Trust Board

Minutes of a meeting of the Board of Directors held at 9.30 am on Wednesday 27th March 2019, in Room 3, Education Centre, Queen Elizabeth Hospital

Gateshead Health NHS Foundation Trust

Present:	
Mrs JEA Hickey	Chairman
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mrs C Coyne	Director of Clinical Support and Screening Services
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mr J Maddison	Acting Chief Executive
Mr J Robinson	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
Mrs S Watson	Director of Strategy and Transformation
In Attendance:	
Ms F Andrews	Occupational Therapist (for item 19/34)
Mrs D Atkinson	Trust Secretary
Mr N Black	Chief Digital Information Officer and Senior Information Risk Officer (for item 19/35)
Ms L Hetherington	Occupational Therapist (for item 19/34)
Mr M Laing	Associate Director Community Services
Mr R Wigham	Head of Communications and Marketing
Ms H Williams	Graduate Management Trainee
Mrs J Williamson	Membership Co-ordinator
Governors and Members of the Public:	
Reverend J Gill	Public Governor
Mr M Lamport	Public Governor
Mrs K Tanriverdi	Public Governor
Mrs J Todd	Public Governor
1 x Member of the public	
Apologies:	
Mr A Beeby	Medical Director
Mr S Bowron	Non-Executive Director
Cllr M Gannon	Non-Executive Director
Mr N Halford	Deputy Medical Director
Mr P Hopkinson	Non-Executive Director

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19/31	**CHAIRMAN'S BUSINESS:** Mrs Hickey, Chairman, began the meeting by paying tribute to Mr N McDonaugh who tragically passed away on Friday 15th March 2019 following a road traffic accident. Mrs Hickey spoke of the loss of a friend and colleague, describing Mr McDonaugh as an irreplaceable loss to his family. She thanked colleagues for their support for each other during this difficult time. The Board expressed their condolences to Mr McDonaugh's family, his wife Susan, and sons Matthew and Benjamin. Mr J Maddison, Acting Chief Executive, described Mr McDonaugh as an honest and enthusiastic colleague, who never compromised his principles and beliefs. Mrs Hickey welcomed the Trust Governors and a member of the public to the meeting. She also welcomed Ms H Williams, Graduate Management Trainee, and Mr N Black, Chief Digital Information Officer and Senior Information Risk Officer to the meeting. She requested that Board members present report any revisions to their declared interests or any declaration of interest in the items on the agenda.	
19/32	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Wednesday 30th January 2019 were approved as a correct record.	
19/33	**MATTERS ARISING FROM THE MINUTES:** The Board Action Plan was updated accordingly to reflect matters arising from the minutes.	
19/34	**PATIENT'S STORY:** Mrs C Coyne, Director of Clinical Support and Screening Services, introduced Occupational Therapists, Ms F Andrews and Ms L Hetherington. She stated that the presentation will cover the work of the occupational therapists and their front of house service, and will also allow them to describe what their service means to	

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	patients. Ms F Andrews, Occupational Therapist, began the presentation by giving an overview of the role. She informed the Board that occupational therapy provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life. Ms Andrews informed the Board that the Occupational Therapists' role also includes providing holistic functional assessments, analysing activities of daily living (ADLs) to promote independence, and facilitating timely discharges. Ms L Hetherington, Occupational Therapist, provided the Board with a synopsis of the patient study. She stated that the patient is a 76 year old gentleman who lives alone in an upstairs flat. He was admitted with reduced mobility due to an inflamed and swollen knee. Ms Hetherington stated that whilst the patient was on EAU, the occupational therapists had a joint discussion with frailty and medical team regarding the referral. Following this an initial OT assessment was completed and the patient's needs identified to support same day discharge. This was also discussed with the patient. Following the patient's discharge, he received a same day community follow up visit and equipment provision, with a further assessment carried out in his home environment. Ms Hetherington noted the fast patient turn around which facilitated a same day discharge. The equipment provision allowed the gentleman to maintain independence and safety at home, and due to liaison with the community teams to enable rehabilitation to continue at home, this prevented any hospital re-admission due to a functional decline. Mr J Robinson, Non-Executive Director, queried how the service ensured that he did not have to climb the stairs himself once he got home to his upstairs flat. Ms L Hetherington, Occupational Therapist, stated that the patient underwent a stair assessment whilst on the ward to ensure that he was able to climb stairs. She added since that assessment and the patient's return home, an extra bannister rail has been installed to aid him further.	

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	She added that if the patient is unable to climb their stairs, it can be arranged for the North East Ambulance Service to take them up the stairs and if further support is needed then further external assistance can be arranged. She noted that community physio will visit the patient to continue with stair practice, and if this remains an issue and they remain unsafe then further assistance can be provided. Mr M Laing, Associate Director Community Services, informed the group that Gateshead Council has recently created a post titled Housing Hospital Discharge Worker. This position is a full time post in the housing department that has been put in place to refer to on housing issues. He noted that if the patient mentioned developed any long term issues then he could well be rehoused to a more appropriate dwelling. Ms L Hetherington, Occupational Therapist, concluded her presentation by giving an overview of the feedback received by the patient. Mrs JEA Hickey, Chairman, thanked Ms Andrews and Ms Hetherington for their presentation. She noted that the patient story covered the practical aspects of the gentleman's care and it was good to hear that he felt confident with the care package in place. She asked if there could be a situation where the patient is anxious about returning home and may need emotional support. Ms L Hetherington, Occupational Therapist, replied stating that the key issue is being able to find out what the actual concern is. She added that where a patient has anxiety, sometimes there is a reason around this. She stated that patients can be referred for external support e.g. the Red Cross, however the support needed depends on what the issue is and the occupational therapists can help and encourage. Mr D Shilton, Non-Executive Director, commented that this is an impressive piece of work working towards the aspiration of a zero length of stay in hospital where appropriate. Mrs C Coyne, Director of Clinical Support and Screening Services, stated that the occupational therapists play a pivotal role as part of the MDT and this demonstrates the need for a wider MDT. She informed the Board that transformation work with regard to frailty has begun, looking at front of house and back of house work, and she will ensure that the outcome of this is fed back to a future Board of Directors' meeting.	CC

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	Mrs JEA Hickey, Chairman, thanked Ms Andrews and Ms Hetherington for sharing their patient story, and for their vital work with patients.	
19/35	**INFORMATION GOVERNANCE ANNUAL ASSURANCE REPORT:** Mr N Black, Chief Digital Information Officer and Senior Information Risk Officer, provided the Board with a statement of assurance on Information Governance issues across the Trust including the submission of the Data Security and Protection Toolkit for 2018/19. He informed the Board that, in 2018, the new Data Protection and Security Toolkit was introduced which replaced the IG Toolkit and significantly expanded the requirements, especially around cyber security. Mr Black stated that the Data Protection and Security Toolkit has been the main focus for the year and progress has been made throughout the year. Internal audit reviewed the toolkit in January and the audit flagged assertions that required further evidence. These assertions have now been closed as planned, with the exception of two which will be completed by the end of April in line with a newly introduced improvement process which NHS Digital have introduced onto the Data Protection and Security Toolkit in recognition of the scale of the changes made. This has been recognised nationally that organisations are not fully achieving every area, and this has introduced the ability to submit the Toolkit supported by an improvement plan. He noted that incident reporting continues across the Trust with five incidents being reported to the Information Commissioner's Office (ICO) in 2018/19. The latest incident was reported in November 2018, and the Trust expects the ICO to close these as they have been investigated internally and appropriately with lessons learned. Mrs JEA Hickey, Chairman, noted that the report was discussed in detail at the Finance and Performance Committee the previous day. She added that the key point to note is the additional guidance received since the paper was produced, which does allow the Trust to submit if there are a small number of 'Not Mets', if there is an action plan in place to rectify this. Mr J Robinson, Non-Executive Director, asked if the red areas detailed within the report are likely to have been achieved by end of April 2019.	

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	Mr N Black, Chief Digital Information Officer and Senior Information Risk Officer, stated that only two remain red. He added that the bulk of the reds in the report related to the revision of policies which have now been presented to the Information Assurance Group. Another issue related to cyber security which has also now been completed. Mr Black stated that the work is planned over 12 months and Internal Audit carry out their audit in January, so there is always work to be carried out in February and March to complete the year. Mrs JEA Hickey, Chairman, noted there were eight reds contained in the report at the point of the Internal Audit report, and most have now been cleared. She stated that the guidance now states that the Trust can submit with the two remaining 'Not Mets' as there is an appropriate action plan in place. Mr M Robson, Non-Executive Director, stated that the Finance and Performance Committee felt that the action could be supported due to the evidence presented throughout the year. Mr J Maddison, Acting Chief Executive, stated that Mr Black recently took over the SIRO role. He stated that it is an increasingly important and challenging area with a huge impact on the amount of assurance that the Board requires along with the work needed to be commensurate and reflect this. He noted that a lot of progress has been made and work continues across the Trust. He thanked Mr Black and his team for their work. Mrs JEA Hickey, Chairman, noted that Mr N Black, Chief Digital Information Officer and Senior Information Risk Officer, attends the Finance and Performance Committee on a quarterly basis to present an update report. She added that as part of the report, Mr Black will now also present updates on the two mandatory assertions that the Trust currently does not meet as the work towards these continues. After further discussion, it was: **RESOLVED:** i) to receive the report for assurance ii) to agree to the submission of the Data Security and Protection Toolkit to meet compliance controls as required by NHS Digital Mr N Black, Chief Digital Information Officer and Senior Information Risk Officer, left the meeting.	

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19/36	**CANCER SERVICES ANNUAL REPORT:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, presented the Cancer and Palliative Care Annual Report 2017/18 for assurance. She stated that the report is comprehensive and has been discussed at Quality Governance Committee. Dr Lloyd highlighted the key points in the report. She noted that the Trust has seen some really good and improved diagnostics, which in turn has increased referral rates. This, alongside the early awareness campaigns, has allowed for people to be referred to the Trust quicker which allows clinicians to implement the optimal pathways. Dr Lloyd stated that, from April 2019, a new standard is being introduced for the 28 days indicator. This will add increasing pressure on the Trust's diagnostic services and they clearly play a fundamental part in ensuring that the Trust delivers best cancer services to our patients. The Trust is also doing a lot of work around facilitating living with and beyond cancer and supporting patients psychologically as they live beyond their cancer diagnosis and into good health. Dr Lloyd commented that the report is a credit to the Trust's specialist teams as they work to sustain delivery of the cancer waiting times and the ongoing support for patients. She referred to the Cancer Patient Survey, in which the Trust always performs well. This year the Trust scored 9.1 out of 10 in this survey which is exceptionally good. Dr Lloyd stated that from an end of life perspective, improvements have been made to the service. A successful RPIW was also undertaken and this has shown how the MDT team can come together. The Trust's Palliative Care Symposium will take place in October 2019. Dr Lloyd highlighted the Trust's bereavement service which is provided to families. She noted that a survey is carried out to ensure that family views are taken on board so that further improvements can be made. This was previously carried out as an	

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	audit, however an evaluation is now sent to all families. She noted the fantastic support from Macmillan and the support work from FACT, a local cancer charity. Dr Lloyd stated that with the support of Charitable Funds the Trust has been able to plan work to improve facilities across all MDT rooms. She noted that the work is due to start soon and has been well received by staff. Mr J Robinson, Non-Executive Director, noted the valuable and encouraging information contained within the report. He stated however that the report is less clear on key objectives moving forward. He queried if the work contained in the report needs additional resourcing to take on the additional needs and what the key elements are in taking this forward. Mr Robinson also noted the reference in the report regarding the public health agenda and prevention being critical. He is conscious that the Local Authority budget for public health is being reduced and queried if the resources are available. He commented on the shortage of radiologists and the need for a third party company to support the work in this area. He asked if any steps are being put in place to deal with the shortage of key staff. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the report contains a vast amount of information. She suggested that it may be helpful for the cancer leads to do a presentation to the Board of Directors to cover the content further. She noted that the teams are looking to work flexibly in order to work towards some of the objectives in the report. Dr Lloyd stated that although the Local Authority budgets are being reduced, some of the health prevention work is being driven nationally. The North of England Cancer Alliance is carrying out a lot of work nationally and with Public Health. The national campaigns can see a sudden surge in patients. Mrs S Watson, Director of Strategy and Transformation, stated that the NHS Long Term Plan contains a strong emphasis on cancer, and as part of the organisation and the refresh of the Trust's five year strategy, cancer services has been picked up as a theme. The Trust is now running a series of workshops to look at this to allow this theme to be shaped into something more targeted. The refresh of the five year strategy will be presented to the Board of Directors. She also noted the discussions at system level about health	

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	inequalities. Mrs C Coyne, Director of Clinical Support and Screening Services, stated that there is currently a national shortage of radiologists and some of the sub specialities within this. The Trust is working on a number of initiatives to increase those in training and ensuring that those trained are staying in the region. A number of consultant radiographer roles have also been developed to look at different level of skills in the workforce. Mr J Robinson, Non-Executive Director, noted that he is aware that the report covers a large area with so many lists of additional work to be carried out, and wondered if this requires additional resource. He also expressed concern if too many initiatives are taken forward when staff already have significant workloads. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that in her view the report is not seeking to identify numerous initiatives but looking to work more flexibly to continue to improve. The implications of the Long Term Plan ambitions also need to be more fully understood. Mrs JEA Hickey, Chairman, stated that there is a lot of detail contained in the report which provides assurance for the Board. She noted that there will be a focus on some of the future plans in more detail over the next few months. After further discussion, it was: **RESOLVED:** receive the report for assurance	
19/37	**PERFORMANCE REPORT:** Mrs S Watson, Director of Strategy and Transformation, provided an update on performance against national and local targets, giving assurance about the Trust's performance in the light of national requirements and local changes. She drew attention to the paper, agenda item 8, and stated that the report had been discussed in detail at the Finance and Performance Committee the previous day. Mrs Watson noted that the dementia figures had not been finalised at the time of writing the report; however the draft figures show that it is likely that the targets will be met again in February 2019.	

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	She stated that although the Trust failed the A&E target again in February, it is worth recognising that the Trust remains as the 12th best performer in the country for A&E. Mrs Watson noted that the RTT target was met in February 2019. However, it has been flagged to the Finance and Performance Committee that there is a significant risk that the Trust will breach this target in March 2019. This is due to the winter demand and the ongoing CSSD capacity issues. Work is being carried out to mitigate the impact as far as possible. She highlighted the key workforce metrics, noting that the sickness absence rate continues to fluctuate. The Trust was asked to review whether 4% was an appropriate target, and there is no reason to believe that this not the right target for the organisation type, complexity and mix. The data shows that there is no statistical shift in terms of rolling average, and there was a usual climb in sickness over the winter months. This is therefore expected to reduce as we move into the Spring. Mrs Watson noted that the core training target has now been set at 85%, and based on this there has been significant movement in the right direction. She noted that the appraisal compliance in February 2019 has seen little movement in the figures over the last few months. Following further discussion, it was: **RESOLVED:** to receive the report as assurance against the management of governance indicators in the Single Oversight Framework and local supporting measures of performance management	
19/38	**NURSE STAFFING EXCEPTION REPORT:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided assurance to the Board that staffing establishments are being met on a shift-by-shift basis. The report includes details of the number of actual staff on duty, compared with the planned staffing level, the reason for any gaps and the actions being taken to address these gaps. The report provides information for January and February 2019. She stated that overall the report is positive, with continued good staffing levels on a ward by ward and shift by shift basis.	

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	Dr Lloyd drew attention to the paper, agenda item 9, and detailed Ward staffing on a shift by shift basis. She noted that is it pleasing to see that the staffing remains high with 89% for qualified staff in January 2019 and 88% in February 2019, with the fill rate for care staff at 199% for January 2019 and 121% for February 2019. The fill rate for night staff was over 100%. She noted that the exception report flags anything less than 75%, highlighting the issues which included Cragside, Ward 22 and Ward 4 due to vacancies, sickness absence and maternity leave. Dr Lloyd highlighted the higher fill rates for Nursing Assistants. She noted that some of this is due to enhanced care and there have been extra beds open with more patients. Non-ward based nurses have also been deployed onto these areas. After further discussion, it was: **RESOLVED:** to receive the report for assurance	
19/39	**HEALTHCARE ASSOCIATED INFECTIONS:** Dr H Lloyd, Director of Nursing, Midwifery and Quality and Joint Director of Infection, Prevention and Control (DIPC), updated the Board on the current performance of HCAI in the Trust throughout 2018/19. She informed the Board that the Trust continues to perform well against the indicators. She drew attention to the report, agenda item 10, which gave an executive summary. She reported the Trust reported two episodes of MRSA in October and November 2019, however this was due to the complexity of the particular patient cases. Dr Lloyd stated that the Trust has reported 20 hospital-onset CDI samples; however 17 of the cases were successfully upheld at appeal leaving the Trust with three cases against the quality premium to date. Dr Lloyd added that 71 community-onset samples are reported to date which exceeds the annual benchmark. She reported that the new NHS Improvement objectives for 2019/20 have been discussed at the Quality Governance Committee. She noted that changes have been made to case attribution definitions, which will increase the number of cases deemed as attributable to the Trust. The Trust's new objective for 2019/20 is 40. She provided assurance to the Board that if the changes had been brought in this year, the Trust would have had	

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	36 cases and therefore this new requirement will be manageable going forward. Mr D Shilton, Non-Executive Director, stated that he queried if the motive for changing the attribution definitions was to make sure that more organisations fitted into the target, or was this genuinely to find improvements to patient care. He stated that the Infection Control Team stated that the motive was to find improvements to patient care. Dr Lloyd noted that the Trust continues to report one of the lowest MSSA rates in the North East region, with 16 reported hospital-onset MSSA cases and 41 community-onset cases. Dr Lloyd stated that gram negative BSI reporting is stable with an improvement programme now in place across the Gateshead community for E.coli. There have been three reported periods of increased incidence, all related to norovirus. She noted that the Trust has reported 337 samples of hospitalised Influenza A, but no Influenza B to date. Mrs JEA Hickey, Chairman, commented on the benchmarking across partner organisations in the North East. She noted that there are different patterns for different infections, with no real hotspots. Dr R Bonnington, Non-Executive Director, stated that this can be related to the different work mix in different hospitals, e.g. a burns unit will report more infections. After further discussion, it was: **RESOLVED:** to receive the report for assurance	
19/40	**INTEGRATED QUALITY AND LEARNING REPORT:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided assurance to the Board of Directors on the Trust's quality and safety performance to February 2019. Dr Lloyd drew attention to the paper, agenda item 11, highlighting performance in the key areas of medication errors, pressure damage, harm-free care and reporting of patient safety incidents. She noted that the medication reporting errors are stable and there has been a reduction in the number of falls in February 2019.	

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	This is due to a lot of internal improvement works being carried out in the Trust to target falls. Dr Lloyd reported that the Trust has been highlighted as an outlier in relation to pressure damage. She stated that a paper was recently presented to the Quality Governance Committee detailing an improvement plan to be put in place and giving a detailed report on the work ongoing within the Trust. She stated that there is a need to recognise complex cases and how staff work with them. Updates will be provided to the Quality Governance Committee to ensure improvements are being made. The Trust reported a never event in January 2019 for wrong side block. There was low harm to the patient in this incident and an RCA has been carried out. This will be managed and reported back to the Quality Governance Committee. Dr Lloyd reported on a good example of learning from serious incidents, highlighting the work carried out to investigate an incident involving a patient with chronically low potassium levels who sadly died. This was reported as a potential patient safety incident and following investigations, new guidelines on managing low potassium are being written and will be implemented shortly. The Trust continues to promote a patient safety culture and high reporting of incidents. Dr Lloyd noted that the top three incidents have remained the same for the year. One incident refers to the new way of recording the thickness of fluids that are given to patients but the Trust has concerns that he current producer is not as high quality as would be preferred. Dr Lloyd noted the good performance around the VTE risk assessments, highlighting that the Trust is a high performer. Work continues with NEQOS, who are carrying out some targeted work to understand the Trust's performance on the indicators. She reported that the Trust received 3,718 Friends and Family responses in February 2019, with 99% of patients who would refer the Trust to friends and family. She stated that this is a fabulous reflection of the quality of care being given to patients. Dr Lloyd reported that the Trust received 48 informal complaints and 17 formal complaints in February 2019. The highest complaints were around communications, admissions and discharges, however there are no particular themes. She reported on the good work being carried out with Non-Executive Directors and governors on the 15 Steps Challenge, with	

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	positive feedback being received. Dr Lloyd stated that the Trust's flu vaccination take up is 80% and the Trust is currently forecasting 87% of CQUIN achievements. Those not being achieved were identified early. Mr D Shilton, Non-Executive Director, provided further information on the medication errors regarding enteral feeding and the thickness of the substance being used. He noted that there is currently a national reclassification around how the products are described and not any change to the way these products are utilised within the Trust. Work is currently ongoing in the Trust to look at this. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the Trust is one of the early implementers of the new products. The Trust has therefore been able to identify problems ahead of other organisations. Mr M Robson, Non-Executive Director, asked if the products are part of a national procurement. Dr R Bonnington, Non-Executive Director, stated that the different makes of products have different notes of how to use them, and this is confusing for staff who are providing the drinks and products to patients. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that the Trust considers that these changes are right to be made and will provide a safer product for patients. She added that it needs to be ensured that the products the Trust receives actually comply with the standards. Mr J Robinson, Non-Executive Director, stated that the falls classified as moderate and severe harm has gone up dramatically against the reduced number of actual falls. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that this remains within normal standard deviation. After further discussion, it was: **RESOLVED:** to receive the report for assurance	
19/41	**FINANCE AND ACTIVITY REPORT:** Mrs J Bilcliff, Group Director of Finance, provided the Board with a summary performance against plan for activity, income and	

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	expenditure as at February 2019 (Month 11) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). She drew attention to the paper, agenda item 12, informing the Board that the key metrics are detailed in the report. Mrs Bilcliff stated that the Trust is on track achieve the revised forecast, and when the Trust reports back to NHS Improvement, the position is that the Trust is £7.3m away from the original forecast at this point in the year. She noted the Trust's income position which is primarily due to Sunderland CCG who have now recognised their over activity on their contract for the year. The Trust is behind on activity with Newcastle and Gateshead CCG but the block contract protects the income level. She noted the issues with CSSD issues which have affected the activity within the Trust. Mrs Bilcliff stated that the Trust has achieved over £10m CRP, and this could rise to £10.5m by year end. The capital position is slightly behind plan, however there are a couple of big invoices due in March so this will deliver on target. With reference to the cash position, the Trust will have borrowed c.£12m by the year-end from the Department of Health, and this is to be paid back at a reasonable interest rate. Mrs Bilcliff highlighted the current risks to the year-end position. She noted that although the Trust is on target at Month 11, the position remains very tight to the year-end. Mrs Bilcliff drew the Board's attention to the current risks. She stated that the waste contract remains a risk, especially as this was unknown when the reforecast was carried out at Month 9. She stated that the issues in CSSD could have an effect on the Trust in the next financial year, particularly around meeting waiting times. She reported the Trust's appeal against HRMC with regard to the capital goods schemes. This is a risk to the year-end position as the hearing will take place mid-April, and as this is before the accounts are closed down any adverse judgement will be reflected in 2018/19. Mr J Maddison, Acting Chief Executive, asked for further information on the current position with the waste contract. He noted how material this issue is, which is outwith the Trust's control.	

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	Mrs J Bilcliff, Group Director of Finance, stated that the additional cost for the contract is £0.25m for the current financial year. This is an estimate and will be a pressure of £0.75m for the coming financial year. She noted that she has discussed the contract with colleagues in the region, and the increased costs are currently not known with certainty and estimates have been included. Mrs JEA Hickey, Chairman, asked if the additional costs are due to another supplier who has had to cover the contract at short notice. She queried if this could be expected to decrease if this becomes more business as usual. Mrs J Bilcliff, Group Director of Finance, stated that the contract is being led by a consortium, led by Leeds. She stated that she is unsure whether a new contractor would drop prices, and an additional issue is around incinerator capacity which incurs further costs for the contractor. Mr M Laing, Associate Director, commented that there is a limited number of contractors for this type of work and an increasing demand, so prices will rise. Mr J Robinson, Non-Executive Director, queried if a full and proper procurement exercise will be undertaken at some point. He asked how long the contract is set to last before procurement needs to take place. Mrs Bilcliff stated that the length of the contract has been set at two years. Mr M Laing, Associate Director, commented that any reprocurement is partly tied to the current legal action being taken up with the previous contractor. After further discussion, it was: **RESOLVED:** to receive the report for assurance	
19/42	**ASSURANCE FROM BOARD COMMITTEES:** **i) Quality Governance Committee** Mr D Shilton, Non-Executive Director and Chairman of the Quality Governance Committee, provided an update from the Committee meeting held on 20th February 2019. He reported that the Committee received positive reports in relation to the CQC reports. The progress against the CQC focused inspection on mental health and the quality	

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	report on older people with mental health problems showed a couple of issues remain outstanding and need to be resolved. This remains as an amber rating until action are complete. The Trust's Integrated Quality and Learning report was received for overall assurance, but a further detailed report on pressure damage will be provided. Mr Shilton stated that the Committee received two positive reports on maternity services with good levels of assurance received. The Maternity Survey 2019 shows the Trust as the 14th best in the country. The Committee noted the good progress being made on the Making Every Contact Count work, and will now receive quarterly reports on this initiative. The Committee also noted a process is now in place regarding the outstanding NICE guidance update. Mr Shilton reported that the Committee received a presentation from the Trust's Family Liaison Officer, noting the excellent and innovative idea in creating this level of support for patients. He suggested that the presentation is given to the Board. The Committee received an update on the CNST maternity incentive scheme, for which last year the Trust had to carry out a self-declaration. Mr Shilton noted that at that point the Trust declared full compliance with eight out of the 10 areas. The update received by the Committee noted that the Trust can now declare full compliance with nine out of 10 areas. The outstanding area is in relation to training, so overall the rating is amber but noting that progress has been made. **ii) Finance and Performance Committee** Mrs JEA Hickey, Chairman, provided an update from the Finance and Performance Committee meeting held on 26th February. She noted that there were no changes made to the assurance levels in February on regular reports received by the Committee. Mrs Hickey reported that the Committee received an update on informatics, giving a green rating but noting that	

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	the Information Governance training target remains a concern. She reported that the Committee met again the previous day, and once again made no changes to the regular items. The Information Governance annual report was presented giving assurance. The Committee agreed to recommend to the Board to submit the return with ongoing monitoring of two areas of non-compliance and regular updates will be given going forward. Mrs Hickey reported that the Committee received a year to date progress review on the capital planning update, noting that at Month 11 the report shows the Trust is behind plan but expected to be on track at year-end. The Committee discussed the BAF and made no additions; however they recognised the operational risks and the pressures with breast services, noting that this should be recorded on the risk register. **iii) Audit Committee** Mr M Robson, Non-Executive Director and Chairman of the Audit Committee, provided an update from the Audit Committee meeting held on 7th March 2019. He reported that the main discussion focussed on the level of completeness of Internal Audit reports at this time of year, noting that 15 audits are still incomplete. In spite of this, the Director of Internal Audit was able to indicate to the Committee that they expected to give a positive Head of Internal Audit Opinion. The Committee expressed their level of dissatification that the Trust is in this position at this time of year with no warning. Mr Robson noted that further discussion was to take place at the Members' Forum in March, stating that Mrs J Blilcliff, Group Director of Finace, attended this meeting. He stated that this issue is across Audit One in general and that the Trust is in a similar position to others. Mr Robson expressed his concern and stated that he would not have expected this level of incomplete audits at this time of year. The Trust has made representations to Audit One and improvements will be monitored.	

Agenda Item	Discussion and Action Points	Action By
	Mr J Maddison, Acting Chief Executive, expressed his view on the position. The main point is that if they can give their opinion it queries the level of days and resource that the Trust is paying for. There is a need for good quality strong audit and this needs to be commensurate with the resource. Mr M Robson, Non-Executive Director, stated that this is the point that has been made to Audit One. He added that if Audit One can give the Trust a positive audit opinion whilst being that far behind, does the work need carrying out as regularly as stated. He also commented that the Trust should have been given a warning beforehand. Mr Robson stated that the Committee received assurance for the plan for External Audit, highlighting the change within the valuation rules which could have an impact on depreciation rates. He stated that it is thought that this is not a major issue and the rating has been left as green until the impact is known. Finally, the Committee reviewed the BAF and the risk register. He reported that the Committee recognised the improvements in the process that have been achieved and will now consider how to take this forward. **iv) Human Resources Committee** Mr J Robinson, Non-Executive Director and Chairman of the HR Committee, provided an update from the Committee meeting held on 12th February 2019. He reported that the Committee conducted a deep-dive into the diversity and inclusion strand of the people strategy. There is still work to be carried out so an amber rating was given. It was also noted that equality objective 1 should be overseen by the Quality Governance Committee. Mr Robinson stated that the Committee approved two policies and received the national staff survery results. The results show positive outcomes across all 10 themes and an action plan is being developed. The Committee received the Guardian of Safe Working update and noted the management actions in relation to rota reviews are to be completed. Mr Robinson stated that the Committee received substantial assurance around the HR and Payroll controls.	

Agenda Item	Discussion and Action Points	Action By
	This has involved a lot of work to get this to the requried level and he congratulated those involved. The Library Quality Assurance Framework was received by the Committee which rated the service as green with 97%. Mr Robinson noted that the staff flu campaign was also rated green. The publication of the Trust's flu vaccination rates was agreed, and the Committee was assured that a range of measures have been taken to encourage staff in high-risk departments to have the vaccine.	
19/43	**SAFEGUARDING ANNUAL REPORT:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, presented the Safeguarding Annual Report to update and inform the Board of Directors on the main issues, risks and key priorities relating to safeguarding within the Trust. She stated that the report is the seventh Annual Report for Safeguarding Children and Adults that has been presented to the Board of Directors, and it covers the period 1st January 2018 to 31st December 2018. Dr Lloyd highlighted the key achievements and challenges through the year. She stated that the Safeguarding team are an excellent team, working in a difficult area within the Trust and with good partnerships in place, and a lot of systems and processes to work towards. Dr Lloyd reported that the Child Protection Information Sharing System (CP-IS) went live within the Trust in June 2017, and this allows the Trust to share information about children at risk across the country and Gateshead. She noted that the Cause for Concern forms are now completed by staff electronically via the Datix system. Dr Lloyd reminded the Board that the Newcastle Joint Serious Case Review recommendations had been previously presented to the Board. Although there were no recommendations for Gateshead, the Trust took the opportunity to review the recommendations to make changes in our services to show we have learned from this review.	

Agenda Item	Discussion and Action Points	Action By
	She reported that the Trust has now appointed a Domestic Abuse Advisor who works largely in A&E and the post is proving to be very valuable. The Safeguarding Children and Adults teams launched a quarterly Safeguarding Newsletter in July 2018, with the aim to keeping staff up to date with key safeguarding information. Dr Lloyd reported that the Joint Safeguarding Conference was well attended and well evaluated. She informed the Board that Gateshead is an area with one of the highest rates nationally of drug related deaths. The Trust is now working with Public Health and other partner agencies to promote more positive outcomes and reduce the number of deaths. Dr Lloyd highlighted the objectives and aims for 2019, which will very much focus on Voice of the Child, continuing work around addressing child sexual exploitation and young people's mental health problems. She noted that Female Genital Mutilation is now mandatory to report. Mr J Robinson, Non-Executive Director, stated that the number of cause for concern referrals looks to have risen greatly in relation to children. There are some aspects that are good and positive but he asked if feedback is given to referrers to inform if raising the concern was necessary or that no problems were identified. Dr H Lloyd, Director of Nursing, Midwifery and Quality, stated that feedback is given through the Datix system. She added that this makes it easier to give feedback and the Trust very much encourages staff that if there are any suspicions at all to report. Mr J Robinson, Non-Executive Director, stated that there is a balance where staff would want patients to be safe but if a lot of issues are raised and there are no concerns, this could take up resource from dealing with real issues. Dr R Bonnington, Non-Executive Director, stated that the rationale is that if someone in A&E raises a minor concern and then a neighbour also raises a concern, all of the concerns therefore come together to become more significant. Mr M Laing, Associate Director Community Services, stated that this issue has been tracked back to 2016 and it is inevitable that more causes of concern will be raised, as the Trust has now taken responsibility for the care at home for 500 children with disabilities in the community contract, who are seen regularly. These patients	

Agenda Item	Discussion and Action Points	Action By
	are challenging to manage in the home situation and therefore the Trust's cause of concern issues will increase. Mrs S Watson, Director of Strategy and Transformation, stated that it is encouraging that the themes being picked up are also regular items for discussion in the Gateshead system programme. There are a number of issues around multiple and complex needs, looked after children across the Borough, and a number of other issues coming through. Dr H Lloyd, Director of Nursing, Midwifery and Quality, added that the Lampard Report 2015 recommendations in the report were produced following the Jimmy Saville Inquiry. The Trust has been asked by the CCG to update progress on this and this has been included in the report. This confirms that the Trust carried out all actions that reported on at the time. After further discussions, it was: **RESOLVED:** to receive the report for assurance	
19/44	**GENDER PAY GAP REPORT 2018:** Mrs S Watson, Director of Strategy and Transformation, provided the Board with the Gender Pay Gap Report. The report will be published online on 29th March 2019 and submitted to the Home Office Equalities Department. She noted that the approval of the report was delegated from the HR Committee to Corporate Management Team due to short timescales. The paper was considered and supported by the Corporate Management Team. After further discussion, it was: **RESOLVED:** to note the content of the report	
19/45	**COMMUNICATIONS ANNUAL REPORT:** Mr R Wigham, Head of Communications and Marketing, provided the Board with an overview of communications and marketing work during 2018, along with some key statistics and analysis. Mrs JEA Hickey, Chairman, congratulated Mr Wigham and the Communications team on their great work in raising the profile of the Trust.	

Agenda Item	Discussion and Action Points	Action By
	Mr J Robinson, Non-Executive Director, stated that the Board have received updates on social media, but it would be helpful to have a more regular summary of this information. Mr R Wigham, Head of Communications and Marketing, stated that this information can be provided. Mr Wigham added that there are now more varied channels to use to get messages out to the public and media. This is becoming increasingly harder, and overall the NHS perception survey for 2018 shows the lowest level for 11 years. He noted that the Communications team produce a monthly information report that could be shared with Board members if required. After further discussion, it was: **RESOLVED:** to receive the report for information	RW
19/46	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** There were no questions from the governors in attendance. Reverend J Gill, public governor, conveyed condolences on behalf of the Council of Governors for the loss of colleague Mr N McDonaugh.	
19/47	**DATE AND TIME OF NEXT MEETING:** **RESOLVED:** that the next meeting of the Board of Directors will be held at 9.30am on Wednesday 24th April 2019 in Room 3, Education Centre, Queen Elizabeth Hospital	
19/48	**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	

Gateshead Health
NHS Foundation Trust

Actions from Board of Directors' Meetings – Part I

Date of Meeting	Minute Reference	Action	Lead	Complete
27/03/2019	19/34	To provide feedback, when available, to the Board on the outcome of the transformation work with regard to frailty	CC	
27/03/2019	19/45	To provide the Board with the Comms monthly information report	RW	

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 6

Date of Meeting:	Wednesday 24th April 2019
Report Title:	Declaration of Board Members Interests and 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 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 and on the Trust's web site. The declared interests for 2018/19 for the Chairman and Board members are attached as appendix 1 and the Fit and Proper Persons Declaration as appendix 2.

