI compares the actual number of patients who die following hospitalisation at a trust with the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

For any given number of expected deaths, an upper and lower bound of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected.

COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included.

The latest SHMI published for Gateshead Trust on 8th October 2020 covering the period from June 2019 to May 2020 has a SHMI Banding of 'As Expected' with a score of 1.07. The most recent SHMI preview for the next publication provides a SHMI score of 1.05 for the period July 2019 to June 2020 with a banding of 'As Expected.'



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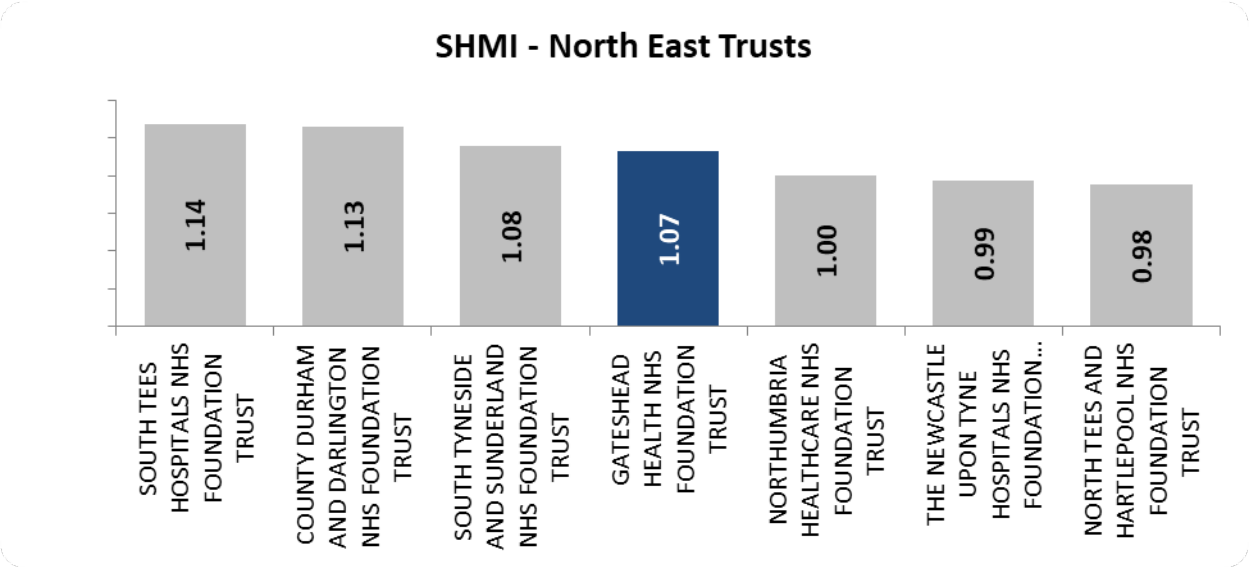
- 13 Trusts had a higher than expected number of deaths.
- 96 Trusts had a number of deaths within the expected range.
- 16 Trusts had a lower than expected number of deaths.

From comparison with local Trusts, Gateshead Health NHS Foundation Trust has the fourth highest SHMI of North East Trusts for the period. All Trusts have a SHMI banding of deaths in the expected range.



3. Trust based data analysis:

The Hospital Standardised Mortality Ratio (HSMR) is a risk based assessment using a basket of 56 primary diagnosis groups which account for approximately 80% of hospital mortality.

The HSMR is the ratio between the number of patients who die in hospital compared to the expected number of patient deaths on the basis of average England figures given the characteristics e.g. presenting and underlying conditions, age, sex, admission method, palliative coding.

COVID 19 activity is excluded from the HSMR based on the clinical coding of patient spells placing these deaths outside of the 56 diagnosis groups considered by the model.

The HSMR covering the twelve month period October 2019 to September 2020 is 119.0 , identifying the Trust as having more deaths than expected when compared to Trusts nationally, taking into account the Trust patient case mix.

#	Trust	Score
1	RVW | NORTH TEES & HARTLEPOOL	95.9
2	RXP | COUNTY DURHAM & DARLINGTON	98.5
3	RTR | SOUTH TEES HOSPITALS	103.9
4	RTD | THE NEWCASTLE UPON TYNE HOSPITALS	103.4
5	RTF | NORTHUMBRIA HEALTHCARE	108.3
6	RR7 | GATESHEAD HEALTH	119.0
7	ROB | SOUTH TYNESIDE AND SUNDERLAND	125.7

Colouring Key:

Green: Represents that the trust is below or between the 95% Control limits.

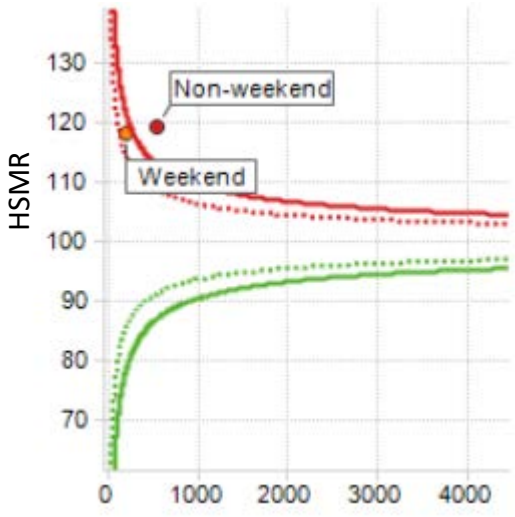
Amber: Represents that the trust is between the 95% and 99.8% Control limits.