Decision:	**Discussion:**	**Assurance:**	**Information:**
☒	☐	☐	☐

Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 2** All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led.
Recommendations: (Action required by Board of Directors)	The Board is asked to: i) Approve and record in the Board minutes the declared interests and Fit and Proper Persons Declaration as shown in appendices 1 and 2. ii) Note that the next full routine review of the declaration of Board members' interests will take place in April 2020.
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)	None
Author:	Mrs D Atkinson, Trust Secretary
Presented by:	Mrs D Atkinson, Trust Secretary

Appendix 1

Gateshead Health NHS Foundation Trust

Register of Board Member Interests 2018/2019

Name	Position	Interest	Interest of Spouse	Category
Mr Lewis Atkinson	Deputy Director	Labour Networks Ltd	None	A
Mr Andrew Beeby	Medical Director	Director of Medicolegal reporting firm (Private company).	Rebecca Beeby – Director of same company)	A
Mrs J Bilcliff	Group Director of Finance	None	None	
Mr N Black	Chief Digital Officer	Director of NHS Healthcall (NHS Partnership between six NHS Trusts)	None	F
Dr Ruth Bonnington	Non-Executive Director	General Practitioner in Gateshead	None	B
Mr Shaun Bowron	Non-Executive Director	Non Executive Director of QE Facilities	None	A
Mrs Claire Coyne	Executive Director	Director North East Transformation System Ltd	None	A
Cllr Martin Gannon	Non-Executive Director	Newcastle Airport Local Authority Holding Company Limited Leader of Gateshead Council	None None	A F
Mr N Halford	Deputy Medical Director	None	None	
Mrs Julia Hickey	Chairman	Trustee and Audit Chair of NHS Confederation and Management Committee Member of SVP which manages two local approved premises	None	D D
Mr Paul Hopkinson	Non-Executive Director	Partner PL Law LLP Trustee – FACT – Fighting All Cancers Together		B D
Mr Michael Laing	Associate Director	Northern Housing Consortium	None	E
Mrs Hilary Lloyd	Director	None	None	
Mr John Maddison	Director	None	None	
Ms Karen O'Brien	Assistant Director	None	None	

Name	Position	Interest	Interest of Spouse	Category
Mr John Robinson	Non-Executive Director	Non-Executive Director of QE Facilities	None	A
Mr Mike Robson	Non-Executive Director	Vice-President St Oswald's Hospice	None	E
Mr David Shilton	Non-Executive Director	Director Meadow Lodge Care Ltd Director Holistic Care Provision Ltd Member Meadow Lodge Homecare Services LLP		A A B
Mrs Susan Watson	Director	Trustee - Friends of Friarage Hospital	None	D

Key to Interests Declared:

A Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exeption of dormant companies).

B Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS

C Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS

D A position of authority in a charity or voluntary body in the field of health and social care

E Any connection with a voluntary or other body contracting the NHS service

F To the extent not covered in the declarations above, any connections with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust but not limited to, lenders or banks.

Appendix 2

All Members of the Board of Directors have signed the following declaration and an annual search of insolvency, bankruptcy and disqualified director's 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: _____

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 7

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Trust Performance Report			
Purpose of Report:	To provide an overview on performance against national and local targets, ensuring the Board receives assurance about the Trust's performance in light of national requirements and local changes.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 6** We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. **Goal 7** We will deliver value for money and help ensure the local health and care system is sustainable and well led.			
Recommendations: (Action required by Board of Directors)	The Board is asked to note the overall good performance of the Trust			
Financial Implications:	Sickness absence is a cost to the organisation; albeit absences are being managed.			
Risk Management Implications:	The Trust is reporting one operational support need (A&E performance) under the SOF as at 31st March 2019.			
Human Resource Implications:	Sickness absence remains under control, albeit above our desired target. All absences are being managed appropriately with individuals whilst the Health and Wellbeing steering group continue to evaluate and introduce services/initiatives to support physical and mental wellbeing of staff. Appraisals continue to be a focus in all departments with completions occurring every month (concurrently as other staff expire) in line with the values and behaviours based process.			

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Objective 1** All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers. **Objective 2** 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.
Author:	Lewis Atkinson, Deputy Director of Strategy and Transformation
Presented by:	Susan Watson, Director of Strategy and Transformation

1. Single Oversight Framework:

The scorecard below reflects the Trust performance against the operational metrics described in the Single Oversight Framework and if there are any potential support needs. As at 31st March 2019, the Trust is reporting one area of potential support need under the operational performance theme of the SOF – A&E performance.

2018/19 Trust Performance Dashboard
NHS Improvement - Single Oversight Framework

NHS Gateshead Health NHS Foundation Trust

Category	Performance Indicator Information		PSF Trajectory	2017/18	2018/19 Performance Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Standard 2018/19	Trigger for Potential Support Need:- (2 consecutive months of non delivery of standard/PSF trajectory)*
Operational	Incomplete RTT Pathways - Waiting < 18 weeks		N	94.3%	93.3%	93.2%	92.8%	92.9%	92.1%	92.0%	93.0%	92.4%	92.3%	92.4%	92.2%	92.1%	92.6%	92%	
	Maximum Waiting Time 4 hours in A&E		Y	94.6%	95.8%	93.8%	96.5%	95.2%	95.5%	96.2%	94.0%	94.1%	91.6%	90.5%	91.8%	93.5%	94.0%	95%	
	62 day wait for 1st definitive treatments		N	88.4%	79.8%	88.1%	81.1%	70.2%	81.5%	78.5%	87.5%	89.2%	97.4%	85.3%	81.3%	83.2%	83.5%	85%	
	62 day wait for treatment (screening patients)		N	96.3%	93.6%	97.7%	95.7%	95.5%	90.4%	77.6%	92.6%	95.2%	100.0%	94.0%	100%	89.7%	92.8%	90%	
	Maximum 6-week wait for diagnostic procedures		N	99.1%	99.5%	99.8%	99.4%	99.6%	99.1%	99.4%	99.4%	99.4%	99.0%	99.8%	99.8%	99.7%	99.5%	99%	
	MH Data Completeness: identifier metrics		N	99.7%	99.7%	99.7%	99.8%	99.9%	99.7%	99.8%	99.9%	100%	100%	100%	100%	99.8%	99.8%	95%	
	Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours:	Find	N	19.7%	77.0%	77.5%	90.2%	91.3%	90.4%	91.8%	90.7%	92.5%	92.1%	90.7%	90.1%		88.4%	90%	
		Assess		100.0%	100%	98.0%	95.8%	100%	100%	93.2%	98.2%	100%	100.0%	98%	100%		98.4%	90%	
		Refer		46.9%	92.1%	78.4%	63.6%	70.4%	76.3%	100%	98.0%	100%	98.0%	100%	100%		88.4%	90%	

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

2. Workforce metrics

Workforce metrics

No.	Performance Indicator	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
1	Trust sickness absence rate (12 month rolling rate)	4.00%	4.74%	4.76%	4.77%	4.74%	4.66%	4.65%	4.62%	4.65%	4.58%	4.67%	4.56%	4.5%
2	Core training compliance (12 month rolling rate)	85%	83.0%	84.0%	84.4%	85.0%	85.5%	84.7%	83.2%	86.2%	87.2%	87.8%	88.4%	88.5%
3	Appraisal compliance (12 month rolling rate)	85%	70.0%	69.0%	67.1%	70.0%	71.0%	72.0%	72.0%	70.1%	71.4%	71.2%	72.5%	75.1%
4	Staff turnover rate		12.04%	11.82%	12.08%	12.56%	11.91%	12.59%	12.65%	12.54%	12.20%	12.52%	12.47%	13.23%

Business Unit / Directorate			Chief Executive	Clinical Support & Screening	Community Services	Finance & Information	Medicine & Elderly	Nursing & Midwifery	Strategy & Transformation	Surgical Services
5	Sickness	4.00%	2.57%	3.91%	5.06%	3.74%	5.05%	5.24%	2.90%	4.64%
6	Appraisal	85%	71.43%	82.44%	73.33%	82.51%	67.80%	83.33%	91.76%	71.27%
7	Turnover	TBC	10.59%	12.45%	11.41%	12.63%	14.95%	9.24%	18.30%	13.43%

Key: Confirmed performance on or above target | Confirmed performance progress towards target | Confirmed performance below target

Business Unit:	Equality, Diversity and Human Rights	Fire Safety	Heath, Safety and Welfare	Infection Preventon and Control Lvl 1 and 2	Information Governance	Moving and Handling Lvl 1 and 2	NHS Conflict Resolution	Preventing Radicalisation Lvl 1 & 2 and 3, 4 & 5	Resuscitation All Levels	Safeguarding Adults Lvl 1 and 2	Safeguarding Children Lvl 1, 2 and 3
Chief Executive	96.43%	78.57%	96.43%	92.86%	96.43%	100.00%	92.86%	100.00%	100.00%	96.43%	96.43%
Clinical Support & Screening	98.99%	85.40%	98.99%	94.58%	89.73%	90.99%	92.15%	97.84%	81.64%	99.18%	98.46%
Community Services	99.05%	83.18%	98.58%	78.23%	83.18%	84.04%	91.00%	91.13%	77.66%	98.78%	92.49%
Finance & Information	99.13%	90.43%	99.57%	100.00%	96.52%	95.13%	94.78%	100.00%		100.00%	99.56%
Medicine & Elderly	94.03%	77.94%	94.03%	77.57%	77.43%	67.59%	85.83%	87.07%	63.05%	94.61%	82.13%
Nursing & Midwifery	99.29%	92.20%	99.29%	95.52%	95.04%	92.59%	97.16%	99.24%	84.88%	99.24%	95.80%
Strategy and Transformation	100.00%	87.50%	98.86%	98.86%	90.91%	97.75%	96.59%	100.00%	90.00%	98.85%	98.86%
Surgical Services	94.98%	77.37%	95.74%	79.05%	82.67%	73.53%	89.20%	90.14%	69.87%	95.25%	77.75%

Core Skills above is as of 1604208

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 8

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Nursing Staffing Exception Report			
Purpose of Report:	Provide assurance to the Board that staffing establishments are being met month by month			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 2** All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. **Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 5** All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients.			
Recommendations: (Action required by Board of Directors)	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			
Diversity and Inclusion Implications:	**Objective 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:	Yvonne Evans, Deputy Director of Nursing, Midwifery & Quality Gareth Armstrong, Chief Matron Surgery			
Presented by:	Hilary Lloyd, Direct of Nursing, Midwifery & Quality			

Gateshead Health NHS Foundation Trust

Nursing and Midwifery Staffing Exception Report

March 2019

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 March 2019.

2. Staffing

The actual ward staffing against the budgeted establishments for March are presented in Table 1: Whole Trust wards staffing and Table 2: 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 March 2019

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 (%)**
85.4%	118.0%	102.6%	127.6%

The Trust is required to present information on funded establishments (planned) against actual nurses on duty.

Appendix 1

Illustrates the Trusts staffing fill rates over the past 12 months by Qualified days, Nursing Assistant days, Qualified nights and Nursing Assistant nights.

Table 2: Ward by Ward staffing March 2019

	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**
Cragside Court	79.9%	103.9%	90.5%	110.3%	342	5.0	5.8	10.8
Critical Care	74.2%	90.0%	99.1%	90.6%	316	25.0	3.7	28.7
EAU	110.1%	141.8%	94.8%	137.9%	1296	5.2	2.9	8.1
Maternity	77.9%	123.1%	119.6%	96.1%	397	12.7	5.1	17.8
Paediatrics	97.4%	82.0%	135.4%	-	71	45.0	8.0	53.0
SCBU	93.4%	64.3%	105.8%	95.9%	125	14.3	3.8	18.1
St Bedes	98.3%	105.1%	98.7%	108.8%	265	6.0	5.1	11.1
Sunniside	90.7%	98.2%	108.0%	114.2%	285	5.7	5.4	11.0
Ward 1	83.0%	90.0%	103.5%	108.3%	679	2.7	2.9	5.6
Ward 11	78.1%	112.2%	108.9%	122.7%	806	2.6	3.3	5.9
Ward 12	81.5%	113.6%	110.8%	129.6%	693	3.1	3.3	6.5
Ward 14	116.3%	136.7%	130.3%	132.9%	876	3.3	4.3	7.6

	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 21	92.0%	96.5%	101.7%	102.1%	439	4.0	3.0	7.0
Ward 22	70.2%	140.2%	98.5%	156.0%	872	2.2	3.7	5.9
Ward 23	79.9%	153.5%	105.0%	244.7%	708	2.5	6.2	8.7
Ward 24	81.4%	120.9%	102.2%	148.4%	859	2.5	3.4	5.9
Ward 25	76.7%	119.5%	89.6%	150.8%	892	2.2	3.2	5.4
Ward 26	82.0%	97.0%	100.5%	108.4%	737	2.9	3.3	6.2
Ward 27	72.5%	81.2%	103.8%	103.0%	816	2.4	2.5	4.9
Ward 4	86.2%	138.7%	101.3%	125.3%	893	3.0	3.7	6.6
Ward 6	121.8%	177.6%	99.6%	90.0%	779	2.1	4.0	6.0
Ward 8	89.2%	112.9%	69.2%	201.5%	597	4.4	2.8	7.2
Ward 9	72.8%	127.0%	102.1%	114.6%	1045	2.8	3.3	6.0

3. 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% or above 125%.

The exceptions to report are as below:

March 2019	
Qualified Nurse Days	**%**
Critical Care	74.2%
Ward 22	70.2%
L2 PSSC	72.5%
Ward 9	72.8%
Nursing Assistant Days	**%**
EAU	141.8%
SCBU	64.3%
Ward 14	136.7%
Ward 22	140.2%
Ward 23	153.5%
Ward 4	138.7%
Ward 6	177.6%
Ward 9	127.0%
Qualified Nurse Nights	**%**
Paediatrics	135.4%
Ward 14	130.3%
Ward 8	69.2%
Nursing Assistant Nights	**%**
EAU	137.9%
Ward 12	129.6%
Ward 14	132.9%
Ward 22	156.0%
Ward 23	244.7%
Ward 24	148.4%
Ward 25	150.8%
Ward 4	125.3%
Ward 8	201.5%

Qualified Nurses

During the month of March Critical Care, Ward 22, Ward 9 and L2 PSSC have low Qualified Nurse day fill rates due to vacancies, sickness absence and maternity leave. Both Critical Care and Ward 22 have recruited to these posts there should be an improvement to fill rates in April.

Paediatrics have high Qualified Nurse night fill rates due to Advanced Paediatric Nurse Practitioners supporting the night medical rota. Ward 14 have high fill rates for Qualified Nights due to 8 additional beds being open as part of the winter pressure plan.

Ward 8 continues to have low fill rates for Qualified Nurse nights due to vacancies and sickness absence, recently three qualified nurses have been recruited which should improve fill rates from the end of April.

Nursing Assistants

There are high Nursing Assistant fill rates for days and nights due to escalation areas being open, patients requiring enhanced care on several Wards and back filling for qualified vacancies.

Ward 23 have high fill rates for Nursing Assistant days and nights due to multiple patients requiring one-to-one enhanced care during March.

SCBU have low fill rates in March for Nursing Assistant days due to vacancies and additional training needs, during this period on the unit there was reduced patient activity and dependency which ensured safe staffing numbers were maintained.

4. 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.

5. 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. It is also helpful in identifying trends and organisational learning. There were 3 incidents reported in March.

6. 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 i.e. safety thermometer; infection measures. These 'time to care' boards are all located in an area clearly visible to the public.

7. Conclusion

This paper provides an exception report for nursing and midwifery staffing in March 2019.

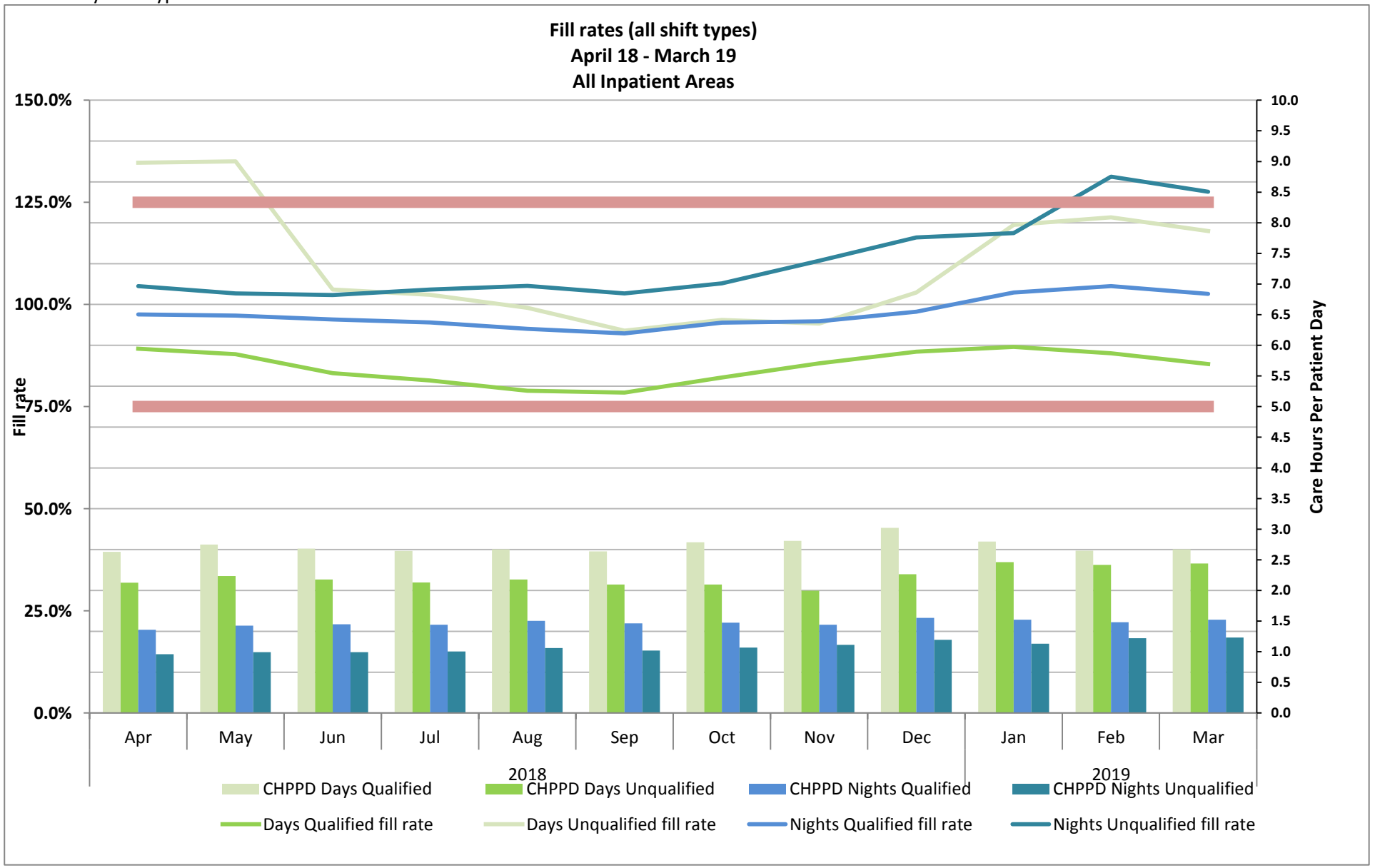
8. Recommendations

The Board is asked to receive this report for assurance.

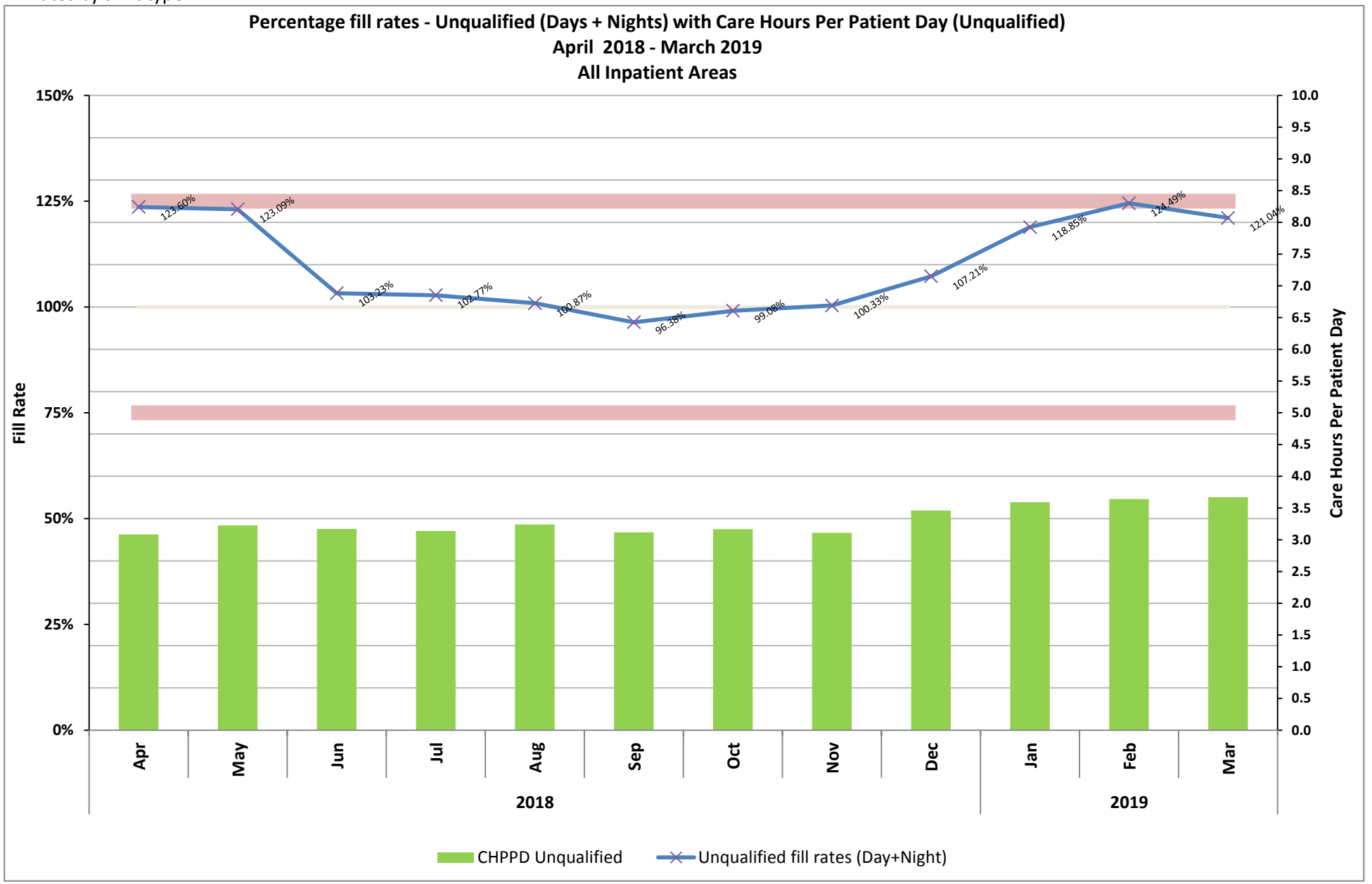
Yvonne Evans, Deputy Director of Nursing, Midwifery and Quality
Gareth Armstrong, Chief Matron Surgery

Appendix 1

Fill rates by shift type



Fill rates by shift type



Appendix 1

Fill rates by shift type

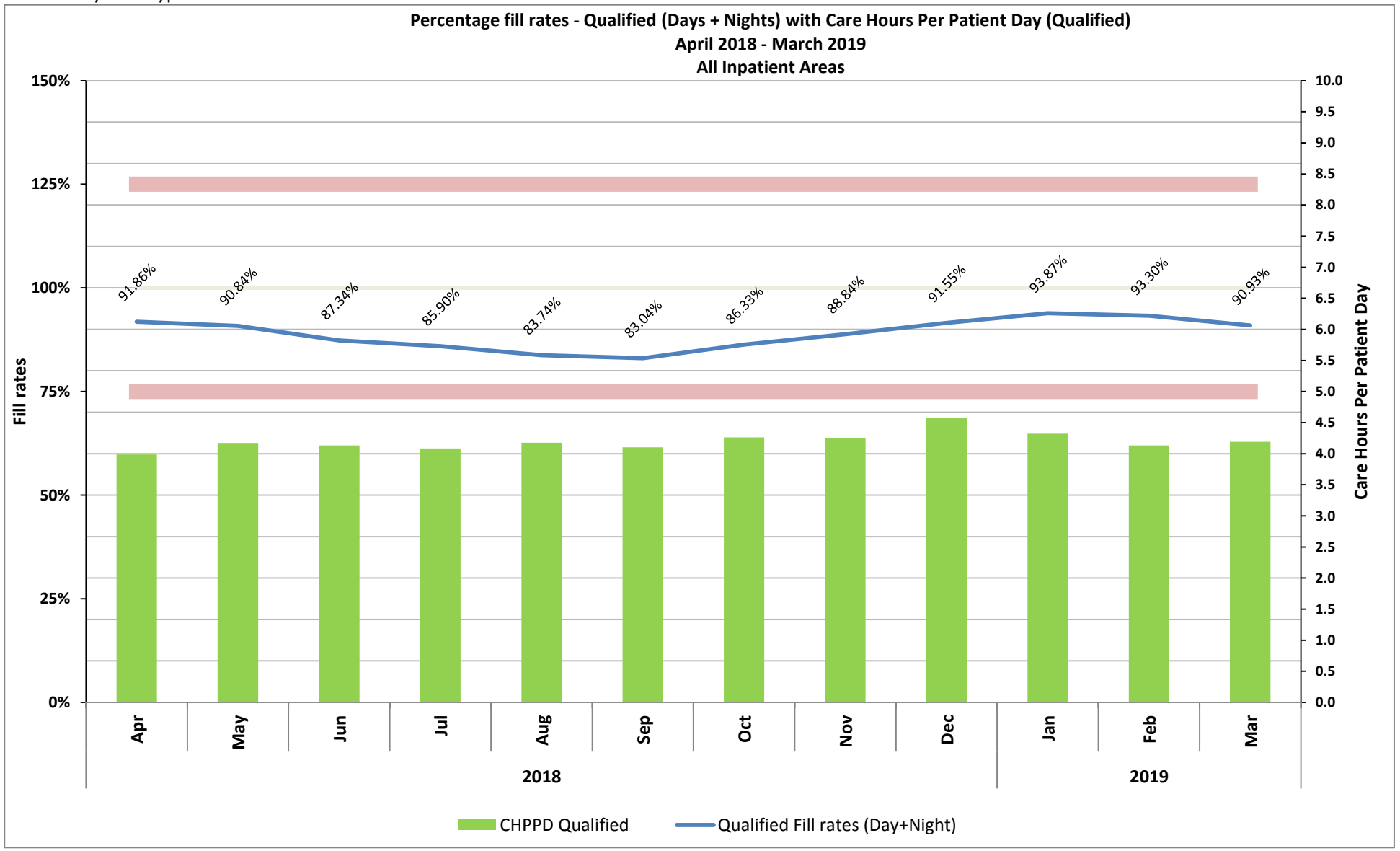


Table 3:

Fill rates (all shift types)
March 2019
All inpatient areas

	Days Qualified fill rate	Days Unqualified fill rate	Nights Qualified fill rate	Nights Unqualified fill rate	CHPPD Days Qualified	CHPPD Days Unqualified	CHPPD Nights Qualified	CHPPD Nights Unqualified
Apr 2018	89.2%	134.7%	97.57%	104.5%	2.63	2.13	1.36	0.96
May 2018	87.8%	135.0%	97.28%	102.7%	2.75	2.23	1.43	0.99
Jun 2018	83.2%	103.7%	96.30%	102.3%	2.68	2.18	1.45	0.99
Jul 2018	81.4%	102.4%	95.60%	103.6%	2.65	2.13	1.44	1.00
Aug 2018	78.9%	99.2%	94.06%	104.5%	2.67	2.18	1.50	1.06
Sep 2018	78.4%	93.6%	92.94%	102.7%	2.64	2.10	1.46	1.02
Oct 2018	82.1%	96.2%	95.54%	105.2%	2.79	2.10	1.47	1.07
Nov 2018	85.6%	95.3%	95.90%	110.7%	2.81	2.00	1.44	1.11
Dec 2018	88.5%	102.9%	98.20%	116.4%	3.02	2.19	1.55	1.16
Jan 2019	89.6%	119.5%	102.90%	117.5%	2.80	2.46	1.52	1.13
Feb 2019	88.0%	121.3%	104.50%	131.3%	2.65	2.42	1.48	1.22
Mar 2019	85.4%	118.0%	102.57%	127.6%	2.67	2.44	1.52	1.23

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 9

Date of Meeting:	**24th April 2019**			
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 2018 – 19 period.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 1** Working with partners, we will manage and improve the health of the population of Gateshead, promoting wellbeing and preventing the occurrence and progression of ill-health wherever possible. **Goal 2** All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. **Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs.			
Recommendations: (Action required by Board of Directors)	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*)	**Objective 1** All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.			
Author:	**Philip Pugh**, Head of Infection Prevention and Control			
Presented by:	**Hilary Lloyd** - Director of Nursing, Midwifery & Quality – Joint Director of Infection Prevention and Control (DIPC)			

1.0 EXECUTIVE SUMMARY

The Trust reports two (2) Hospital-onset and four (4) Community-onset MRSA BSI positive samples of MRSA BSI and continues to report zero sample to end of Q4.

The Trust has reported Twenty (20) positive Hospital-onset CDI samples with a rate of 11.24 per 100k bed days. Seventeen (17) Hospital-onset cases were successfully upheld at appeal therefore the Trust reports three (3) positive samples against the quality premium to Q4 with Seventy five (75) Community-onset samples reported.

The Trust continues to report one of the lowest Meticillin sensitive *Staphylococcus aureus* (MSSA) BSI in the North East region despite an increase against 2017/18 reporting seventeen (17) Hospital-onset MSSA and forty five (45) Community-onset samples to Q4.

Gram negative BSI reporting is a mandatory requirement:

- *Escherichia coli* (*E.coli*): The Trust reports forty four (44) Hospital-onset samples with a rate of 24.7 and two hundred and twenty nine (229) Community-onset samples to date.
- *Pseudomonas aeruginosa*: The Trust reports five (5) Hospital-onset samples with a rate of 2.8 and fifteen (15) Community-onset samples to date.
- *Klebsiella spp*: The Trust reports sixteen (16) Hospital-onset samples with a rate of 9.0 and thirty nine (39) Community-onset samples to date.

The Trust has experienced eleven (11) PII to end of Q4 resulting in ward closures primarily due to confirmed Norovirus infections with zero incidence reported throughout February and March.

The Trust has reported three hundred and fifty one (351) positive samples of hospitalised Influenza A samples as the dominant subtype to end of Q4 with no reports of Influenza B samples.

Public Health England reports to end of Q4 that influenza continued to circulate in the community with activity indicators decreasing and below Baseline.

2.0 MANDATORY HCAI SURVEILLANCE

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

The Trust adopts the national aspiration of attaining a zero tolerance approach to all avoidable infections including MRSA blood stream infections (BSI).

The Trust has reported two (2) Hospital-onset samples of MRSA BSI to end of Q4 and a rate of 1.12 per 100k bed days however continuing to report zero cases through December to March identified in table 1.

All positive Community-onset MRSA samples are attributed to the Newcastle and Gateshead Clinical Commissioning Group (CCG). Four (4) Community-onset MRSA BSI cases are reported to end of Q4 also identified in table 1.

Table 1

Acute Trust Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset MRSA BSI	0	0	0	0	0	0	0	2	0	0	0	0
Cumulative YTD	2											
2017/18 data = **0/0**	0	0	0	0	0	0	0	0	0	0	0	0

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset *MRSA* BSI	0	0	1	0	1	0	0	0	0	1	1	0
Cumulative YTD	4											
2017/18 data = **3/0**	0	1	1	0	1	0	0	0	0	0	0	0

Chart 1 (*ordered by secondary care*) demonstrates the total number of attributed MRSA BSI data per Foundation Trust/CCG across the North East.

The NE region has seen an overall 33% reduction of total positive samples to end of Q4 compared to the same period during 2017/18 with a 30% reduction in positive Hospital-onset and a 34% reduction in positive Community-Onset samples.

Chart 1

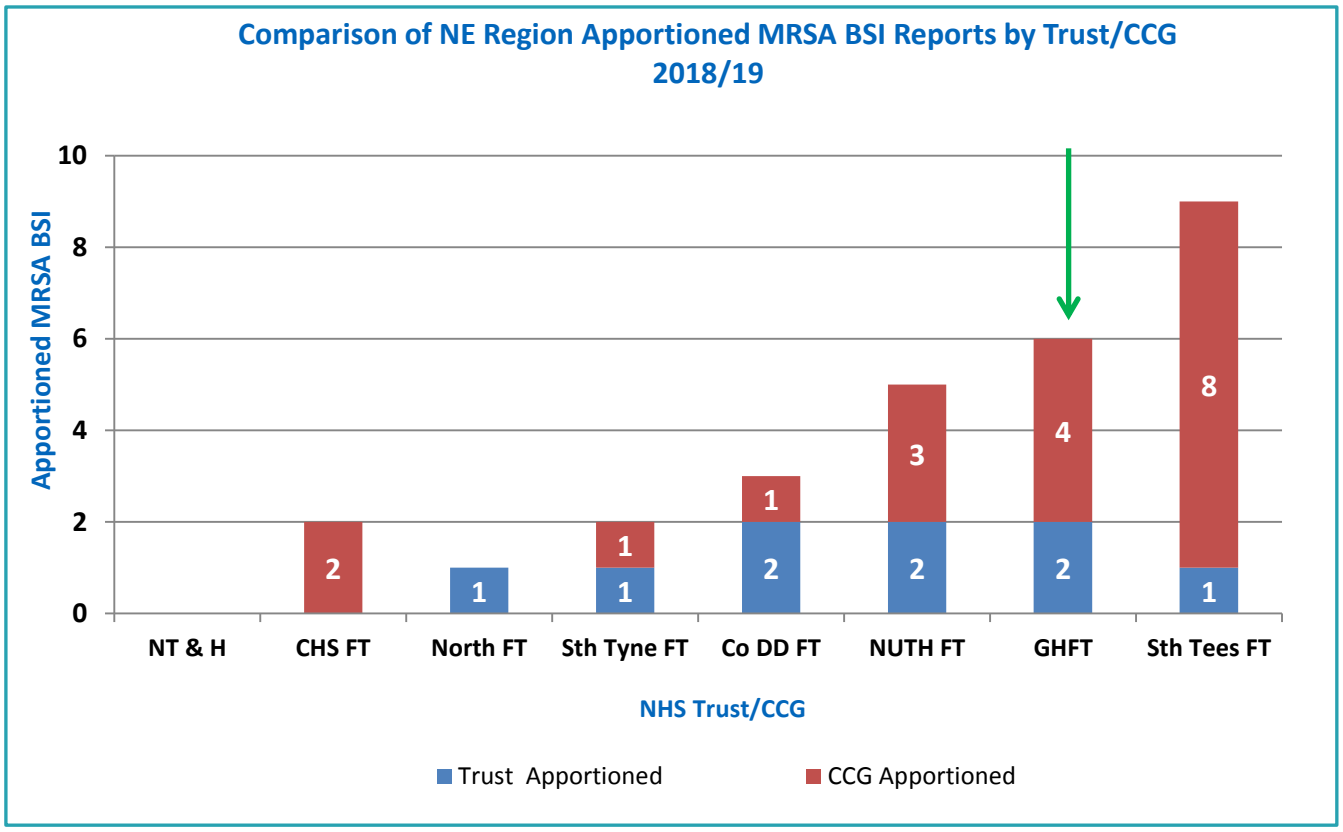
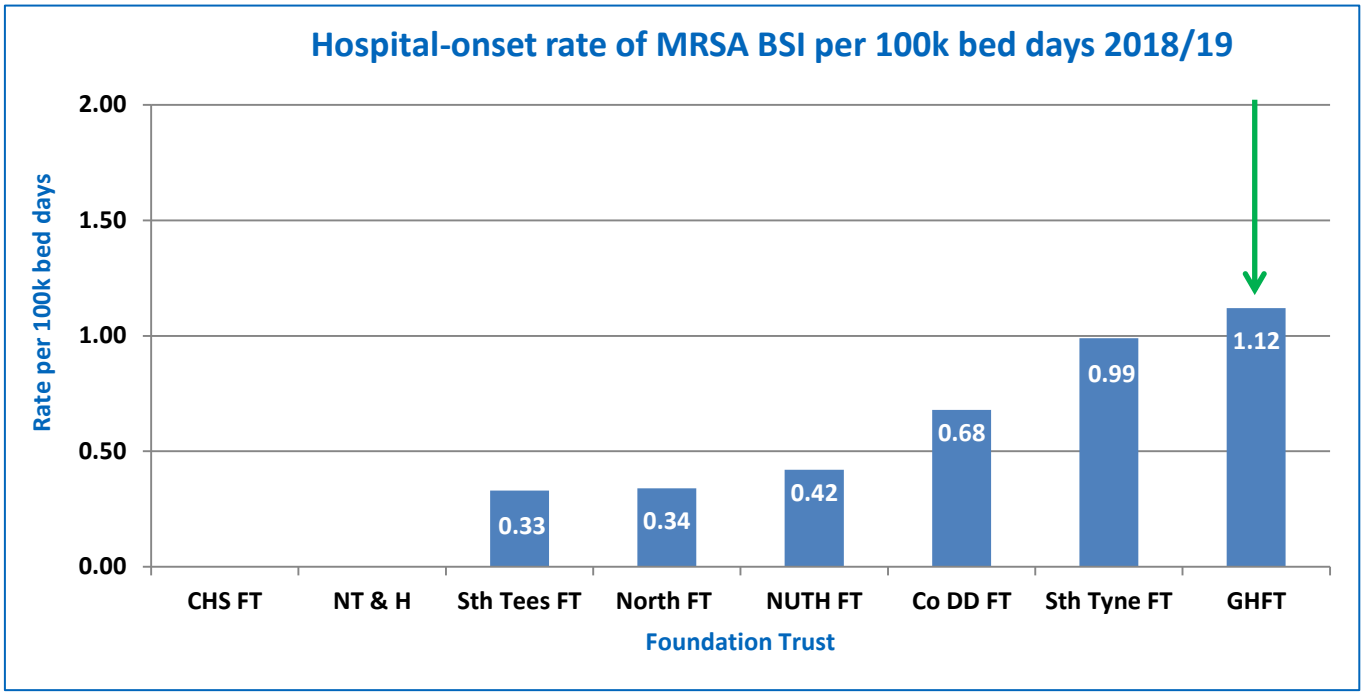


Chart 2 demonstrates the rate of MRSA BSI acquisition per 100k bed days per Foundation Trust/CCG across the North East to end of Q4 with Gateshead Health FT continuing to maintain the national aspiration.

Chart 2



2.2 *Clostridium difficile* Infection (CDI)

The Trust CDI objective for 2018/19 is eighteen (18) Hospital-onset samples and an annual rate of 10.1 per 100k bed days which is to be reviewed for 2019/20.

All Community-onset hour CDI samples are allocated to the CCG. The Community-onset CDI data is based against a local annual benchmark of sixty (60) positive samples to also be reviewed for 2019/20.

The Trust has reported to end of Q4:

- Twenty (20) positive Hospital-onset CDI samples with a rate of 11.24 per 100k bed days.
    - Seventeen (17) Hospital-onset cases were successfully upheld at appeal therefore the Trust reports three (3) positive samples against the quality premium to date.
- Seventy five (75) Community-onset samples to date.

Table 2 indicates the total number of Hospital/Community-onset CDI toxin positive samples and current CDI status to Q4 against 2017/18 data as a comparison.

Table 2

Acute Trust Data	Q1 (4)			Q2 (5)			Q3 (4)			Q4 (5)		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset CDI	2	3	2	1	2	2	1	1	0	3	3	0
Cumulative YTD (*objective 18*)	**20**											
Actual following appeal by month	1	0	0	0	0	0	0	0	0	1	1	0
Cumulative YTD following appeal	**3**											
*2017/18: objective =**19**: Actual= **31/25***	1	1	3	6	4	2	2	3	3	2	1	3
2017/18 Actual per month following appeal	0	1	3	3	3	2	2	3	2	2	1	3

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset CDI	3	9	8	6	1	12	7	10	9	3	3	4
Cumulative YTD	**75**											
2017/18: monthly data	3	5	4	3	4	1	5	4	4	1	6	1
2017/18 year end total	**41**											

Chart 3 demonstrates the Trust position against its Hospital-onset cumulative objective to end of Q4 with only three (3) positive cases reported against the Trust quality premium.

Chart 3

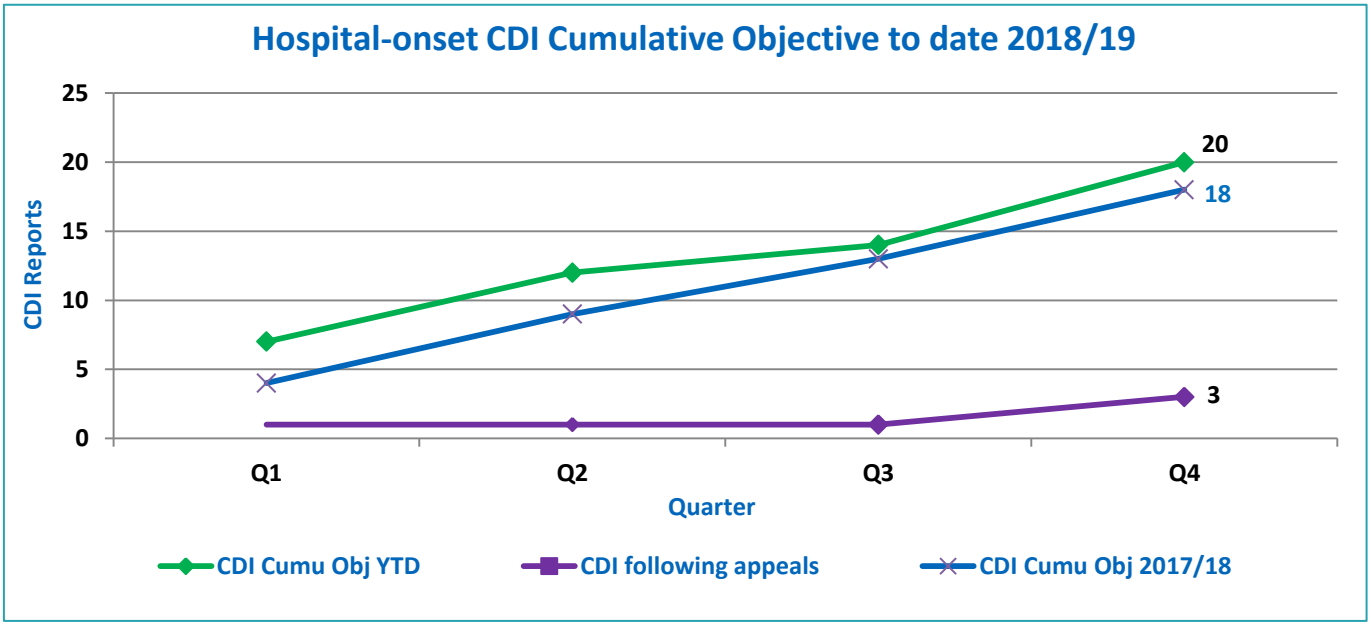


Chart 4 demonstrates the Community-onset CDI position reporting seventy five (75) positive samples to Q4 with the Trust experiencing a higher sampling and detection rate on admission which reduces the likelihood of these positive samples being identified late and reported as Hospital-onset.

This can be attributed to our preparedness for winter planning and expected revised objectives for 2019/20, improved education and raising awareness of the importance of screening based on clinical symptoms and assessing patients promptly on admission.

Chart 4

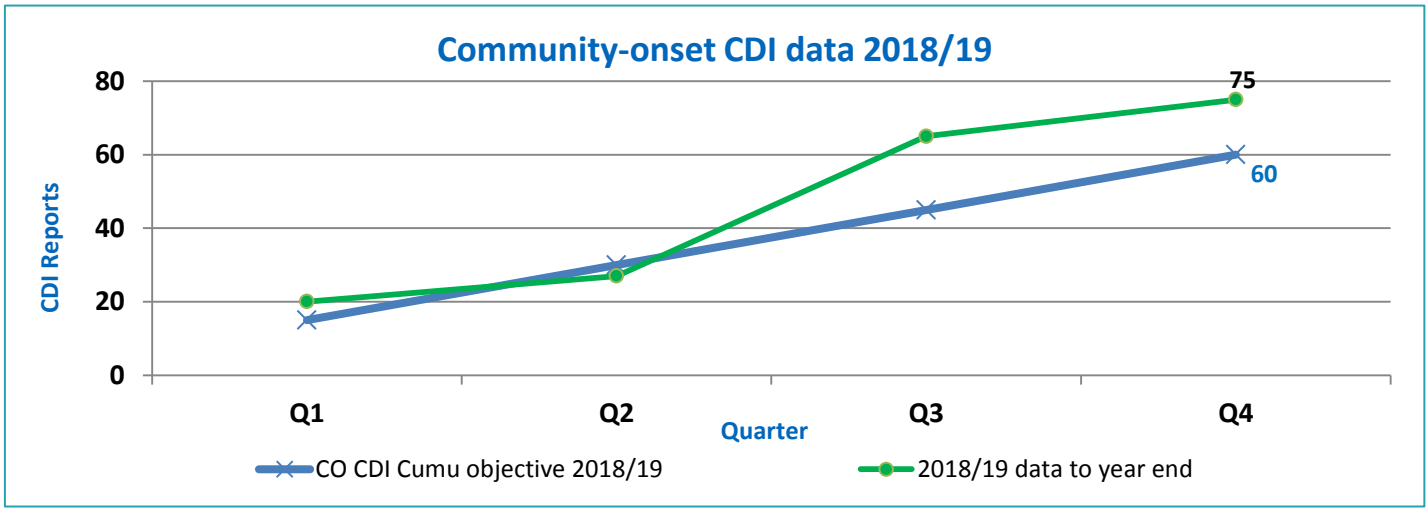
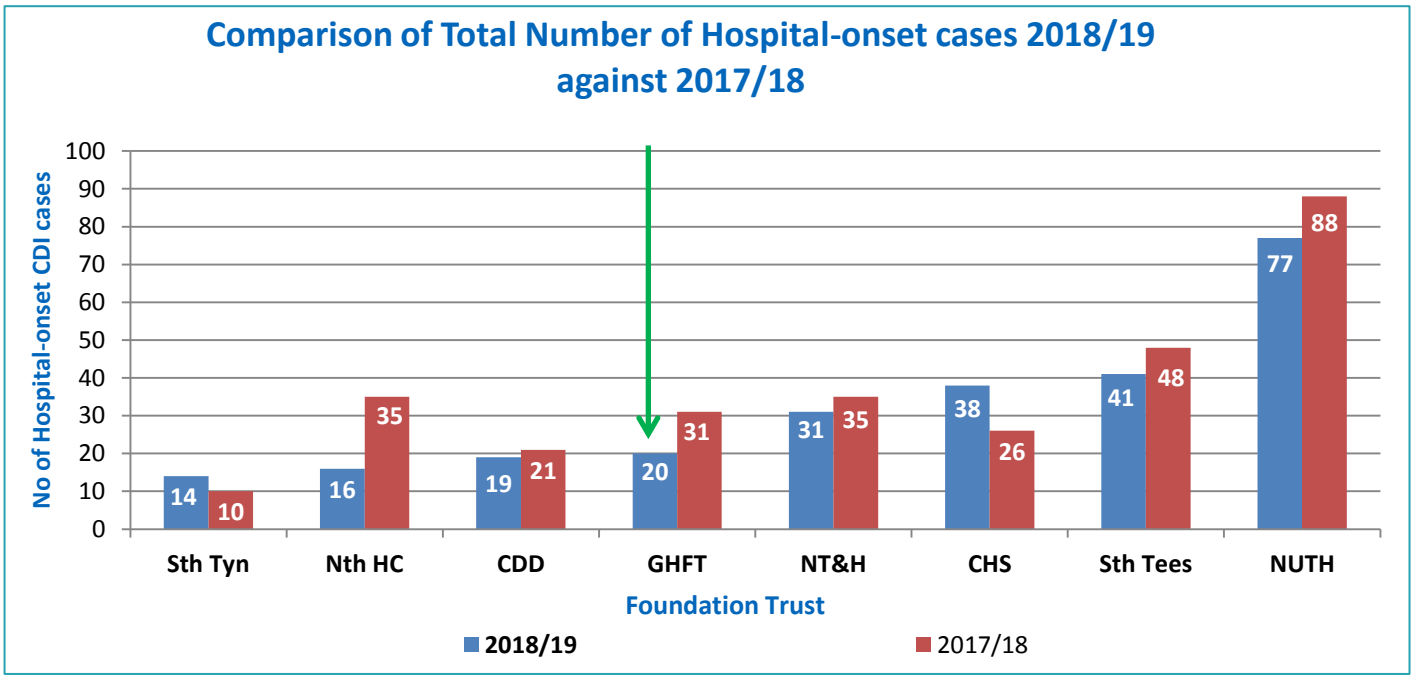


Chart 5 provides a comparison of the total count of Hospital-onset CDI attributed to each Trust in the North East region to date against 2017/18.

The Trust is demonstrating a **35.4%** reduction of Hospital-onset samples compared to the same period in 2017/18 which may be reflected in the increased number of samples identified as Community-onset.

Chart 5



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

Reporting of MSSA BSI is a mandatory requirement and collated nationally by PHE for all Trusts however there are no established national improvement objectives to benchmark against.

Table 3 indicates the number of apportioned MSSA BSI against 2017/18 as a comparison and reports seventeen (17) Hospital-onset samples with an increase of 9 samples and forty five (45) Community-onset samples to date representing an increase of five samples.

Table 3

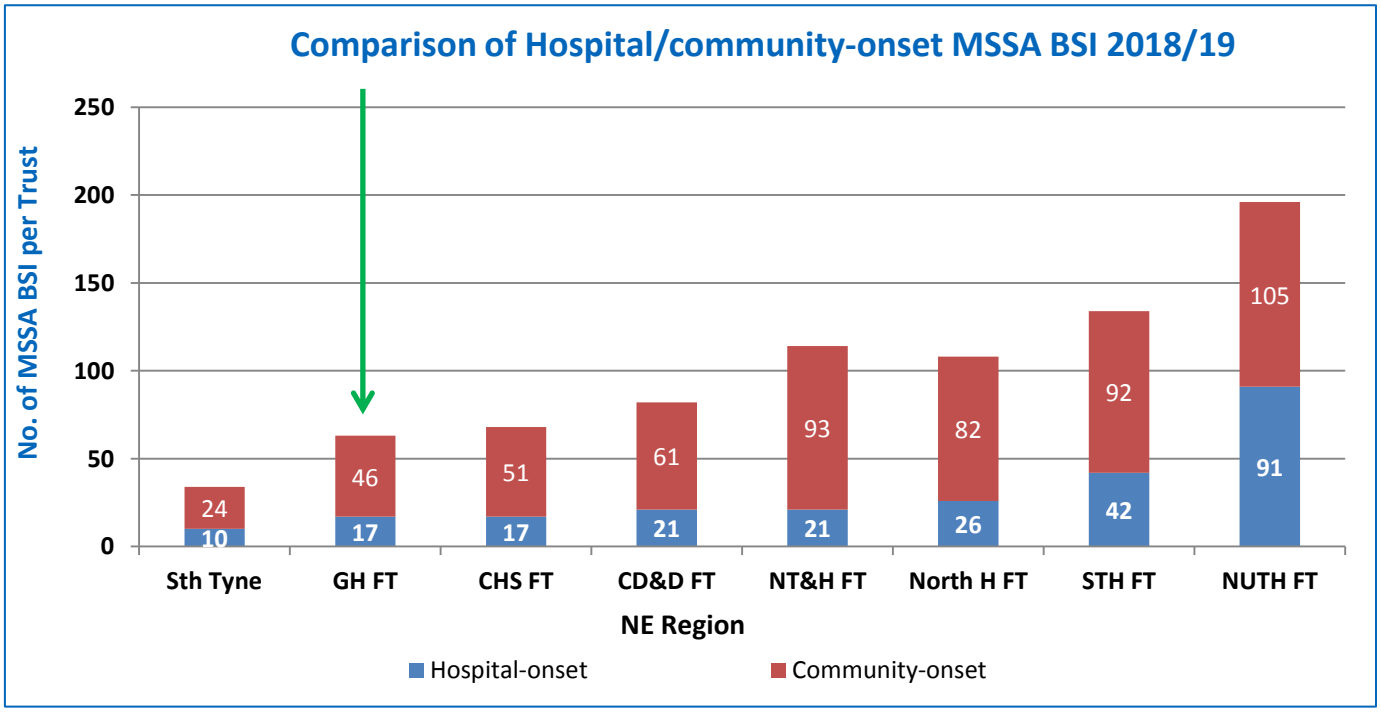
Acute Trust Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset *MSSA* BSI	0	1	0	2	2	2	1	2	2	4	0	1
YTD	17											
2017/18 Actual = 8	1	0	0	0	2	0	2	0	0	0	1	2

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset *MSSA* BSI	2	4	4	4	5	0	5	4	9	2	2	5
YTD	45											
2017/18 Actual = **40**	3	4	3	5	1	2	3	4	4	8	2	1

Chart 6 provides a comparison of the total number of reported Community/Hospital-onset MSSA BSI samples by Foundation Trust in the NE region to date.

Gateshead Health FT continues to remain one of the lowest reporting Foundation Trusts despite a rise against 2017/18.

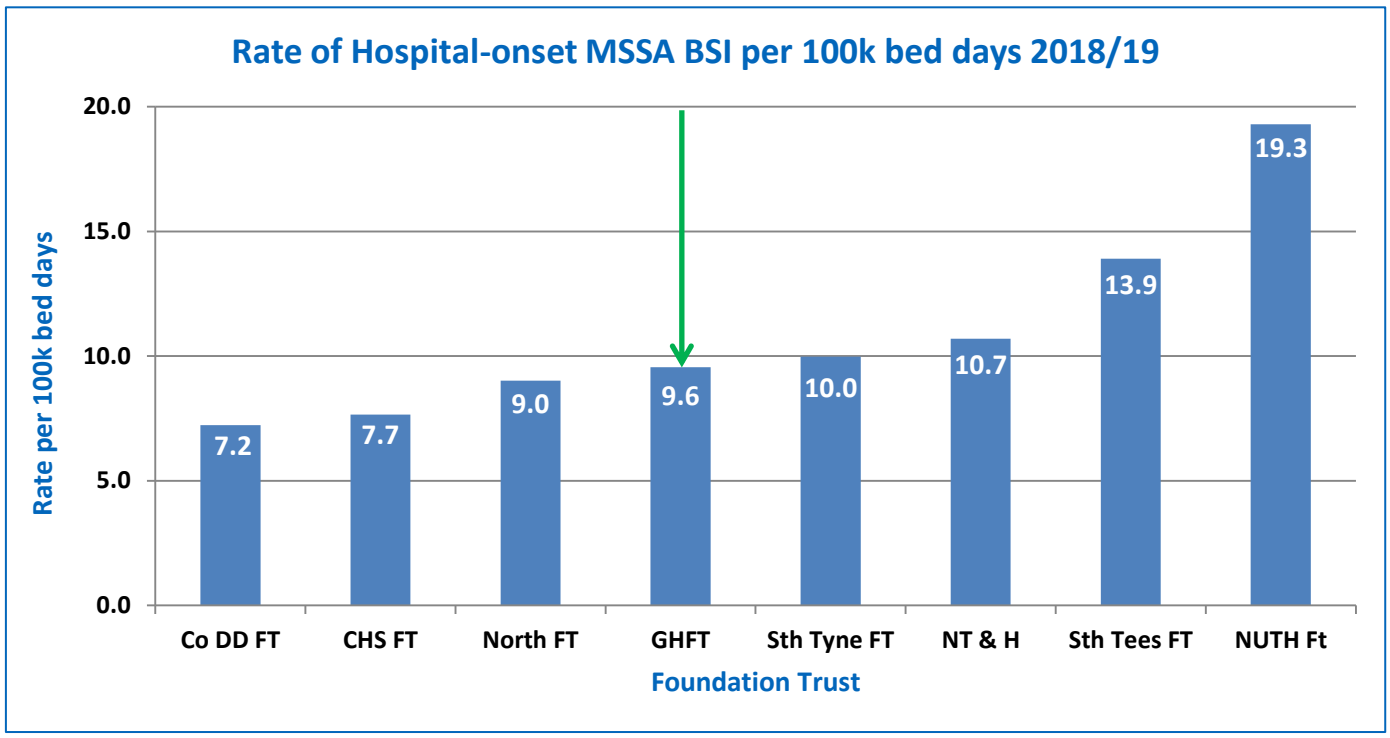
Chart 6



The chart is ordered by Hospital-onset samples

Chart 7 demonstrates the rate of MSSA BSI acquisition per 100k bed days per Foundation Trust/CCG across the North East. The Trust reports a Hospital-onset rate of 9.6 per 100k bed days.

Chart 7



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

A national ambition to reduce healthcare associated GNBSI by 50% by March 2021 was introduced from April 2017 across the whole health care economy in England. This ambition presents a challenge for secondary care providers however presents an even greater challenge for the primary and social care economy.

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

3.1 *Escherichia coli* BSI (E. coli)

The Trust aims for an annual ≥10% performance improvement in line with the current national ambition reporting forty four (44) positive Hospital-onset samples and two hundred and twenty nine (229) positive Community-onset *E.coli* BSI samples to date as indicated in *table 4*.

Table 4

Acute Trust Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset *E-coli* BSI	3	4	3	3	4	7	3	2	5	3	3	4
YTD 10% objective = 36	44											
2017/18 Actual =**40**	0	4	3	4	3	7	3	4	3	3	4	2

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset *E-coli* BSI	20	22	21	20	21	22	17	19	11	23	15	18
YTD 10% objective = 179	229											
2017/18 Actual =**199**	17	25	12	16	19	16	18	14	20	15	10	17

Chart 8 demonstrates' the total count of Trust *E. coli* BSI data in comparison to other Trusts across the NE region to Q4. The data represents actual patient infections and shows Gateshead Health FT as one of the lower reporting Trusts within an increasing national trend. The large proportion of samples continue to be attributed to primary care.

Chart 8

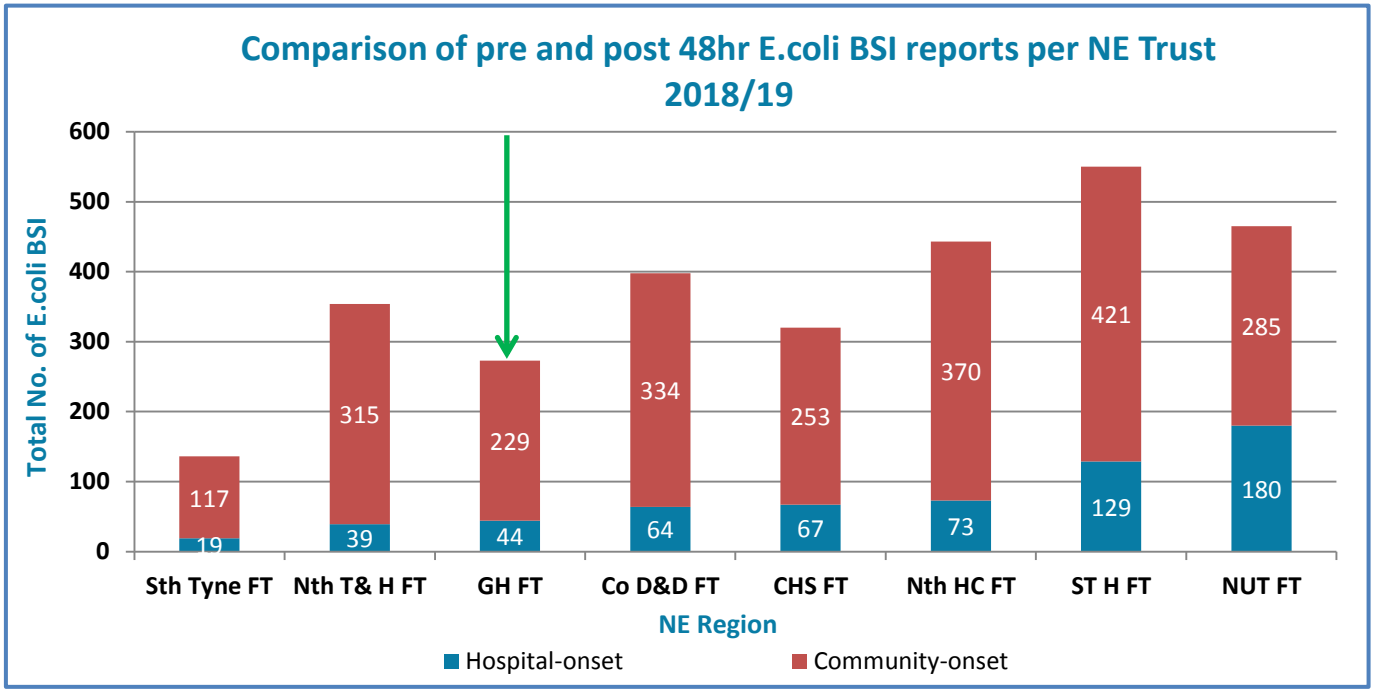
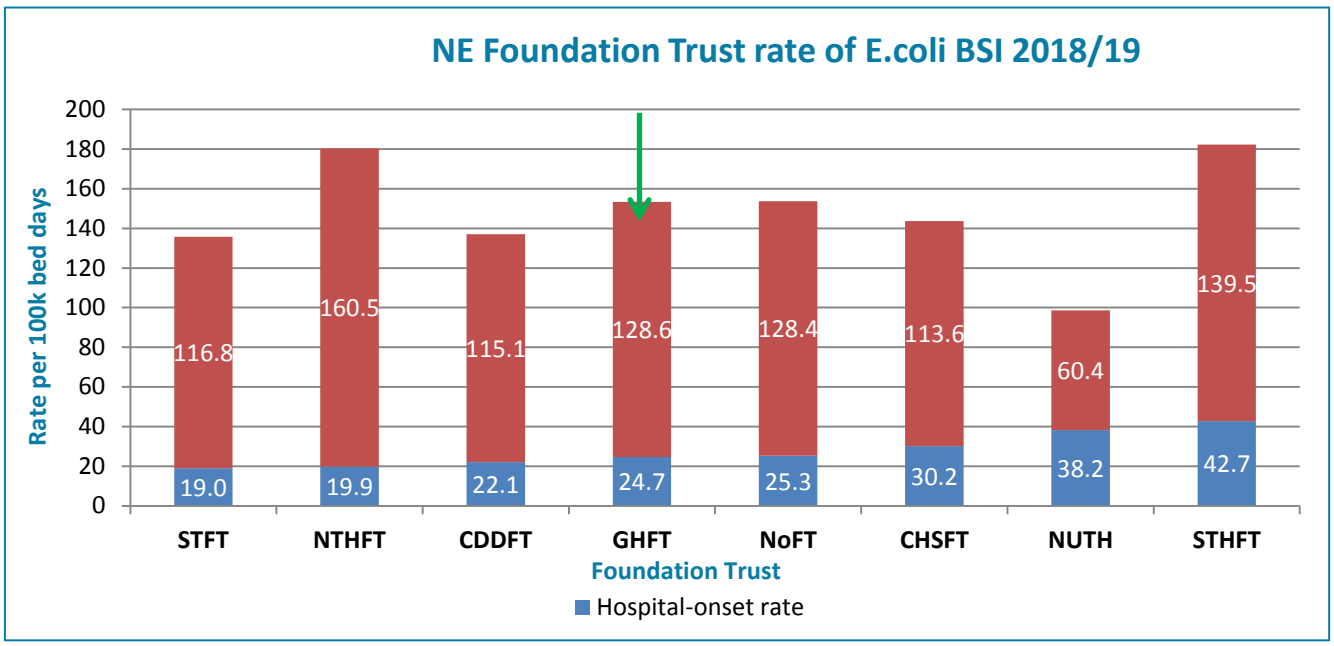


Chart 9 demonstrates a comparison of the total North East region FT *E. coli* BSI rate per 100k bed days to date for Community/Hospital Onset. The Trust reports a Hospital-onset rate of 24.7 per 100k bed days to Q4. Whilst the Hospital-onset rates are relatively low they clearly identify primary care and Community-onset rates as a continuing challenging GNBSI area.

The Gram-negative reduction objectives have been reviewed by the Government who have now advised a 25% reduction of E.coli by 2021/21 and the full 50% reduction by 2023-2024. (A change from the original 50 % reduction by 2021).

Chart 9



The chart is ordered by Hospital-onset samples

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 reports five (5) Hospital-onset and fifteen (15) Community-onset *P. aeruginosa* BSI samples to Q4 as indicated in *table 5*.

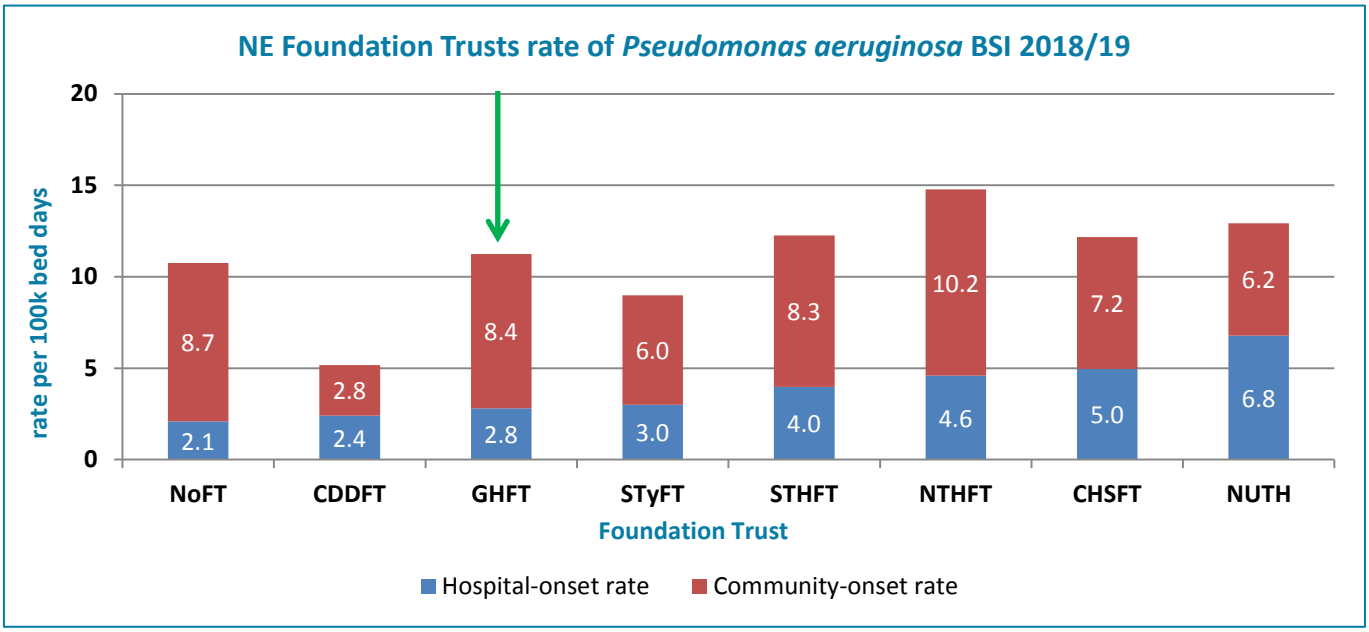
Table 5

Acute Trust Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset (HO) *P. aeruginosa BSI*	1	0	0	1	0	0	0	1	0	1	1	0
YTD	5											
HO *P. aeruginosa BSI 2017/18 = 6*	0	1	0	0	0	0	1	1	1	0	0	2

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset (CO) *P. aeruginosa* BSI	0	1	0	3	0	2	0	2	4	0	1	1
YTD	15											
CO *P. aeruginosa* BSI 2017/18 = 14	1	1	4	0	1	0	3	1	1	1	1	0

Chart 10 demonstrates the Community/Hospital-onset rates of all reported *P. aeruginosa* BSI, with the Trust reporting a Hospital-onset rate of 2.8 per 100k bed days to Q4.

Chart 10



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 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 reports sixteen (16) Hospital-onset and thirty nine (39) Community-onset *Klebsiella* BSI positive samples to Q4 as indicated in *table 6*.

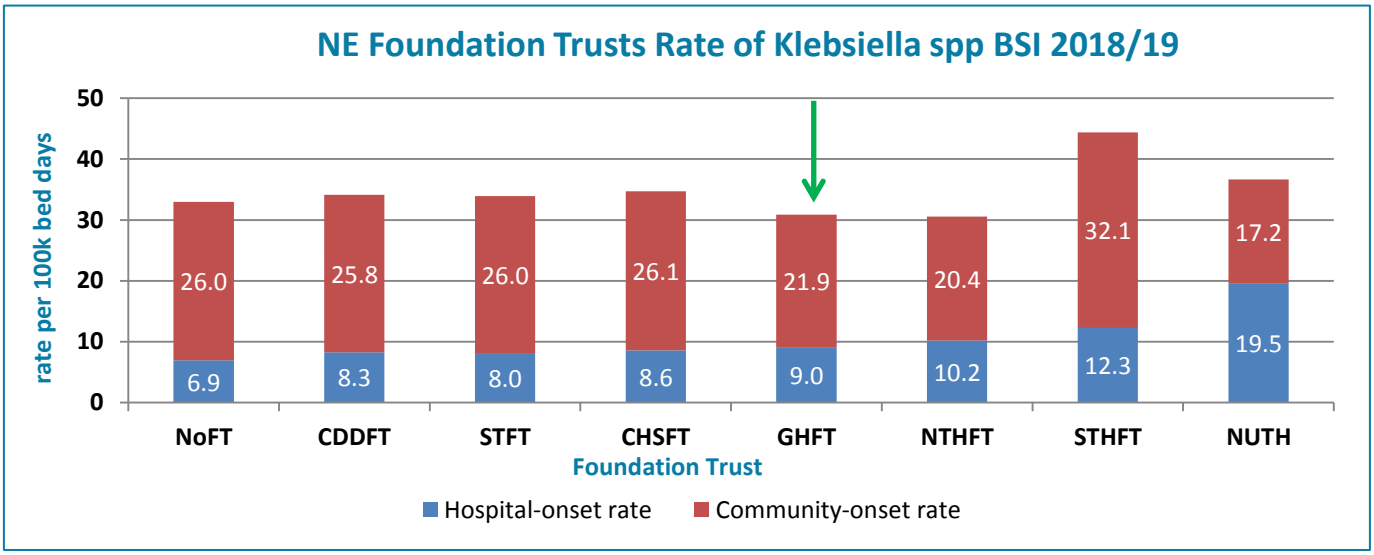
Table 6

Acute Trust Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hospital-onset (HO) *Klebsiella spp. BSI*	0	1	2	0	0	3	1	1	1	2	4	1
YTD	16											
HO *Klebsiella spp. BSI 2017/18 = 11*	1	0	2	0	1	2	1	0	0	1	1	2

Community Data	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Community-onset (CO) *Klebsiella spp.* BSI	4	2	4	3	4	3	2	6	4	4	0	0
YTD	39											
CO *Klebsiella spp.* BSI 2017/18 = 43	3	5	4	4	8	3	5	3	3	2	0	3

Chart 11 demonstrates the current Community/Hospital-onset rate of all reported *Klebsiella spp.* BSI with the Trust reporting a Hospital-onset rate of 9.0 per 100k bed days.

Chart 11



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.

The Trust has experienced eleven (11) PII to end of Q4 resulting in ward closures primarily due to confirmed Norovirus infections. The IPC team have provided leadership, consistent advice, guidance and expertise ensuring implementation of control measures to limit and control further spread. No outbreaks or PII were reported throughout February and March.

Table 7 indicates the number of PII by month against 2017/18 to end of Q4.

Table 7

Outbreaks & Periods of Increased Incidence (PII)	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1	6	0	1	0	0	0	0	0	3	0	0
YTD	11											
2017/18 Actual = 6	1	0	0	0	0	0	0	0	0	1	0	4

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.

The Trust has reported three hundred and fifty one (351) positive samples of hospitalised Influenza A samples to end of Q4 with no reports of Influenza B samples and Influenza A being the dominant subtype. This is in comparison to five hundred and fifty eight (558) confirmed positive A/B samples during the same period in 2017/18.

Public Health England reports to end of Q4 that influenza continued to circulate in the community with activity indicators decreasing and below Baseline. The impact of influenza on healthcare services is at Low impact for hospitalisations and below baseline for ICU/HDU influenza admissions. The Trust is

following a similar decrease in activity as shown in Chart 12.