Red: Represents that the trust is above the 99.8% Control limits.

Comparing to regional Trusts, four Trusts have an HSMR within the expected range (North Tees, County Durham, South Tees and Newcastle). Three Trusts have a higher than expected HSMR for this period (Northumbria, Gateshead, and South Tyneside & Sunderland).

Inpatient deaths HSMR by day of admission

Data from HED shows that the HSMR for both deaths resulting from weekend admissions and weekday admissions are higher than expected, with deaths from weekend admissions above the 95.0% control limit (HSMR= 118.5) and deaths from weekday admissions above the 99.8% control limit (HSMR= 119.1).



Mortality Alerts from HED (Healthcare Evaluation Data)

Below are details of the recent mortality alerts identified in HED, the system used to monitor and analyse mortality indicators by the Trust.

There are two diagnosis groups that stand out as showing significant numbers of deaths above the expected value (Pneumonia & Septicaemia). Both of these groups have featured in alerts over the last six months in some form.

The Trust has asked the North East Quality Observatory service (NEQOS) to investigate and analyse the Trusts performance of mortality indicators. Data analysis will commenced in November and is to be completed by 18 December.

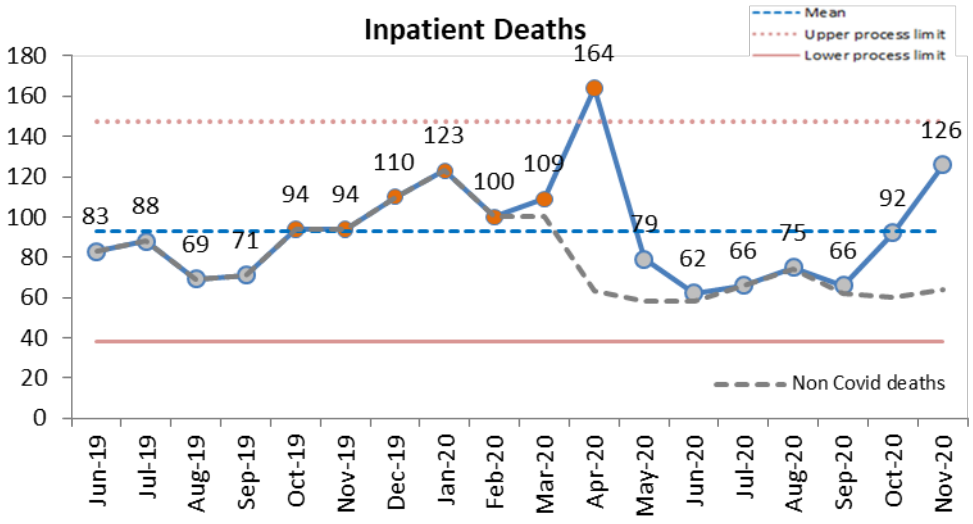
Alert	CCS Diagnostic Group	Period	Expected Deaths	Observed Deaths	Obs -Exp	Score	% Reviewed (where death within Trust)	% Definitely not preventable	% NCEPOD Good Practice
HSMR	Pneumonia	Sep-19 to Aug-	155.5	202	47	130.0	62.4%	100%	87.4%