Chart 12 demonstrates the current confirmed positive influenza samples against 2017/18 data to date demonstrating that influenza activity in the Trust followed the national trend in Chart 13.

Chart 12

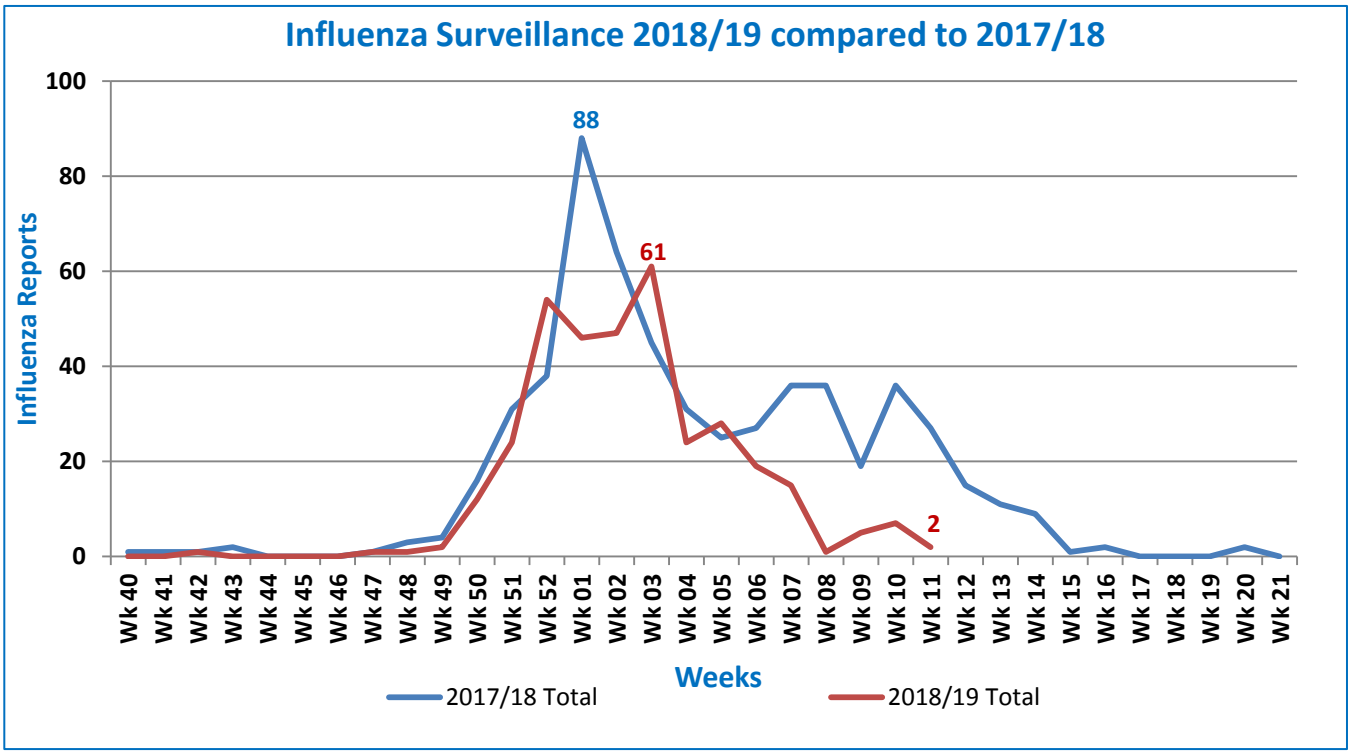
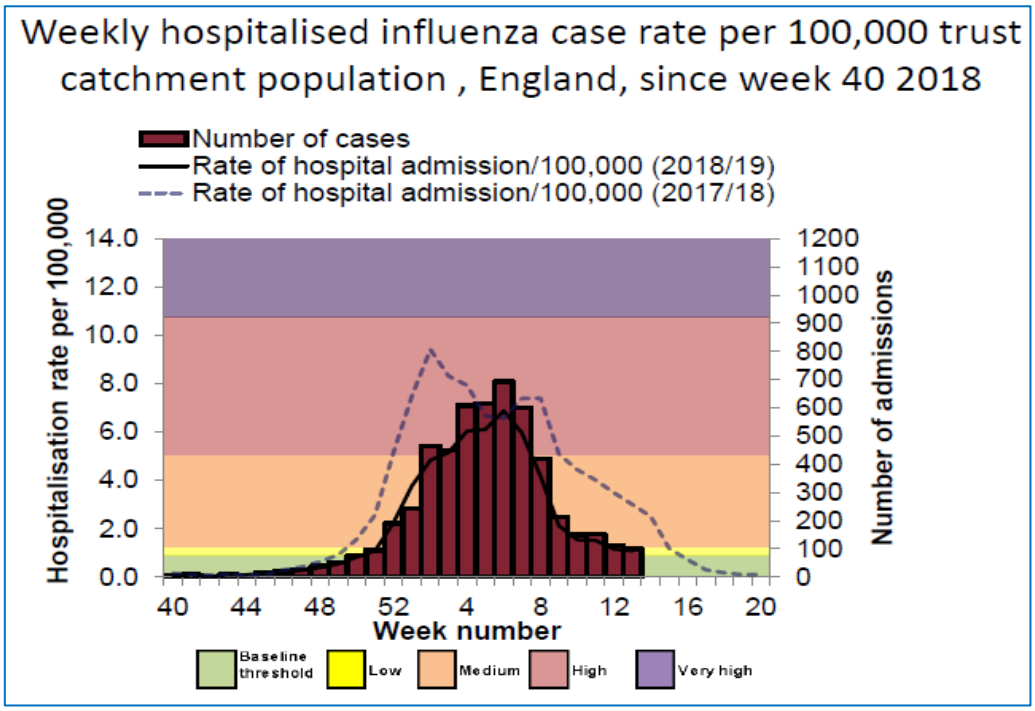


Chart 13



Mr Philip Pugh
Head of Infection Prevention and Control

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 10

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Integrated Quality and Learning Report			
Purpose of Report:	To provide assurance to the Board on the Trusts quality and safety performance in the last 18 months to March 2019.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 4** All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm.			
Recommendations: (Action required by Board of Directors)	To receive for information on the Trusts 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)	**Objective 1** All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.			
Author:	Andrew Ward – Senior Information Analyst			
Presented by:	Dr Hilary Lloyd Executive Director of Nursing, Midwifery, AHPs & Quality Joint Executive Director of Infection Prevention & Control			

Integrated Quality and Learning Report
March 2019

NHS
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

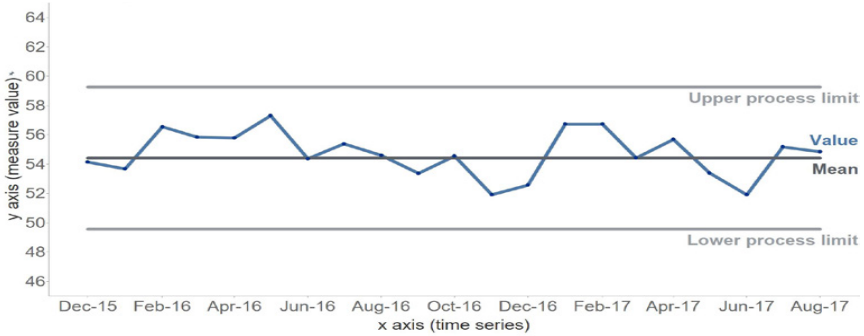
Gateshead Health NHS Foundation Trust

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.



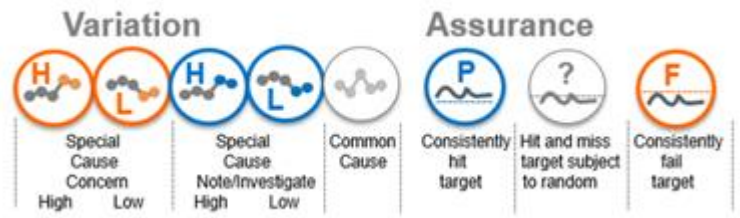
The reference lines are:

- 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.



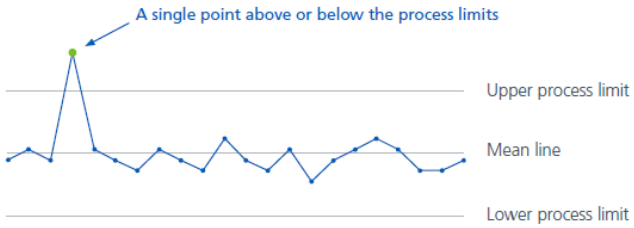
Integrated Quality and Learning Report

more about SPC

Gateshead Health NHS Foundation Trust

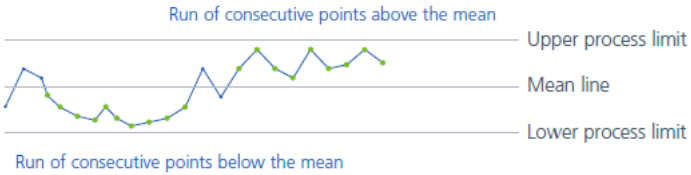
A single point outside the control limits

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.



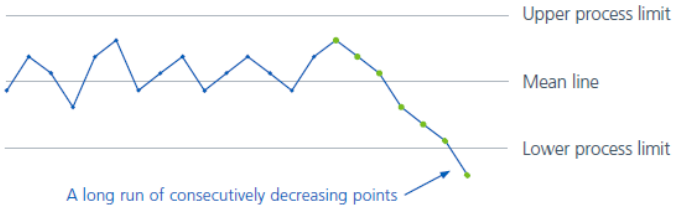
Consecutive points above or below the mean line

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

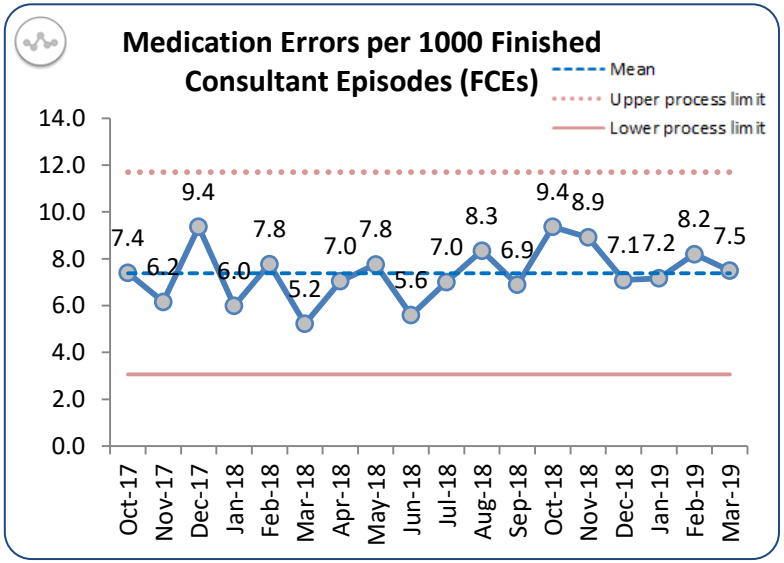
Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

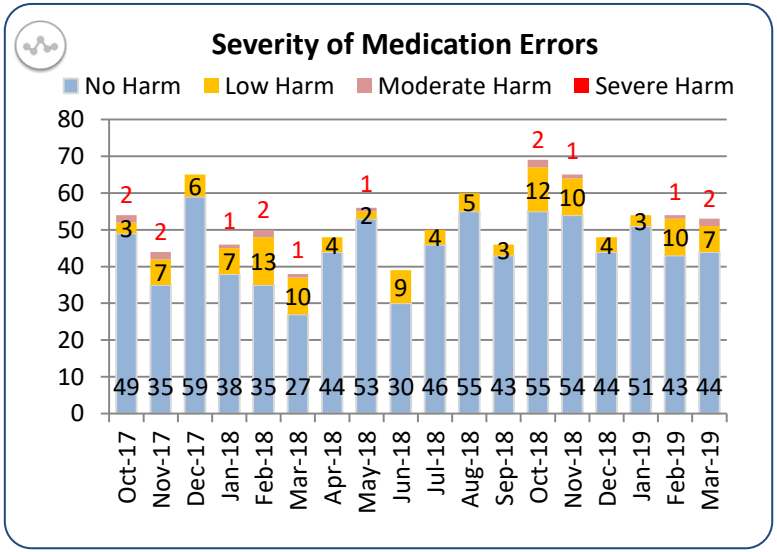
Safe	**5-17**	• Medication Errors • Health-Care Associated Infections • Falls • Pressure damage	• Safety Thermometer • Never Events • Serious Incidents (SIs) • Patient Safety Incidents • Emergency C-Section Rate • VTE Risk Assessment
Effective	**18-22**	• HSMR • SHMI • Crude Mortality • Learning From Deaths	
Caring	**23-24**	• Friends and Family Test • Mixed-Sex Accommodation Breaches	
Responsive	**25**	• Compliments • Informal Complaints • Formal Complaints	
Well-led	**26-29**	• 15 Steps Challenge • CQUIN 2018-19 • CQUIN 2019-20	
	30-31	• Single Oversight Framework	

Integrated Quality and Learning Report

Medication Reporting

Safe





Medication Errors

- A total of 53 medication errors were reported in March 2019.
- There were 2 moderate harm errors.
- Common cause variation is observed in the medication error rate over the last 18 months.

Integrated Quality and Learning Report

Safe

Healthcare Associated Infections

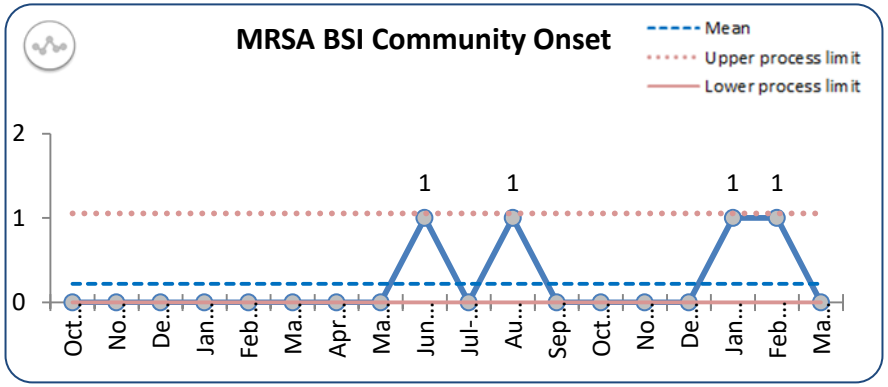
Gateshead Health NHS Foundation Trust

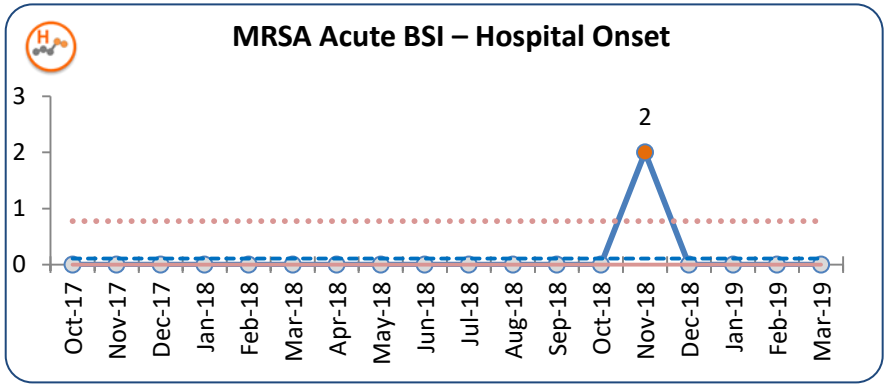
The national ambition to reduce healthcare associated Gram negative Blood Stream Infections (GNBSI) by 50% by March 2021 has been revised due to the continued rise in incidence. The ambition has been reviewed within the AMR action plan to continue to halve healthcare associated GNBSI, delivering a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

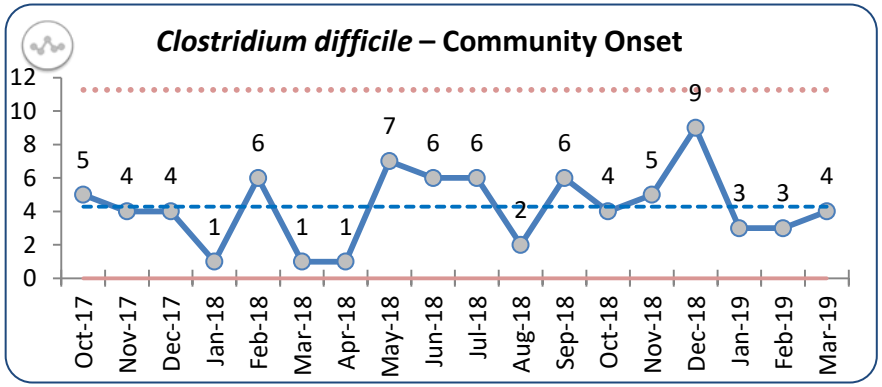
Clostridium difficile objectives for 2019/20 have been published. The hospital objective will be set against two categories of infection

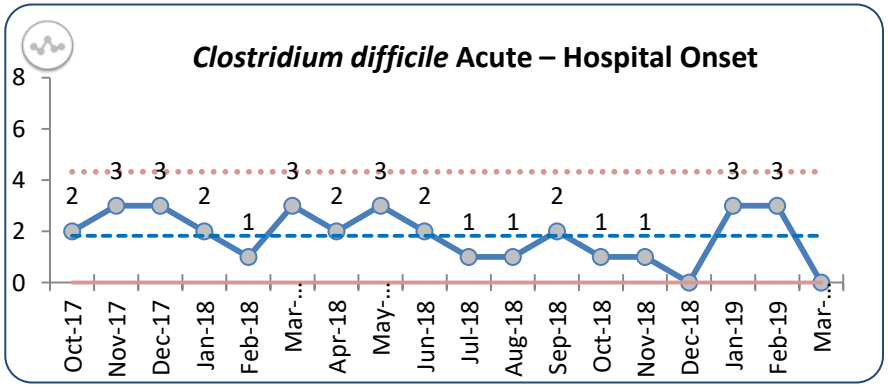
- **Hospital-onset healthcare associated** – cases that are detected following day two of admission, when the day of admission is day one.
- **Community-onset healthcare associated** – cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust in the previous four weeks.

The Trust objective for 2019/20 has been identified at 40 cases and a rate of 23.6. The Trust continues to promote infection prevention as a key element of its quality improvement approach and is committed to ensuring that appropriate resources are allocated for patient and staff safety.







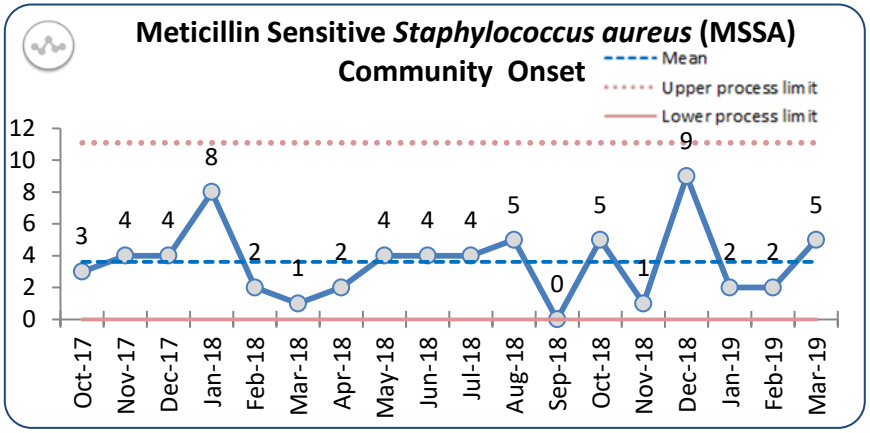


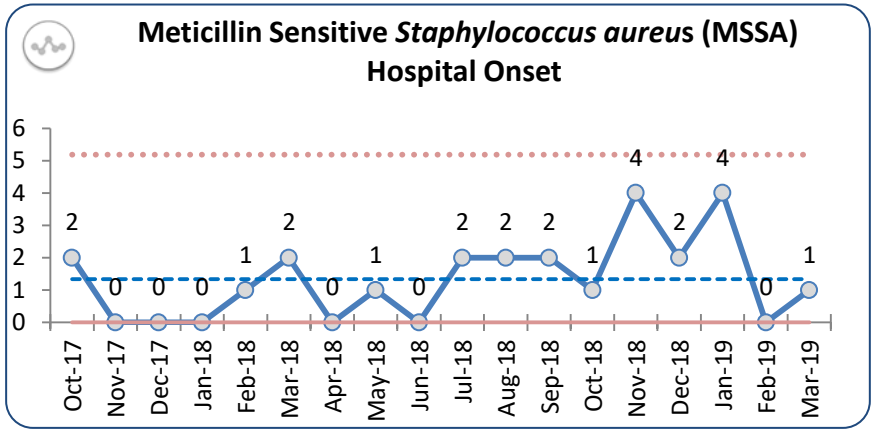
Integrated Quality and Learning Report

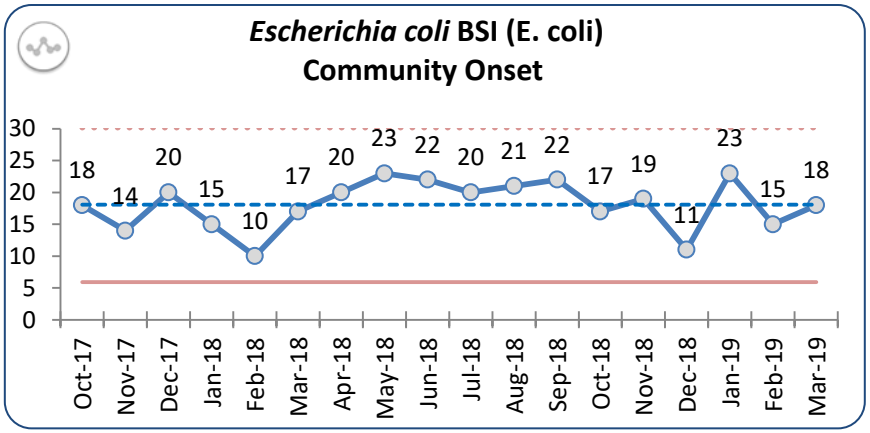
Healthcare Associated Infections

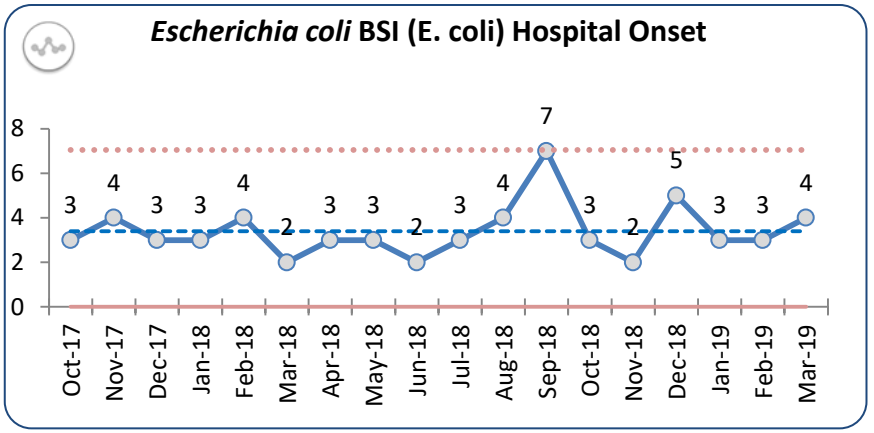
Gateshead Health NHS Foundation Trust

Safe









The IPC Team provide consistent advice, guidance and management with regard to patient treatment and movement ensuring patient and staff safety remain a top priority and is integral to the whole care package delivered by our staff across primary and secondary care in Gateshead.

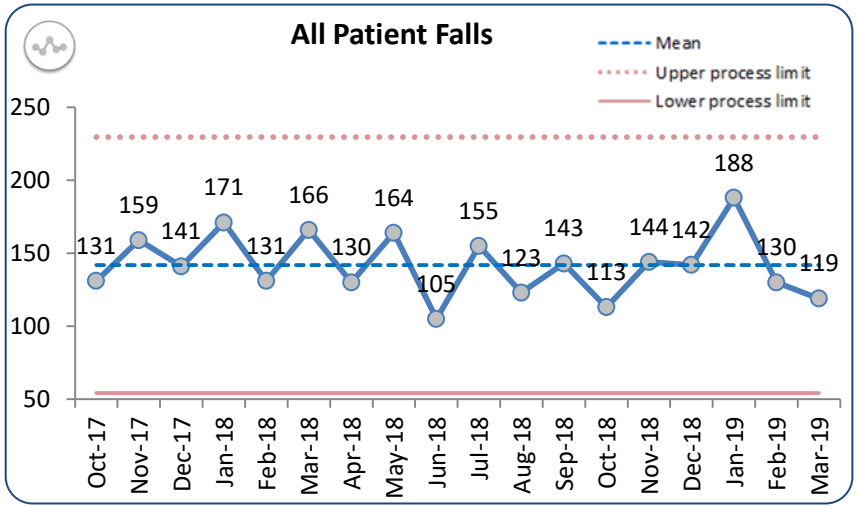
Integrated Quality and Learning Report

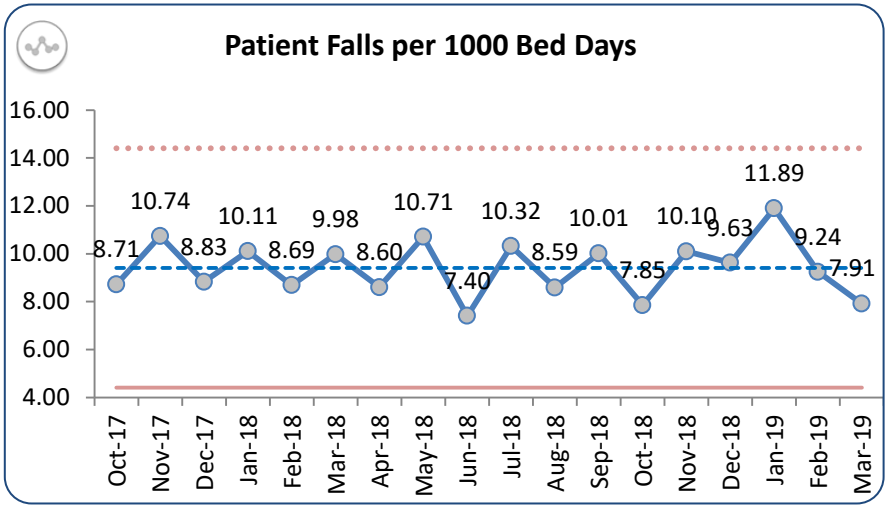
Falls

Gateshead Health NHS Foundation Trust

Datix

Safe





Patient Falls

- 119 falls were reported in March 2019.
- 86 No Harm; 27 Low harm, 3 Moderate; 3 Severe.
- Common cause variation is observed in the number of falls and rate of falls per 1,000 bed days.

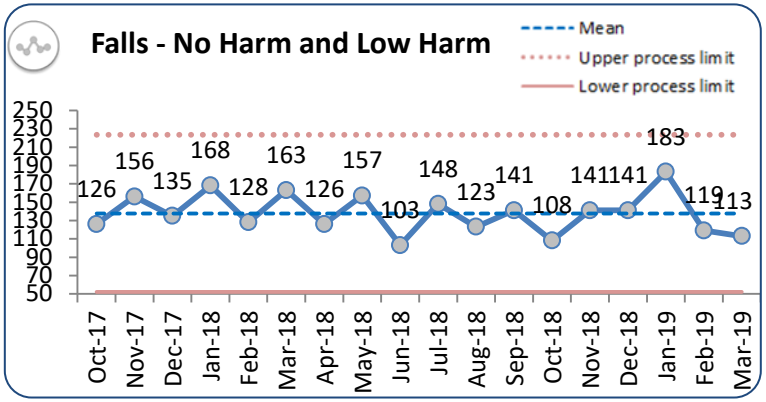
Integrated Quality and Learning Report

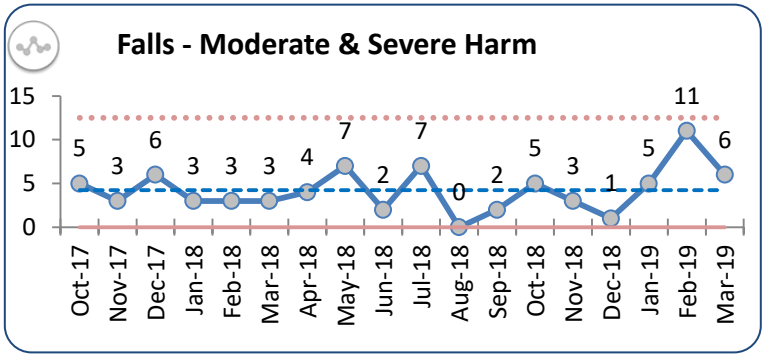
Falls

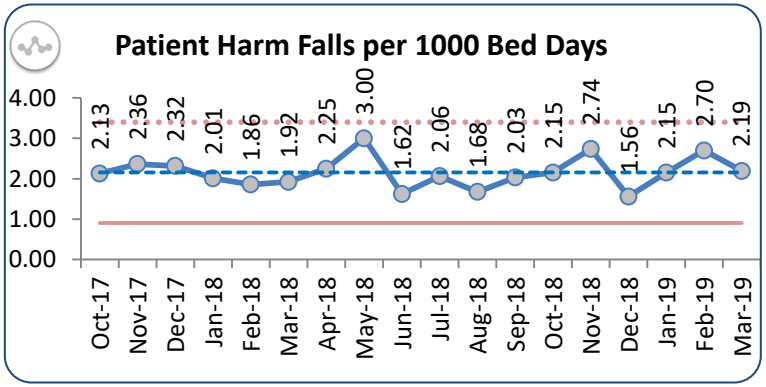
Gateshead Health NHS Foundation Trust

Datix

Safe







Patient Falls – Reporting Harm from Patient Falls

In order to assist staff when they report patient falls incidents, additional guidance has been added to Datix to ensure the harm grading is recorded correctly at the time of reporting. The same guidance can be reviewed during and after the investigation to determine whether the severity of harm is correct, if this is not the case it can be changed. The guidance is located within the Datix reporter form and will appear as a pop up for staff to review during the reporting process if needed. Staff can access support from the Patient Safety Team.

Reporting Harm from Patient Falls

The Patient Safety Team have provided some guidance to provide support when a patient falls. This guidance will be offered when you report this on Datix.

No Harm – No injury at all, requiring no treatment.

Low harm – An injury which requires minor intervention or increases hospital stay by 1-3 days (e.g. dressing of a wound, skin tear, fractured finger or head injury which requires monitoring but no radiological intervention)

Moderate Harm – An injury which requires professional intervention or increases hospital stay by 4-15 days (e.g. a fracture or head injury which requires radiological intervention and further treatment) This excludes fractured neck of femur—see below.

Severe Harm – Any unexpected or unintended incident that caused permanent or long-term harm to one or more persons (e.g. fractured neck of femur, intra-cranial bleed)

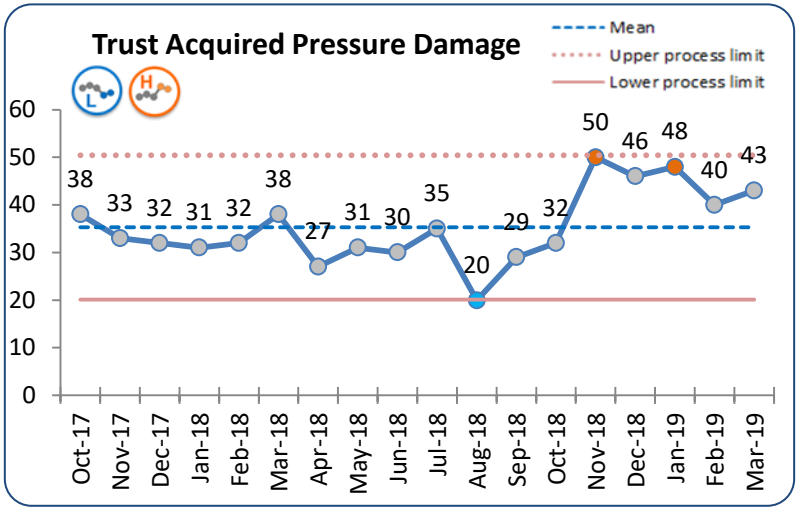
Death – All incidents where a patient dies as a direct result of a fall. Patient's previous clinical presentation needs to be considered when grading incidents of this type

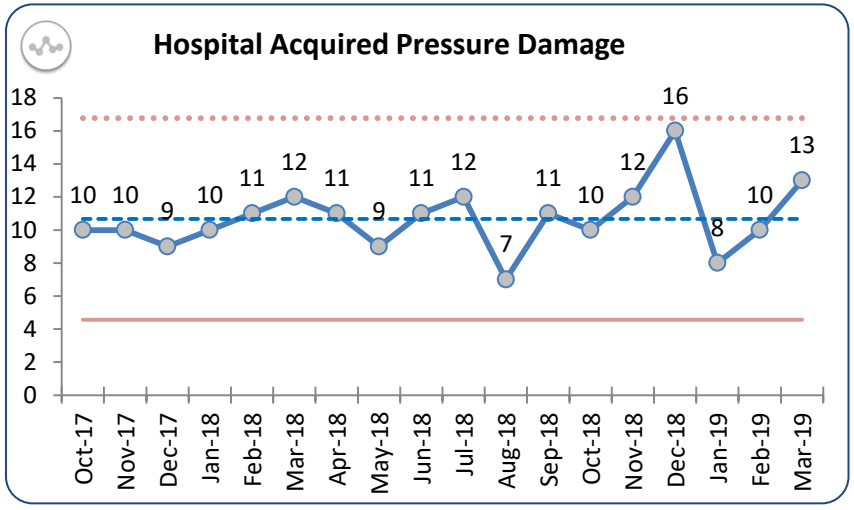
Integrated Quality and Learning Report

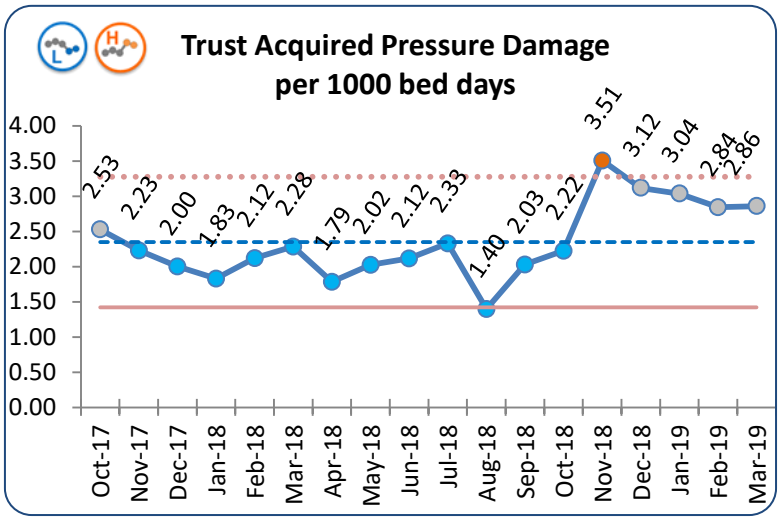
Trust & Hospital Acquired Pressure Damage

Gateshead Health NHS Foundation Trust

Safe







Trust Acquired Pressure Damage
(Category 2 and above including deterioration)

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

- 43 incidents of Trust acquired pressure damage were reported in March 2019.
  - 13 incidents observed in an acute setting (8 category 2; 3 category 3; 1 deterioration to category 2; 1 deterioration to category 3).
  - 30 incidents observed in a community setting during Trust care (29 category 2; 1 deterioration to category 2)
- Special cause variation (high) is identified in Trust acquired pressure damage (Community Business Unit Category 3) in Nov-18.
- 2 of 3 points close to the upper process limit, Nov-18 and Jan-19.
- Special cause variation (Low) is observed between Nov-17 and Oct-18.