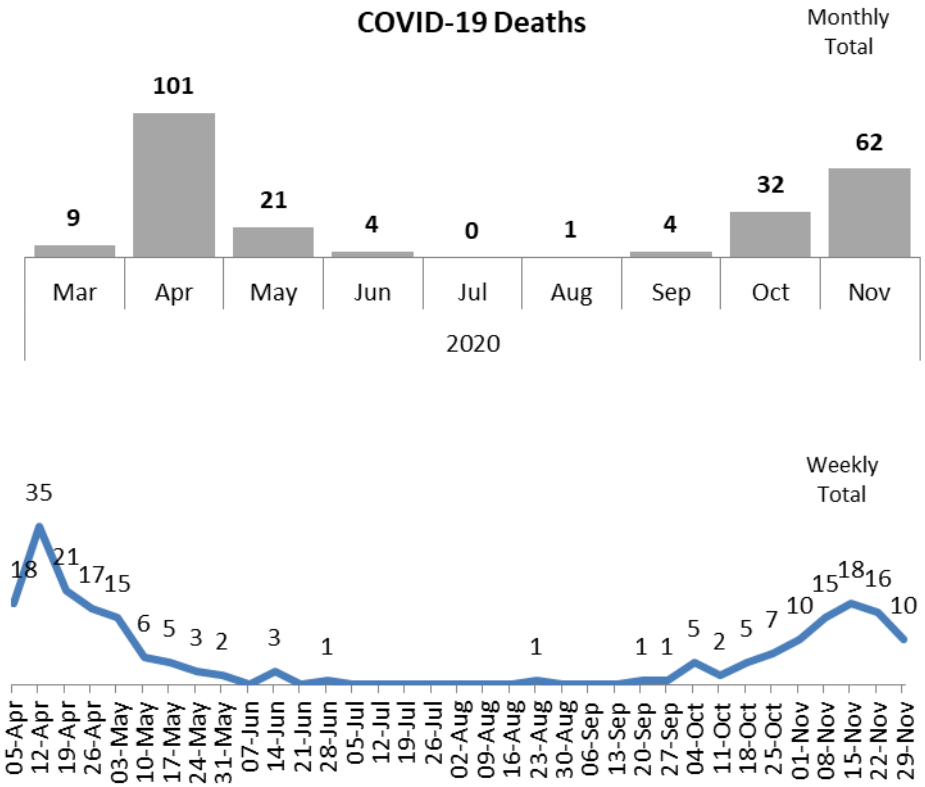
		20							
HSMR	**Septicaemia**	**Sep-19 to Aug-20**	**53.1**	**75**	**22**	**141.0**	**66.7%**	**98.0%**	**86.3%**
SHMI	**Septicaemia**	**Jun-19 to May-20**	**66.7**	**91 (74 in hospital)**	**22**	**136.5**	**75.7%**	**98.2%**	**87.5%**
SHMI	Influenza, upper respiratory disease, Diseases of mouth	Jun-19 to May-20	12.2	23 (12 in hospital)	11	188.4	75.0%	100%	88.9%
SHMI	Open wounds of head; neck; and trunk	Jun-19 to May-20	1.93	10 (4 in hospital)	8	517.1	75.0%	100%	66.7%
CUSUM	Liver Disease	Jul-20	0.6	3		4.0	100%	100%	66.7%
CUSUM	Cancer of colon	Jun-20	1.2	3		3.6	66.6%	100%	100%

Feedback from the level 1 review identifies that in the majority of diagnosis groups more than two thirds have been reviewed and a high proportion of cases were deemed to be 'definitely not preventable'.

Inpatient mortality

Increased inpatient mortality was observed during both COVID-19 waves. The charts below provide the figures for inpatient deaths and Covid-19 deaths.





4. Acting on mortality & morbidity surveillance

Palliative care coding

Following a review of the palliative care coding across the region, Gateshead was highlighted as being often lower than other surrounding Trusts. However, NHSI did acknowledge confidence in our analysis and mortality report.

Following meetings with coding managers and the consultants in palliative care the following actions were agreed with aim of improvement and consistency for coding;

- Raise importance within team of using colour coded sticker identification.
- Record all intervention/advice given by Specialist Palliative care team (tel. call advice received from St Bedes, ad-hoc ward request for advice when visiting a different patient).
- Recording of intervention into specialist areas such as chemotherapy day unit, (gynae-oncology and A&E- team advised currently capture this in their data).

Gateshead has seen an increase in the palliative care coding rate over recent months and will continue to monitor the rate.

5. Trust Mortality Database and Learning from Deaths

The Trust is required to provide figures relating to mortality review and preventability, these figures are provided below.

Period: November 2019 to October 2020

	Deaths in period	Deaths reviewed	%	Hogan 1	Hogan 2	Hogan 3	Hogan 4	Hogan 5	Hogan 6	Potentially Avoidable Deaths
All Deaths	1232	790	64.1%	97.8%	1.8%	0.3%	0.1%	0.0%	0.0%	0.1% (1)
Learning Disability Deaths	8	6	75.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0% (0)

Mortality Review Compliance

64.1% (790 of 1,232) deaths have been reviewed for deaths occurring between November 2019 and October 2020.

- 97.8% of cases are identified as being definitely not preventable.
- 80.7% of cases reviewed were identified as good practice.
- 15.5% of cases identified room for improvement.
- 1 death identified as potentially avoidable (Hogan score >=4)

Learning Disability Deaths

Over the same period there were eight patient deaths recorded as learning disability deaths. Six cases have been reviewed by the Trust's Mortality Council and were evaluated as being 'definitely not preventable'; the remaining cases will be scheduled for a future Mortality Council meeting.

LeDeR Reviews:

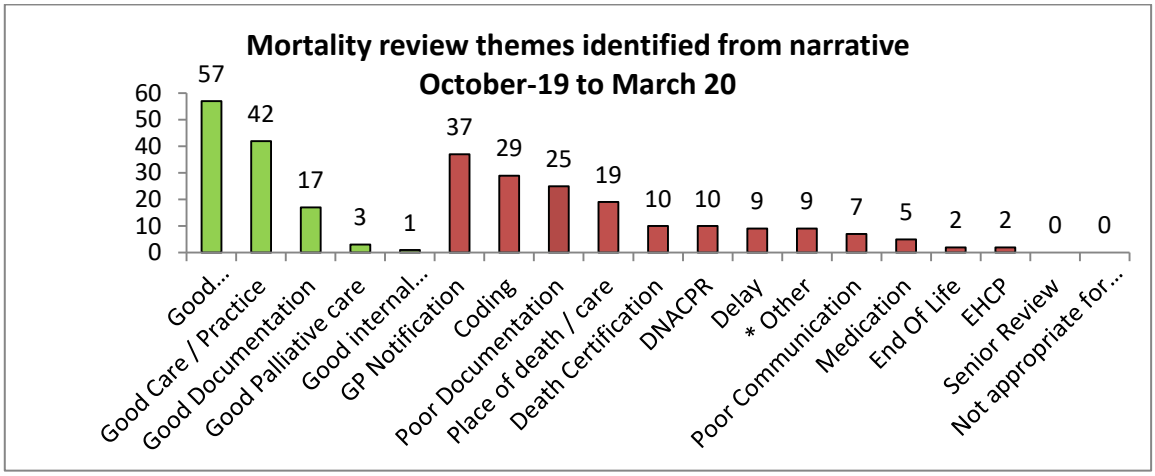
Six members of staff have volunteered and been allocated to assist the CCG with the backlog of LeDeR reviews. They are required to complete an e-learning package and will then be allocated to review cases. This knowledge and skill-set will benefit the Trust by enhancing the current mortality review process particularly in relation to learning disabilities.

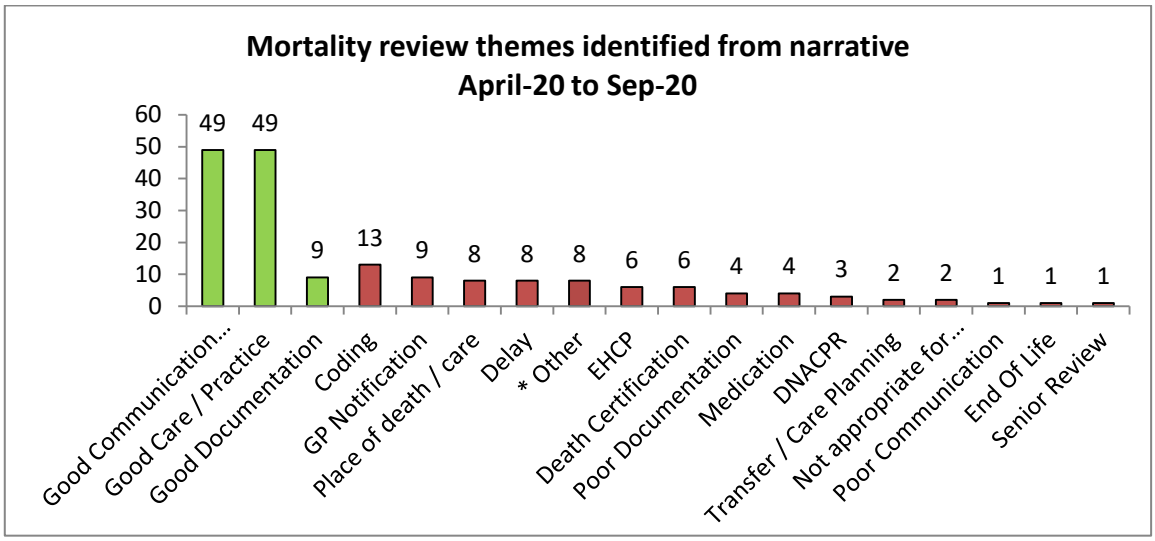
Learning Themes

Analysis of narrative from mortality reviews for the period October2019 to March 2020, and more recently for April 2020 to September 2020 highlight continued Good Practice and Care, and Good Communication with patient families.

Areas identified for improvement include notification to GPs, coding, and improving documentation.

Fewer reviews have been carried out in the last six months compared to the previous six month period. However, improvements can be observed in the form of an increased proportion of comments relating to good practice and good communication and a reduced proportion of comments relating to the GP notification and poor or missing documentation.





Learning from Mortality Council

The Mortality Council in July was dedicated to reviewing a sample of Covid-19 deaths.
13 deaths were reviewed, the scores of which were;

- 10 x Hogan 1 - Definitely not preventable
- 3 x Hogan 2 – Slight evidence of preventability
- All 13 cases were scored NCEPOD 1 - Good Practice

One of the cases originated as a formal complaint, the Council found that there was lots of discussions documented with the family in this very complex case and no issues were identified with the care given.

Good practice identified:
Documentation of discussions with family
Appropriate use of palliative care team and pathways
Appropriate use of swabbing, PPE and restriction of visitors
Patients isolated appropriately when became symptomatic
Rapid release of body was not affected

Learning:
In 3 cases, it was unclear whether Covid-19 was contracted in hospital, investigations have been begun in these cases and will be reported back once completed.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

In response to issues raised with the Morality Council in relation the process around DNACPR as well as concerns raised by family's, work is being undertaken to develop guidance for junior doctors specifically for patients with Covid-19 and also broader in terms of communication with patients and relatives and comprehensive documentation of discussions.

December Mortality Council

An additional Mortality Council scheduled to take place on the 9th December; this will be dedicated to Covid-19 deaths. A subsequent Mortality Council will take place as planned on the 17th December

A process has been developed for hospital acquired Covid-19 deaths. All 'definite' hospital acquired Covid-19 infections will be automatically referred to the Mortality Council for review. 'Community onset' 'indeterminate' and 'probable' will be reviewed should there be any issues identified at either Medical Examiner review or Level 1 review.

6. Update on the Learning from Deaths work stream / Medical Examiner Service

A Lead Medical examiner and Medical Examiner team have been appointed to provide 5 sessions per week of Medical Examiner service, Monday to Friday, supported by the Medical Examiner Officer. The service went live on 7th September, and all in-hospital deaths since that time have been scrutinised including A&E deaths and those referred to the Coroner in order to identify any lessons to be learnt.

With cremation form 5s not currently being completed, funding is being supported nationally, but is subject to review. For months 1-6 invoicing was suspended therefore ME office activity was required to be reported through the Trust's monthly financial returns to NHS England and NHS Improvement. From month 7 onwards funding will be reimbursed via a Purchase Order and Invoicing system on a quarterly basis. The ME office is being supported by Finance to ensure that all returns/deadlines are met.

All patient documents produced from the medical examiner scrutiny are saved on Medway, and are available as part of the clinical records. The Medical examiner pathway includes feedback mechanisms to clinicians and/or nursing staff whilst ensuring any escalation of concerns or areas for quality improvement are shared with the correct teams.

7. Recommendation

The Board is asked to receive this paper for information and assurance.

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 13a

Date of Meeting:	Wednesday 27 January 2021				
Report Title:	**Ockenden Review of Maternity Services Letter of Response**				
Purpose of Report:	To outline the Trust's response to the Ockenden Review of Maternity Services and confirm compliance with the immediate actions set out in the NHSE/I letter including plans to meet the Birthrate Plus standard by 31 January 2020.				
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐	
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services			
	Aim 2 ☒	We will be a great organisation to work in			
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services			
	Aim 4 ☒	We will work with our partners to help make Gateshead a place where everyone thrives			
	Aim 5 ☒	We will use our expertise to provide specialist services beyond Gateshead			
Recommendations: (Action required by the Committee)	To receive the letter of response and verbal update on actions taken to date.				
Financial Implications:					
Risk Management Implications:					
Human Resource Implications:					
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	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			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☒	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			
Author:					
Presented by:	Mr Andy Beeby, Medical Director				

Skipton House
80 London Road
London
SE1 6LH

To: NHS Trust and Foundation Trust Chief Executives

CC: Trust Chairs, STP and ICS Leaders, CCGs

14 December 2020

Dear colleague,

OCKENDEN REVIEW OF MATERNITY SERVICES – URGENT ACTION

Following the publication of Donna Ockenden's first report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust on 11th December 2020, this letter sets out the immediate response required of all Trusts providing maternity services, and next steps to be taken nationally.

You will have read the report and recognise the deep and lasting impact on those families who have lost loved ones, and those who continue to live with the injury and trauma caused.

Despite considerable progress having been made in improving maternity safety, there continues to be too much variation in experience and outcomes for women and their families. We must use this report and its 7 Immediate and Essential Actions (IEA) to redouble efforts to bring forward lasting improvements in our maternity services.

Immediate Actions

You should proceed to implement the full set of the Ockenden IEAs. However, we have identified 12 urgent clinical priorities from the IEAs which we are asking you to confirm you have implemented by **5pm on 21st December 2020**. The priorities are:

1) **Enhanced Safety**
   a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly
   b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB

2) **Listening to Women and their Families**
   a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services
   b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.

3) **Staff Training and working together**
   a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
   b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place.
   c) Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety

4) **Managing complex pregnancy**
   a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place
   b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres

5) **Risk Assessment throughout pregnancy**
   a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance

6) Monitoring Fetal Wellbeing
   a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.

7) Informed Consent
   a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.

Workforce - the report is clear that safe delivery of maternity services is dependent on a Multidisciplinary Team approach. The Maternity Transformation Programme has implemented a range of interventions to deliver increases in healthcare professionals and support workers including: the development of the maternity support worker role, the expansion of midwifery undergraduate numbers, additional maternity placements and active recruitment.

Alongside this, local maternity leaders should align assessments, safety, and workforce plans to the needs of local communities. We are therefore asking Trust Boards to confirm that they have a plan in place to the Birthrate Plus (BR+) standard by 31 January 2020 confirming timescales for implementation.

Please send confirmation of your compliance with these immediate actions signed off by you, as the CEO, along with confirmation of sign off from the Chair of your local LMS to your Regional Chief Midwife, by 21 December. They are available to support you with this request. Your individual responses will form part of the presentation and discussion at the NHSEI Public Board in January 2021 when the report, and immediate and longer-term actions will be considered.

We are also asking every trust providing maternity services to review the report at your next public board. The Board should reflect on whether the assurance mechanisms within your Trust are effective and, with your local maternity system (LMS), you are assured that poor care and avoidable deaths with no visibility or learning cannot happen in your own organisation. To support these discussions, we are asking Trusts to complete and take to your board the **assurance assessment tool,** which will be published shortly and draws together elements including:

1) All 7 IEAs of the Ockenden report,
2) NICE guidance relating to maternity,
3) compliance against the CNST safety actions, and
4) a current workforce gap analysis

Your assurance assessment tool should also be reported through your LMS and shared with regional teams by the **15th January 2021**, in order to complete a gap and thematic analysis which will be reported to the regional and national Maternity Transformation Boards.