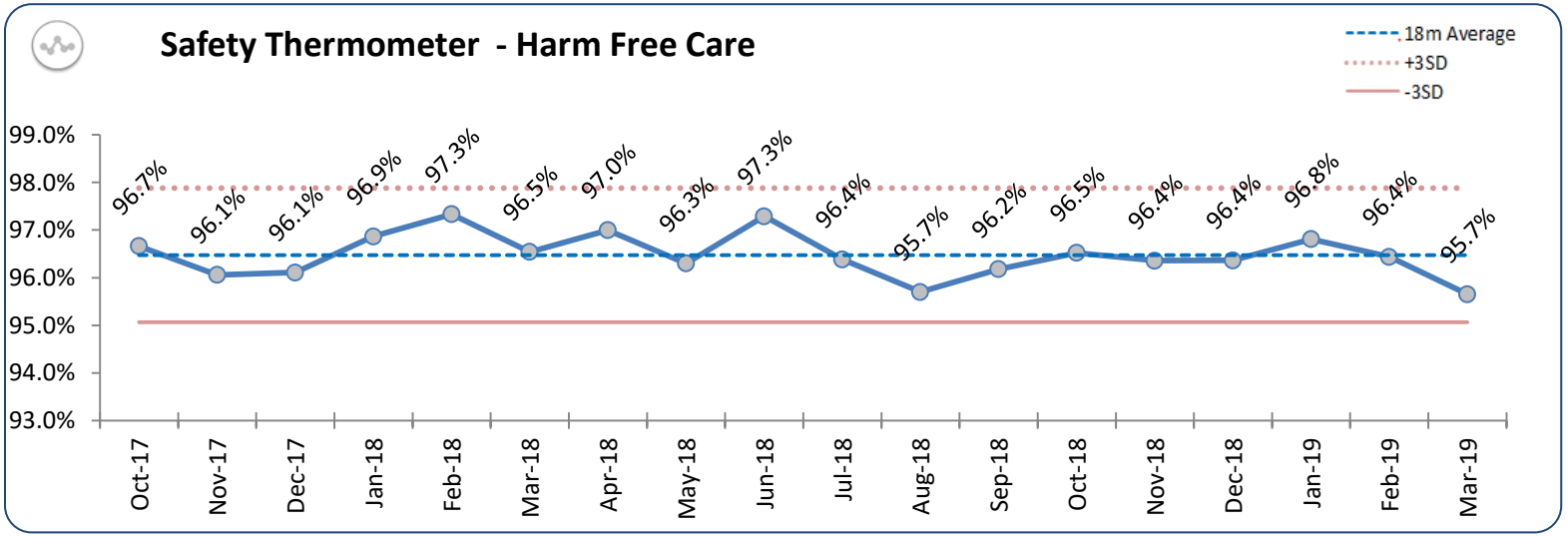
Integrated Quality and Learning Report

Safety Thermometer – Harm Free Care

Safe

The Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a single day each month on 100% of patients across all NHS Trusts. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



Safety Thermometer – Harm Free Care

- The Trust continues to demonstrate harm free care in excess of 95%.
- Common cause variation in harm free care observed.
- 12 new harms were identified during the February survey of 667 patients.
    - 6 Pressure damage.
    - 3 Falls with harm. (Definition in the Safety Thermometer is all harm, low and above)
    - 3 Catheter and UTI.
    - 0 VTEs.

Integrated Quality and Learning Report

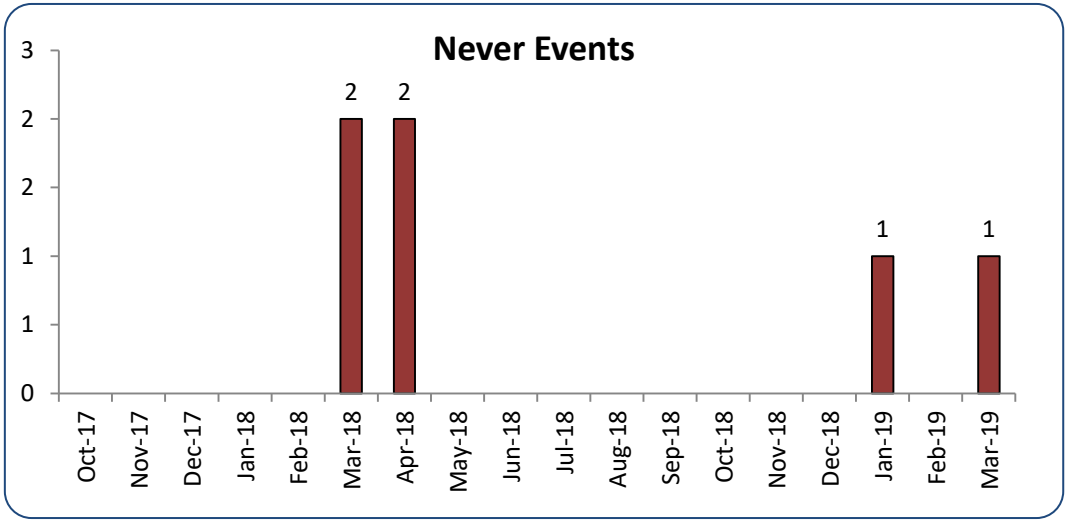
Gateshead Health NHS Foundation Trust

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

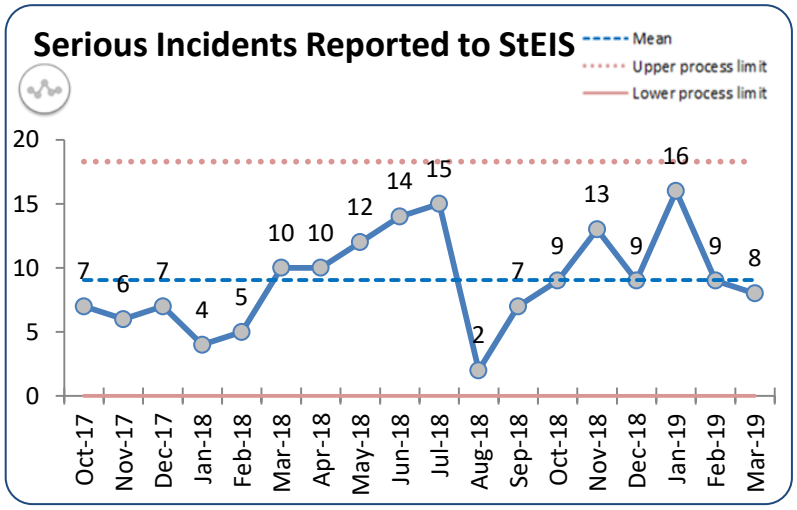
- A Never Event was reported in March 2019- Wrong Patient for treatment/procedure (Low Harm)
- A Never Event was reported in January 2019 - Incorrect Site for Surgery (Low Harm)
- Two historical Never Events were reported in March 2018. These relate to recently discovered incidents of wrong implant/prosthesis. One in 2011 and one in 2016.
- Two further historical never events were reported in April 2018, these also relate to recently discovered incidents of wrong implant/prosthesis. One in August 2015 and the other March 2017.

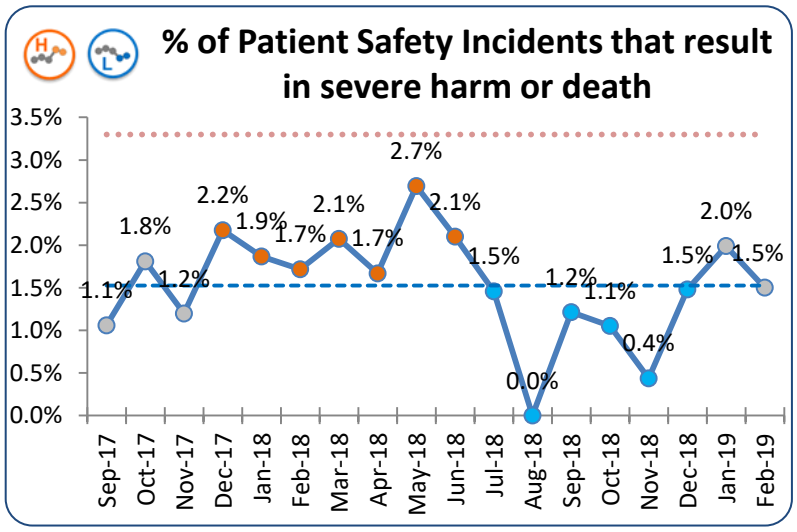
Integrated Quality and Learning Report

Serious Incidents

Safe

Gateshead Health NHS Foundation Trust





In March 2018 the Serious Incident process was reviewed; as part of that review it was agreed that the Panels would be split into three separate areas; Falls, Pressure Damage and other Serious Incidents to facilitate the appropriate level of scrutiny from the relevant clinical specialists.

Serious Incidents Reported to StEIS

8 incidents were reported to StEIS in March 2019, of which:

- 4 Trust acquired pressure damage.
  - 3x Trust acquired category 3 (moderate harm) in Acute setting
  - 1 Deterioration to category 3 (moderate harm) in Acute Setting
- 3 patient falls
  - 1 x fall from height – chair (Severe harm)
  - 1 x fall from height – bed (Severe harm)
  - 1 x fall from height – commode (Severe harm)

- 1 x Wrong Patient for treatment/procedure

Special cause variation concern is identified Dec-17 to Jun-18 in the % of patient safety incidents that result in severe harm or death. (High) this relates to 100 incidents mainly comprising community acquired category 4 pressure damage (67) and falls (17).

Integrated Quality and Learning Report

Learning From Serious Incidents

Gateshead Health NHS Foundation Trust

Safe

Learning from Serious Incidents

Learning from Maternity Services

Following a number of Information Governance breaches linked directly to the antenatal pathway and in particular the processing of the hand held records, a Rapid Process Improvement Workshop (RPIW) was held to address the issues identified.

Summary of issues identified:

•No standard process to ensure out of area referral and hand held notes reach the Women's Health Clinic (both in area and out of area mothers).
•Printing from the electronic Badger records of antenatal summary and referrals for both in area and out of area mothers and photocopying of hand held records and midwifery activity sheets, leading to increased risk of misfiling.
•Location of computers and printing facilities within the Women's Health Clinic causing multiple hard copies to be printed, again leading to an increased risk of misfiling.
•Customised GROW charts are already in electronic format however theses have to be printed as they are not yet linked to the electronic Badger records system.
•Mothers attending the ward area or Pregnancy Assessment Unit have their hand held records taken from them and returned when discharged.

Learning:

•Out of area notes are now transported in secure bags to the Women's Health Clinic via a courier ensuring a secure method of transfer and receipt. An SOP has been developed to inform the process.
•Antenatal booking summaries and hand held notes are no longer printed / photocopied. Referrals relating to safeguarding and health visiting services sent via secure nhs.net email. Gateshead mothers now have electronic access to their antenatal records via an app on their smart phone and work is ongoing to develop this for out of area mothers.
•Secure printing is now available in the working corridor of the Women's Health Clinic along with the introduction of the kiosk feature on all computers in this area. A printer has also been acquired for the scan room within the Pregnancy Assessment Unit to enable filing of scan report at the point of generating the hard copy.
•The maternity team are in the process of linking the GROW charts directly to the electronic Badger system to remove the requirement to print.
•Any hand held records / documentation remains with the mother on attendance / admission during the antenatal period.

Integrated Quality and Learning Report

Learning From Serious Incidents

Safe

NHS
Gateshead Health
NHS Foundation Trust

Learning from Serious Incidents

Learning from Emergency Department

An investigation was undertaken following the attempted suicide by strangulation of a patient, using the ties of a hospital gown, whilst attending the Emergency Department.

Summary of issues identified:

- ED were using the Manchester Triage tool to assess patients however this did not have a specific mental health element included.
- Ligature cutters were not readily available on the department.
- Hospital gowns have closures which could be used as a ligature.

Learning:

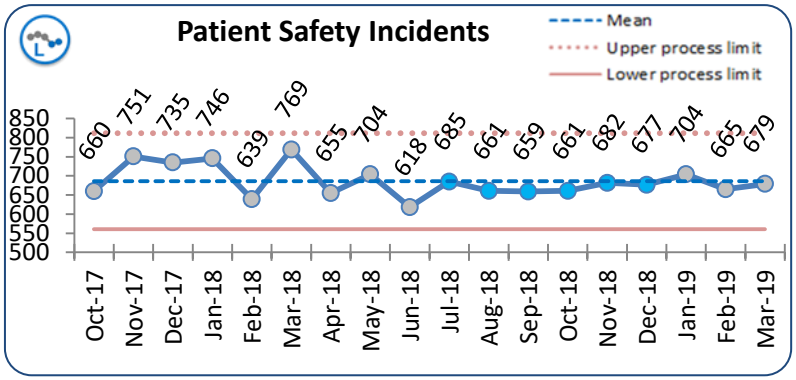
- A Mental Health Triage tool has been developed to assist staff in risk assessing mental health patients. The first version is now in use.
- Ligature cutters have been acquired and are now on the department.
- Hospital gowns that use Velcro are to be sourced for use with high risk patients requiring gowns. In the interim, any high risk patients will be provided with pyjamas.

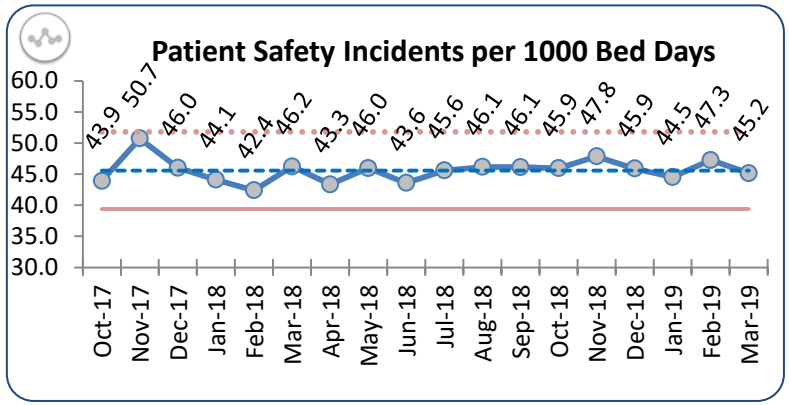
Integrated Quality and Learning Report

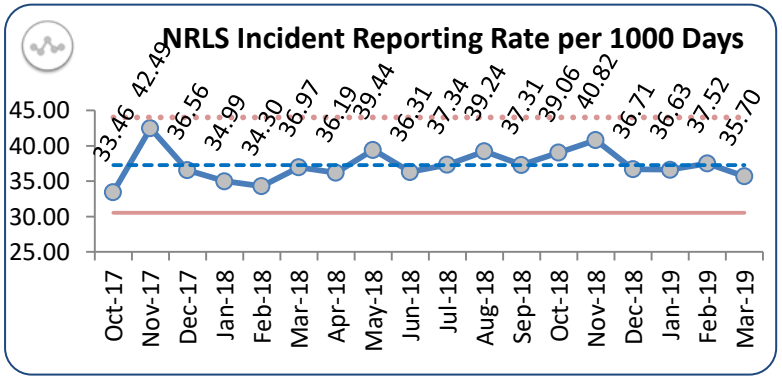
Patient Safety Incidents

Safe

Gateshead Health NHS Foundation Trust







Patient Safety Culture

The NRLS (National Reporting & Learning System) incident reported rate was 35.70 incidents per 1000 bed days in March 2019.

Special cause variation (low) is observed between Jul-18 and December-18 with six consecutive points below the average however common cause variation is observed in the rate per 1000 bed days

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

Patient Safety Incidents

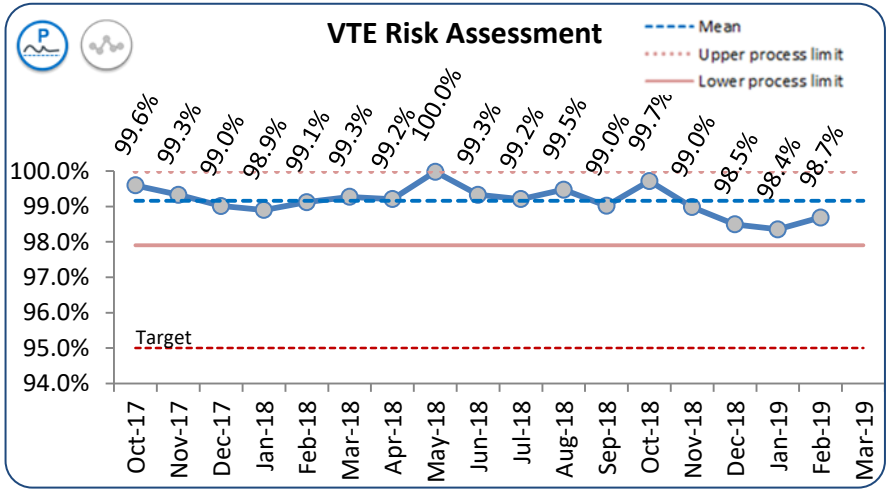
- 679 patient safety incidents were reported in March 2019
- The top 5 incident types are listed below:
    - Pressure damage (216)
    - Patient Falls (119)
    - Medication (53)
    - Communication failure (43)
    - Delay / failure to treat / monitor (34)

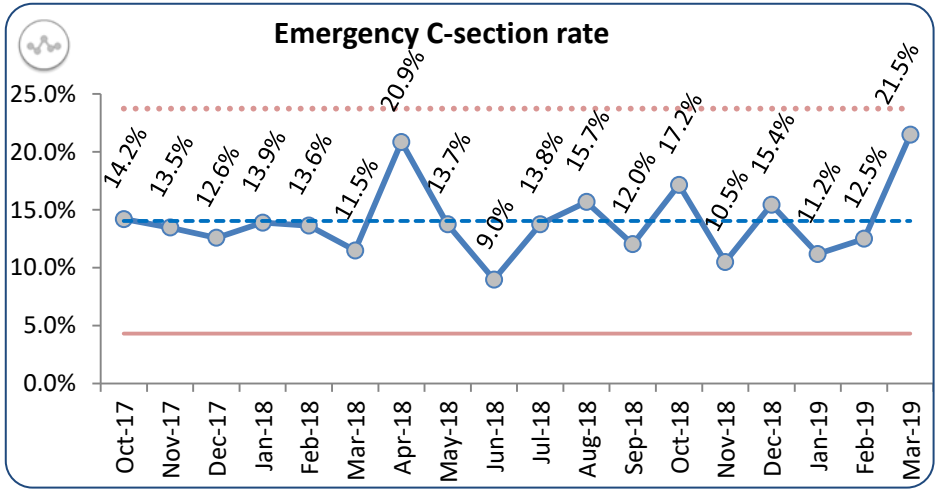
Integrated Quality and Learning Report

Safe – Other Incidents

Safe

Gateshead Health NHS Foundation Trust





VTE Risk Assessment

The 95% target is consistently achieved.

- Common cause variation displayed.
- March 2019 figure not yet available.

Emergency Caesarean-section Rate

- The Emergency C-section Rate was 21.5% in March 2019, displaying common cause variation.

Integrated Quality and Learning Report

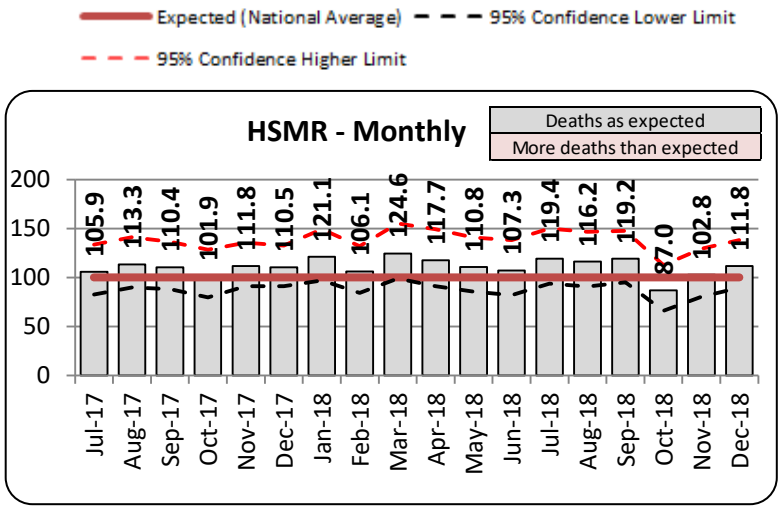
Gateshead Health NHS Foundation Trust

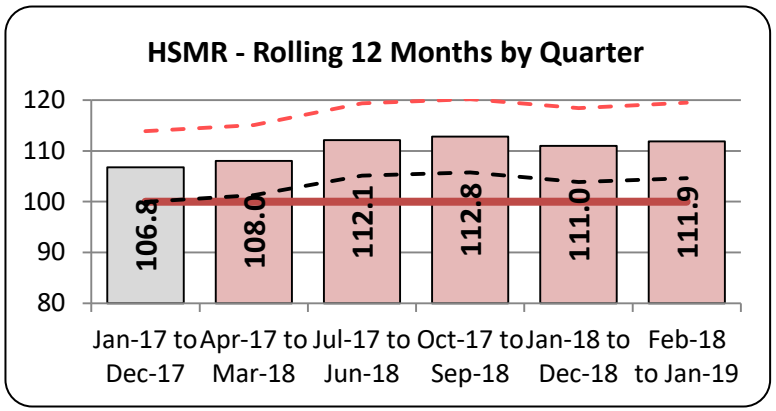
Effective

Mortality Indicators – HSMR

Hospital Standardised Mortality Ratio (HSMR)

This is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect given the characteristics of the patients treated there. Like all statistical indicators it is not perfect, but can be both a measure of safe, high-quality care and a warning sign that things are going wrong. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.





HSMR

- HSMR data is available to January 2019.
- Individual monthly HSMR figures demonstrate deaths were within the expected range.
- The HSMR covering the 12 month period February 2018 to January 2019 (111.9) identifies that the Trust has more deaths than expected deaths when compared to trusts nationally, taking into account the trust case mix.
- The Trust has contacted North East Quality Observatory Service (NEQOS) to undertake some analysis and the findings are expected soon. The results will:
    - Provide information to support the Trust in understanding the rise in mortality shown by their HSMR and SHMI.
    - To understand in more detail both in terms of the trend in observed and expected deaths over time.
- The Trust has a relatively low palliative care coding rate (which can affect the HSMR) compared to other Trusts however the coding team advise that measures are in place to ensure all palliative care is coded where appropriate.
- Mortality indicators are routinely monitored at the Mortality and Morbidity steering group monthly.

Integrated Quality and Learning Report

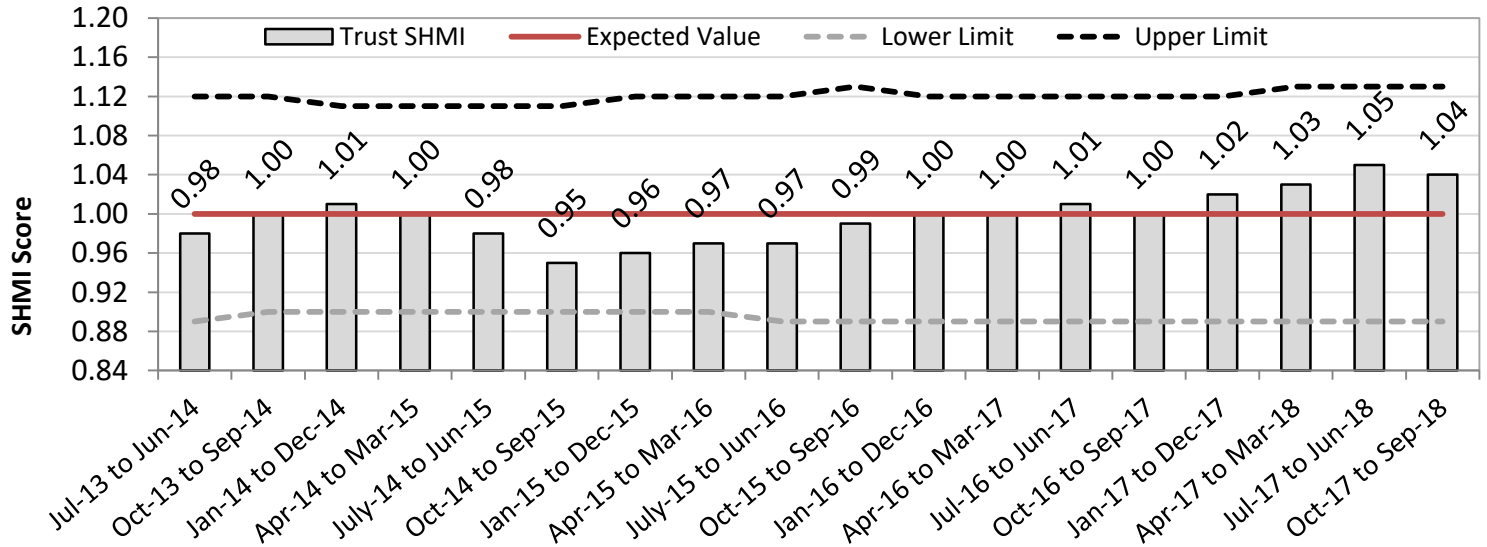
Effective

SHMI

The SHMI is the ratio between the actual number of patients who die following hospitalisation (either within hospital or within 30 days of discharge) and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. A score of 1 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as a National Statistic by NHS Digital. The most recent national data available covers the October 2017 to September 2018.

Gateshead Health NHS Foundation Trust - SHMI scores



- Currently the Trust is performing with the number of deaths as expected. Current Period October 2017 to September 2018.
- SHMI = 1.04
- Number of deaths observed 1,536
- Number of deaths expected by SHMI calculation 1,476.

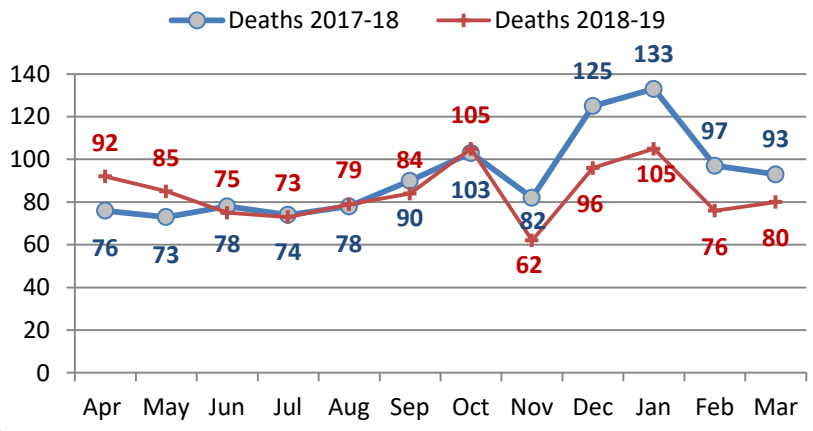
Integrated Quality and Learning Report

Crude Mortality

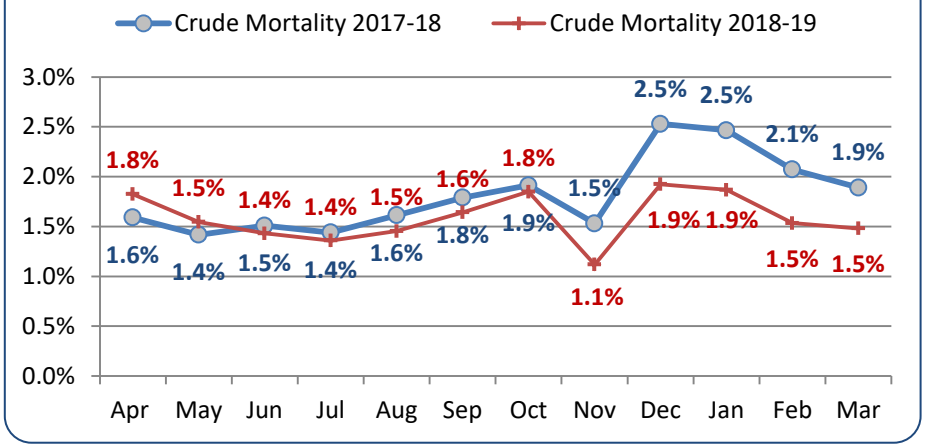
Gateshead Health NHS Foundation Trust

Effective

Inpatient Deaths



Inpatient Crude Mortality



Mortality

- 80 inpatient deaths were observed in March 2019.
- The number of deaths observed is fewer than observed last winter.
- Seasonal increases in mortality are seen each winter in England and Wales.

Integrated Quality and Learning Report

Learning From Deaths

Gateshead Health NHS Foundation Trust

Effective

Trust Mortality Review Compliance

During the period 1st April 2018 to the 31st March 2019 , 824 (78%) deaths have been reviewed with 1 death being identified as potentially avoidable (Hogan preventability score of score 4)

Deaths in scope	Deaths reviewed	GP Notification
1060	824	858

Hogan 1 - Definitely Not Preventable	Hogan 2 - Slight Evidence of Preventability	Hogan 3 - Possibly Preventable (Less than 50:50)	Hogan 4 - Possibly preventable (more than 50:50)	Hogan 5 - Strong Evidence Preventable	Hogan 6 - Definitely Preventable	Potentially avoidable deaths
814	7	2	1	0	0	1

NCEPOD Score 1 Good Practice	NCEPOD Score 2 Room for improvement - Clinical Care	NCEPOD Score 3 Room for Improvement - Organisational Care	NCEPOD Score 4 Room for Improvement Clinical and Organisational Care	NCEPOD Score 5 Less Than Satisfactory	NCEPOD score 6 Insufficient data	No Score Allocated
672	34	97	14	1	5	1

Integrated Quality and Learning Report

Learning From Deaths

Gateshead Health NHS Foundation Trust

Effective

Learning from deaths – Themes and Actions
Mortality reviews for deaths between October 2018 to March 2019 will shortly be reviewed to identify further themes

Learning themes identified from mortality review

Good Communication with Families
- Good communication with families identified in a large number of cases.

Good Practice & Care

GP Notification of Death missing / incorrect
- Not sent to GP
- Wrong form used – discharge prescription letter/ GP handover form
- Not filed in notes

Death Certification missing or badly filed
- No Death Certificate in notes

Coding amendments
- Amendments required to Clinical Coding

End of Life Place
- Suitability of place of death
- Home care home vs Hospital admission.

DNACPR
- Could DNACPR have been discussed earlier / previous admission
- DNACPR not countersigned / not filed in notes

Actions

Training slides on completion of GP Notification of Death Forms

Enhanced Adult Basic Life Support Training for Consultants and Trust Grade Doctors

Amendments to fluid management policy and fluid management charts

Integrated Quality and Learning Report

Caring

The NHS Friends and Family Test

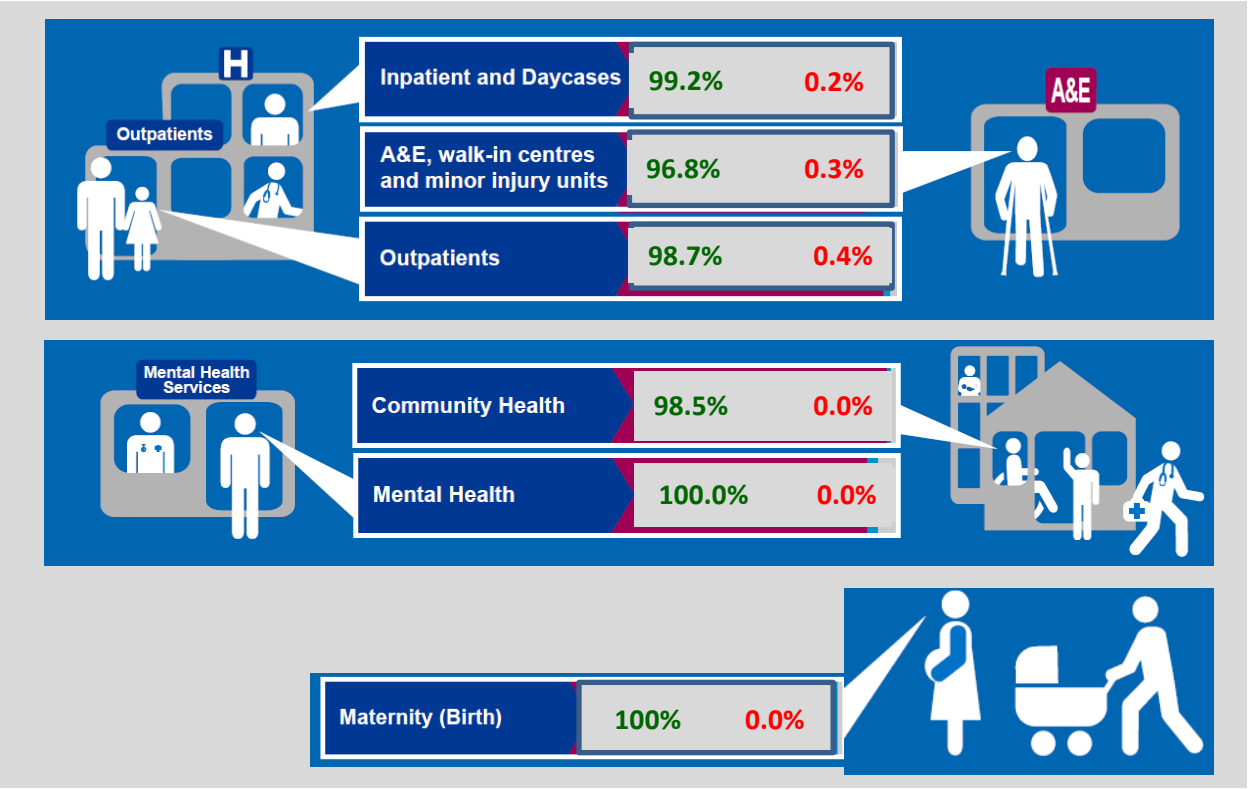
See how we did in March 2019

The Friends & Family Test

NHS Gateshead Health NHS Foundation Trust

In March 2019 the Trust received 4,236 responses. 97.8% of patients would recommend the services to friends and family.

The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



Key

Green - % Recommend

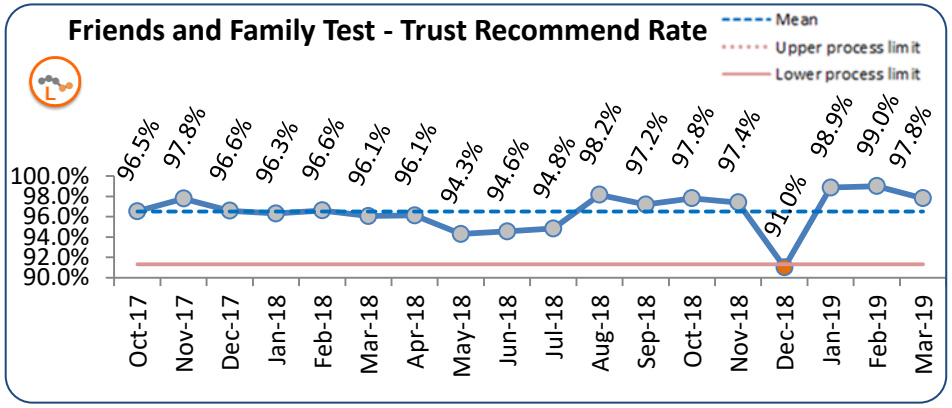
Red - % Not Recommend

Integrated Quality and Learning Report

Caring

NHS Friends and Family Test- Trust Recommend Rate

Gateshead Health NHS Foundation Trust

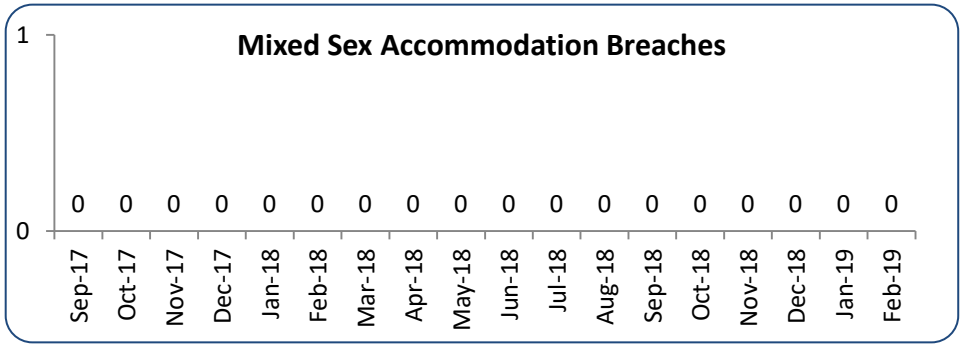


F&FT Trust Recommend Rate

- The friends and family test recommend rate for March was 97.8%.
- Special cause variation (low) was identified in December. Investigation identified that this appears to be attributable to a relatively high volume of 'Neither Likely nor Unlikely' (239 of 1742) recommend responses received in A&E .

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Inpatient and Daycases	97.2%	97.7%	98.0%	97.6%	98.4%	98.1%	97.8%	98.5%	98.4%	98.0%	98.4%	99.2%	98.4%	98.3%	99.2%	98.6%	99.1%	99.1%	99.2%
A&E, walk in centres, and minor injuries unit	94.4%	95.2%	97.5%	94.9%	94.1%	94.3%	91.8%	94.5%	89.5%	91.1%	90.9%	96.9%	95.7%	96.9%	95.3%	85.2%	99.4%	99.0%	96.8%
Outpatients	98.1%	97.5%	96.7%	99.4%	100.0%	99.3%	97.6%	97.3%	95.6%	96.7%	97.4%	97.9%	97.2%	98.6%	98.4%	97.4%	96.7%	98.8%	98.7%
Community Health	98.9%	97.8%	99.0%	97.8%	98.0%	98.0%	100.0%	96.8%	97.5%	97.2%	98.9%	100.0%	98.0%	99.4%	98.3%	98.5%	96.8%	98.7%	98.5%
Mental Health	98.5%	100.0%	100.0%	98.2%	97.9%	97.8%	100.0%	100.0%	100.0%	97.5%	94.6%	96.7%	100.0%	100.0%	100.0%	100.0%	99.2%	98.9%	100.0%
Maternity (Birth)	100.0%	100.0%	97.7%	98.6%	100.0%	98.3%	98.1%	100.0%	96.0%	100.0%	100.0%	98.5%	96.7%	98.6%	100.0%	97.7%	97.8%	100.0%	100.0%
Trust	96.2%	96.5%	97.8%	96.6%	96.3%	96.6%	96.1%	96.1%	94.3%	94.6%	94.8%	98.2%	97.2%	97.8%	97.4%	91.0%	98.9%	99.0%	97.8%

Mixed Sex Accommodation (MSA) Breaches



Mixed-sex Accommodation Breaches

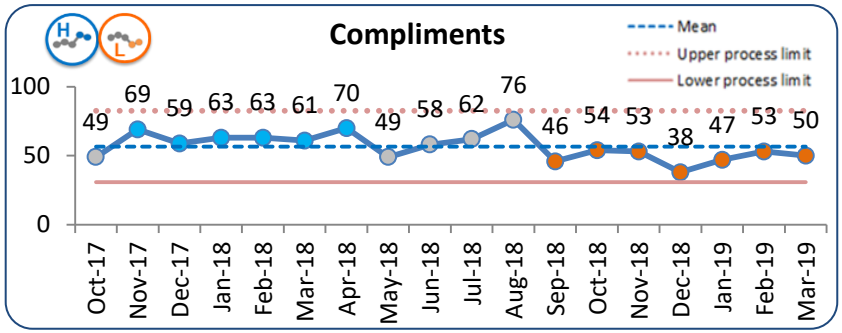
The Trust continues to report zero mixed sex accommodation breaches.

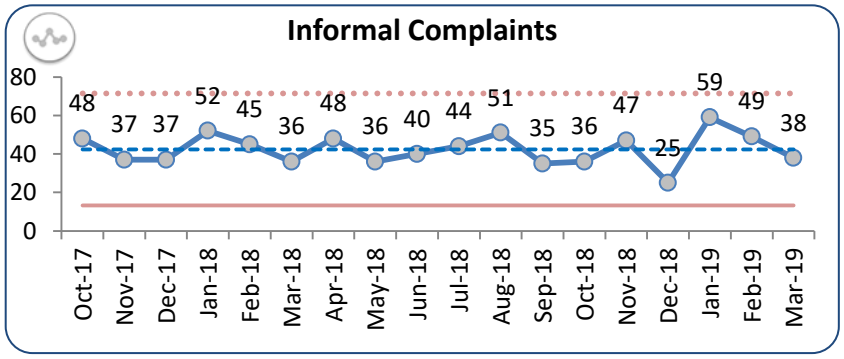
Integrated Quality and Learning Report

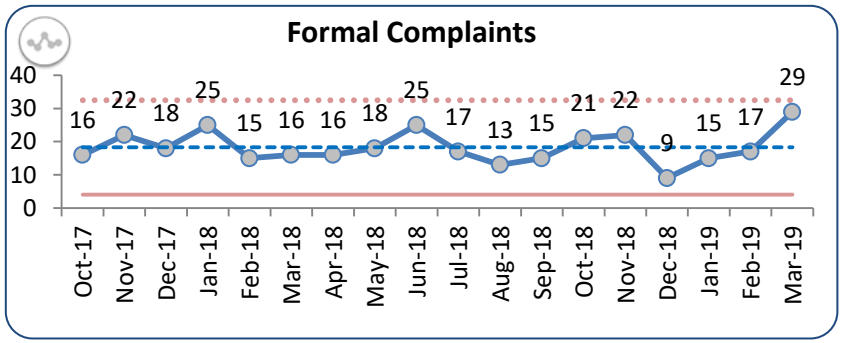
Complaints Management

Responsive

Gateshead Health NHS Foundation Trust







Compliments

- 50 compliments were reported in March 2019.
- Special cause variation is identified with fewer compliments being recorded monthly over the last seven months.
- Staff are reminded to record compliments on the Datix system.

Informal complaints

- 38 Informal complaints were received in March.
- Informal complaints remain stable and display common cause variation.

Formal Complaints

- 29 formal complaints were received in March.
- Common cause variation is displayed.

- The themes identified in complaints were:
  - Clinical Treatment – Surgical Group (10)
  - Values and Behaviours (Staff) (5)
  - Clinical Treatment – Accident and Emergency (4)
  - Communications (3)
  - Appointments including delays & cancellations (3)
  - Clinical Treatment - General Medical Group (2)
  - Admissions, discharges & transfers (1)
  - Patient Care (1)

- The areas where formal complaints were received were:

Emergency Care (6) Gynae-Oncology (3) Trauma and Orthopaedic (4) General Surgery (3) Community Therapies (2) Gynaecology (2) Finance (1) Therapy Services (1) Care of The Elderly (1) Screening Services (1) Theatres and Anaesthetics (1) Cardiology (1) Winter Escalation (1) Planned Care (1) Rheumatology (1)

Integrated Quality and Learning Report

15 Steps Challenge

Gateshead Health NHS Foundation Trust

Well-led

15 Steps Challenge
Ward & Departments visited in March 2019:
Ward 27

Welcoming	Safe	Caring and Involving	Well organised and calm
Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like? Is there visible information useful information for staff?	Does the ward appear to think safety is important? What tells you about the quality of care here? How are medicines managed on the ward? What have I noticed that builds my confidence? What makes me less confident?	How have staff made you feel? What can I understand about patient experience on this ward? How is dignity and privacy being respected? How are staff interacting with patients? Is good team working in place?	Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like? Is there visible information useful information for staff?
Positive • Friendly reception staff • Useful diverse displays of patient information • Well organised • Friends and Family Test cards were available for use • Friends and Family Test results were displayed	**Positive** • Clean area – compliments were extended to the domestic and housekeeping staff • Staff identification badges and patient identification bracelets were seen • Security and fire procedures were on display and there was an overall feeling of safety	**Positive** • Room doors were open for safety and curtains were in place for privacy • A sense of calm • Good teamwork was observed • Patients were all dressed, maintaining dignity	**Positive** • All back room functions were out of the way, maintaining the hotel approach/hotel feel • Very well organised area, clean and generally in good condition.
Recommended • There were no recommendations under welcoming	**Recommended** There were no recommendations under Safe	**Recommended** There were no recommendations under Caring and Involving	**Recommended** There were no recommendations under Positive

Integrated Quality and Learning Report

CQUIN

Gateshead Health NHS Foundation Trust

Well-led

CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

CQUIN schemes relevant to the Trust for 2018-19 are listed below;

Improving staff health and wellbeing
- Improvement of health and wellbeing of NHS staff
- Healthy food for NHS staff, visitors and patients
- Improving the uptake of flu vaccinations for front line clinical staff

Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
- Timely identification of patients with Sepsis in emergency departments and acute inpatient settings
- Timely treatment of patients with Sepsis in emergency departments and acute inpatient settings
- Antibiotic review - Assessment of clinical antibiotic review between 24 and 72 hours of patients with Sepsis who are still inpatients at 72 hours
- Reduction in antibiotic consumption per 1,000 admissions
- Proportion of antibiotic usage (for both in-patients and out-patients) within the Access AWaRe category.

Improving services for people with mental health needs who present to A&E

Offering advice and guidance

Preventing ill health by risky behaviours
- 9a Tobacco Screening
- 9b Tobacco Brief Advice
- 9C Tobacco referral and medication offer
- 9d Alcohol Screening
- 9e Alcohol brief advice or referral

Improving the assessment of wounds

Personalised Care & Support Planning

Specialised Commissioning CQUINs
- Nationally Standardised Dose banding for Adult Intravenous Anticancer Therapy
- Optimising Palliative Chemotherapy Decision Making
- Local Voices Project

Integrated Quality and Learning Report

CQUIN

Gateshead Health NHS Foundation Trust

Well-led

2018-19 CQUIN Performance

- The majority of CQUIN schemes are on track and the Trust is making good progress.
- The Trust is currently forecasting achieving around 87% of the CQUIN requirements.
- The Trust is currently the best in the North East for fighting flu with 80% of staff members vaccinated against the flu, it is a testament to our dedicated and hard-working staff members who helped us reach the 75% target within 6 weeks since the launch at the end of September 2018.
- The Trust partially achieved the targets for Sepsis screening and antibiotic treatment within one hour in Q3, achieving marginally below the 90% target (88.4% and 88.9% respectively). The trust did not achieve the review within 72 hour element of the CQUIN in Q3 2018-19 achieving 61% against a 75% target. The CQUIN continues to be challenging. NEWS2 is required to be introduced from Q4. The Trust is procuring Nervecenter as its's new e-observation system and exploring how this can support the delivery of the sepsis and antibiotic reduction CQUIN.
- Preventing ill health by risky behaviours.
    - The Trust is procuring a new system and it is perceived that this will allow electronic capture of smoking and alcohol screening, brief advice, and referral. Electronic documentation will allow the trust to cascade this information back to GPs.
    - GP Handover forms have added additional questions regarding smoking status and these have been made mandatory.
    - Health-call is currently being trailed within the Trust and there is potential for this used with regards to smoking / alcohol.
    - A referral pathway has been setup with Fresh NE following discussion with Gateshead Council.
    - A Smoking Cessation Group is being established an a designated group with delegated responsibility to support staff and patients to stop smoking.
- Advice and Guidance. 66.2% of services are now live for advice and guidance, with a trajectory plan of services to go live prior to March 2019 to achieve 83.7% live and satisfy the 75% target.
- Improving the assessment of wounds – An audit in Q2 demonstrated that 81% of patients received a full wound assessment, a significant increase from the baseline of 8% in Q4 2017-18
- Specialised CQUIN - The Trust has achieved the milestones to the end of quarter three. Full achievement is currently forecast for the year.

Integrated Quality and Learning Report

Well-led

CQUIN

NHS
Gateshead Health
NHS Foundation Trust

The details of the 2019-20 CQUIN schemes were recently published. www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20

There is a different approach to CQUIN in 2019/20. Instead of setting new goals CQUIN will simply highlight evidence based good practice that is already being rolled out across the country, drawing attention through the scheme to the benefits for patients and providers, and in doing so allow those benefits to be spread more rapidly. CQUIN schemes relevant to the Trust for 2019-20 are listed below;

CCG1: Antimicrobial Resistance
1a: Antimicrobial Resistance –Lower Urinary Tract Infections in Older People
Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.
1b: Antimicrobial Resistance –Antibiotic Prophylaxis in Colorectal Surgery
Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.

CCG2: Staff Flu Vaccinations
Achieving an 80% uptake of flu vaccinations by frontline clinical staff.

CCG3: Alcohol and Tobacco
3a: Alcohol and Tobacco –Screening
Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.
3b: Alcohol and Tobacco –Tobacco Brief Advice
Achieving 90% of identified smokers given brief advice.
3c: Alcohol and Tobacco –Alcohol Brief Advice
Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.

CCG7: Three high impact actions to prevent Hospital Falls
Achieving 80% of older inpatients receiving key falls prevention actions

CCG11: Same Day Emergency Care
11a: SDEC –Pulmonary Embolus
Achieving 75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.
11b: SDEC –Tachycardia with Atrial Fibrillation
Achieving 75% of patients with confirmed atrial fibrillation being managed in a same day setting where clinically appropriate.
11c: SDEC –Community Acquired Pneumonia
Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.

Integrated Quality and Learning Report

Single Oversight Framework

Gateshead Health NHS Foundation Trust

Model Hospital

The report below is the most recent Single Oversight Framework - Quality of Care report for the Trust produced by NHS Improvement - Model Hospital

Report Date: 10th April 2019

Single Oversight Framework	Data Period		Trust Value	Performance Band Description	Peer median	National median
Single Oversight Framework segment	Mar-19		1 - Maximum Autonomy			
CQC Inspection Ratings (Latest at reporting date)						
CQC Inspection Rating: Overall	31/03/2019		Good			
CQC Inspection Rating: Caring	31/03/2019		Outstanding			
CQC Inspection Rating: Effective	31/03/2019		Good			
CQC Inspection Rating: Responsive	31/03/2019		Good			
CQC Inspection Rating: Safe	31/03/2019		Good			
CQC Inspection Rating: Well-Led	31/03/2019		Good			
Friends and Family Test scores						
Staff Friends and Family Test % Recommended - Care	Q2 2018/19		89.3%	In quartile 4 - Highest 25%	N/A	N/A
A&E Scores from Friends and Family Test - % positive	Dec-18		99.4%	In quartile 4 - Highest 25%	87.7%	87.9%
Inpatient Scores from Friends and Family Test - % positive	Dec-18		99.1%	In quartile 4 - Highest 25%	97.4%	96.0%
Maternity Scores from Friends and Family Test -question 2 Birth % positive	Dec-18		97.8%	In quartile 2 - Mid-Low 25%	99.4%	98.6%
Organisational Health						
CQC Inpatient Survey	Sep 2016/17		9	In quartile 4 - Highest 25%	N/A	N/A
Caring						
Written Complaints Rate	30/09/2018		11.31	In quartile 1 - Lowest 25%	20.59	24.43
Safe						
Central Alerting System - Patient Safety Alerts not completed by deadline	Oct-17		2	In quartile 3 - Mid-High 25%	1	1
Never events	30/06/2018		1	In quartile 1 - Lowest 25%	1	1
Emergency c-section rate	Jan-19		10.87%	In quartile 1 - Lowest 25%	14.61%	16.61%
VTE Risk Assessment	Q3 2018/19		99.10%	In quartile 4 - Highest 25%	96.08%	95.95%
Clostridium Difficile - infection rate	To Jan 2019		11.61	In quartile 2 - Mid-Low 25%	11.83	11.64
MRSA bacteraemias	To Mar 2018		0.00	In quartile 1 - Lowest 25%	0.92	0.63
Potential under-reporting of patient safety incidents	31/05/2018		36.89	In quartile 2 - Mid-Low 25%	42.87	N/A
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	Jan-19		147	In quartile 4 - Highest 25%	140	128
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	Jan-19		11	In quartile 3 - Mid-High 25%	10	9
Safe					**Peer median**	**Benchmark value**
Clostridium Difficile - variance from plan			1.0	Below the benchmark	-1.0	0.0
Effective					**Peer median**	**Benchmark value**
Summary Hospital Mortality Indicator (SHMI)	31/07/2018		1.04	Above the benchmark	N/A	0

Integrated Quality and Learning Report

Single Oversight Framework

Gateshead Health NHS Foundation Trust

Model Hospital

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale. For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

Green	Either • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale
Amber/green	Either • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity
Amber/red	Either • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity
Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
Red	Either • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale
Blue	We have not judged whether a high or low quartile is more desirable.

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 11

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Quarterly Mortality Report			
Purpose of Report:	Present Quarterly Mortality report and proposed framework			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 4** All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm. **Goal 5** All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients.			
Recommendations: (Action required by Board of Directors)	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)	**Objective 1** All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.			
Author:	Andrew Ward, Senior Information Analyst – Quality and Patient Safety			
Presented by:	Mr Andy Beeby, Medical Director			

Quarterly Mortality Report

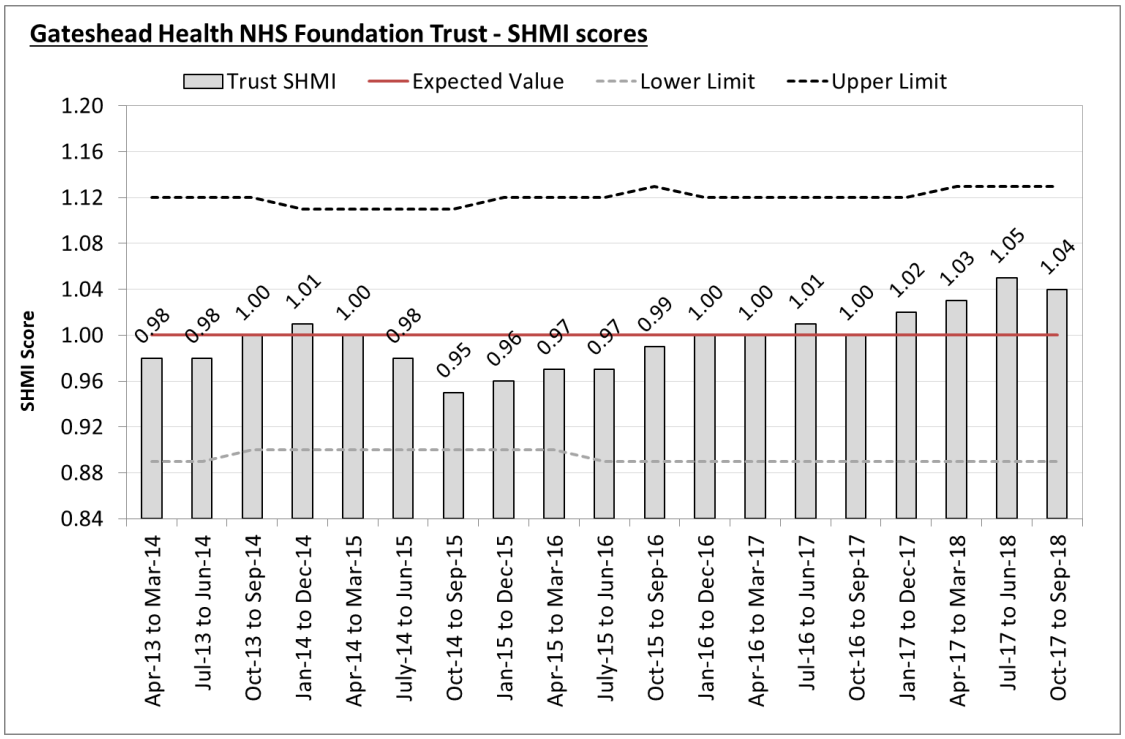
1. Introduction:

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 latest SHMI update was published on the 14th February 2019 covering the period from October 2017 to September 2018. The Trust remains with the SHMI Banding of 'As Expected' with a SHMI score of 1.04

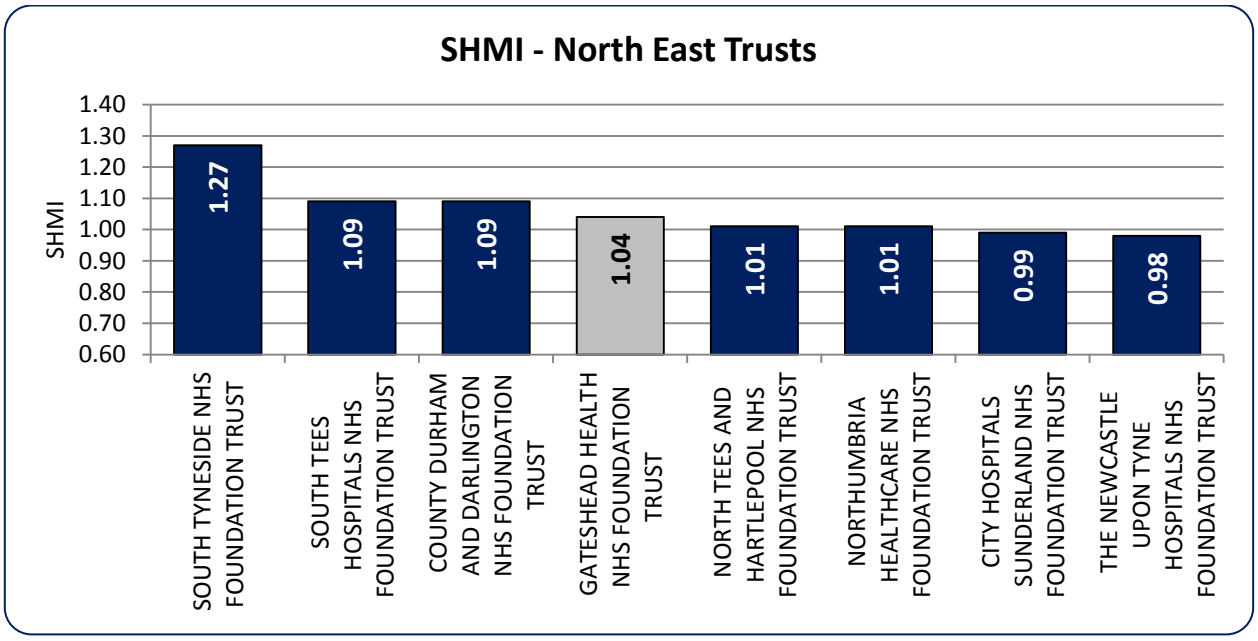
Time period	SHMI Score	SHMI banding
October 2017 to September 2018	1.04	As Expected
July 2017 to June 2018	1.05	As Expected
April 2017 to March 2018	1.03	As Expected
January 2017 to December 2017	1.02	As Expected
October 2016 to September 2017	1.00	As Expected
July 2016 to June 2017	1.01	As Expected



The table below provides supporting information which is displayed on the NHS choices indicator website that is used to support the SHMI statistic. The latest information is displayed alongside the figures for the previous SHMI calculation to enable comparison.

Supporting information	Current Period Oct-17 to Sep-18	Previous Period Jun-17 to Jun-18
Number of deaths observed	1536	1569
Number of deaths expected by SHMI calculation	1476	1498
Percentage of deaths with palliative care coding by specialty and or diagnosis	24.9% (382 of 1536 deaths)	22.7% (356 of 1569 deaths)
Percentage of deaths in hospital	73.5%	72.3%
Percentage of deaths outside of hospital	26.5%	27.7%

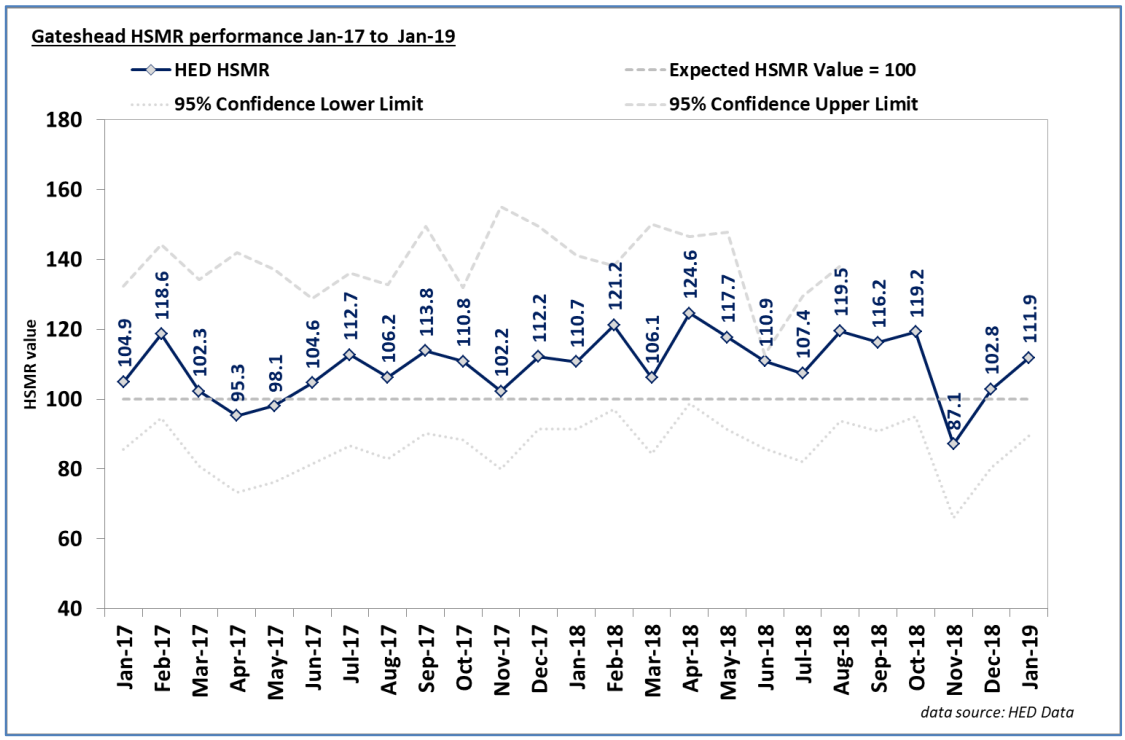
Comparing to local Trusts, Gateshead Health NHS Foundation Trust has the fourth highest SHMI of North East Trusts for the period.



3. Trust based data analysis:

The Hospital Standardised Mortality Ratio (HSMR) is a risk based assessment using a basket of 56 conditions which account for approximately 80% of all deaths nationally. The HSMR only consider deaths that occur in hospital and are attributable to Trusts where an episode of care has taken place within the patients spell. The HSMR is adjusted for palliative care documented in the patients clinical coding.

The chart below illustrates the Trusts monthly trend in HSMR from January 2017 to January 2019.



The Trust monthly HSMR scores have remained within the expected range within this period however monthly HSMR scores remained over 100 for 17 consecutive months from June 2017.

HSMR - (Rebasing Period YTD)

RR7 | GATESHEAD HEALTH

6th out of 8 trusts.

(January 2018 - December 2018)

#	Trust	Score
1	RTD | THE NEWCASTLE UPON TYNE HOSPITALS	97.12
2	RVW | NORTH TEES AND HARTLEPOOL	97.79
3	RXP | COUNTY DURHAM AND DARLINGTON	102.11
4	RTF | NORTHUMBRIA HEALTHCARE	103.55
5	RTR | SOUTH TEES HOSPITALS	110.59
6	**RR7 | GATESHEAD HEALTH**	**110.99**
7	RLN | CITY HOSPITALS SUNDERLAND	116.89
8	RE9 | SOUTH TYNESIDE	127.36

Colouring Key:

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

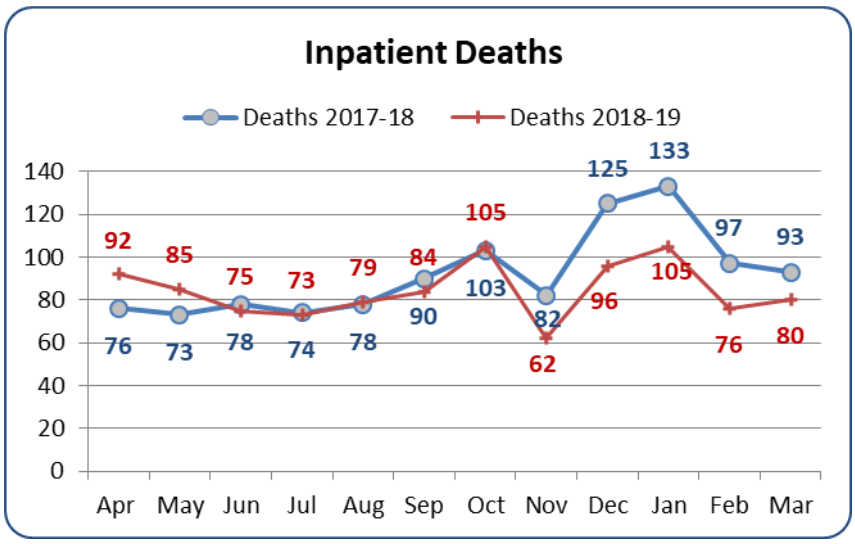
Amber: Represents that the trust is between the 95% and 99.8% Control limits.

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

The HSMR covering the twelve month period January 2018 to December 2018 identifies that the Trust as having more deaths than expected deaths when compared to trusts nationally, taking into account the trust case mix.

Comparing to peers, three other Trusts (South Tyneside, Sunderland, and South Tees) have a high HSMR with more deaths than expected for this period; the remaining Trusts have deaths within the expected range. South Tyneside is a frequent outlier due to the inclusion of activity from the St Benedict's Hospice.

The volume of in hospital deaths by month is provided in the chart below for 2017-18 and 2018-19. The number of in-hospital deaths follows a pattern similar to the previous year however with fewer deaths observed during the winter of 2018-19



Inpatient deaths HSMR by day of admission

Data from HED shows that the HSMR for deaths relating to weekend admissions are within the expected range however weekday admissions are showing more deaths than expected.

	Lower CI	HSMR	Upper CI
Weekday admission	**104.2**	**112.5**	**121.3**
	Higher Than Expected		
Weekend admission	**95.5**	**110.0**	**126.0**
	As Expected		

4. Acting on mortality & morbidity surveillance

HSMR

Analysis from the North East Quality Observatory Service (NEQOS)

As a result of the Trusts higher than expected HSMR, the Trust has contacted the North East Quality Observatory Service undertake dome analysis to assist the Trust to potentially identify the cause of the increase in the HSMR. Findings are expected in during April 2019.

Clinical classification diagnosis groups with more deaths than expected

Diagnosis Groups with significantly more deaths than expected for the period February 2018 to January 2019.

- Septicaemia (except in labour)
- Cancer of bronchus; lung
- Congestive heart failure; nonhypertensive
- Intestinal obstruction without hernia
- Other upper respiratory disease

Case note review indicates that of the cases reviewed 98.8% (160 of 162) were identified as definitively not preventable.

	Number of Deaths	Number Expected By HSMR Model	Number reviewed	% reviewed	Hogan 1 Definitely not preventable	Hogan 2 Slight evidence of preventability
Septicaemia (except in labour)	116	92	87	75.0%	97.7% (85)	2.3% (2)
Cancer of bronchus; lung	35	21	32	91.4%	100%	
Congestive heart failure; nonhypertensive	34	23	25	73.5%	100%	
Intestinal obstruction without hernia	16	7	14	87.5%	100%	
Other upper respiratory disease	4	1	4	100.0%	100%	
Total	205	143	162	79.0%	98.8% (160)	

CuSum Alerts

The CuSum is a statistical process control (SPC) technique which provides focus on the outcome trend of a series of consecutive procedures. It is designed to allow prompt detection of changes in performance reflected by persistent deviation to an acceptable and expected rate of adverse outcomes.

There are five CuSum alerts from HSMR data for the period January 2018 to December 2018.

- Cancer of the bronchus: lung (2)
- Peripheral and Visceral atherosclerosis (1)
- Acute Bronchitis (1)
- Non-Hodgkin's Lymphoma (1)

As with the cases reviewed for high HSMR, the majority of cases have been reviewed are identified as definitively not preventable.

	Number of Deaths	Number Expected By HSMR Model	Number reviewed	% reviewed	Hogan 1 Definitely not preventable	Hogan 2 Slight evidence of preventability
Cancer of the bronchus: lung	33	21	30	91%	100%	
Acute Bronchitis	14	20	13	93%	100%	
Peripheral and Visceral	12	10	10	83%	90% (9)	10% (1)

atherosclerosis						
Non-Hodgkin's Lymphoma	5	2	5	100%	100%	
Total	64	53	58	91%	98% (57)	

Deaths in Low Risk Diagnosis Groups

The latest report and data from HED shows the Trust as having a high crude mortality rate for deaths in low risk diagnosis groups. There were 18 deaths within low risk diagnosis groups between January 2018 and December 2018.

17 patients have received a mortality review; 16 patients were scored Hogan 1 – Definitely not preventable.

1 patient scored Hogan 4 - Possibly preventable (more than 50:50). This was a high risk patient that readmitted with complication post operation; there was a delay in escalation when the patient was admitted to the ward. This case has been reviewed by the Mortality Council and Learning to be summarised and discussed at next Clinical Policy Group.

5. Trust Mortality Database and Learning from Deaths

The Learning from Deaths Dashboard has been populated for Q4 2018-19 and is included as Appendix 1.

Total Number of Deaths Q4 2018-19 (excluding learning disability patients) = 271
Total number of Deaths reviewed Q4 2018-19 (excluding learning disability patients) = 155

Breakdown of RCP Methodology Score (Preventability)

6. Definitely not preventable	152 (98.1%)
5. Slight evidence of preventability	3 (1.9%)
4. Probably Preventable but not very likely (less than 50:50)	0 (1.2%)
3. Probably preventable (more than 50:50)	0 (0.0%)
2. Strong evidence of preventability	0 (0.0%)
1. Definitely preventable	0 (0.0%)

Learning Disability Deaths

Total Number of Deaths: 2 Total Number of Deaths reviewed: 1

All learning disability deaths are reviewed at the Mortality Council.

The next meeting is scheduled for the 18th April 2019.

Mortality Review Compliance

77.7% (824 of 1060) deaths have been reviewed for deaths occurring between April 2018 and March 2019.

- 98.8% of cases are identified as being definitely not preventable.
- 80.4% of cases reviewed were identified as good practice.
- 17.8% of cases identified room for improvement identified.

Deaths 01/04/2018 to 31/03/2019

Deaths reviewed
77.7%

GP Notification
80.9%

Hogan 1 - Definitely Not Preventable	Hogan 2 - Slight Evidence of Preventabiliy	Hogan 3 - Possibly Preventable (Less than 50:50)	Hogan 4 - Probably preventable (more than 50:50)	Hogan 5 - Strong Evidence Preventable	Hogan 6 - Definitely Preventable
98.8%	0.8%	0.2%	0.1%	0.0%	0.0%

Potentially avoidable deaths
0.1%

NCEPOD Score 1 Good Practice	NCEPOD Score 2 Room for improvement - Clinical Care	NCEPOD Score 3 Room for Improvement - Organisational Care	NCEPOD Score 4 Room for Improvement Clinical and Organisational Care	NCEPOD Score 5 Less Than Satisfactory	NCEPOD score 6 Insuficient data	No Score Allocated
80.4%	4.1%	11.6%	1.7%	0.1%	0.6%	1.6%

Learning Themes

Learning Themes will shortly be re-analysed for the period October 2018 to March 2019 to identify if any new themes have been established or if previous themes have reduced. The findings will be presented to the Mortality and Morbidity Steering group once completed, and subsequently shared via this paper.

Previous themes and actions are outline below.

Good Communication with Families

- Good communication with families identified in a large number of cases.

Good Practice & Care

GP Notification of Death missing / incorrect

- Not sent to GP
- Wrong form used – discharge prescription letter/ GP handover form
- Not filed in notes

Death Certification missing or badly filed

- No Death Certificate in notes

Coding amendments

- Amendments required to Clinical Coding

End of Life Place

- Suitability of place of death
- Home care home vs Hospital admission.

DNACPR

- Could DNACPR have been discussed earlier / previous admission
- DNACPR not countersigned / not filed in notes

Actions

- Provision of Medway Training on completion of GP Notification of Death Forms
- Enhanced Adult Basic Life Support Training for Consultants and Trust Grade Doctors
- Amendments to fluid management policy and fluid management charts
- New guidelines are being written and these will be implemented in the coming months.

6. Update on the Learning from Deaths work stream

An implementation / planning event is being undertaken (9th-11th April 2019) to review and develop how the medical examiner service will integrate with the Trusts policy & procedures, bereavement services and ward processes. Further updates will be provided following the event.