We undertake to work with regions, systems and Royal Colleges to implement the Ockenden 7 IEAs including: those for LMS; the independent senior advocate role in Trusts; and ensuring that networked maternal medicine is implemented across all regions. We will also review the MTP, now entering its final year, to ensure future plans are in line with the Ockenden 7 IEAs.

We are planning a webinar this week with Amanda Pritchard (Chief Operating Officer, NHS England and NHS Improvement and Chief Executive, NHS Improvement), Sarah-Jane Marsh (Chair, Maternity Transformation Programme, Chief Executive, Birmingham Women's and Children's NHS Foundation Trust) and Ruth May (Chief Nursing Officer, NHS England and NHS Improvement) to discuss and answer any questions you may have about this letter and the requests contained herein.

As you will no doubt agree our women and families deserve the best of NHS care and we must therefore act without delay to make further improvements. Thank you in advance in your collective support in responding to this.

Yours sincerely

Amanda Pritchard
Chief Operating Officer, NHS England and NHS Improvement
Chief Executive, NHS Improvement

Ruth May
Chief Nursing Officer, England

Professor Steve Powis
National Medical Director
NHS England and NHS Improvement

Gateshead Health NHS Foundation Trust
Trust Headquarters
Queen Elizabeth Hospital
Sheriff Hill
Gateshead
NE9 6SX

Tel: 0191 445 6044

21 December 2020

Amanda Pritchard
Chief Operating Officer,
NHS England and NHS Improvement &
Chief Executive, NHS Improvement

Dear Colleague;

RE: OCKENDEN REVIEW OF MATERNITY SERVICES – URGENT ACTION

Thank you for your letter asking us to provide assurance of the quality and safety of our maternity services against the 7 Immediate and Essential Actions (IEAs) of the Ockenden review and specifically the 12 urgent clinical priorities within these.

We have reviewed each of the clinical priorities and the supporting detail is summarised in the table below:

	Assured	**Comments**
1: Enhanced Safety	**Overall; Yes**	
a) Perinatal Clinical Quality Surveillance Model	Yes	
b) SI's shared with Boards/LMS/HSIB	Yes	LMS Regional process sent to HOM/Clinical lead/CEO. NECS to share with LMS. We will feed in as per the process set up by the LMS and notify all cases All reportable HSIB cases completed. Maternity SI's to be added to integrated quality report for presentation at Board. Non-exec attending SI panels
2: Listening to Women and their Families	**Overall; Yes**	
a) Robust service feedback mechanisms	Yes	
b) Exec/Non-Exec directors in place	Yes	
3: Staff training and working together	**Overall; Yes**	
a) Consultant led ward rounds twice daily	YES	Already 2 ward rounds per day during the week and 1 on weekend mornings -

		additional ward round required later in the day on weekend days. Interim fuundign agreed to support additional weekend ward rounds pending substantive change to job plans
b) MDT training scheduled	Yes	
c) CNST funding ringfenced for maternity	Yes	
4: Managing complex pregnancy	**Overall; Yes**	
a) Named consultant lead/audit	Yes	
b) Development of Maternal Medicine Centres	Yes	The Maternity Transformation Programme have been in contact with the NEYH region. The Maternity Network was advised that the Maternal Medicine Specialist Centre is expected to be commissioned by a lead CCG. We are awaiting guidance from the national team and once this has been received, we will be in contact with both providers and commissioners to take this forward. The Trust actively participates in the regional Maternal Medicine Group.
5: Risk assessment throughout pregnancy	**Overall; Yes**	
a) Risk assessment recorded at every contact	Yes	
6: Monitoring Fetal Wellbeing	**Overall; Yes**	
a) Lead Consultant identified b) Temporary cover for midwife lead pending appointment	Yes	SBLv2 implemented Sept 20. A temporary cover arrangement has been put in place pending substantive funding and appointment for the midwife lead
7: Informed Consent	**Overall; Yes**	
• Pathways of care clearly described, on website	Yes	Information and patient leaflets accessible on the Badger (electronic notes) portal.

Gateshead Health
NHS Foundation Trust

		LMS website & Better Births app support women with decision making around choice of place of birth which are also signposted on the portal.
Workforce	**Overall: Yes**	
Trust Boards to confirm that they have a plan in place to the Birthrate Plus (BR+) standard by 31 January 2021 confirming timescales for implementation.	Yes	.

As Chief Executive of Gateshead Health NHS Foundation Trust, I am happy to confirm that we are meeting all these standards or have the relevant plans in place for onward work as requested.

Yours Sincerely

Yvonne Ormston.

Mrs Yvonne Ormston, MBE
Chief Executive

CC:
Danielle Lax
Regional Maternity Transformation Programme Manager (North East & North West)

Dr Tracy Cooper
Chief Midwife for North East & Yorkshire, NHS England (North East & Yorkshire)

To: North East and Yorkshire NHS Trust and Foundation Trust Chief Executives

Dr Tracey Cooper
North East and Yorkshire Regional Chief Midwife
NHS England & NHS Improvement
tracey.cooper22@nhs.net
22nd December 2020

Dear Colleague,

RE: Ockenden Review of maternity Services Compliance submission statements for Immediate and Essential Actions

Thank you for submitting your Trusts signed compliance statement as required within the specified time scales, this is greatly appreciated under the circumstances of the current pandemic.

Following review of the regional submissions and subsequent clarification with the National Maternity team, further detailed evidence will be required as part of the next submission. The submission of your Trusts completed Assurance Assessment Tool is due by 15th January 2021, attached below for ease.

To assist with the submission, I would like to share with you the minimum evidence requirements that have been agreed with the national team re the points that were submitted yesterday, they include:

	Minimum Evidence Required
1: Enhanced Safety	
a) Perinatal Clinical Quality Surveillance Model	**A statement of commitment to follow the new regional process that will be implemented in January 2021.**
b) SI's shared with Boards/LMS/HSIB	**SI's must be shared with Trust Boards. Sub committees will not be accepted as compliant; examples of evidence may include Trust Board minutes as well LMS Board minutes and a monthly return of cases submitted to HSIB.**
2: Listening to Women and their Families	
a) Robust service feedback mechanisms	**Minutes of meetings where co-production has taken place with the outputs available i.e. service user information / involvement in guideline**

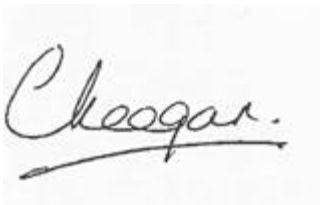
	development etc.
b) Exec/Non-Exec directors in place	**Name of the Executive Board Level Safety Champion and the Name of the Non-Exec Director Board Maternity Champion.**
3: Staff training and working together	
a) Consultant led ward rounds twice daily	**Standard Operating Procedure for a minimum of twice daily consultant obstetrician ward rounds with supporting audit (spot check audit to be completed prior to 15th Jan submission if not already available as part of annual audit cycle).**
b) MDT training scheduled	**Up to date Maternity Services Department Multi-Disciplinary Training Needs Analysis.**
c) CNST funding ringfenced for maternity	**A statement of commitment that year 3 (21/22) CNST incentive scheme refunds will be ringfenced for use within maternity services.**
4: Managing complex pregnancy	
a) Named consultant lead/audit	**Name of the Consultant Obstetric Lead with supporting audit from the previous 12-month annual audit cycle or spot check audit complete prior to submission on 15th Jan '21.**
b) Development of Maternal Medicine Centres	**Standard Operating procedure and care pathway to which identifies how women are refereed into a Regional Maternal medicine centre if the Trust does not have its own on site.**
5: Risk assessment throughout pregnancy	
a) Risk assessment recorded at every contact	**Spot check audit completed prior to the 15th Jan submission (if not already available as part of the annual audit cycle) plus a statement of commitment to sign up to the National Antenatal Risk Assessment process when available.**
6: Monitoring Fetal Wellbeing	
a) Second lead identified	• **Name of the Midwife Lead for Fetal**

	Monitoring and Well Being • **Name of the Consultant Obstetrician Lead for Fetal Monitoring and Well Being** **NOTE: where a Trust is a multi-site provider, there is a requirement for each consultant led unit /site to have both a named midwife and a named consultant obstetrician who are responsible for improving the standard of intrapartum risk assessment and fetal monitoring i.e. A Trust with 3 Consultant led Units will require 3 named midwives (1 on each site) and 3 named consultant obstetricians (1 on each site).**
7: Informed Consent	
a) Pathways of care clearly described, on website	**A working link must be provided to access the website directly for review**

As noted in the original letter from Amanda Pritchard COO, Ruth May CNO and Steve Powis NMD at NHS England and Improvement, local maternity leaders should align assessments, safety, and workforce plans to the needs of local communities and are therefore asked via Trust Boards to confirm that they have a plan in place to meet the Birthrate Plus (BR+) standard by 31 January 2021 confirming timescales for implementation.

Please do not hesitate to contact me directly if you require any further information.

Yours Sincerely



Claire Keegan
pp Dr Tracey Cooper

Dr Tracey Cooper
North East and Yorkshire Regional Chief Midwife
NHS England and Improvement

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 14

Date of Meeting:	Wednesday 27th January 2021			
Report Title:	**Assurance Reports from Board Committees**			
Purpose of Report:	To receive the assurance reports from the following meetings: • Finance and Performance Committee held on 24th November 2020 & 26th January 2021 (verbal) • Quality Governance Committee held on 16th December 2020 & 20th January 2021 (verbal) • Audit Committee held on 3rd December 2020			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will provide consistently high quality care in all our services		
	Aim 2 ☐	We will be a great organisation to work in		
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	To receive the reports for assurance			
Financial Implications:				
Risk Management Implications:				
Human Resource Implications:				
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	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		
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☐	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		
Author:				

ASSURANCE REPORT

Finance and Performance Committee – 24th November 2020

Gateshead Health NHS Foundation Trust

The Finance and Performance Committee has fulfilled its role and functions as defined within its terms of reference.