7. Conclusion

The Trust SHMI decreased to 1.04, slightly above the national average of 1.00, however the Trust maintains the banding of deaths 'as expected'. The number and percentage of in-hospital deaths remains broadly the same as the previous period.

The HSMR for Gateshead in the last 12 months (Feb-18 to Jan-19) is 110.99 placing the Trust HSMR above the national average of 100 and with more deaths than expected. The Trust has the fourth highest HSMR when compared to peer group performance of neighbouring trusts.

Case note review demonstrates that the majority of deaths are definitely not preventable however the Trust is keen to receive further analysis from the NEQOS to better understand its high HSMR.

CuSum alerts and cases in classification groups with a high HSMR continue to be reviewed to provide assurance that quality care has been provided. A high proportion of deaths continue to be reviewed across the Trust, utilising the mortality database to identify learning themes and develop appropriate actions.

Following the Medical Examiner implementation / planning event the Trust will be taking further steps towards implementing this service.

8. Recommendation

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

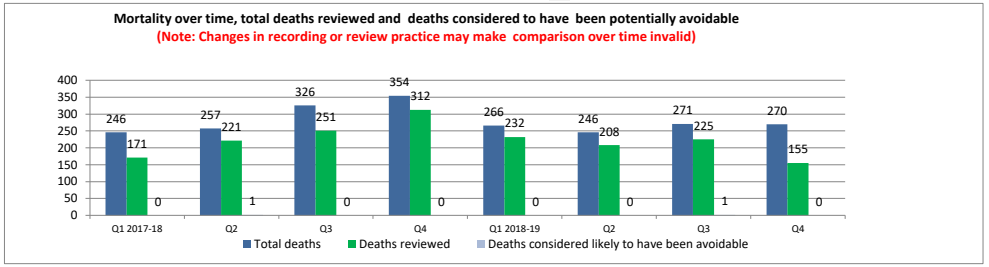
Gateshead Health NHS Foundation Trust: Learning from Deaths Dashboard - March 2018-19

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
85	79	33	41	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
270	271	155	225	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1053	1183	820	955	1	1

Time Series: Start date 2017-18 Q1 — End date 2018-19 Q4



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	0.1%

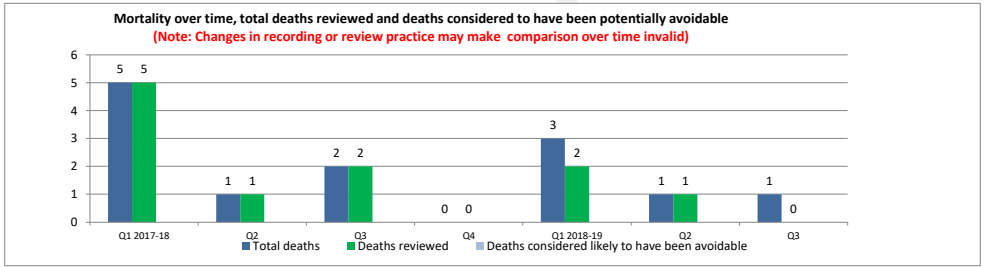
Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	0.0%	This Month	2	6.1%	This Month	31	93.9%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	3	1.9%	This Quarter (QTD)	152	98.1%
This Year (YTD)	2	0.2%	This Year (YTD)	7	0.9%	This Year (YTD)	810	98.8%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	0	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	1	1	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
7	8	4	8	0	0

Time Series: Start date 2017-18 Q1 — End date 2018-19 Q3



Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 12

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Consolidated Finance Report			
Purpose of Report:	To provide a summary of performance as at 31st March (Month 12) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Corporate Objectives report relates to: (Including reference to any specific risk)	**Goal 7** We will deliver value for money and help ensure the local health and care system is sustainable and well led.			
Recommendations: (Action required by Board of Directors)	The Committee is asked to note the reported financial performance for Month 12 2018/19.			
Financial Implications:	As included in the report			
Risk Management Implications:	As included in the report			
Human Resource Implications:	None			
Equality and Diversity Implications:	**Objective 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 Jacqueline Bilcliff, Group Director of Finance			
Presented by:	Mrs Jacqueline Bilcliff, Group Director of Finance			

Executive Summary

The purpose of this report is to inform the Board of Directors of the financial and contract performance position of the Group for the period to 31st March 2019.

Summary

The operational plan is based on an outturn position of a surplus of £0.742m, in line with the required control total set by NHSI and supported by the planned achievement of a £15m efficiency programme and receipt of the full year PSF of £7.282m.

At month 12 the Trust's position is in line with the revised forecast although the control total continues not to be met. The total planned comprehensive deficit has been adjusted to include achievement of Q1 PSF but excludes any further achievement of PSF. NHSI monitor the position 'adjusted financial performance excluding PSF' and on this basis the month 12 position reflects a planned deficit of £6.540m against actual of £15.424m an adverse variance of £8.884m.

The cash position has stabilised in the last month of the year, but increased creditor payments are expected in April. Interim deficit cash support from NHSI of £12.235m was taken in in the final quarter.

Recommendation

The Board are asked to note the financial position and financial performance for month 12 of 2018/19 and the key assumptions made.

Key financial performance indicators

Finance KPIs	Plan	Actual	Difference
Performance against control total (including PSF)	**742**	**(14,331)**	**(15,073)**
Performance against control total (excluding PSF)	**(6,540)**	**(15,424)**	**(8,884)**
EBITDA as a percentage of related income	**0.3%**	**(6.6%)**	**(6.9%)**
CRP achieved	**100%**	**69%**	**(31%)**
Capital spend	**6,765**	**6,881**	**(116)**
Cash position	**3,861**	**8,949**	**5,088**
Liquidity days	**(7.4)**	**(11.6)**	**(4.2)**

Key financial metrics

Metric	Month 12 Plan	Month 12 Actual
Use of Resources		3
Capital Service Cover	2	4
Liquidity Ratio	3	1
I&E Margin Rating	2	4
I&E Margin Variance From Plan rating		4
Agency metric	1	1

Key risks

The previous risk table has been included for completeness below however the risks in delivering the revised forecast position were very specific to year end, and have been realised or mitigated in the outturn position.

Risks to year end position

Risks	Mitigations	Residual concerns	Rating
Previously unidentified financial pressures due to activity levels	Detailed forecasting has been undertaken, known pressures included within this	There is always the potential for unidentified and unavoidable costs due to fluctuations in activity	
Increase in revenue costs due to CSSD issues	Project team have identified costs arising from the current issues within CSSD and included them within the forecast		
Increase costs due to the failure of the waste contract	Increased costs have been built into the forecasted position		
Reclaim of tax due to capital goods scheme application (540k)	Tribunal found in favour of Trust		

Full risk table for 2018/19

Risks	**Mitigations**	**Residual concerns**	**Rating**
Non delivery of CRP	Business units supported from finance and PMO. FRSB and regular financial recovery meetings.	Achievement of CRP of £10.3m in line with revised plan	
The level of winter pressures exceeds that experienced over the last 2 financial years and / or activity is deflected from other providers generating additional cost pressures.	Early winter planning / bed modelling / lessons learnt from previous years re best model to adopt.	Somewhat unpredictable and therefore costs largely unavoidable, however the winter plan suggests a significant financial cost pressure. The Trust will have to react to winter pressures as they present.	
The QIPP schemes being introduced by the CGG through the joint transformation board significantly reduce income levels	The Trust has agreed block contracts for the majority of its clinical income.		
Informed slippage assumption of £4.7m is not realised thereby increasing the CRP.	Early review and release of slippage. Constant review of continuing necessity of reserves with business units	financial position managed	
Budgeted expenditure assumptions within the plan may not be realised	Financial management and monitoring / budgetary control	financial position managed	
Further, new priorities emerge with significant risk which need to be funded i.e. capital equipment replacement		Unpredictable in nature usually managed via ability to set contingency fund in previous years	
A&E performance and PSF	Managed and monitored through the performance framework. Loss of PSF factored into revised plan.		
Non achievement of CRP and/or non receipt of PSF will affect cash position	Active cash management. Management of creditors. Positive relationships with commissioners. Distressed Financing in place	Cash Position managed	
Pay award underfunding and clawback of funding for QEF	Mitigated by written confirmation from QEF that they are opertaing as per the guidance following request from NHSI	No further issues raised	
Revised Forecast Outturn not achieved	Forecsting assumptions are robust and work has been undertaken with NHSI. Current position indicates on plan	Specific elements of unplanned spend such as waste managed as over spend on Outturn figure	

Section 1 - Summary Income and Expenditure Position (see Appendix 1)

As at 31st March the Group is reporting an operational deficit (excluding PSF) of £15.424m for the period. This is against a planned deficit of £6.540m, a variance £8.884m. Within this total operating income is behind plan by £2.645m and total operating expenses are worse than plan by £16.186m, there are further positive non-operating adjustments of £0.726m.

An expanded Income & Expenditure performance is presented at **Tables 1 and 2**.

Section 2 - Income Analysis (see appendix 2)

The reported income position as at March is an under recovery against the planned income budget of £2.645m. This comprises of an over recovery of £1.298.3m for operating income from patient care activities and an under recovery of £3.943m against other operating income.

Other operating income under recovery of £3.943m is mainly due to the non-achievement of provider & sustainability funding totalling £6.2m.

Operating income from patient care activities by Commissioner is detailed in **Table 3** and reports a year to date over performance against income targets of £0.896m for CCG Commissioners; this includes additional income from Sunderland CCG totalling £0.750m following the agreement of a final 18-19 contract value which secured this additional funding over and above the original block contract value.

For commissioners on a block contract actual performance against contract is detailed in **Table 4** and results in a favourable adjustment of £0.921m to balance to agreed contract values. The reported income position does not include any pricing and data challenges from Clinical Commissioning Groups. Any data challenges are likely to further reduce reported income values. Financial and activity monitoring will continue against all contracts and where a material over-performance presents, discussions will be held with CCGs to impress upon the need for potential additional funding and maintaining funding within the local system ahead of the release of any savings to the national position.

Performance against planned income targets by Point of Delivery is detailed in **Table 5.** Whilst the Trust is reporting more income than planned for a number of points of delivery including, Non Elective, Outpatients and Accident and Emergency these are offset by less income than planned for Elective and services charged on a Bed Day Basis, Adult Critical Care and Maternity Pathways.

Performance against planned activity targets by Point of Delivery is also detailed in **Table 5** and reports more activity than planned for Non Elective and Outpatients.

Detailed performance information will continue to be shared with Business Units in order to monitor and inform future capacity requirements.

Section 3 - Expenditure Analysis (see Appendix 3)

As at March operating expenses are worse than plan by £16.186m. This is made up of a pay overspend of £7.014m and a non-pay overspend of £6.880m and depreciation and revaluation overspends of £2.292m. See **Tables 1 and 2.**

Tables 6, 7, 8, and 9 highlight the different pressures within the overspending employee position and the run rate for the component parts of the employee budgets; substantive staff, waiting list payments, agency and contract staff and bank. Run rate has increased this month by £2.902m, reflecting an increase in nonstaff associated with the fixed asset impairment of £2.614m increased clinical supplies and services, premises costs associated with NHSP and savings on Corporation Tax. Pay continues to show pressure in all categories. The shortfall on planned pay CRP continues and of a plan of £7.271m only £5.146m has been achieved, a shortfall of £2.125m.

The drivers of the staffing pressures include the continuation of the winter rehabilitation ward 6, bed pressures and the continuing need to employ medical agency staff within Stroke, Respiratory, Elderly Medicine, Paediatrics and Upper GI Surgery. Agency medical staffing continues to be a pressure but in month and year to date with issues around the Paediatrics and Medicine rotas. The Trust's position against the cap remains under the ceiling by £0.383m. The recourse to waiting list initiative payments has reduced in surgical specialties due to issues within CSSD but remains a pressure which has out turned at £1.346m.

Non pay spend is also reflective of the unachieved CRP with a planned figure of £5.570m against an actual of £4.231m with a shortfall of £1.339m.

A number of expenditure lines continue to experience pressure most notably premises costs and other operating expenses.

Operating Expenses excluded from EBIDTA include a fixed asset impairment of £2.614m as well as £0.102m of other impairments. The detail is included in **Table 2.**

Section 4 - CRP performance (see appendix 4)

The increasingly challenging financial situation is reflected in the CRP achievement at month 12 against the extremely difficult target. The group CRP target for 2018/19 is £15.048m phased as per **Table 12**. The actual delivery against this target is £10.336m (68.7%) achieved which is in line with previous month's performance. A number of business units have achieved the year to date target and Chief Executive's, Finance & Information, Nursing & Midwifery and Strategy & Transformation, Community business units have achieved the full year target for CRP, all other business units have been rated either amber or red (amber being 50% or less to achieve and red more than 50% to achieve), see **Table 14.** Of the achieved to date £2.384m is recurrent see **Table 15**.

It should be noted that the ability of the Trust to continue to deliver the levels of CRP required to maintain financial sustainability, without wider system change and support is the biggest financial concern and challenge for future years.

Section 5 - Cash and working balances (see appendix 5)

Liquidity continues to be a significant challenge for the Trust. This had been helped previously as the Trust's main commissioner Newcastle/Gateshead CCG agreed to be flexible with payments relating to the phasing of block contract. Interim financing of £12.235m has been drawn in the final quarter of 2018/2019.

The cash level of £8.949m as at 31st March is equivalent to 13 days operating costs (11.9 days in February) and represents a £0.8m increase from 28th February. Cash is £5.088m above plan, inclusive of £12.235m of interim deficit financing.

A reduction of 4.2 days in liquidity against Plan in March (an improvement of 0.8 days against February) is driven by an increase on operating expenses to plan together with an adverse £3.5m movement in the working capital balance. Current assets are £1.9m above plan due to higher cash reserves with current liabilities £5.3m above plan.

Debtors have reduced by £5.8m since 1st April 2018 and £2.6m below Plan. The reduction since April is mainly due to the receipt of the 2017/2018 PSF of £5.4m in July.

Creditors have reduced by £1.5m from April 2018; however they are £4.9m above Plan year to date. Trade creditors have reduced by £0.174m since February at £3.5m as at 31st March. Of the trade creditor balance there are no creditors currently authorised for payment and outstanding over 30 days.

Table 16 details.

Section 6 – Capital spend (see appendix 6)

The revised capital programme for 2018/19 was set at £6.765m. The programme outturn is included at Table 17 with a year end spend of £6.881m which is £0.116m above Plan. PDC allocations had been received in the year for WiFi- Secondary Care £0.205m, FIT programme and GDE expenditure of £1.5m. Further allocations were received in March in respect of Pharmacy works of £0.012m and HSLI of £0.27m. NHS England also provided £0.186m of section 7 funding in March which was utilised to purchase additional medical equipment and is included in the equipment replacement programme spend. GDE expenditure,originally estimated at £3.5m for the year, had £1m re-profiled into 2019/2020 with 2018/2019 expenditure at £2.546m (£1.5m financed from PDC and £1.046m from internal resources). The revised liability on the Trust re ECC cladding of £360k is now scheduled for 2019/2020, although £0.02m has been spent in 2018/2019 and financed from internal resources.

Section 7 – Summary

The Trust financial position has again moved adversely against plan as at month 12 but was in line with expectations and consistent with the revised forecast outturn with the exception of expenditure pressures resulting from the waste contract. NHSI have received the year end position as part of the Key Data Return exercise. Draft accounts are due for submission on 24th April 2019, with a final version required on 29th May 2019.

Jacqueline Bilcliff
Group Director of Finance
17th April 2019

Appendix 1 – Summary Income and Expenditure Position

Table 1 – summary financial position

MARCH 2018/19

	GROUP POSITION			VARIANCE		
	Annual Budget	Budget to Date	Actual to Date	Variance (Actual - Budget)		Previous Month Variance
	£000's	£000's	£000's	£000's		£000's
Operating						
Total Operating Income From Patient Care activities	**(236,029.1)**	**(236,029.1)**	**(237,327.5)**	**(1,298.3)**		**(1,080.5)**
Total Other Operating Income	**(26,891.9)**	**(26,891.9)**	**(22,948.4)**	**3,943.5**		**3,980.3**
Total Operating Income	**(262,921.1)**	**(262,921.1)**	**(260,275.9)**	**2,645.2**		**2,899.7**
Total Employee Expenses	**172,614.7**	**172,614.7**	**179,628.7**	**7,014.0**		**6,423.9**
Operating Expenses included in EBITDA	**251,766.7**	**251,766.7**	**265,660.8**	**13,894.1**		**10,383.9**
Operating Expenses excluded from EBITDA	**6,104.8**	**6,104.8**	**8,396.6**	**2,291.8**		**(342.7)**
Total Operating Expenses	**257,871.4**	**257,871.4**	**274,057.3**	**16,185.9**		**10,041.2**
(Profit)/Loss from Operations	**(5,049.7)**	**(5,049.7)**	**13,781.4**	**18,831.1**		**12,941.0**
Non Operating						
Total Non-Operating Income	**(49.6)**	**(49.6)**	**(107.1)**	**(57.5)**		**(50.3)**
Total Non-Operating Expenses	**3,857.2**	**3,857.2**	**3,188.6**	**(668.7)**		**(19.1)**
Corporation Tax	500.0	500.0	247.9	**(252.1)**		**(2.8)**
(Surplus) / Deficit After Tax	**(742.0)**	**(742.0)**	**17,110.8**	**17,852.8**		**12,868.7**
(Surplus) / Deficit After Tax from Continuing Operation	**(742.0)**	**(742.0)**	**17,110.8**	**17,852.8**		**12,868.7**
Remove impairment	-	-	(2,614.0)	(2,614.0)		
Remove capital donations / grants I&E impact	-	-	(165.6)	(165.6)		(216.0)
Adjusted Financial Performance (Surplus) / Deficit	**(742.0)**	**(742.0)**	**14,331.2**	**15,073.2**		**12,652.7**
PSF adjustment	7,282.0	7,282.0	1,093.0	(6,189.0)		(5,340.0)
Adjusted Financial Performance (Surplus) / Deficit excluding PSF	**6,540.0**	**6,540.0**	**15,424.2**	**8,884.2**		**7,312.7**

Table 2 – detailed financial position

STATEMENT OF COMPREHENSIVE INCOME
MARCH 2018/19

Red >100k over Amber <> (£50k) - £99.99k Green <(£50.1k)	GROUP POSITION			VARIANCE		
	Annual Budget	Budget 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	(234,544.4)	(234,544.4)	(235,834.5)	(1,290.1)		(1,058.0)
Income From Local Authority Care Contracts	(106.7)	(106.7)	(95.7)	10.9		10.9
Private Patient Revenue	(688.5)	(688.5)	(779.3)	(90.8)		(96.8)
Injury Cost Recovery	(689.6)	(689.6)	(609.0)	80.6		71.9
Other non-NHS clinical revenue	-	-	(9.0)	(9.0)		(8.5)
Total Operating Income From Patient Care activities	**(236,029.1)**	**(236,029.1)**	**(237,327.5)**	**(1,298.3)**		**(1,080.5)**
Other Operating Income						-
Education and Training Income	(6,798.6)	(6,798.6)	(7,320.2)	(521.6)		(477.6)
R&D Income	(637.2)	(637.2)	(772.1)	(134.9)		(125.4)
PSF Income	(7,282.0)	(7,282.0)	(1,093.0)	6,189.0		5,340.0
Other Income	(11,944.7)	(11,944.7)	(13,674.0)	(1,729.3)		(958.8)
Donations & Grants Received	(229.4)	(229.4)	(89.1)	140.3		202.1
Total Other Operating Income	**(26,891.9)**	**(26,891.9)**	**(22,948.4)**	**3,943.5**		**3,980.3**
Total Operating Income	**(262,921.1)**	**(262,921.1)**	**(260,275.9)**	**2,645.2**		**2,899.7**
Operating Expenses						
Employee Expenses - Substantive	171,243.2	171,243.2	170,157.9	(1,085.3)		(821.5)
Employee Expenses - Bank	309.3	309.3	5,016.7	4,707.5		4,194.0
Employee Expenses - Agency	394.1	394.1	3,500.3	3,106.2		2,797.6
Employee Expenses - Other	668.1	668.1	953.8	285.6		253.7
Total Employee Expenses	**172,614.7**	**172,614.7**	**179,628.7**	**7,014.0**		**6,423.9**
Purchase of Healthcare - NHS bodeis	5,312.8	5,312.8	5,400.5	87.7		95.5
Purchase of Healthcare - Non NHS bodies	1,321.7	1,321.7	1,898.9	577.2		527.5
NED's	170.8	170.8	176.5	5.7		5.0
Supplies & Services - Clinical	26,129.8	26,129.8	26,872.5	742.7		63.9
Supplies & Services - General	2,055.8	2,055.8	2,113.0	57.2		(6.9)
Drugs	17,074.4	17,074.4	16,963.1	(111.4)		(164.1)
Research & Development expenses	5.4	5.4	0.7	(4.7)		(4.3)
Education & Training expenses	1,633.7	1,633.7	764.1	(869.6)		(844.0)
Consultancy costs	189.6	189.6	223.3	33.7		(30.8)
Establishment expenses	4,353.3	4,353.3	4,506.1	152.8		(2.3)
Premises	12,691.5	12,691.5	14,184.2	1,492.7		869.3
Transport	262.6	262.6	341.2	78.5		61.9
Clinical Negligence	5,755.9	5,755.9	5,721.3	(34.6)		(0.9)
Operating Leases	-	-	-	-		-
Other Operating expenses	6,712.9	6,712.9	6,866.9	154.1		(387.0)
Cost Improvement Programme	(4,709.7)	(4,709.7)	-	4,709.7		3,777.3
Reserves	191.4	191.4	-	(191.4)		-
Operating Expenses included in EBITDA	**251,766.7**	**251,766.7**	**265,660.8**	**13,894.1**		**10,383.9**
Depreciation & Amortisation - Purchased / Constructed	5,775.4	5,775.4	5,425.5	(349.9)		(327.7)
Depreciation & Amortisation - Donated / Granted	229.4	229.4	254.7	25.3		14.0
Depreciation & Amortisation - Finance Leases	-	-	-	-		-
Impairment & Revaluation	100.0	100.0	2,716.4	2,616.4		(28.9)
Restructuring Costs	-	-	-	-		-
Operating Expenses excluded from EBITDA	**6,104.8**	**6,104.8**	**8,396.6**	**2,291.8**		**(342.7)**
Total Operating Expenses	**257,871.4**	**257,871.4**	**274,057.3**	**16,185.9**		**10,041.2**
(Profit)/Loss from Operations	**(5,049.7)**	**(5,049.7)**	**13,781.4**	**18,831.1**		**12,941.0**
Non Operating						
Non-Operating Income						
Finance Income	(49.6)	(49.6)	(107.1)	(57.5)		(50.3)
Total Non-Operating Income	**(49.6)**	**(49.6)**	**(107.1)**	**(57.5)**		**(50.3)**
Non-Operating Expenses						
Finance Costs	817.2	817.2	745.1	(72.2)		(19.1)
Gains / (Losses) on Disposal of Assests	-	-	-	-		-
PDC dividend expense	3,040.0	3,040.0	2,443.5	(596.5)		-
Total Finance Costs (for non-financial activities)	**3,857.2**	**3,857.2**	**3,188.6**	**(668.7)**		**(19.1)**
Other Non-Operating Expenses						-
Misc. Other Non-Operating expenses	-	-	-	-		-
Total Non-Operating Expenses	**3,857.2**	**3,857.2**	**3,188.6**	**(668.7)**		**(19.1)**
(Surplus) / Deficit Before Tax	**(1,242.0)**	**(1,242.0)**	**16,862.9**	**18,104.9**		**12,871.6**
Corporation Tax	500.0	500.0	247.9	(252.1)		(2.8)
(Surplus) / Deficit After Tax	**(742.0)**	**(742.0)**	**17,110.8**	**17,852.8**		**12,868.7**
(Surplus) / Deficit After Tax from Continuing Operations	**(742.0)**	**(742.0)**	**17,110.8**	**17,852.8**		**12,868.7**
Remove capital donations / grants I&E impact	-	-	(165.6)	(165.6)		(216.0)
Remove impairment	-	-	(2,614.0)	(2,614.0)		-
Adjusted Financial Performance (Surplus) / Deficit	**(742.0)**	**(742.0)**	**14,331.2**	**15,073.2**		**12,868.7**
						-
Adjusted Financial Performance (Surplus) / Deficit	**(742.0)**	**(742.0)**	**14,331.2**	**15,073.2**		**12,652.7**
PSF adjustment	7,282.0	7,282.0	1,093.0	(6,189.0)		(5,340.0)
Adjusted Financial Performance (Surplus) / Deficit excluding PSF	**6,540.0**	**6,540.0**	**15,424.2**	**8,884.2**		**7,312.7**

Appendix 2 - Income Analysis

Table 3 – Operating income by commissioner

Table 3: Operating Income from Patient Care Activities by Commissioner as at 31st March 2019

Red	**>100k over**
Amber	**<> (£50k) - £99.99k**
Green	**<(£50.1k)**

		Group Position				
Commissioner	**Contract Type**	**Annual Budget**	**Budget to Date**	**Actual**	**Variance (Actual Budget)**	**Previous Month Variance**
		£000's	£000's	£000's	£000's	£000's
NHS Newcastle Gateshead CCG	Acute - Block	(130,000.0)	(130,000.0)	(130,000.0)	0.0	(0.0)
NHS Newcastle Gateshead CCG	Community - Block	(19,300.1)	(19,300.1)	(19,300.1)	0.0	(0.0)
NHS Newcastle Gateshead CCG	AQP - Variable	(999.3)	(999.3)	(971.4)	27.9	47.0
NHS Sunderland CCG	Acute - Block	(20,231.1)	(20,231.1)	(20,981.1)	(750.0)	(687.5)
NHS South Tyneside CCG	Acute - Block	(8,900.0)	(8,900.0)	(8,900.0)	(0.0)	0.0
NHS North Durham CCG	Acute - Block	(6,362.8)	(6,362.8)	(6,362.8)	(0.0)	0.0
NHS Northumberland CCG	Acute - Block	(1,425.0)	(1,425.0)	(1,425.0)	0.0	0.0
NHS Durham, Dales & Easington CCG	Acute - Block	(1,270.0)	(1,270.0)	(1,270.0)	0.0	0.0
NHS North Tyneside CCG	Acute - Block	(641.2)	(641.2)	(641.2)	(0.0)	0.0
NHS Cumbria	Acute - Variable	(669.6)	(669.6)	(560.4)	109.2	83.5
Various CCG's	Non Contract	(1,629.2)	(1,629.2)	(1,869.8)	(240.6)	(182.5)
Overseas Visitors	Non Contract	0.0	0.0	(43.3)	(43.3)	(58.5)
Sub-Total Clinical Commissioning Groups		**(191,428.4)**	**(191,428.4)**	**(192,325.2)**	**(896.7)**	**(798.0)**
Specialised Commissioning Hub	Acute - Variable	(14,788.9)	(14,788.9)	(15,663.0)	(874.0)	(803.9)
North East & Cumbria Area Team	Screening - Block & Variable	(9,669.3)	(9,669.3)	(9,212.6)	456.7	421.7
Yorkshire & Humber Area Team	Screening - Block & Variable	(4,209.3)	(4,209.3)	(4,222.7)	(13.4)	2.0
Lancashire Area Team	Screening - Variable	(542.4)	(542.4)	(520.8)	21.5	22.8
South Central	Armed Forces - Variable	(30.3)	(30.3)	(23.3)	7.0	6.1
Cancer Drug Fund	Non Contract	(1,238.5)	(1,238.5)	(945.4)	293.1	298.8
Sub- Total NHS England		**(30,478.8)**	**(30,478.8)**	**(30,587.8)**	**(109.1)**	**(52.6)**
City Hospitals Sunderland FT	Pathology & Ante Natal Pathway	(6,514.2)	(6,514.2)	(6,658.1)	(143.9)	(93.7)
Newcastle Hospitals FT	MSK	(529.1)	(529.1)	(529.1)	0.0	0.0
South Tyneside FT	Pathology & Ante Natal Pathway	(3,020.3)	(3,020.2)	(3,108.4)	(88.2)	(64.7)
Other FT's	Ante-Natal Pathway & IVF	(65.6)	(65.7)	(46.0)	19.7	16.9
Sub- Total Foundation Trusts		**(10,129.2)**	**(10,129.2)**	**(10,341.6)**	**(212.4)**	**(141.4)**
National Pay Award Funding	Block	(2,508.0)	(2,508.0)	(2,580.0)	(72.0)	(66.0)
Local Authorities	Block	(106.7)	(106.7)	(95.7)	10.9	10.9
Private Patients	Non Contract	(688.5)	(688.5)	(662.6)	25.9	19.8
Overseas Visitors - Non Reciprocal	Non Contract	0.0	0.0	(116.6)	(116.6)	(116.6)
NHS Injury Cost Recovery Scheme	Non Contract	(689.6)	(689.6)	(609.0)	80.6	71.9
Other Non NHS Clinical Revenue	Non Contract	0.0	0.0	(8.9)	(8.9)	(8.5)
Sub-Total Other		**(3,992.8)**	**(3,992.8)**	**(4,072.8)**	**(80.1)**	**(88.5)**
Total Operating Income from Patient Care Activities		**(236,029.1)**	**(236,029.1)**	**(237,327.4)**	**(1,298.3)**	**(1,080.5)**

Table 4 – contract performance compared with the contracted position

Table 4: Contract Performance Block Contract as at 31st March 2019

Commissioner	Contract Type	Budget to Date	Actual	Variance	Previous Month Variance	Movement In month
		£000's	£000's	£000's	£000's	£000's
NHS Newcastle Gateshead CCG	Acute - Block	(130,000)	(128,096)	(1,904)	(1,677)	(227)
NHS Sunderland CCG	Acute - Block	(20,231)	(21,231)	999	842	158
NHS South Tyneside CCG	Acute - Block	(8,900)	(9,052)	152	176	(24)
NHS North Durham CCG	Acute - Block	(6,363)	(6,231)	(132)	(73)	(60)
NHS Northumberland CCG	Acute - Block	(1,425)	(1,335)	(90)	(97)	7
NHS Durham, Dales & Easington CCG	Acute - Block	(1,270)	(1,283)	13	26	(14)
NHS North Tyneside CCG	Acute - Block	(641)	(683)	41	16	26
Total Block Contract Impact		**(188,130)**	**(187,210)**	**(921)**	**(787)**	**(134)**

Table 5 – contract performance by point of delivery

Table 5 : Contract Performance by Point of Delivery as at 31st March 2019

	Group Position						Previous Month		Movement in Month	
Point of Delivery	Budget to Date	Actual	Variance	Budget	Actual	Variance	Variance	Variance	Variance	Variance
	£000's	£000's	£000's	Activity	Activity	Activity	£000's	Activity	£000's	Activity
Elective Long Stay	(17,695.4)	(15,488.5)	2,206.9	5,025	4,264	761	2,114.5	733	92.4	28
Elective Day Case	(16,888.7)	(17,846.2)	(957.5)	28,238	28,527	(289)	(937.0)	(322)	(20.5)	33
Non Elective Zero LoS	(1,370.1)	(1,826.6)	(456.5)	1,490	1,971	(481)	(437.0)	(448)	(19.5)	(33)
Non Elective Other	(48,778.4)	(49,286.6)	(508.1)	24,768	24,446	322	(738.6)	196	230.5	126
Outpatient First	(8,902.8)	(9,111.3)	(208.5)	51,148	53,726	(2,578)	(252.4)	(2,804)	43.9	226
Outpatient Follow Up	(13,646.7)	(13,582.2)	64.5	169,914	168,574	1,340	(45.8)	(1,137)	110.4	2,477
Accident & Emergency	(11,299.8)	(12,311.2)	(1,011.4)	115,353	114,881	472	(945.5)	353	(65.8)	119
High Cost Drugs	(11,682.7)	(12,748.6)	(1,065.9)	0	0	0	(1,150.0)	0	84.1	0
Other:										
-Bed Days	(14,321.4)	(13,400.6)	920.8	57,874	55,705	2,169	875.3	2,124	45.5	45
- Critical Care & SCBU	(8,862.0)	(7,612.9)	1,249.1	7,841	6,611	1,230	1,153.3	1,125	95.8	105
- Unbundled Diagnostics	(4,019.3)	(4,090.9)	(71.6)	49,202	48,756	446	(58.4)	452	(13.2)	(6)
- Maternity Pathways	(4,685.9)	(4,158.6)	527.3	4,869	4,810	59	441.2	24	86.1	35
- Ambulatory Care	(2,541.1)	(2,870.1)	(329.0)	6,717	8,047	(1,330)	(314.6)	(1,247)	(14.4)	(83)
- Procedures	(1,785.3)	(1,729.3)	56.0	12,664	12,845	(181)	49.4	(220)	6.6	39
- Balance to Block Contract Adjustment	0.0	(921.0)	(921.0)	0	0	0	(786.8)	0	(134.2)	0
- Other	(65,663.3)	(66,322.5)	(659.2)	0	0	0	109.9	0	(769.1)	0
National Pay Award	(2,508.0)	(2,580.0)	(72.0)	0	0	0	(66.0)	0	(6.0)	0
Private Patients	(688.5)	(662.6)	25.9	0	0	0	19.8	0	6.1	0
Overseas Visitors	0.0	(43.3)	(43.3)	0	0	0	(58.5)	0	15.2	0
Overseas Visitors - Non Reciprocal	0.0	(116.6)	(116.6)	0	0	0	(116.6)	0	0.0	0
NHS Injury Cost Recovery Scheme	(689.6)	(609.0)	80.6	0	0	0	71.9	0	8.7	0
Other Non NHS Clinical Revenue	0.0	(8.9)	(8.9)	0	0	0	(8.5)	0	(0.4)	0
Total Operating Income & Activity	**(236,029.1)**	**(237,327.4)**	**(1,298.3)**	**535,102**	**533,163**	**1,939**	**(1,080.5)**	**(1,171)**	**(217.8)**	**3,110**

Appendix 3 – Expenditure analysis

Table 6 – Budgeted pay expenditure

STATEMENT OF COMPREHENSIVE INCOME MARCH 2018/19	GROUP POSITION			VARIANCE		
Red >100k over Amber <> (£50k) - £99.99k Green <(£50.1k)	Annual Budget	Budget to Date	Actual to Date	Variance (Actual - Budget)		Previous Month Variance
	£000's	£000's	£000's	£000's		£000's
Operating Expenses						
Employee Expenses - Substantive	171,243.2	171,243.2	170,157.9	(1,085.3)		(821.5)
Employee Expenses - Bank	309.3	309.3	5,016.7	4,707.5		4,194.0
Employee Expenses - Agency	394.1	394.1	3,500.3	3,106.2		2,797.6
Employee Expenses - Other	668.1	668.1	953.8	285.6		253.7
Total Employee Expenses	**172,614.7**	**172,614.7**	**179,628.7**	**7,014.0**		**6,423.9**

Agency Position	
Mar-19	**Variance from Ceiling**
Month of	(31,647)
YTD	(383,130)

Table 7 – Substantive pay run rate (including WLIs)

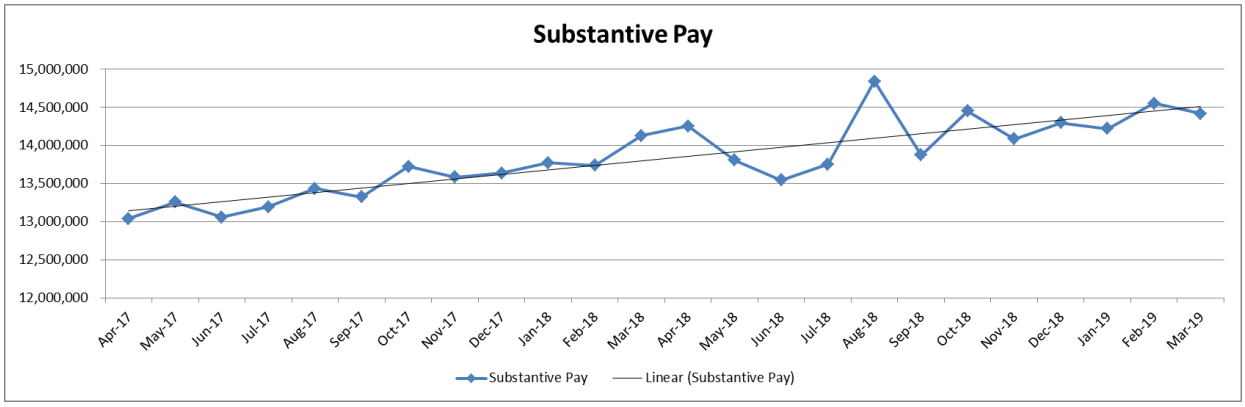


Table 8 – Non substantive pay run rate

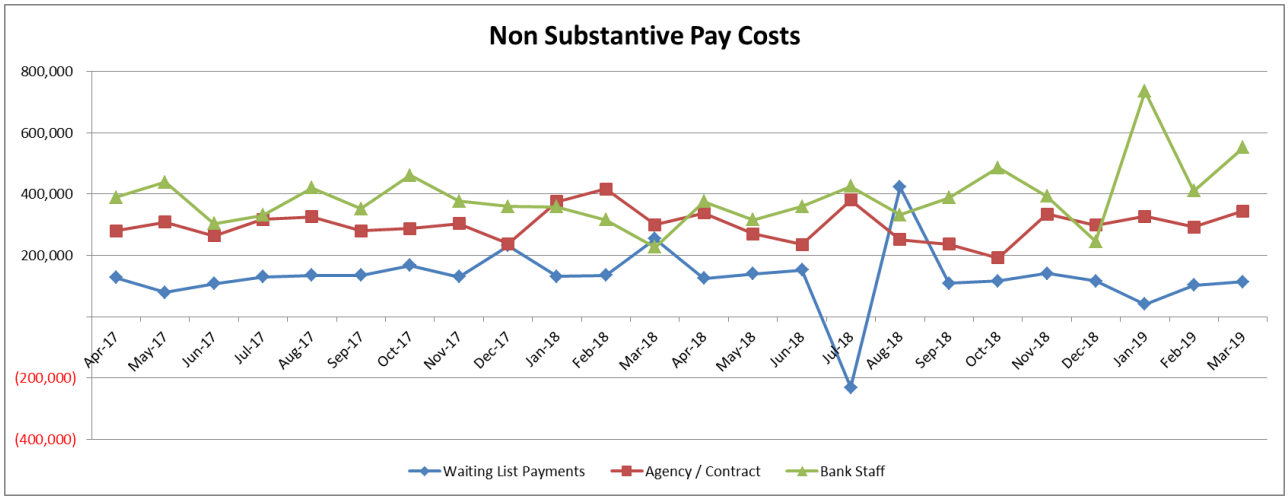


Table 9 – Whole Time Equivalent run rate

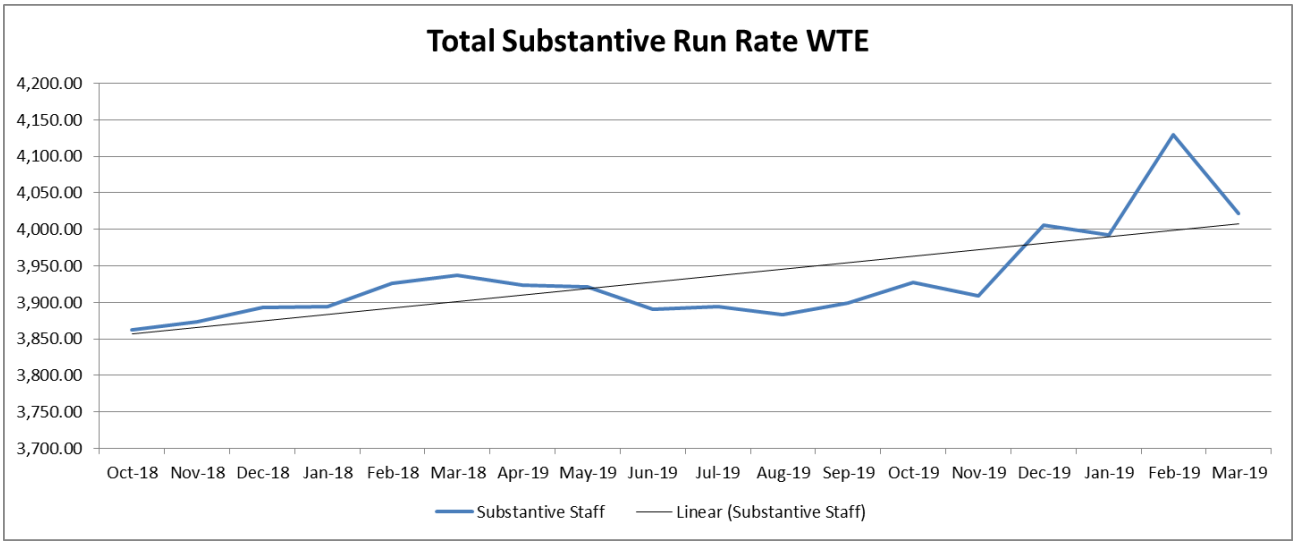
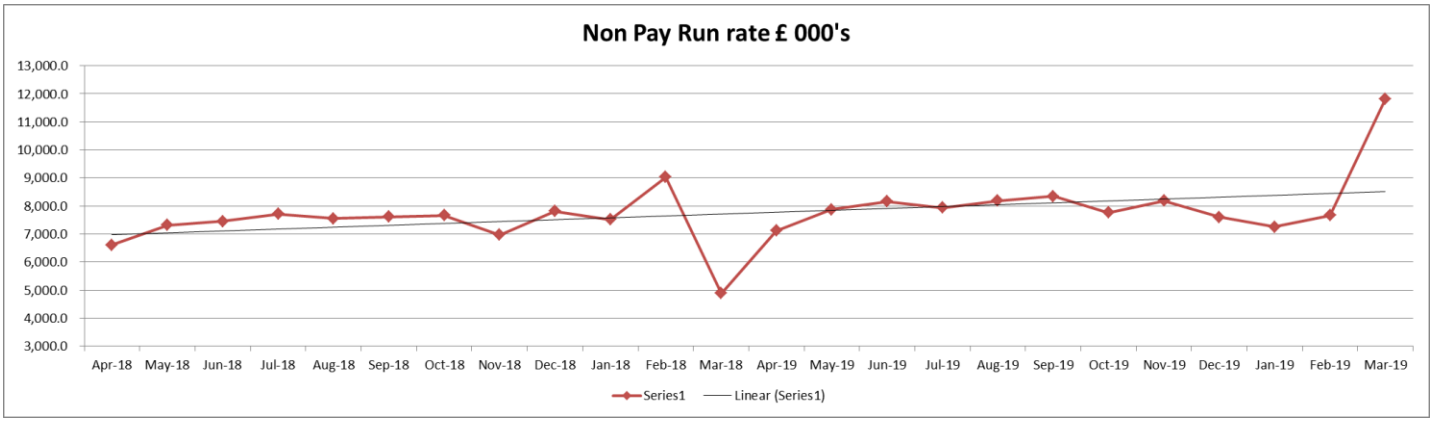


Table 10 – Budgeted non pay expenditure

STATEMENT OF COMPREHENSIVE INCOME MARCH 2018/19	GROUP POSITION			VARIANCE		
Red >100k over Amber <> (£50k) - £99.99k Green <(£50.1k)	Annual Budget	Budget to Date	Actual to Date	Variance (Actual - Budget)		Previous Month Variance
	£000's	£000's	£000's	£000's		£000's
Purchase of Healthcare - NHS bodeis	5,312.8	5,312.8	5,400.5	87.7		95.5
Purchase of Healthcare - Non NHS bodies	1,321.7	1,321.7	1,898.9	577.2		527.5
NED's	170.8	170.8	176.5	5.7		5.0
Supplies & Services - Clinical	26,129.8	26,129.8	26,872.5	742.7		63.9
Supplies & Services - General	2,055.8	2,055.8	2,113.0	57.2		(6.9)
Drugs	17,074.4	17,074.4	16,963.1	(111.4)		(164.1)
Research & Development expenses	5.4	5.4	0.7	(4.7)		(4.3)
Education & Training expenses	1,633.7	1,633.7	764.1	(869.6)		(844.0)
Consultancy costs	189.6	189.6	223.3	33.7		(30.8)
Establishment expenses	4,353.3	4,353.3	4,506.1	152.8		(2.3)
Premises	12,691.5	12,691.5	14,184.2	1,492.7		869.3
Transport	262.6	262.6	341.2	78.5		61.9
Clinical Negligence	5,755.9	5,755.9	5,721.3	(34.6)		(0.9)
Operating Leases	-	-	-	-		-
Other Operating expenses	6,712.9	6,712.9	6,866.9	154.1		(387.0)
Cost Improvement Programme	(4,709.7)	(4,709.7)	-	4,709.7		3,777.3
Reserves	191.4	191.4	-	(191.4)		-
Non Pay Operating Expenses included in EBITDA	**79,152.0**	**79,152.0**	**86,032.1**	**6,880.1**		**3,960.0**

Table 11 – Non Pay Run rate



Appendix 4 – CRP performance

Table 12 – phasing of the full year CRP by type

NHSI Category Expenditure / Income	Q1 Plan	Q2 Plan	Q3 Plan	Q4 Plan	Total CRP Plan
Income (Other operating income)	(268.0)	(273.0)	(269.0)	(294.8)	(1,104.8)
Income (Patient Care Activities)	(155.0)	(301.0)	(326.0)	(320.0)	(1,102.0)
Non pay	(969.0)	(1,253.7)	(1,621.8)	(1,725.5)	(5,570.0)
Pay (Skill mix)	(467.6)	(523.0)	(599.0)	(640.3)	(2,229.9)
Pay (WTE reductions)	(857.0)	(1,276.0)	(1,452.0)	(1,455.8)	(5,040.8)
Grand Total	(2,716.6)	(3,626.7)	(4,267.8)	(4,436.4)	(15,047.5)

Table 13 – year to date phasing of the CRP and achievement by type

NHSI Category Expenditure / Income	CRP Plan YTD £000's	CRP Actual YTD £000's	CRP Variance YTD £000's
Income (Other operating income	(1,104.8)	(958.9)	145.9
Income (Patient Care Activities)	(1,102.0)	0.0	1,102.0
Non pay	(5,570.0)	(4,231.2)	1,338.8
Pay (Skill mix)	(2,229.9)	(844.3)	1,385.6
Pay (WTE reductions)	(5,040.8)	(4,301.9)	738.9
Grand Total	**(15,047.5)**	**(10,336.3)**	**4,711.2**

Percentage Achieved	**68.7%**

Table 14 – Achievement of CRP by business unit

Variance < 0
Variance > 0, < 50
Variance > 50

Division	CRP Plan £000's	Total 18/19 £000's	CRP Variance YTD £000's	% Achieved 18/19	Total Recurrent £000's	Variance Recurrent £000's
Chief Executive	(71.7)	(265.2)	(193.5)	369.8%	(71.7)	0.0
Clinical Support	(2,275.1)	(2,380.7)	(105.6)	104.6%	(673.8)	(1,601.2)
Community Services	(665.5)	(704.5)	(39.0)	105.9%	(95.5)	(569.9)
Estates & Facilities	(1,260.5)	(668.8)	591.7	53.1%	(640.3)	(620.2)
Finance & Information	(437.9)	(907.8)	(469.9)	207.3%	(100.2)	(337.7)
Medicine	(2,007.4)	(1,581.9)	425.5	78.8%	(186.3)	(1,821.1)
Nursing & Midwifery	(218.6)	(301.2)	(82.6)	137.8%	(21.9)	(196.7)
QE Facilities	0.0	0.0	0.0	0.0%	0.0	0.0
Strategy & Transformation	(153.7)	(342.2)	(188.6)	222.7%	(164.9)	11.3
Surgical Services	(2,397.6)	(1,696.2)	701.3	70.7%	(221.4)	(2,176.2)
Trust Financing	(5,559.7)	(1,489.3)	4,070.4	26.8%	(208.2)	(5,351.5)
Total	**(15,047.5)**	**(10,337.8)**	**4,709.7**	**68.7%**	**(2,384.2)**	**(12,663.3)**

Table 15 – full year effect of identified CRPs and forecast

% Achieved >75%
% Achieved >50% <75%
% Achieved <50%

Division	RAG	Target	Actioned	Planned	Total Forecast	% Achieved	Recurrent
Chief Executive	Target	71.7			71.7		
	Green		(265.2)	0.0	(265.2)		
	Amber				0.0		
	Red				0.0		
Chief Executive Forecast Position		71.7	(265.2)	0.0	(193.5)	370%	(71.7)
Clinical Support	Target	2,275.1			2,275.1		
	Green		(2,380.7)	0.0	(2,380.7)		
	Amber				0.0		
	Red						
Clinical Support Forecast Position		2,275.1	(2,380.7)	0.0	(105.6)	105%	(673.8)
Community Services	Target	665.5			665.5		
	Green		(704.5)	0.0	(704.5)		
	Amber		0.0	0.0	0.0		
	Red		0.0	0.0	0.0		
Community Services Forecast Position		665.5	(704.5)	0.0	(39.0)	106%	(95.5)
Estates & Facilities	Target	1,260.5			1,260.5		
	Green		(668.8)	0.0	(668.8)		
	Amber		0.0	0.0	0.0		
	Red				0.0		
Estates & Facilities Forecast Position		1,260.5	(668.8)	0.0	591.7	53%	(640.3)
Finance & Information	Target	437.9			437.9		
	Green		(907.8)	0.0	(907.8)		
	Amber		0.0	0.0	0.0		
	Red				0.0		
Finance & Information Forecast Position		437.9	(907.8)	0.0	(469.9)	207%	(100.2)
Medicine	Target	2,007.4			2,007.4		
	Green		(1,581.9)	0.0	(1,581.9)		
	Amber				0.0		
	Red		0.0	0.0	0.0		
Medicine Forecast Position		2,007.4	(1,581.9)	0.0	425.5	79%	(186.3)
Nursing & Midwifery	Target	218.6			218.6		
	Green		(301.2)	0.0	(301.2)		
	Amber				0.0		
	Red		0.0	0.0	0.0		
Nursing & Midwifery Forecast Position		218.6	(301.2)	0.0	(82.6)	138%	(21.9)
Strategy & Transformation	Target	153.7			153.7		
on	Green		(342.2)	0.0	(342.2)		
on	Amber				0.0		
on	Red				0.0		
Strategy & Transformation Forecast Position		153.7	(342.2)	0.0	(188.6)	223%	(164.9)
Surgical Services	Target	2,397.6			2,397.6		
	Green		(1,696.2)	0.0	(1,696.2)		
	Amber		0.0	0.0	0.0		
	Red		0.0	0.0	0.0		
Surgical Services Forecast Position		2,397.6	(1,696.2)	0.0	701.3	71%	(221.4)
Trust Financing	Target	5,559.7			5,559.7		
	Green		(1,489.3)	0.0	(1,489.3)		
	Amber		0.0	0.0	0.0		
	Red				0.0		
Trust Financing Forecast Position		5,559.7	(1,489.3)	.0	4,070.4	27%	(208.2)
Trust Forecast Position		15,047.5	(10,337.8)	0.0	4,709.7	69%	(2,384.2)

Appendix 5 – Cash and working balances

Table 16 – statement of financial position

Statement of Position - March 2019

	2018/2019 February 2019 Group £000's	2018/2019 March 2019 Group £000's	2018/2019 Variance - Prior Month £000's	2018/2019 March 2019 QEF £000's	2018/2019 March 2019 FT £000's
Assets					
Non-Current Assets					
Investments	2,595	80	(2,515)	80	16,824
Property, Plant and Equipment, Net	122,160	116,062	(6,098)	413	115,649
Trade and Other Receivables, Net	2,258	2,396	138	842	1,554
Finance Lease - Intragroup				45,094	0
Trade and Other Receivables - Intragroup Loan	0	0	0		23,618
Total Non Current Assets	127,014	118,538	(8,475)	46,429	157,646
Current Assets					
Inventories	3,235	3,025	(211)	1,757	1,268
Trade and Other Receivables - NHS	5,950	4,842	(1,108)	1,078	3,764
Trade and Other Receivables - Non NHS	5,075	4,347	(728)	425	3,922
Trade and Other Receivables - Intragroup	5,805	6,363	558	6,292	71
Trade and Other Receivables - Other	0	0	0		0
Prepayments	3,449	3,839	390	280	3,559
Cash and Cash Equivalents	8,164	8,949	785	3,079	5,870
Accrued Income	575	518	(58)	426	92
Finance Lease - Intragroup				2,073	0
Trade and Other Receivables - Intragroup Loan					3,717
Total Current Assets	32,254	31,883	(371)	15,411	22,262
Liabilities					
Current Liabilites					
Deferred Income	5,155	2,311	(2,845)	238	2,072
Provisions	252	276	23	5	271
Current Tax Payables	3,577	3,598	21	273	3,325
Trade and Other Payables -Intragroup	5,805	6,363	558	71	6,292
Trade and Other Payables - NHS	1,672	2,819	1,147	790	2,029
Trade and Other Payables - Other	6,279	7,908	1,629	2,131	5,777
Trade and Other Payables - Capital	119	255	135	0	255
Other Financial Liabilities - Accruals	13,303	12,826	(477)	3,499	9,327
Other Financial Liabilities - Borrowings FTFF	499	1,356	856	0	1,356
Other Financial Liabilities - PDC Dividend	1,267	(446)	(1,713)	0	(446)
Other Financial Liabilities - Intragroup Borrowings	0	0		3,717	0
Finance Lease - Intragroup	0	0		0	2,073
Total Current Liabilities	37,929	37,264	(665)	10,723	32,332
NET CURRENT ASSETS (LIABILITIES)	(5,675)	(5,381)	294	4,689	(10,070)
Non-Current Liabilities					
Deferred Income	2,996	2,856	(141)	1,944	912
Provisions	2,976	2,886	(91)	0	2,886
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	23,618	0
Other Financial Liabilities - Borrowings FTFF	25,535	28,779	3,244	0	28,779
Finance Lease - Intragroup				0	45,094
Total Non-Current Liabilities	31,507	34,520	3,013	25,562	77,670
TOTAL ASSETS EMPLOYED	**89,831**	**78,637**	**(11,194)**	**25,556**	**69,906**
Tax Payers' and Others' Equity					
PDC	115,165	115,447	282	0	115,447
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(39,952)	(46,651)	(6,699)	8,731	(55,383)
Other Reserves	0	0	0	0	0
Revaluation Reserve	14,519	9,743	(4,777)	0	9,743
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	89,831	78,637	(11,194)	25,556	69,906
TOTAL ASSETS EMPLOYED	**89,831**	**78,637**	**(11,194)**	**25,556**	**69,906**

Appendix 6 – Capital programme delivery

Table 17 – detailed capital schemes

Scheme description	Total Value £000	2018/19 Revised Plan £000	2018/19 Actual £000
energy conservation – SALIX	60	60	45
theatre refurbishment programme	0	0	0
relocation of CSSD	260	260	319
health and safety investment	100	100	117
backlog maintenance	400	400	459
minor schemes	105	105	228
community services / Bensham car parking	100	100	9
equipment replacement programme	1,000	1,000	1,173
purchase of assets from donated funds	270	270	89
IT infrastructure	380	380	452
IT back up replacement	100	100	0
IT GDE	2,500	2,500	2,546
Cragside modernisation	825	825	837
ECC cladding	360	360	20
WiFi Secondary Care Implementation	205	205	205
FIT	100	100	100
Pharmacy	0	0	12
HSLI	0	0	270
	6,765	**6,765**	**6,881**

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 13

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Summary of Assurances and Items for Escalation from Board Committees			
Purpose of Report:	To receive the assurance reports from the following meetings: (i) Quality Governance Committee • 20 March • 17 April (verbal) (ii) Finance and Performance Committee • 26 March • 23 April (verbal) (iii) HR Committee • 9 April			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)				
Recommendations: (Action required by Board of Directors)	To receive the reports for assurance.			
Financial Implications:				
Risk Management Implications:				
Human Resource Implications:				
Equality and Diversity Implications:				
Author:				
Presented by:				

ASSURANCE REPORT
Quality Governance Committee – 20 March 2019

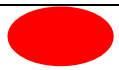
Gateshead Health NHS Foundation Trust

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
BAF		The Committee acknowledged cautious approach to risk/assurance ratings.		
Family Liaison Officer (FLO)		The Committee received a positive presentation for assurance.		
Integrated Quality and Learning Report		Received for overall assurance.		
Cancer Services Annual Report 17/18		The Committee received a positive Annual Report and acknowledged that positive work was ongoing.		
CNST Incentive Scheme – action plan update		The Committee noted that a robust action plan was in place to achieve all 10 safety schemes.		
CQUIN Update		CQUIN on track to, good levels of assurance received.		
Nursing and Midwifery Forum Sub Group update		Good levels of assurance received.		
Safeguarding Committee Sub Group Safeguarding Annual Report	 	The Committee received a positive Annual Report with good assurance that Safeguarding is regularly reviewed.		
Internal Audit Report – NIHR CRN Funding		The Committee received this for assurance and were informed this would receive further scrutiny at for the Audit Committee in May 2019.		
Pressure Damage Update		Good progress noted, however, there is still a lot of work to do on this.		

Assurance Key

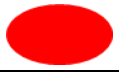
	Level of Assurance
	Assured – there are no gaps in assurance
	Partially assured – there are gaps in assurance but we are assured appropriate action plans are in place to address these
	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans

ASSURANCE REPORT
Finance and Performance Committee – 26 March 2019

Gateshead Health NHS Foundation Trust

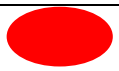
The Finance and Performance Committee has fulfilled its role and functions as defined within its terms of reference.

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 and discussed the Month 11 Finance and Activity report which shows the Trust behind plan but in line with expectations.		Monthly review of progress through the Committee and Board
		Forecast: Reforecast submitted after Q3 on track to meet this reforecast. Key risks to year-end position discussed.	Further cash support requests will be submitted in line with plan.	Monthly review of progress through the Committee
Financial Performance – Finance & Sustainability Programme		Year to Date: The Committee received and discussed the Month 11 Finance and Sustainability Programme report, which shows performance behind plan.		Monthly review of progress through the Committee
		Forecast: Full year achievement of revised target £10m CRP forecast.		Monthly review of progress through the Committee
Performance report – NHSI Governance Rating Impact		Year to Date: The Committee received and discussed the month 11 Performance report. The Committee noted that the A&E target was not met in February. Other targets were met. Risks around long stay patients. ECIST visit has been proposed.		Monthly review of progress through the Committee
		Forecast: Risks around A&E performance and RTT.		Monthly review of progress through the Committee
Performance Report – Achievement of PSF		PSF not expected to be achieved going forward given financial pressures.		Monthly review of progress through the Committee

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Capital Planning Update		Year to date progress reviewed. Month 11 shows behind plan but expected to be on track at year-end.		Annual review of progress through the Committee
Information Governance Annual Report		Update provided to the Committee for Information Governance giving assurance. Agreed to submit return with ongoing monitoring of two areas of non-compliance.	Action plan to be monitored.	6 monthly update through the Committee

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

ASSURANCE REPORT
Human Resources Committee – 9 April 2019

Gateshead Health NHS Foundation Trust

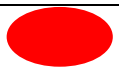
The Human Resources Committee has fulfilled its role and functions as defined within its terms of reference.

The reports received by the Human Resources Committee and level of assurance are set out below.

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
People Strategy – A Learning Culture		The Committee conducted a deep-dive into the Learning Culture strand of the People Strategy. It was noted that at the end of Year 2 of this 3-year of activity many of the actions had been implemented (i.e., in relation to Core Training, ESR self-service, training needs analysis, partnership working etc), however the Learning & Development rated them as amber until fully embedded and outcomes were shown to be sustainable. One of the element of the plan is not on schedule which is to review and redesign the Trust's induction provision/on-boarding activities.	Plan in relation to induction to be enacted in 2019/20	2019/20
HR Policy: • Working Time Regulations		The Working Time Regulations policy was approved to ensure the Trust works within legislative requirements, to protect the health, safety and wellbeing of our staff.	Policy to be launched within the organisation.	Apr-19
Workforce Metrics		The Committee discussed all the workforce metrics, noting the sustained and significant improvement in core training compliance which is a credit to all staff and managers. Concerns was expressed about the below expected levels of appraisals and each Business Unit was asked for a detailed plan to rectify this. It was noted the Trust continues to invest and recruit staff, increasing WTE in post, maintaining its level of turnover, sustaining a stable sickness absence position and low levels of employee relations cases.	All Business Units/Directorates to have a detailed plan in relation to completion of appraisals.	By 1-May-19
Freedom to Speak Up Q4 review and Plan		The Committee received an overview of the F2SU Cases that have been received in Q4, as well as the activity by the Guardian to promote the approach. A draft F2SU vision/plan was discussed.	F2SU vision/plan to be discussed with the Executive Lead/CMT for decision.	By May-19

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Gender Pay Gap Report 2018		The Committee received the 2018 report noting it had been published by the deadline in March and ratified by Trust Board. It was agreed the actions from 2017 would remain (focussing on Clinical Excellence Awards and Flexible Working) as this is a long-term cultural piece of work.	Actions incorporated into People Strategy Work Plan for 19/20.	
Audit: • Equality Delivery System 2		The Committee noted the draft audit report which provided reasonable assurance which is in line with the Trust's own assessment. The Committee had identified the need for Equality Objective 1 to be led by the Quality Governance Committee at its previous meeting, therefore this was not a surprise.	None	
Board Assurance Framework – Goal 6		The Committee reviewed the BAF and confirmed the rating remained the same (12) for Q4, and therefore for 2019/20 as a whole.	See BAF.	

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

Trust Board

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 14

Date of Meeting:	Wednesday 24th April 2019			
Report Title:	Quality Account/Report 2018/19 Progress Report			
Purpose of Report:	To provide the Board with an updates on: • the progress/gaps in production of the Quality Account/Report 2018/19 focussing on areas of concern and areas of data not yet available • identification of exceptions to data and content with the Quality Account/Report 2018/19			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Corporate Objectives report relates to: (Including reference to any specific risk)	**Goal 1** Working with partners, we will manage and improve the health of the population of Gateshead, promoting wellbeing and preventing the occurrence and progression of ill-health wherever possible. **Goal 2** All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. **Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 4** All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm. **Goal 5** All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients. **Goal 6** We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment.			

	Goal 7 We will deliver value for money and help ensure the local health and care system is sustainable and well led. **Goal 8** We will use our expertise in Pathology, Women's Cancer, Screening services for the benefit of the wider NHS, working with partners to provide excellent care for patients beyond Gateshead.
Recommendations: (Action required by Board of Directors)	To receive the report for assurance
Financial Implications:	N/A
Risk Management Implications:	The Trust and Quality Governance Department are required to ensure patients receive a high quality service with continuous quality service improvement. The Risk to none or partial achievement of theses priorities could impact on improvement in quality of patient services.
Human Resource Implications:	Staff Resource and commitment is required to ensure quality priorities are met across the Trust.
Equality and Diversity Implications:	**Objective 1** All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.
Author:	Wendy McFadden, SafeCare Lead – Clinical Effectiveness & Patient Experience
Presented by:	Hilary Lloyd, Director of Nursing, Midwifery & Quality

Quality Account 2018/19

1. Introduction

The primary purpose of the Quality Account is to encourage Boards to assess quality across all of the healthcare services the organisation offers. It supports the demonstration of a commitment to continuous quality improvement and is a means of describing and explaining progress with quality initiatives to the public. NHS Improvement incorporates the requirements for Quality Accounts into the requirements for Quality Reports that all foundation trusts must include in their Annual Reports. The Trusts approach has been to produce one document that meets the requirements of both the Department of Health and NHS Improvement.

This paper will give an update on:

- Progress on the production of the Quality Account 2018/19
- Progress made by exception on our performance against the 2018/19 priorities and local/national indicators.

2. Update on production of Quality Account & Progress against priorities/targets

The table below acts as an exception report highlighting progress, any areas of risk and poor compliance.

Table A

SECTION	PROGRESS ON THE PRODUCTION OF THE QUALITY ACCOUNT 2018/19	PROGRESS MADE BY EXCEPTION ON OUR PERFORMANCE AGAINST THE 2018/19 PRIORITIES AND LOCAL/NATIONAL INDICATORS
Contents	To be updated once document finalised	NA
Section 1: Statement on quality from the chief executive of the NHS foundation trust:		
Statement on Quality from the Chief Executive	In draft – to be signed off by Acting Chief Executive	NA
Section 2: Priorities for improvement and statements of assurance from the board:		
2.1 Reporting back progress in 2018/19:		
Priority 1: Implementation of the National Confidential Enquiry into Patient Outcome and Death "Treat as One – Bridging the gap between mental and physical healthcare in general hospitals	Complete	None
Priority 2: Reducing variation in Clinical Practice – Getting it Right First Time (GIRFT)	Complete	None
Priority 3: Continue work on improving patient safety culture with focus on: 3a Manchester Patient Safety Framework (MaPSaF), 3b Maternal and Neonatal safety and 3c Trust	Complete	3b. Maternal and Neonatal Safety - Bookings for March were down compared to

investigation training		February with 191 bookings compared to 232 in February. Therefore our Continuity of care pathway figure for March total is 17.85% against target of 20%.
Priority 4: Ensure that all patients are kept safe by using the new national guidance for Serious Incidents and Never Events	Complete	None
Priority 5: Develop our patient and public involvement activities	Complete	In relation to developing a robust monitoring tool to understand the patient experience and the impact of service delivery on different communities, the tool was developed. It was agreed as part of the patient involvement strategy that during community events Governors would invite members to take part in the Equality Monitoring Questionnaire. Unfortunately this proved unsuccessful as the monitoring form was felt to contain too many questions on top of the usual information required when completing membership applications. Discussions are to take place between the Human Resources Department and Patient

		Experience Team to develop a process to collect this information from patients.
Priority 6: Develop a range of approaches to understand the experiences of patients and carers who use our mental health services	Narrative to be finalised	N/A
2.2 Quality Improvement priorities for 2019/21:		
Section for the 12 identified priorities for 2019/21 is complete and agreed – narrative has been lifted from the Quality Improvement Strategy.		
2.7 Statements of assurance from the board:		
Number of relevant health services required	Complete	N/A
Participation in clinical audit	Data still awaited for 5 national audits – will be included in final Quality Account. Actions as a result of participation in clinical audit - Actions still awaited for 18 national audits – will be included in Final Quality Account.	Participated in 89% (31/35) of national audits where we were eligible. The Trust did not participate in the following audits: Adult Community Acquired Pneumonia National Audit of Anxiety and Depression – no capacity to participate National Audit of Cardiac Rehabilitation – no capacity to participate National Diabetes Audit – Adult – did not have appropriate IT system to support participation.

		Issue now resolved which will enable participation in 2019/20
Participation in Clinical Research	Complete	N/A
Data quality	Complete	N/A
Learning from Deaths	Complete	N/A
Update on progress with 7 Day Services	Complete	N/A
Freedom to speak up	Complete	N/A
Doctors and dentists in training – annual report on rota gaps and plan to reduce these	Complete	N/A
2.8 Mandated Core Quality Indicators:		
SHMI	Narrative to be completed	Still 'as expected'
CPA	Data to be refreshed for quarter 4 and narrative updated	TBC
PROMS	Complete	Hip and Knee – the Trust has significantly improved and results show we are in line with national average
Emergency Readmissions	Complete	N/A
Trust responsiveness to the personal needs of its patients	Narrative required	TBC
VTE risk assessment	Data to be refreshed and narrative required	TBC
Friends & Family Test Staff	Narrative required	TBC
C Diff	Complete	The Trust has reported 20 cases for 2018/19 exceeding its objective by 2 cases and reporting a rate of 11.24 per 100,000 bed days reporting our lowest case numbers to date. However following review

		and successful appeals the Trust reports only 3 cases against the quality premium.
Patient safety incidents	Narrative required	TBC
Section 3: Review of Quality Performance:		
3.1 Patient Safety:		
Sepsis	Update required	None
3.2 Clinical Effectiveness:		
Learning from deaths – family process	Update required	None
3.3 Patient Experience:		
	Completed	None
3.4 Focus on staff:		
Focus on staff	Completed	None
3.5 Quality overview – performance of Trust against selected indicators:		
Team Effectiveness/Efficient/Innovative Teams	Completed	Core skills compliance – 87.27% against target of 85% Appraisal compliance – 73.34% against target of 85% Staff sickness absence – 4.47% against target of 4.00%
Safe Reliable Care/No Harm – Reducing harm from deterioration	Completed	HSMR – 109.4 against target of <100 SHMI – 1.04 against target of <=1
Safe Reliable Care/No Harm – Reducing harm – Pressure Damage	Completed	130 hospital acquired pressure damage category 2 and above reported for 18/19. Target was a year on year reduction, in 17/18 the number reported was 92
Safe Reliable Care/No Harm – Reducing harm – Falls	Completed	Rate of falls per 1,000 bed days in

		18/19 reported as 9.38. Target was a reduction to <8.5. Rate of harms fall 2.18 against target of <2.25
Safe Reliable Care/No Harm – Never Events	Completed	4 never events reported in 2018/19: - 2 were historical reported in April 2018, these relate to recently discovered incidents of wrong implant/prosthesis. One in August 2015 and the other March 2017. 1 in March 2019- Wrong Patient for treatment/procedure (Low Harm) 1 in January 2019 - Incorrect Site for Surgery (Low Harm)

SECTION	PROGRESS ON THE PRODUCTION OF THE QUALITY ACCOUNT 2016/17	PROGRESS MADE BY EXCEPTION ON OUR PERFORMANCE AGAINST THE 2016/17 PRIORITIES AND LOCAL/NATIONAL INDICATORS
Safe Reliable Care/No Harm – Infection Prevention & Control	Complete	20 cases of C.diff against trajectory of 18. 2 cases of MRSA - The Trust had successfully achieved 1,016 Hospital-onset MRSA BSI free days up to October 2018 and celebrated continuing to maintain the national aspiration until November when two hospital-onset positive blood culture samples were reported. All Investigations were implemented in line with revised guidance followed by a post infection review (PIR). Both cases were allocated to the Trust however upheld as unavoidable with appropriate lessons learned and shared.
Right Care, Right Place, Right Time – Stroke	Complete	Out of the 8 indicators the Trust are monitored on 4 rated as 'A', 2 rated as 'B' and 2 rated as 'C' on of A to E where A is best.
Fragility fracture neck of femur operated on within 48hrs of admission/diagnosis	Update required – will be included in the final quality account	TBC
Proportion of patients who are readmitted within 28	Update required – will be included	TBC

days across the trust	in the final quality account	
Proportion of patients undergoing knee replacement who are readmitted within 30 days	Update required – will be included in the final quality account	TBC
Proportion of patients undergoing hip replacement who are readmitted within 30 days	Update required – will be included in the final quality account	TBC
Responsiveness to inpatients' personal needs	Completed	N/A
Safe, Effective Environment, Appropriate Equipment & Supplies – PLACE	Completed	Scored well in all areas.
3.6 National targets and regulatory requirements		
Single Oversight Framework	Update required – will be included in the final quality account	Performance against the targets included in the Single Oversight Framework are reported to the board regularly via the Trust Performance Report.

Annex 1: Feedback on our 2015/16 Quality Account:		
Gateshead OSC, Gateshead CCG, HealthWatch, Council of Governors	To be inserted once received from external stakeholders	N/A
Annex 2: Statement of directors' responsibilities in respect of the quality account:		
	Statement to be signed off by Chief Executive and Chairman at Trust Board on 22.05.19	N/A
Glossary of Terms:		
	To be updated once document is finalised.	N/A
Appendix A: Independent Auditor's Report to the Board of Governors of Gateshead Health NHS Foundation Trust on the Quality Report:		
	To be inserted once signed off at Council of Governors on 22.05.19	N/A

3. Conclusion

The production of the Quality Account 2018/19 is on track for the required deadlines and final submission to NHS Improvement on 29th May 2019.

We have made significant progress against our quality priorities during 2018/19.

The final Quality Account 2018/19 will be presented to the Board on 22nd May 2019.

4. Recommendation

The board is asked to receive this information for assurance and consultation on the exceptions highlighted in table A.