The reports received by the Finance and Performance Committee and level of assurance are set out below.

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Financial Performance – Finance & Activity Report		Year to Date: The Committee received assurance that at month 7 the Trust ahead of plan in line with the financial framework.		Monthly review of progress through the Committee
Financial Plan Months 7 -12		Forecast: The Committee received a comprehensive update noting that the Trust is working with the ICP. However a number of significant risks which are external to the Trust remain unresolved which threaten delivery of the target.		Monthly review of progress through the Committee
Financial Performance – Finance & Sustainability Programme		Year to Date: The report was not received due to suspension of internal control framework.		Monthly review of progress through the Committee
		Forecast: As above.		Monthly review of progress through the Committee
Activity & Performance Report		Year to Date: The Committee received an update on the current performance noting Diagnostic targets have slightly improved however RTT and A&E Phase 3 plan targets were missed for month 7 due to COVID pressures.		Monthly review of progress through the Committee
Capital Plan Update		The Committee received the Capital Plan Update noting that funding has been received for ward 21 and Tranwell. The Committee approved the addition of a replacement of CT Scanner to the Capital Programme.		Update at the February Committee

ASSURANCE REPORT

Gateshead Health NHS Foundation Trust

Quality Governance Committee – 16 December 2020

The Quality Governance Committee has fulfilled its role and functions as defined within its terms of reference.

The reports received by the Quality Governance Committee and level of assurance are set out below.

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Board Assurance Framework		The Committee noted good assurance in relation to updates received at this meeting for Q3.		
IPC Board Assurance Framework		The Committee received a good assurance and noted that due to robust processes being in place all risks have been RAG rated green with the exception of 2m social distance rule which remains amber.		
IPC Update with a focus on Covid-19		The Committee received a comprehensive update on IPC issues relating to Covid-19.		
Integrated Quality and Learning Report		The Committee received good assurance from this report.		
Mortality and Morbidity Report		The Committee noted that work is ongoing via the Mortality Council to review deaths with the support of the Medical Examiner Team.		
Maternity Review		The Committee received this update for assurance and noted the actions taken to date including the Ockenden Report and actions required.	Action plan to be brought to next meeting	January 2021
Nurse Staffing Exception Report		The Committee received good assurance from this report.		
Capability and Capacity Annual Report		The Committee received good assurance for this report.	To be taken to the next Trust Board	January 2021
Freedom to Speak Up Annual Report		The Committee received good assurance, however noted that further work was required to develop the FTSU Strategy.	FTSU Strategy to be developed with the support of Director of People and OD	March 2021
Complaints Update		The Committee received good assurance from this update and noted that new systems have		

		been developed to improve on complaint response times.		
Serious Incidents Update		The Committee received good assurance for this update and noted the SI panels have now been fully reinstated.		
Children Safeguarding Exception Report		The Committee noted the significant increase in children's social care referrals during the pandemic.	It was agreed that a full report including benchmarking would be brought to a future meeting	March 2021

The Gateshead Health NHS Foundation Trust

ASSURANCE REPORT

Relates to business of 3 December 2020 Audit Committee Meeting

The Audit Committee has fulfilled its role and functions as defined within its terms of reference.
The issues to be raised to the Board are set out below

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	ACTION BY / TIMESCALE
Losses and Special Payments Register	n/a	The Committee received and approved the Losses and Special Payments Register.	The stock valuation methodology is giving rise to recurring 'losses' being reported. The AC is to receive further assurance by the receipt of an explanatory note as to how this is calculated.	March Committee
Counter Fraud Progress Report		The Committee received a detailed and comprehensive report from Counter Fraud and agreed the following assurance levels:		
		Overall green rating for work undertaken by counter fraud. Good assurance received.	Investigations have revealed a number of issues associated with timesheet internal controls. The implementation of the Health Rostering System should address this.	Project ongoing
		Amber rating given due to the ongoing issues with NHS Counter Fraud Authority reporting system.	JB to take through Exec Team. Letter to be sent to NHS Counter Fraud from DOF and Audit Chair.	JB

Internal Audit Gateshead Health Group Progress Report	  	Performance to plan. The Committee agreed this was green assurance due to being on track to achieve plan, currently at 71% commenced Previous audit reports actions outstanding – Amber assurance Audit reports findings – no significant matters identified	none Outstanding actions to be formally raised with Exec Team none	JB December
External Audit Audit Results Report for QE Facilities LTD		The Committee received good assurance. No significant issues highlighted.	none	
Risk Management Policy	 	The Committee noted that the policy has a well embedded risk register process through the organisation. Further development of the BAF is required to draw out the organisations main Strategic Risks and to ensure the Board is fully aware of these risks and their associated controls and assurances Compliance against policy – Green assurance.	Outcome of the Risk and Governance review that is currently underway is awaited together with the resulting update of the Risk Management Policy	

Assurance Key

	Level of Assurance
	Assured – there are no gaps in assurance
	Partially assured – there are gaps in assurance but we are assured appropriate action plans are in place to address these
	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans