MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

Gateshead Health NHS Foundation Trust

Date: Wednesday 26th May 2021
Time: 09:30 am
Venue: via Microsoft Teams

AGENDA

	TIME	ITEM	STATUS	PAPER
1.	09:30 am	**Welcome and Chair's Business**		
2.	09:30 am	**Declarations of Interest** To declare any pecuniary or non-pecuniary interests *Check – Attendees to declare any potential conflict of items listed on the agenda to the Trust Secretary on receipt of agenda, prior to the meeting*	Declaration	Verbal
3.	09:30 am	**Apologies for Absence** *Quoracy check: (s3.3.31 SOs: No business shall be transacted at a meeting unless a minimum of **4** members of the Board (including at least **one** Non-Executive and **one** Executive Member of the Board) are present)*	Agree	Verbal
4.	09:35 am	**Minutes of the meeting held on 31st March 2021** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:35 am	**Matters Arising/Action Log**	Update	Enclosure 5
6.	09:40 am	**Patient & Staff Story** To receive a presentation from: • Abraham Adler (patient) • Winter Volunteer Programme	Assurance	Presentation
		ITEMS FOR DECISION		
7.	09:50 am	**Self-Certification Declaration** To receive the Annual Self-Certification Declaration required in accordance with General Condition 6 and Condition FT4 of the Trust's licence.	Approval	Enclosure 7
		ITEMS FOR ASSURANCE		
8.	10:00 am	**Assurance from Board Committees** i. Finance and Performance Committee – 30 March, 27 April & 25 May 2021 ii. Quality Governance Committee – 21 April & 19 May 2021 iii. Digital Committee – 19 April 2021 iv. HR Committee - 6 April 2021	Assurance	Enclosure 8
9.	10:15 am	**COVID Update** To receive an update, presented by the Medical Director	Assurance	Verbal
10.	10:20 am	**Finance Update** To receive the report, presented by the Group Director of Finance	Assurance	Enclosure 10
11.	10:30 am	**Integrated Oversight Report** To receive the report, presented by the Chief Operating Officer	Assurance	Enclosure 11

12.	10:40 am	**Integrated Quality and Learning Report** To receive the report, presented by the Deputy Director of Nursing, Midwifery and Quality	Assurance	Enclosure 12
13.	10:45 am	**CNST Maternity Compliance Report** To receive the report, presented by the Medical Director	Assurance	Enclosure 13
14.	10:55 am	**Healthcare Associated Infections** To receive the report presented by the Medical Director	Assurance	Enclosure 14
15.	11:00 am	**Sustainable Development Management Plan** To receive the report presented by the QEF Managing Director	Assurance	Enclosure 15
16.	11.10 am	**QE Facilities 6 Monthly Update** To receive the report presented by the QEF Managing Director	Assurance	Enclosure 16
		ITEMS FOR INFORMATION		
17.	11:20 am	**Gateshead System Alliance Agreement** To receive the report presented by the Chief Operating Officer	Assurance	Enclosure 17
18.	11:25 am	**Questions from Governors in Attendance** To receive any questions from governors in attendance		Verbal
19.	11:40 am	**Date and Time of the next Meeting** The next scheduled meeting of the Board of Directors to be held in public will be 28th July 2021 at 9:30 am		Verbal
20.	11:40 am	**Chair Declares the Meeting Closed**		Verbal
21.	11:40 am	**Exclusion of the Press and Public** To resolve to exclude the press and public from the remainder of the meeting, due to the confidential nature of the business to be discussed		Verbal

Trust Board

Minutes of a meeting of the Board of Directors held at 9.30 am on Wednesday 31st March 2021, via Microsoft Teams

Gateshead Health NHS Foundation Trust

Present:	
Mrs A Marshall	Chair
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Ms L Crichton-Jones	Director of People & OD
Cllr M Gannon	Non-Executive Director
Mr P Harding	Commercial Director
Mr P Hopkinson	Non-Executive Director
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Non-Executive Director
Mr A Robson	Managing Director QEF
Mr M Robson	Non-Executive Director
Dr M Sani	Associate Non-Executive Director (NExT Placement)
Mr D Shilton	Non-Executive Director
In Attendance:	
Mr N Black	Chief Digital Information Officer
Mrs H Fox	Head of Communications & Engagement
Mrs A Maskery	Interim Trust Secretary
Dr K Roberts	Deputy Director of Nursing, Midwifery and Quality
Ms D Waites	Corporate Services Assistant
Governors and Members of the Public:	
Mrs E Adams	Public Governor – Central
Mr J Bedlington	Public Governor – Central
Mr S Connolly	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor - Western
Mr M Loome	Staff Governor
Mrs K Marley	Staff Governor
Ms M Ndam	Staff Governor
Mrs D Porteous	Appointed Governor
Mr G Riddell	Public Governor – Western
Mrs K Tanriverdi	Public Governor – Central
Mr P Usher	Public Governor – Out of Area
	3 x members of the public

Agenda Item	Discussion and Action Points	Action By
21/31	**CHAIR'S BUSINESS:** The meeting being quorate, Mrs A Marshall, Chair, declared the	

Agenda Item	Discussion and Action Points	Action By
	meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The Board observed a minute's silence in memory of Mr Peter Smith, former Trust Chairman, who sadly passed away in January 2021 and thoughts were extended to his wife and family.	
21/32	**DECLARATIONS OF INTEREST:** Mrs A Marshall, Chair, requested that Board members present report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.	
21/33	**APOLOGIES FOR ABSENCE:** There were no apologies received.	
21/34	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Wednesday 27th January 2021 were approved as a correct record.	
21/35	**MATTERS ARISING FROM THE MINUTES:** The Board Action Plan was updated accordingly to reflect matters arising from the minutes.	
21/36	**PATIENT & STAFF STORY:** Mrs H Fox, Head of Communications & Engagement presented the following virtual patient and staff stories: • Ged Knowles (patient) – Poem to Ward 22 • Aurial Reay (staff) – Deputy Sister, Critical Care The Board thanked Mr Knowles and Mrs Reay for providing their stories and acknowledged the Health and Well-Being of staff due to the ongoing pandemic. Mrs Fox left the meeting.	

Agenda Item	Discussion and Action Points	Action By
21/37	**STAFF SURVEY RESULTS:** Ms L Crichton-Jones, Executive Director of People & OD, presented the Staff Survey Results which were published on 11 March 2021. A follow-up session will be provided at the Board Strategy Session in April 2021 and progress on actions will be monitored via the HR Committee throughout the year. Ms Crichton-Jones reported that the survey was launched across the organisation including QE Facilities staff on 1 October 2020, predominately online, for a period of 8 weeks. The Trust's comparator group was Acute & Acute & Community Trusts and there are 128 Acute & Acute & Community Trusts in total. The response rate for the 2020 survey was 39%, compared with 41.9% in 2019 and the Senior Management Team have agreed to commit to improving this figure. She explained that the results in Gateshead have not changed significantly however The Trust is performing better within the sector. There are plans to introduce a Steering group with the first meeting taking place at the end of April. Focus groups will also take place to ensure ongoing dialogue with staff. Mr P Hopkinson, Non-Executive Director, felt that results were positive and encouraging however raised concerns in relation to the result around raising concerns about unsafe clinical practices. Ms Crichton-Jones explained that this may need some attention however should be recognised as a positive outlier. Mrs Y Ormston, Chief Executive, emphasised that it is important to highlight a no blame culture and support managers to look forward positively. Ms Crichton-Jones reported that a review of management development and OD programmes is being looked at. Dr M Sani, Associate Non-Executive Director, felt that it was important to celebrate successes and queried how this was being taken forward. Ms Crichton-Jones highlighted that the Trust usually organises an annual staffing event however this was unable to take place last year. Conversations will begin to arrange a recognition event soon. Staff have also received Easter gifts and thank you cards however a clear approach is required and this will be reviewed by the Steering Group. After further discussion, it was: **RESOLVED:** to receive the Staff Survey Results for assurance.	
21/38	**ANNUAL DECLARATIONS OF INTERESTS:** Mrs A Marshall, Chair, presented the Declaration of Board Members' Interests and the Fit and Proper Persons Declaration in accordance	

Agenda Item	Discussion and Action Points	Action By

with section 20 of Schedule 1 of the Health & Social Care (Community Health and Standards) Act 2003, the Health Act 2012 and subsequently the Trust's Standard Licence Conditions.

The declared interests for 2020/21 for the Chair and Board members and the Fit and Proper Persons Declaration are shown below:

Name	Position	Interest	Interest of Spouse	
Mrs Jo Baxter	Chief Operating Officer	None	None	
Mr Andrew Beeby	Medical Director	Joint Director of "A R Beeby Ltd" – medico-legal reporting company	Rebecca Beeby – Joint Director of same company	A
Mrs Jackie Bilcliff	Group Director of Finance	None	None	
Dr Ruth Bonnington	Non-Executive Director	(i) a partners in Gateshead General Practice (Bewick Road Surgery) (ii) a director of a R&M Bonnington	(ii)M Bonnington – Director in same company	A
Ms Lisa Crichton-Jones	Exec Director of People & OD	East Durham College		E
Cllr Martin Gannon	Non-Executive Director	Newcastle Airport Local Authority Holding Company Limited Leader of Gateshead Council	None	A F
Mr Paul Hopkinson	Non-Executive Director	Partner PL Law LLP Trustee – FACT – Fighting All Cancers Together	None	B D

Agenda Item	Discussion and Action Points					Action By
	Mrs Alison Marshall	Chair	NED of Northern Powergrid (Northeast) plc and Northern Powergrid (Yorkshire) plc Ambassador for North Northumberland Hospice Care	NED of North East Ambulance Service NHS Foundation Trust NED of North East Ambulance Service Unified Solutions Ltd NED of Newcastle Gateshead Initiative (Chair) Chair of North East England Chamber of Commerce Director of Newcastle United Foundation Projects Ltd NED of Believe Housing Ltd Chair of Trustees – Newcastle United Foundation Ambassador for North Northumberland Hospice Care Chair of Regional Development Committee, Prince's Trust	A D E	
	Mr A Moffat	Non-Executive Director	Board member – North East Local Enterprise Partnership (NELEP) Chair – NELEP Investment Board		F	
	Mrs Y Ormston	Chief Executive	None	None		

Agenda Item	Discussion and Action Points					Action By
	Mrs H Parker	Non-Executive Director	Director – Kingston Properties Ltd Chair – University of Newcastle Development Trust Consultant – Sintons LLP		A D F	
	Mr Anthony Robson	Managing Director QEF	None	None		
	Mr Mike Robson	Non-Executive Director	Vice-President St Oswald's Hospice	None	D	
	Dr Mojgan Sani	Associate Non-Executive Director	Director of OEC Ltd (provider of clinical pharmacy education/ events) Public Governor at TEWV representing Stockton-on-Tees Chief Pharmacist/Associate Director of Medicines Optimisation for North Tees & Hartlepool NHSFT		A D F	
	Mr David Shilton	Non-Executive Director	Member - Meadow Lodge Care Services LLP Director - Meadow Lodge Care Ltd	None	B C	
	Following discussion, it was: **RESOLVED:** i) to approve the declared interests and Fit and Proper Persons Declaration ii) to note the next full routine review of the declaration of Board members interests will take place in March 2022					
21/39	**ASSURANCE REPORTS FROM BOARD COMMITTEES** The Board Committee Chairs provided updates from the assurance reports as follows:					

Agenda Item	Discussion and Action Points	Action By
	i) Finance & Performance Committee Mr M Robson provided the assurance report for the Committee meeting held on 26th January 2021 and 30 March 2021 (verbal). He provided an update on the meeting yesterday and reported that the Trust is still ahead of plan however there is some risk in relation to underspend but no concerns were raised by the Committee. There was some debate on the forecast outturn and there remains a number of external decisions which will influence the outcome. Therefore rated as red. Further details will be provided in the budget setting paper in Part 2 of the meeting. The Committee reviewed the Integrated Oversight Report and acknowledged there is uncertainty in relation to recovery work however is aware that a lot of positive work is ongoing. **ii) Quality Governance Committee** Mr D Shilton provided the assurance report for the Committee meeting held on 30th March 2021. He reported that there are 3 areas rated amber including the Board Assurance Framework however this is currently being updated. There is some work to do around the Quality Accounts and clarification is required in relation to timescales and legal requirements. Some data quality issues have been raised in relation to Mental Health assurances however is being picked up by the Committee. **iii) Audit Committee** Mr A Moffat provided the assurance report for the Committee meeting held on 4th March 2021. He reported that are 3 areas rated amber including a counter fraud issue which has been escalated to the National Counter Fraud authority. Assurance has been provided that other actions are being addressed including the outstanding audit actions which are being reviewed by the management team. After consideration, it was: **RESOLVED:** to receive the reports for assurance	
21/40	**LEARNING LESSONS TO IMPROVE OUR PEOPLE PRACTICES:** Ms L Crichton-Jones, Executive Director for People & OD, provided the Board with an initial position statement on the Trust's current practices and associated RAG rating following the recommendations	

Agenda Item	Discussion and Action Points	Action By
	received by Baroness Harding after an independent review. Ms Crichton-Jones reported that the Trust has undertaken a self-assessment against all recommendations and has been assessed as amber against the criteria. An independent review is also being completed by Capsticks HR Advisory Service and is expected to conclude soon. The Trust will also focus one of its Strategic Objectives on this work moving forward to provide Board level oversight. The HR Committee has recommended work to be undertaken around further development of workforce metrics and this will be monitored via future meetings. Dr R Bonnington, HR Committee Chair, highlighted that a further report will be presented to the Board in July 2021. After consideration, it was: **APPROVED:** to receive the report and note the actions within**.**	LCJ
21/41	**COVID UPDATE:** Mr A Beeby, Medical Director, provided a verbal update to the Board on the work being carried out due to new Covid requirements. He reported that the staff vaccination programme is almost complete and there are currently only a small number of Covid patients in the Trust with no outbreaks. Covid wards have therefore been de-escalated and limited visiting reintroduced. The PCAS unit continues to provide a 7 day service to staff and patients. Mrs Marshall highlighted that there was a lot of work to do for services to return to normal and Mr Beeby confirmed that the Trust was in a transition period and work continues to reinstate screening programmes and define estates requirements. After further discussion, it was: **RESOLVED:** to receive the update for assurance	
21/42	**FINANCE UPDATE:** Mrs J Bilcliff, Group Director of Finance, provided the Board with a summary of performance as at 28th February 2021 (Month 11) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). She highlighted that the Trust has reported an adjusted financial	

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	performance surplus of £2.062m for the period April 2020 - February 2021 and is projecting a year end surplus of £1.256m. The 2020/21 capital programme was initially set at £7.090m at the planning stage however this CDEL limit has increased to £19.151m to reflect additional capital funding received for a number of additional programmes and will be discussed in more detail in Part 2 of the meeting. Mrs Bilcliff drew attention to the Board that there a number of risks to note in relation to the delivery of the year end position and there remains some uncertainty regarding central funding being received. After consideration, it was: **RESOLVED:** to receive the report for assurance	
21/43	**DIGITAL UPDATE:** Mr N Black, Chief Digital Information Officer, provided the Board with assurance on the Digital Governance processes that are in place to ensure that digital strategy and roadmap are fully aligned to the organisational strategy. The report also provides an update on the digital achievements over the last six months, together with a forward-looking roadmap that describes the key digital milestones over the coming two years. Mr Black reminded the Board that the Digital Committee has been established to give full visibility of Digital Transformation (change) and Digital Assurance (business as usual systems and services) and the next meeting is scheduled to take place on 19th April 2021. He drew attention to the Digital Roadmaps which pulls together the strands of work and high-level milestones and will be monitored by the committee to ensure delivery of plans and associated benefits. The Board reviewed the Digital Operations Delivery over the last six months including the partnership agreement with London Royal Free to work together to develop Robotic Process Automation to routine tasks including automating A&E Coding and Endoscopy waiting lists. Mr Black highlighted that the first internal automation in the booking team is due to go live in April 2021. Dr M Sani, Associate Non-Executive Director, queried whether the Trust operated an electronic prescribing system and Mr Black explained that Omnicell cabinets were in place on wards which is integrated with stock control and is being rolled out by the Pharmacy team. Ms L Crichton-Jones, Executive Director of People & OD, welcomed	

Agenda Item	Discussion and Action Points	Action By
	the opportunity to include digital innovation within the People agenda and Mr Black explained that this could be included in the digital transformation work. Ms Crichton-Jones will discuss with Mrs K Roberton, Deputy Director for Corporate Services and Transformation. Following a query from Mr M Robson, Vice Chair, regarding patient benefits, Mr Black reported that there were ways of capturing benefits via patient flow, etc. Mr A Moffat, Digital Committee Chair, explained that further understanding of benefits delivery was required and will be moved forward by the Committee. The Board acknowledged the huge amount of work being undertaken and thanked Mr Black and the team. Mrs Marshall highlighted that digital transformation has been a key enabler for services over the past year and further awareness will be provided at the next Board Strategy Session from the Digital NHS Providers team. After further discussion, it was: **RESOLVED:** to receive the report for assurance. Mr Black left the meeting.	LCJ
21/44	**INTEGRATED QUALITY & PERFORMANCE REPORT:** Mrs J Baxter, Chief Operating Officer, presented the Integrated Quality and Performance Report (IQPR) and highlighted that this is a new and evolving report which will replace existing reports relating to finance, workforce and performance once content is agreed. This will include moving away from the existing RAG rating format. Mrs Baxter provided the Board with the following key messages and highlighted the challenges in recovering activity following pressures and impact of the ongoing pandemic: • Front of house restrictions due to social distancing reducing patient flow however plans are in place to improve. • New normal – will still need testing and Covid areas where required. • Currently approximately 9000 patients awaiting treatment with 97 referrals over 52 weeks. Mainly orthopaedic referrals however elective surgery programme looking at this. Some reasons for wait include patient choice. • Review of diagnostics trajectory. Work taking place around Endoscopy, urology and cardiology. This includes review of estates. • Cancer treatment remains a priority area and 2ww trajectory	

Agenda Item	Discussion and Action Points	Action By
	has improved despite increase in referrals. Breast referrals have achieved 100% 2ww therefore credit given to teams in this achievement. Mrs A Marshall thanked Mrs Baxter for the work around the format of the report and highlighted that there is still a lot of work to do in some areas to get services back to normal however the Board acknowledged that this was understandable due to the pandemic. Mrs Baxter highlighted that planning guidance was still awaited in relation to the Health and Well-Being for staff and patients and this would be balanced within recovery plans. She acknowledged that this was a lengthy report at present however future reports will provide exception reports going forward. Ms L Crichton-Jones queried whether ICS performance will be included in future reports and Mrs Baxter confirmed that benchmarking data will be included and Mrs D Renwick, Associate Director for Planning and Performance, is in discussions with NHS Improvement regarding future SPC reports. Following further discussion and consideration, it was: **RESOLVED:** i) to receive the IQPR for February 2021 ii) to note Trust performance and regional achievement against standards iii) to seek further information and test robustness of plans as is required, allowing judgement regarding levels of assurance for future levels of operational performance.	
21/45	**NURSE STAFFING EXCEPTION REPORT:** Dr K Roberts, Deputy Director of Nursing, Midwifery and Quality provided assurance to the Board that staffing establishments are being met on a month by month basis for January and February 2021. She reported that there are 11 exceptions for low fill rates for the months of January and February which happened during the third wave of the Covid pandemic. Four staffing incidents were reported on Datix during this period with no associated patient harm. As previously reported, the mobilisation of student nurse paid placements occurred in mid-February as part of the NHS England Covid response and these students are counted in the HCA fill rate numbers. Dr Roberts highlighted that the NHS as a whole, experiences seasonal staffing challenges during the winter months although these have been further impacted by the pandemic.	

Agenda Item	Discussion and Action Points	Action By
	Mr D Shilton, Non-Executive Director and Quality Governance Committee Chair, explained that the Committee noted the efforts from teams to achieve performance and thanked everyone involved. After consideration, it was: **RESOLVED:** to receive the Nurse Staffing Exception Report for assurance and information.	
21/46	**INTEGRATED QUALITY AND LEARNING REPORT:** Dr K Roberts, Deputy Director of Nursing, Midwifery and Quality, provided an update to the Board on the Trust's quality and safety performance up to February 2021. She highlighted that there has been a slight increase in incident reporting in particular medication errors with main concerns relating to transfer of care. Pressure damage incidents are under investigation however there has been a fall in device related pressure damage which relates to learning around the use of respiratory support masks and patients being treated face down. There has also been a significant reduction in nosocomial infection. Dr Roberts drew attention to the learning from the Mortality Review and reported that the Mortality Council meetings have now been reinstated. The Friends and Family test has restarted in A&E using Health call Text messaging and the A&E positive experience rating for February 2021 is 86%. The Patient Experience team are currently working to address the backlog of overdue formal complaints and an RPIW is in the planning stage to develop a consistent, efficient and compassionate response and optimise learning. The Board were reassured that learning was being picked up and put into practice in a number of areas which ensures that care and compassions is at the forefront of the whole organisation. Following consideration, it was: **RESOLVED:** to receive the report for assurance	
21/47	**HEALTHCARE ASSOCIATED INFECTIONS (HCAI):** Mr A Beeby, Medical Director and Joint Director of Infection Prevention and Control, provided an update to the Board on the current performance of HCAI mandatory reporting for the Trust throughout the 2020/21 period.	

Agenda Item	Discussion and Action Points	Action By
	Mr Beeby reminded the Board that the Covid pandemic has been the prominent area of focus. The trajectory for C-Difficile was suspended in April 2020 therefore there is no current benchmark however he reported that in February, 38 cases were reported compared with 44 last year therefore the Trust is currently not an outlier. No bloodstream infections for MRSA have been reported for the last year and there have also been no cases of flu reported between October 2020 and February 2021. Mr D Shilton, Non-Executive Director, compared the results to the previous IQLR report and highlighted that this demonstrates the Trust's success in preventing infections. Mrs Marshall felt that it was indicative that actions taken during the first and second wave of the pandemic have had a positive impact and have continued into the third wave. The Board congratulated the teams and thanked them for their hard work. After consideration, it was: **RESOLVED:** to receive the report for assurance	
21/48	**EPRR ASSURANCE REPORT:** Mrs J Baxter, Chief Operating Officer, provided assurance on EPRR Core standards compliance and information on the Trust learning to date from our Covid response with identified actions for the future EPRR work programme. She reported that it is a requirement that NHS Trusts submit a current self-assessment statement of assurance against Emergency Preparedness, Resilience and Response (EPRR) core standards to their Boards. In recognition of the Covid situation, a revised and amended approach to the annual assessment of EPRR standards was issued by the National Director of EPRR in August 2020 with three areas of focus. Following a review of the EPRR core standards and the associated plan, the overall level of compliance for the Trust has been assessed as **Partially Compliant**. Mrs Baxter reported that assurance can be provided that the Trust has responded well to Covid pandemic despite experiencing a period of change and transition. The Trust has undertaken a number of reviews and debriefing sessions to ensure organisational learning is captured and the EPRR Team have reviewed all EPRR standards and are currently converting identified learning into practice and ensuring	

Agenda Item	Discussion and Action Points	Action By
	that actions are embedded within future EPRR Action plans. Mrs Baxter concluded that there are areas to work on and all areas of non-compliances will be brought back to the Board on a six-monthly basis to ensure work is on plan. Mrs Marshall informed the Board that there will also be a Covid review across the organisation in due course. After further discussion, it was: **RESOLVED:** to receive the report for assurance	JMB
21/49	**GP PRACTICES CONTRACT UPDATE:** Mr P Harding, Commercial Director, provided a three month update on the Outer West GP contracts including a summary of key next steps. He reminded the Board that four 12 month emergency contracts were agreed and commenced on 1st January 2021 and reported that the transfer has gone well. A total of 58 staff were successfully TUPE transferred into the trust and following visits to all four practices, have received a positive response from staff. Dr Loren Blisset has been appointed as GP Clinical Lead and Anne Grieve has been persuaded to remain as Practice Manager. In addition a number of other key appointments have been made including a Practice Nurse Digital lead and further recruitment of new GP's is anticipated. Mr Harding explained that it is important that work continues to complete the due diligence exercise to inform the tender for these services later in the year and to develop a clear plan going forward. Consideration is also being given to the establishment of a wholly owned subsidiary of the Trust to manage these services and it is proposed that a separate paper is submitted to the Board in April 2021 setting out the a range of options and an assessment of each option. It is also proposed that the GP Clinical Lead will be invited to present to the Board on the services provided on a six-monthly basis. Mr Harding highlighted that it has been felt that it would be helpful if the four practices were given a collective name and following discussion with the staff from the practices and views sought from the Executive team, the name 'QE General Practice' has emerged as the preferred name. Mrs Y Ormston, Chief Executive, felt that this was an exciting development for the Trust however raised some concern in relation to timescales around the tendering process and whether the initial 12	PH

Agenda Item	Discussion and Action Points	Action By
	month contracts were sufficient. Mr Harding explained that this will be looked at further however the Trust is committed to completing the tendering exercise. Mr A Moffat, Non- Executive Director, congratulated Mr Harding on all the work undertaken around this and felt that significant progress had been made however raised a query in relation to gaining a further understanding around finance and performance. Mrs J Bilcliff, Group Director of Finance, reported that work was being undertaken around trading accounts and provided assurance that this will be completed as quickly as possible in line with year-end and 2021/22 financial planning. The Board were favourable of the venture and Mr Harding will provide a further paper for discussion at the Board Strategy Session in April 2021 which will provide further detail. Following consideration, it was: **RESOLVED:** to receive the report for assurance.	PH
21/50	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** Reverend J Gill wished to express the Governors appreciation to all staff over the past year and their continued hard work. She raised a query in relation to Governors receiving Board papers in a timely manner and Mr A Moffat highlighted that it is the intention to introduce the Convene system for Governors to access papers and this should be in place for the Council of Governors meeting in May 2021. Mr J Bedlington informed the Board that an Extraordinary Council of Governors meeting took place earlier his month to approve the Trust's new External Auditor contract and confirmed that this had been awarded to Mazars. He also referred back to Mr P Hopkinson's earlier comments in relation to the Staff Survey Results and raising concerns and gave support to the work which will be carried out by the Executive team. Mr Bedlington also felt that the improvements reported in relation to pressure sores were exceptional and Dr Roberts confirmed that staff had worked incredibly hard around this. Following a query regarding electronic records and the integrated care plans, Mr A Moffat reported that this is being reviewed by the Digital Committee and will ensure updates are provided on a regular basis.	AMo

Agenda Item	Discussion and Action Points	Action By
21/51	**DATE AND TIME OF THE NEXT MEETING:** **RESOLVED:** that the next meeting of the Board of Directors will be held at 9:30 am on Wednesday 26th May 2021 via Microsoft Teams	
21/52	**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	

PUBLIC BOARD ACTION TRACKER

Gateshead Health NHS Foundation Trust

Item Number	Date	Action	Deadline	Executive Lead	Progress
21/12	31/01/2021	IQFR – new process for pressure damage grading. To review and report to go to QGC next month	30/04/2021	KR	QGC April meeting
21/13	31/01/2021	Mortality Report – NEQOS session re. HSMR. Schedule in for future Board Strategy Session	31/07/2021	AMa/DW	To be arranged.
21/14	31/01/2021	Serious Incidents – focus going forward to ensure Board sighted on details (inc maternity). To look at interim actions	31/07/2021	JMB	SI learning under review
21/40	31/03/2021	Improving People Practices – further report to be presented at July Board	31/07/2021	LCJ	
21/43	31/03/2021	Digital update – to link with people agenda. To discuss with K Roberton re. transformation work	31/05/2021	LCJ	
21/48	31/03/2021	EPRR Assurance – six monthly reports going forward	30/09/2021	JMB	Next report due September 2021
21/49	31/03/2021	GP Practices Contract • GP clinical lead to be invited to present to Board on six monthly basis • Further report for discussion at April Board Strategy Session	30/09/2021	PH	
21/50	31/03/2021	Governor query re. integrated care plans – to ensure regular updates are reported via Digital Committee	31/05/2021	AMo	

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 7

Purpose of Report	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐	
Report Title:	Self-Certification Declarations required in accordance with: General Condition 6 and Condition FT4				
Name of Meeting:	Trust Board				
Date of Meeting:	Wednesday 26 May 2021				
Author:	Miss Amanda Maskery, Interim Trust Secretary				
Executive Lead:	Mrs Jackie Bilcliff, Acting Chief Executive				
Report presented by:	Mrs Jackie Bilcliff, Acting Chief Executive				
Executive Summary:					
Recommended actions for Board/Committee)	To approve the annual Self Certification Declarations as required by the NHS Provider Licence.				
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☐	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Financial Implications:	Yes				
Links to Risks (identify significant risks and DATIX reference)	Yes				
People and OD Implications:	None				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☐	Effective ☐	Safe ☐

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health
NHS Foundation Trust

Self-Certification Declarations 2021

Introduction

The annual self-certification provides assurance that the Trust is compliant with the conditions of its NHS provider licence. Compliance with the licence is routinely monitored through the Single Oversight Framework but, on an annual basis, the licence requires the Trust to self-certify as to whether it has:

A. Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);

- This includes the requirement to have processes and systems that identify risks to compliance and for the Trust to take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.
- The Trust must also publish their G6 self-certification within one month following sign off.

B. Complied with governance arrangements (condition FT4)

- The Trust should review whether their governance systems achieve objectives set out in the licence condition
- Training of Governors – the Trust must review whether their governors have received enough training and guidance to carry out their roles.

C. For NHS Foundation Trusts only, the required resources available if providing commissioner requested services (CRS) (condition C0S7) Not applicable to GHNT.

The Board are asked to approve the declarations below confirming compliance with Conditions G6 and FT4

Condition	Response	Risks & Mitigating Actions
General Condition 6 – Systems for Compliance with licence conditions Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	
Condition FT4 – Corporate Governance Statement The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	
The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	
The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State and the Care Quality Commission.	Confirmed	
Training of Governors The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors as required in s151(5) of the Health and Social Care Act to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	

Mrs Jackie Bilcliff
Acting Chief Executive

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 8

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Report Title:	Assurance Reports from Board Committees			
Name of Meeting:	Trust Board			
Date of Meeting:	Wednesday 26th May 2021			
Author	Diane Waites, Corporate Services Assistant			
Executive Lead	Kirsty Roberton, Deputy Director of Corporate Services & Transformation			
Report presented by	**Board Chairs**			
Executive Summary	To receive the assurance reports from the following meetings: • Finance and Performance Committee held on 30th March, 27th April & 25th May 2021 (verbal) • Quality Governance Committee held on 21st April & 19th May 2021 • Digital Committee held on 19th April 2021 • HR Committee held on 6th April 2021			
Recommended actions for Board/Committee)	To receive the reports for assurance			
Financial Implications:				
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will continuously improve the quality and safety of our services for our patients		
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce		
	Aim 3 ☐	We will enhance our productivity and efficiency to make the best use of resources		
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes		
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead		
Links to Risks (identify significant risks and DATIX reference)				
People and OD Implications:				

Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

ASSURANCE REPORT

Finance and Performance Committee – 30th March 2021

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 Financial Plan to year end		Year to Date: The Committee received assurance that at month 11 the Trust is ahead of plan in line with the financial framework and were assured on the overall financial performance. The Capital programme has been significantly expanded late in the financial year creating risk in to achieving full delivery. However, assurances were received regarding actions being taken.		Monthly review of progress through the Committee
		Forecast: The Committee received a comprehensive update noting that the Trust is working with the ICP to achieve our own and system wide targets. However a number of significant risks remain due to lack of clarity around national funding assumptions, particularly around amplitude testing, carry forward of annual leave and switching of capital funding to revenue.		Monthly review of progress through the Committee
Financial Performance – Finance & Sustainability Programme		Year to Date: The report was not received due to suspension of internal control framework.		Monthly review of progress through the Committee
		Forecast: As above.		Monthly review of progress through the Committee
Review of Financial Plan 2021/22		The Committee noted that release of national planning assumptions were delayed. Q1 and Q2 ('H1') are to effectively be a rollover of current funding arrangements. Q3 and Q4 ('H2') planning assumptions are not expected until Quarter 1. Assurance was received for the first two quarters but noted the risks for the full year. Clear trajectories have been set out for the last two quarters and this will	Paper to be presented to Trust Board seeking approval for Budget Holders to commit resources based on a rollover budget Updated paper to be presented at	

		be a staged approach. Given significant uncertainties the Committee felt it could not be assured on financial performance for 2021/22.	the April Committee.	
Integrated Oversight Report		Year to Date: The Committee received an enhanced integrated report on the current performance noting Endoscopy targets have slightly improved however RTT, Cancer, Diagnostic and A&E targets were not met due to Covid. The Committee also noted the current challenges in the Well Led domain arising from the response to the pandemic. The Committee received assurance that plans are in place.		Monthly review of progress 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

Finance and Performance Committee – 27th April 2021

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

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

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Financial Performance – Finance & Activity Report		Year to Date: The Committee received assurance that at month 12 the Trust is ahead of plan in line with the financial framework and were assured on the overall financial performance. Risks were noted subject to audit. Assurances were received regarding actions being taken in relation to the Capital programme.		Monthly review of progress through the Committee
Financial Performance – Finance & Sustainability Programme		Year to Date: The report was not received due to suspension of internal control framework.		Monthly review of progress through the Committee
		Forecast: As above.		Monthly review of progress through the Committee
Integrated Oversight Report		Year to Date: The Committee received an enhanced integrated report on the current performance noting Endoscopy and Cancer targets have slightly improved however RTT, Diagnostic and A&E targets were not met due to Covid. The Committee also noted that sickness absence has improved. The Committee received assurance that plans are in place.		Monthly review of progress through the Committee
H1 Panning		The Committee received a comprehensive update in relation to H1 planning and the deadlines for the Trust. Concerns were noted regarding the risk of delivery and system but the Committee were assured that work is ongoing.		

ASSURANCE REPORT

Quality Governance Committee – 21 April 2021

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

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

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Board Assurance Framework		The Committee agreed to continue with the 2020/21 BAF to include Q5 until the new BAF is rolled out.		
IPC Board Assurance Framework		The Committee received good assurance that robust processes are in place to support the services.		
Integrated Quality and Learning Report		The Committee received good assurance from this report.		
CQC Action Plan Update		The Committee received good assurance that robust plans were in place to deal with both 'must do' actions, however agreed Amber assurance due to storage of hazardous substances needing clarity.	Update with recommendations to come back to July 21 Committee.	July 21
CQC Insights Report		Received for information only.		
Pressure Damage Deep Dive		The Committee agreed a rating of Amber due to the amount of work required.	Update to come back to December 21 Committee.	December 21
Children's Safeguarding Update		The Committee received good assurance for this report.		
FLO Update		The Committee received good assurance for this report and noted positive impact this service has made on patient families.		
Duty of Candour		The Committee agreed that limited assurance had been received and no improvements had been made since the Q3.	Work ongoing with the Business Units to support the correct reporting	

Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 8ii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☒
Committee Reporting Assurance:	Quality Governance Committee			
Name of Meeting:	Trust Board			
Date of Meeting:	26 May 2021			
Author:	Dave Shilton, Non-Executive Director			
Executive Lead:	Joanne Baxter, Chief Operating Officer			
Report presented by:	Dave Shilton, Non-Executive Director			
Matters to be escalated to the Board:	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	The Quality Governance Committee met on the 19th May 2021. The key agenda items discussed were as follows;- **Items for Decision** QGC Strategic Aims and Objectives - the proposed strategic aims were discussed and agreed by the Committee Closure of Board Assurance Framework (BAF) 2020/21 – The previous year's BAF was closed down with all assurances from the previous year recorded. Following renewal of the Boards strategic aims and priority objectives, the items included in the BAF for 2021/22 will change, as such while some items will transfer to the 21/22 BAF, other items will remain on cycle of business, with any outstanding actions transferred to the action log. **Item for Discussion** The new 'in progress' extract of the Board Assurance Framework for 2021/22 was presented, along with the supporting ORR. Further considerate of assurances and any gaps to be undertaken, aligned to cycle of business and populated on the BAF. A meeting to be arranged with NED, Chief Nurse and Medical Director to further populate the 21/22 BAF and present to the next meeting for agreement – to be added to Agenda for next meeting. **Items received for Assurance** IPC Board Assurance Framework – All areas provided			

	robust assurances around required controls. The exception was the BAU arrangements for Fit testing – a meeting is taken place and solution and outcome will be presented to the next Committee. Integrated Quality and Learning Report – Assurances received regarding HCAI, Mortality review process, and management of incidents – risk areas were increase in falls and pressure area damage. These would be identified as quality priorities and plans for improvement will be submitted to the Committee. High SHIMI – to be monitored by the Committee. SI Performance Update – Robust assurance received relating to compliance with reporting of SI's within timescales and learning as a result of investigations, - however risks remain around timeliness of investigations and closing out actions. It was felt this was COVID related due to capacity of teams and actions are in place to resolve. Maternity Review Action Plan Update – robust assurance received around actions taken to ensure compliance and delivery of the review requirements – Risks remain around the maternity estate. This is on the Trusts ORR risk number. Health and Safety Annual Report - lots of assurance received regarding ongoing work of H&S – risks relating to regular oversight of H&S metrics at the Committee and format of the report. – Actions for consideration of inclusion of the metrics in IOR and frequency to move to quarterly updates to the Committee.	
Recommended actions for Board	Board are asked to note the work of the committee and the assurances received and note the areas of risk identified but note the actions in place to resolve.	
Trust Strategic Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce
	Aim 3 ☐	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead
Financial Implications:	None to Note	
Links to Risks (identify significant risks and DATIX reference)	ORR Risks, 2879 – Maternity, 2779 CQC Compliance/ Improvement, 2868 – Further wave of Covid, 2880 – ICS /	

<table>
<tr><td></td><td colspan="5">Place/ ICP alignment
- Fit testing (as above)
- Risk areas were increase in falls and pressure area damage
- SI Performance - risks remain around timeliness of investigations and closing out actions
- Maternity Estate (as above)
- Health and Safety Annual Report (as above)</td></tr>
<tr><td>People and OD Implications:</td><td colspan="5"></td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring ☒</td><td>Responsive ☒</td><td>Well-led ☒</td><td>Effective ☒</td><td>Safe ☒</td></tr>
<tr><td rowspan="3">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1 ☐</td><td colspan="4">The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments</td></tr>
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Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 8iii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Digital Committee			
Name of Meeting:	Board of Directors			
Date of Meeting:	19 April 2021			
Author:	Nick Black			
Executive Lead:	Jackie Bilcliff			
Report presented by:	Andrew Moffat			
Matters to be escalated to the Board:	To ensure the organisation is compliant with the requirements of the NHS Data Security & Protection Toolkit (DS&PT) the level of Information Governance training must be at least 95% by 30 June 2021. The Digital Committee was advised that it was at 88% at 17 May 2021. Whilst the SMT has agreed further measures to improve the rate within the necessary timeframe, the required level of achievement remains at risk. Compliancy with DS&PT standards is also a condition of the Trust's NHS contract.			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	Digital Committee Annual Reporting Timetable for 2021/22 was received and approved. Review of the Digital Strategy Roadmap of projects identified no significant delivery risks. The roadmap is now to be linked to the updated strategic aims and objectives of the organisation. Digital KPIs are under development and are to be presented for the first time at the Committee's next meeting in June. A 2021/22 annual plan for the review of all Digital Policies and Procedures was approved. It was noted that IG19, the Subject Access Request Policy, had expired. This has subsequently been addressed. The scheduled review of the interim Digital Internal Audit Plan for 2020/21 did not occur due its late submission. A separate meeting is to be arranged to discuss this matter. The NHS Data Security & Protection Toolkit is an online self			

	-assessment tool that allows organisations to measure performance against the National Data Guardian's (NDG) 10 data security standards. This annual self-assessment review normally occurs in April but this year has been extended until June. In accordance with these standards the Digital Committee received a report from the Senior Information Risk Officer (SIRO) that highlighted three top risks: (i) contracts implemented without appropriate Information Governance requirements – it was noted that the procurement process is under review to ensure these requirements are included in future (ii) training – please see issues requiring Board escalation above, and (iii) cyber vulnerabilities – the DS&PT includes achieving the Cyber-security Plus standard. The intention is to be compliant with this standard by the end of June and seek accreditation by the end of Q2 2021. The minutes of the Digital Committee's sub committees (the Digital Assurance Group and Digital Transformation Group) were reviewed and noted.					
Recommended actions for Board	Accept the assurances provided in the report, ensure the increase in uptake of mandatory Information Governance training.					
Trust Strategic Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients				
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce				
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources				
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes				
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead				
Financial Implications:						
Links to Risks (identify significant risks and DATIX reference)	All digital risks underpin the day to day operation of the Trust					
People and OD Implications:						
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☒	
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments				

	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

ASSURANCE REPORT

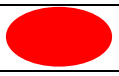
Gateshead Health NHS Foundation Trust

Human Resources Committee – 6 April 2021

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

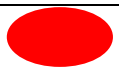
The reports received by the Human Resources Committee and level of assurance are set out below.

Draft minutes of the Human Resources Committee are included within Board papers for information.

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
Update on Strategic Aims & Objectives for People &OD		The Committee received the report and noted that there are 5 themes within Strategic Aim 2 that require oversight by this Committee. The next piece of work will be to review measures and reporting arrangements.	Executive Director of People and OD to meet with Chair of HRC to discuss	Ongoing
Health & Wellbeing Programme		The Committee received the paper for information and noted some of the highlights within the paper. HWB is a key priority for the Trust. The HWB programme has executive oversight from the Executive Director of People and OD and the Executive Medical Director.	This will be reported to HRC and Board as one of our priority objectives.	Ongoing
People Plan 2020-21 update		The Committee received the report which provides an overview of action taken to date. This will be refreshed as we move into April.	Senior POD team to review progress against People Plan and align with development of local People Strategy.	Ongoing
ADQM Presentation		The Committee received a positive report and noted that an update would be provided in 6 months.	To agenda for six months time	October 2021
Learning Lessons to improve our People Practices		The Committee received the report and noted current position and work now in hand. A future report will be brought back in 3 months.	Head of HR to lead this work to improve position by end June.	July 2021
Supporting Vaccination Update – 121 Conversations		The Committee received a positive report and noted that work is ongoing.		Ongoing
Staff Survey Results		The Committee received the report which highlighted positive areas. The results have also been presented to the Board of Directors.	Staff survey working group to lead and coordinate this work including the development of key priorities and action plans.	October 2021
People & OD Metrics		The Committee received the report and noted that work is	Further updates and improved reports to be	Ongoing

		ongoing in order to improve data quality and a refresh of workforce metrics.	shared with HRC	
People & OD Risks		The Committee received the report and noted that the significant work which had taken place to scope POD risks. The Committee agreed to review the strategic risks.	People and OD risks to be reviewed, notably those 15+ and overseen by HRC	Ongoing
HR Policies – Policy Schedule Update		The report was received for information only.		
Board Assurance Framework		The Committee noted that there is currently an interim holding position with items on the BAF and these will be realigned for the next meeting.	POD senior team will work with Risk Manager to realign and refresh BAF level POD risks	July 2021
Local Clinical Excellence Awards		The Committee received the report and noted that this would be signed off by the Board of Directors.		May 2021
Guardian of Safe Working Reports Q2 & Q3 2020-21		The Committee received the reports and noted that the Q4 report would be discussed at the next meeting.	To agenda	July 2021

Assurance Key

	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: 10

Purpose of Report	Decision: ☐	Discussion: ☒	Assurance: ☒	Information: ☐
Report Title:	Part One – Executive Summary – Consolidated Finance Report			
Name of Meeting:	Trust Board			
Date of Meeting:	Tuesday, 25th May 2021			
Author	Mrs Jane Fay, Acting Deputy Director of Finance			
Executive Lead	Mrs Kris Mackenzie, Acting Group Director of Finance			
Report presented by	Mrs Kris Mackenzie, Acting Group Director of Finance			
Executive Summary	The Trust has reported an adjusted financial performance surplus of £0.259m for the period April 2021.			
Recommended actions for Board/Committee)	To note the summary of performance as at 30th April 2021 (Month 1) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).			
Trust Aims that the report relates to: (Including reference to any specific risk)	Aim 1 ☐	We will continuously improve the quality and safety of our services for our patients		
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce		
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources		
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes		
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead		
Financial Implications:	As included in the report			
Links to Risks (identify significant risks and DATIX reference)	As included in the report			
People and OD Implications:	None			

Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

1. Introduction

1.1 The purpose of this report is to provide a summary of financial performance as at 30th April 2021 (month 1) for the Group (inclusive of the Trust and QE Facilities, excluding Charitable Funds).

2 2021-22 Financial Framework

2.1 Following on the from the financial framework implemented for the period 1st October 2020 to 31st March 2021 planning guidance issued in March 2021 confirmed a similar framework for the period April 2021 to September 2021 referenced in the guidance as 2021-22 H1.

2.2 The 2021-22 H1 financial framework is underpinned by the following principles:

- A funding envelope for NHS Provider Organisations based on actual expenditure for months 7 to 9 of 2020-21, doubled and with some adjustments for known pressures and policy priorities
- This funding envelope assumes a return to 85% of 2019-2020 activity baselines from July, and includes growth funding in relation to acute services, mental health services, primary care and community services
- A continuation of block contract funding with an inflation uplift of 0.5% on 2020-21 block contract funding inclusive of a 0.28% efficiency target
- Funding envelopes to be issued to Integrated Care System (ICS) with a requirement for each ICS to achieve a breakeven position
- Funding envelopes to be delegated to each Integrated Care Partnership (ICP) with a requirement for each ICP to achieve a breakeven position
- Additional funding streams defined as funding outside of the system envelope to continue including specific schemes for the Trust relating to COVID pathology testing and vaccination programmes
- A new national funding stream titled elective recovery fund to support activity recovery in addition to system financial envelopes

2.3 For the period 1st April to 30th September 2021 (H1) the Trust submitted a financial plan predicated on a starting position of 2020-21 M7 to M9 expenditure doubled and adjusted for known financial pressures not reflected in the starting position, centrally calculated block contract values and a share of the North ICP system funding envelope to achieve a breakeven position on its statement of comprehensive income (SOCI).

3 Income and Expenditure

3.1 The Trust has reported an actual surplus of £0.229m for the month of April prior to the adjustment for donated assets and a positive variance of the same value against the year to date plan as detailed on the Trust Statement of Comprehensive Income (SOCI) presented in Table 1.

STATEMENT OF COMPREHENSIVE INCOME

April 2021-22	GROUP POSITION NHSI/E 2021-2022 H1			VARIANCE
Red >100k over	NHSE/I H1 Annual Plan Total	NHSE/I Plan to Date	Actual to Date	Variance (Actual - Budget)
Amber <> (£50k) - £99.99k				
Green <(£50.1k)				
	£000's	£000's	£000's	£000's
Operating				
Operating Income from Patient Care activities				
Income From NHS Care Contracts	(156,719.4)	(25,738.9)	(25,921.5)	(182.6)
Income From Local Authority Care Contracts	(45.0)	(7.5)	(7.5)	-
Private Patient Revenue	(342.6)	(57.1)	(113.2)	(56.1)
Injury Cost Recovery	(167.8)	(28.0)	(6.4)	21.6
Other non-NHS clinical revenue	(245.2)	(40.9)	(49.4)	(8.5)
Total Operating Income From Patient Care activities	**(157,520.0)**	**(25,872.3)**	**(26,098.0)**	**(225.7)**
Other Operating Income				
Education and Training Income	(4,642.3)	(773.7)	(834.4)	(60.7)
R&D Income	(363.2)	(60.5)	(46.9)	13.6
Funding ouside of System Envelope	-	-	(18.1)	(18.1)
Other Income	(6,306.0)	(1,051.0)	(1,188.7)	(137.7)
Donations & Grants Received	-	-	-	-
Total Other Operating Income	**(11,311.5)**	**(1,885.3)**	**(2,088.1)**	**(202.8)**
Total Operating Income	**(168,831.5)**	**(27,757.6)**	**(28,186.1)**	**(428.5)**
Operating Expenses				
Total Employee Expenses	**111,645.4**	**18,309.9**	**17,717.8**	**(592.1)**
Operating Expenses included in EBITDA	**163,317.3**	**26,838.6**	**27,016.5**	**178.0**
Operating Expenses excluded from EBITDA	**3,662.7**	**610.7**	**606.4**	**(4.3)**
Total Operating Expenses	**166,980.0**	**27,449.2**	**27,622.9**	**173.7**
(Profit)/Loss from Operations	**(1,851.5)**	**(308.4)**	**(563.2)**	**(254.8)**
Non Operating				
Non-Operating Income				
Finance Income	(30.6)	(5.1)	(2.9)	2.2
Total Non-Operating Income	**(30.6)**	**(5.1)**	**(2.9)**	**2.2**
Non-Operating Expenses				
Finance Costs	298.2	49.7	47.1	(2.6)
Gains / (Losses) on Disposal of Assests	-	-	-	-
PDC dividend expense	1,381.4	230.2	231.7	1.4
Total Finance Costs (for non-financial activities)	**1,679.6**	**279.9**	**278.8**	**(1.2)**
Total Non-Operating Expenses	**1,679.6**	**279.9**	**278.8**	**(1.2)**
(Surplus) / Deficit Before Tax	**(202.5)**	**(33.5)**	**(287.3)**	**(253.8)**
Corporation Tax	202.5	33.8	58.3	24.6
(Surplus) / Deficit After Tax	**0.0**	**0.0**	**(229.0)**	**(229.2)**
(Surplus) / Deficit After Tax from Continuing Operations	**0.0**	**0.0**	**(229.0)**	**(229.0)**
Remove capital donations / grants I&E impact	(121.7)	(20.3)	(30.4)	(10.2)
Adjusted Financial Performance (Surplus) / Deficit	**(121.7)**	**(20.3)**	**(259.5)**	**(239.3)**
Adjusted Financial Performance (Surplus) / Deficit	**(121.7)**	**(20.3)**	**(259.5)**	**(239.5)**

Table 1: Trust Statement of Comprehensive Income

4 Cost Reduction Programme (CRP)

4.1 As part of the Trusts 2021-22 H1 financial plan an efficiency requirement of £2.225m was required to achieve the required breakeven position. Following on from this submission non-recurring schemes totalling £2.225m have been identified. Whilst this mitigates the financial risk for 2021-22 H1 it is imperative the Trust continues to identify recurring schemes via its transformation programme.

5 Cash and Working Balances

5.1 The Trust opened the financial year with £43.862m of cash. The cash position of £38.697m as at 30th April is equivalent to an estimated 23.95 days operating costs and represents a £5.165m reduction from March.

5.2 The liquidity metric has improved by 0.68 days against March to -3.89 days driven by a £0.154m increase in the working capital balance.

5.3 The balance sheet is presented in Table 2.

Statement of Position - April 2021

	2020/2021	2021/2022		2021/2022	2021/2022
	March 2021 Group	April 2021 Group	Variance - Prior Month	April 20201 QEF	April 2021 FT
	£000's	£000's	£000's	£000's	£000's
Assets					
Non-Current Assets					
Investments	80	80	0	80	16,824
Property, Plant and Equipment, Net	118,618	118,472	(146)	1,261	117,211
Trade and Other Receivables, Net	2,093	2,073	(20)	729	1,344
Finance Lease - Intragroup				42,743	0
Trade and Other Receivables - Intragroup Loan	0	0	0		15,789
Total Non Current Assets	120,790	120,625	(166)	44,813	151,169
Current Assets					
Inventories	5,017	5,262	245	2,431	2,831
Trade and Other Receivables - NHS	9,074	10,270	1,196	414	9,856
Trade and Other Receivables - Non NHS	4,523	4,264	(259)	1,246	3,018
Trade and Other Receivables - Other	0	0	0		0
Prepayments	4,454	4,252	(202)	417	3,835
Cash and Cash Equivalents	43,862	38,697	(5,165)	9,204	29,493
Other Financial Assets - PDC Dividend	1,246	1,009	(237)		1,009
Accrued Income	1,665	1,164	(501)	922	241
Finance Lease - Intragroup				618	0
Trade and Other Receivables - Intragroup Loan					3,655
Total Current Assets	83,965	74,512	(9,453)	24,575	54,210
Liabilities					
Current Liabilites					
Deferred Income	1,963	4,501	2,538	223	4,277
Provisions	6,341	7,793	1,452	797	6,996
Current Tax Payables	4,150	4,120	(31)	333	3,787
Trade and Other Payables - NHS	6,034	1,852	(4,182)	522	1,330
Trade and Other Payables - Other	15,516	10,300	(5,216)	4,987	5,313
Trade and Other Payables - Capital	890	11	(880)	0	11
Other Financial Liabilities - Accruals	33,001	33,998	996	7,909	26,089
Other Financial Liabilities - Borrowings FTFF	1,178	1,178	0	0	1,178
Other Financial Liabilities - PDC Dividend	0	0	0	0	0
Other Financial Liabilities - Intragroup Borrowings	0	0		3,655	0
Finance Lease - Intragroup	0	0		0	618
Total Current Liabilities	83,198	73,346	(9,851)	18,697	58,922
NET CURRENT ASSETS (LIABILITIES)	767	1,165	399	5,878	(4,712)
Non-Current Liabilities					
Deferred Income	2,695	2,698	4	1,794	904
Provisions	2,565	2,565	0	0	2,565
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	15,789	0
Other Financial Liabilities - Borrowings FTFF	14,010	14,010	0	0	14,010
Finance Lease - Intragroup				0	42,743
Total Non-Current Liabilities	19,269	19,273	4	17,583	60,223
TOTAL ASSETS EMPLOYED	**102,288**	**102,517**	**229**	**33,108**	**86,234**
Tax Payers' and Others' Equity					
PDC	139,314	139,314	0	0	139,314
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(43,736)	(43,507)	229	16,283	(59,790)
Other Reserves	0	0	0	0	0
Revaluation Reserve	6,611	6,611	0	0	6,611
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	102,288	102,517	229	33,108	86,234
TOTAL ASSETS EMPLOYED	**102,288**	**102,517**	**229**	**33,108**	**86,234**

Table 2 – Statement of Position

6 Capital

6.1 The 2021/2022 CDEL limit has been set at £6.825m. Expenditure in April mainly in respect of 2020/2021 scheme carry overs totalled £0.474m. At the time of writing the programme of work for 2021-2022 is being finalised prior to submission to the Board for consideration and approval.

7 Risk

7.1 There are a number of risks that must be noted alongside consideration of the financial position. Table 3 provides further detail of these risks, along with the current risk rating and any progress against actions to mitigate.

Risk Number	Risk	IRR	CRR	TRR	Current Controls	Action
2872	Risk that new efficiency saving requirements cannot be achieved Due to the impact of COVID funding regimes which have necessarily meant that efficiency schemes have been paused for some considerable time, and it will be difficult to now identify these in line with requirement of the new financial framework, Resulting in the impact on financial performance and the achievement of the overall programme.	20	16	8	COVID funding regimes have necessarily meant that efficiency schemes have been paused for some considerable time	
2873	Risk that the Trust is unable to form a suitable capital plan and programme Due to reduced levels of CDEL available and the management of capital within the ICS Resulting in the inability to fund capital requirements to meet the development needs of the Trust.	20	16	8	Approved Capital and Revenue Plan 2021/22	
2874	Risk that we are unable to formulate a coherent financial plan, Due to there being a lack of guidance and great deal of uncertainty surrounding the financial framework for the second half of the financial year, Resulting in unclear financial position and plan in year, impacting financial decisions, and unknown financial trajectory for full year.	20	16	8	Financial report regularly to F&P and Board.	
1397	Divisions overspend against control totals leading to the Trust missing its financial targets.	16	16	8	Monthly monitoring of expenditure flag up immediately variances from control total. Headline inflation figures are monitored and action plans developed for variances. Forecasting tools are in place and effective information gathering including Horizon scanning and modelling impact of changes where known or suspected.Divisional positions are reported to the FRSB and the Finance and performance Sub Committee and action plans are developed to recover the position where appropriate. Monthly budget meetings held with respective managers in order to understand variances and produce action plans to bring back into balance.The Board is reviews financial performance monthly. This includes forecasting end of year activity levels and adjusting as required.	CTs to establish and monitor

Table 3: Financial Risk

Kris Mackenzie, Acting Group Director of Finance
18th May 2021

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 11

Purpose of Report	Decision: ☐	Discussion: ☒	Assurance: ☐	Information: ☒
Report Title:	Integrated Oversight Report			
Name of Meeting:	Board of Directors			
Date of Meeting:	26th May 2021			
Author:	Deborah Renwick, Amanda Venner, Wendy McFadden			
Executive Lead:	Joanne Baxter			
Report presented by:	Joanne Baxter			
Executive Summary:	The Committee is asked to note the key messages relating to performance this month: Continued elective recovery plans against H1 Planning thresholds and performance measures whist maintaining our focus on staff wellbeing. Areas of Improved performance include: • Combined elective activity levels exceeding April threshold of 70% • Whilst April's A&E performance below standard, benchmarking data suggests we are performing well 12th out of 139 providers • 31 Day cancer standard achieved • 28 Day faster diagnostic target achieved • Patient safety alerts closed within target • No reported never events since • Improving sickness absence levels Areas of focus & risk include: • Access targets at risk (A&E, RTT, Diagnostics, Cancer 2 week waits and treatments) and back log management, despite higher activity volumes • Understanding current HMSR rates & impact of Covid • Understanding sudden increase in emergency C.section rates • Under performance against our Core training and staff appraisal targets.			
Recommended actions for Board/Committee)	The Committee are asked to: a) Receive the IOR for current reporting month b) Note Trust performance & achievement against standards & remedial actions being taken in areas where metrics are outside of expected parameters. c) To seek further information and test robustness of			

<table>
<tr><td></td><td colspan="6">plans as is require, allowing judgement regarding levels of assurance for future levels of operational performance.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Financial Implications:</td><td colspan="6">There are direct financial implications to recovering the organisational performance position and delivering activity plans.
Across all indicators, potential future actions to improve operational performance are likely to incur additional spend.</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">A sustained exceptional level of demand for services that overwhelms (limited) capacity resulting in a prolonged widespread reduction in the quality of patient care and repeated failure to achieve the constitutional standards, with possible harm to patients.
Ongoing risk to Trust’s ability to deliver strategic objectives and the risk to deliver in the national access targets and the ability to recover long waits and patient backlogs:
- Workforce planning & financial incentives
- Emphasis to prioritise cancer patients first and share resource regionally
- Reduction in Independent Sector capacity
- Unclear financial framework across the ICS re: access to ERF funding.
- Trust risk in understanding % value achieved in month being greater than >85% of the value of activity delivered in 2019/20.</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">Key People & OD implications are discussed at HR Committee</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td rowspan="2">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
☐</td><td colspan="5">The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments</td></tr>
<tr><td>Obj. 2
☐</td><td colspan="5">All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers</td></tr>
</table>

	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Integrated Oversight Report
May 2021

Gateshead Health NHS Foundation Trust

Contents:

Key messages

The Trust has continued with the elective recovery plans whilst ensuring a greater focus on staff wellbeing.

Areas of Improved performance include:

- Activity levels (on aggregate) exceeding H1 Planning trajectories in April *(note: **% value** delivery is a potential risk)*
- All patient safety alerts closed within target
- No reported never events (last reported October 2020)
- April's A&E performance shows an improvement, whilst still below the 95% standard, performance of 93.5% places the Trust 12th out of 139 Providers
- RTT waiters are reducing; 36% reduction in month of >52 weeks *(April 's indicative position)*
- The Trust Achieved Cancer 28 Day Faster Diagnostic Standard (March & April)
- In March the Trust reported the highest number of cancer treatments all year: 79.5 – (ave. monthly treatments of 56 in 2020/21, and 65.5 in 2019/20)

Areas of focus & risk include:

- ERF attainment is value based; currently don't have a mechanism to reflect value of the activity delivered
- Cancer 2 week wait standard, performance declined in April *(although in month performance and activity exceed the 12 month rolling average)*
- Access targets (A&E, RTT, Diagnostics, Cancer treatments, Cancer 31 day targets & Cancer screening targets) and total back log management, despite higher activity volumes.
- Understanding current HMSR rates & impact of Covid
- Core training and staff appraisal
- Emergency C-Section rates spiked in April 2021

Executive Summary

Responsive

A&E: April 21: Trust reports April's performance at 93.5% against the 4 hour standard. Footfall through A&E has increased and is significantly more than April last year (80.5% increase) equating to an additional average of 110 attendances. The latest national benchmarking data places the Trust at 12th of 139 Type 1 providers.

The Trust remains one of the better performing hospitals in the region for Ambulance Handovers, reporting 2 30 minute delays in April.

RTT: March (indicative April) March's performance of 76.11% (finalised data) waiting less than 18 weeks shown an increase to 9,024 patients awaiting treatment, and 166 patients now waiting over 52 weeks.

Indicative April position demonstrates a slight improvement to 76.7% and reduction in the number of patients waiting to 8,995. There has been a marked monthly reduction of 59 patients (36% reduction) in number of 52 week waiters from 166 to 107.

Cancer: March (indicative April) The Trust achieved the **2 week wait** target in March with performance of 97% despite an increased referral rate. Indicative data for April shows performance declining to 86.1%.

The Trust's position for **62 Day cancer standards** has shown a continuous improvement over the last two months with performance at 72% in February and 78.6% in March. Breast and UGI achieved the performance standard of 85% with exceptional improvement in for breast at 94.1% and 100% for UGI. Despite the increase in breast referrals.

Gynaecological Oncology, Lung, Urology, LGI and Haematology remain the tumour sites under pressure.

Cancer: The Trust is currently reporting 23 long-waiters waiting greater than 104 days.

Over the next few months the focus within the Trust will be to maximise cancer surgery capacity , continue to expedite cancer pathways, reduce backlogs and focus on supporting clinical teams to optimise pathways to achieve the 28 day Faster Diagnosis Standard.

Diagnostics: March (indicative April) The Trust failed the diagnostic standard in March reporting 72.11% of our patients seen with 6 weeks of referral, an improvement over February. Indicative diagnostic data for April shows a decline in performance to 70%. Echocardiography remains a concern; an additional room is provided as part of the clinically led estates strategy to re-provide more physical space to carry out cardiac diagnostics, a workforce plan is in place to support additional capacity. Current capacity and availability of clinics is being reviewed across diagnostic modalities.

Executive Summary

Safe

Emergency C-section rate is triggering concern in this reporting period, a detailed investigation is underway as the spike is at the upper control limit
Previously demonstrating a 'trigger' - Safety alerts are now tabled for discussion at each Health and Safety Committee to ensure progress against actions is monitored. An improvement has been observed in the closing of alerts received during 2020 to date. The latest Never Event was observed in October 2020.

Effective

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

Well Led

Core training and appraisals continue to indicate cause for concern: In 2021/22 there will be greater focus in this area, an options paper has been discussed at Execs in April.
Compliance rates against core training are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels. Senior Management Team will monitor progress via the People Group across the Trust.

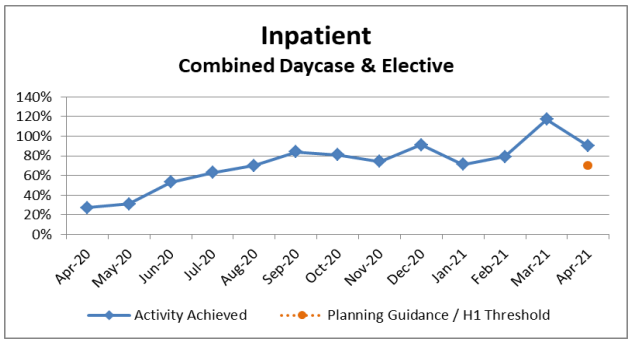
Caring

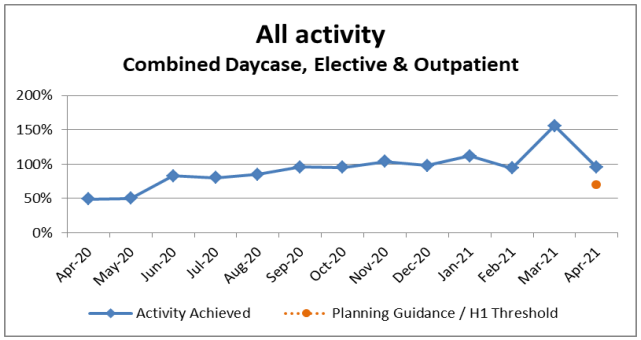
There are **no caring indicators triggering** concern. Electronic patient feedback mechanisms are being rolled out across the Trust.

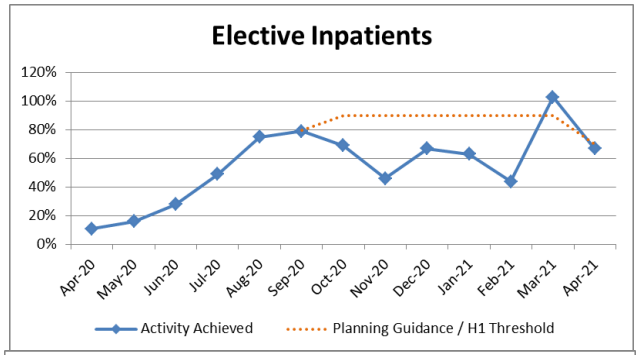
H1 Activity & Recovery

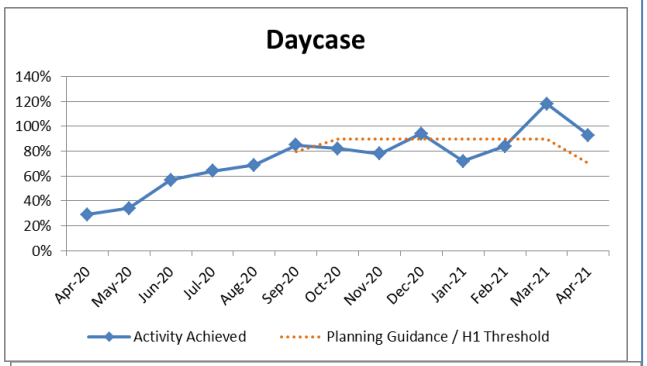
Gateshead Health NHS Foundation Trust

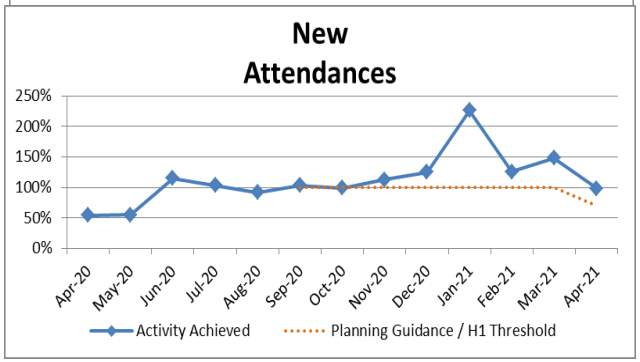
Planning guidance states that the Trust should meet the following activity **(value)** thresholds as a minimum:
70% April, 75% May, 80% June, 85% from July onwards. The below slides represent **Activity delivered in month only** (financial values will be attributed when tariffs are confirmed and financial systems are able to be reported).
Success criteria & financial values are currently monitored at ICS level.

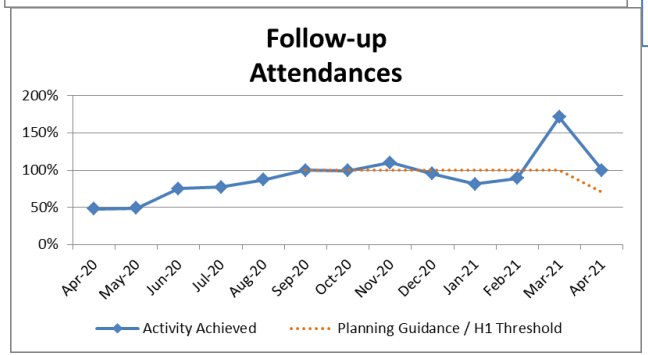












Commentary for April:
Inpatient (Combined Daycase and Elective) **Activity at 90% Above** the H1 Threshold of 70%

All Activity (Combined Daycase , Elective and Outpatient) **Activity at 95% Above** the H1 Threshold of 70%

Day case: Activity at 93 % Above the H1 Threshold of 70%
Elective Inpatients: Activity at 67% Below the H1 Threshold *of 70%*
New OP Attendances : Activity at 98% Above the H1 Threshold of 70%
Follow-up OP Attendances : Activity at 100% Above the H1 Threshold of 70%

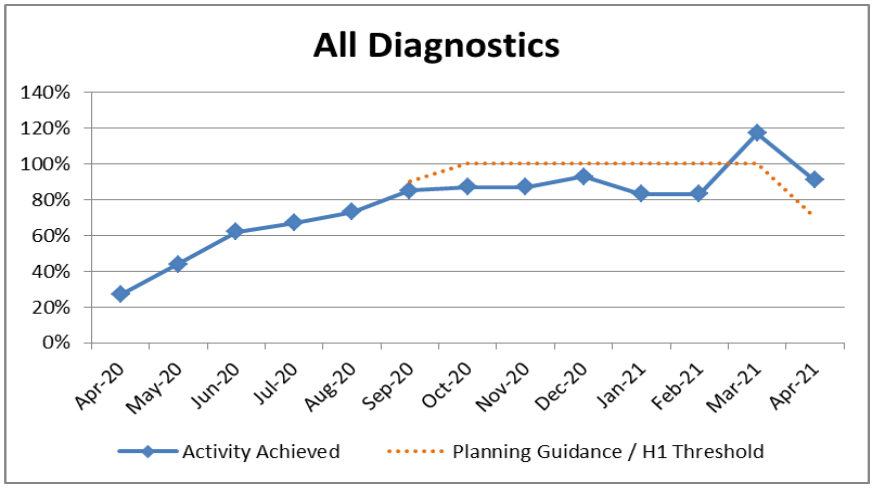
Currently there is an unknown financial risk; all Trusts are unable to report on the value of the activity delivered in month.
Activity case-mix will feature in driving % value to attain ERF funding.

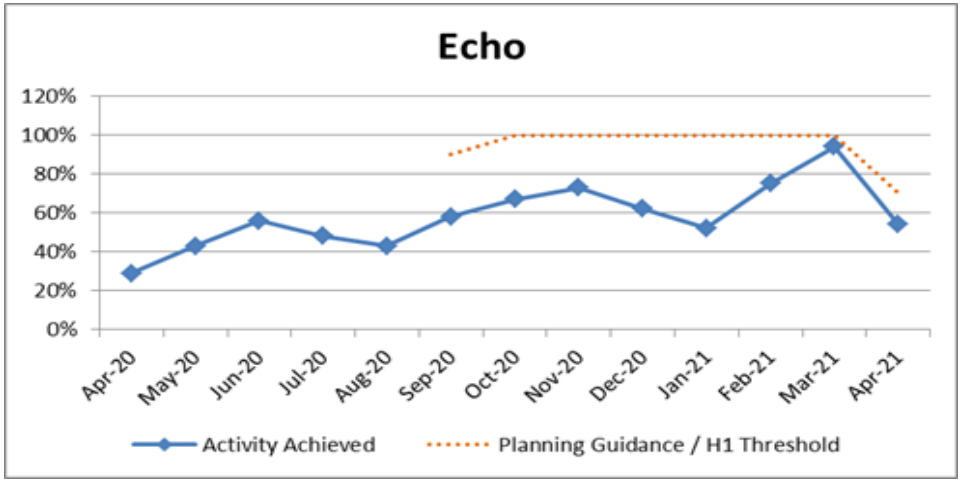
Activity Charts: Under SPC Development - timescales to be confirmed

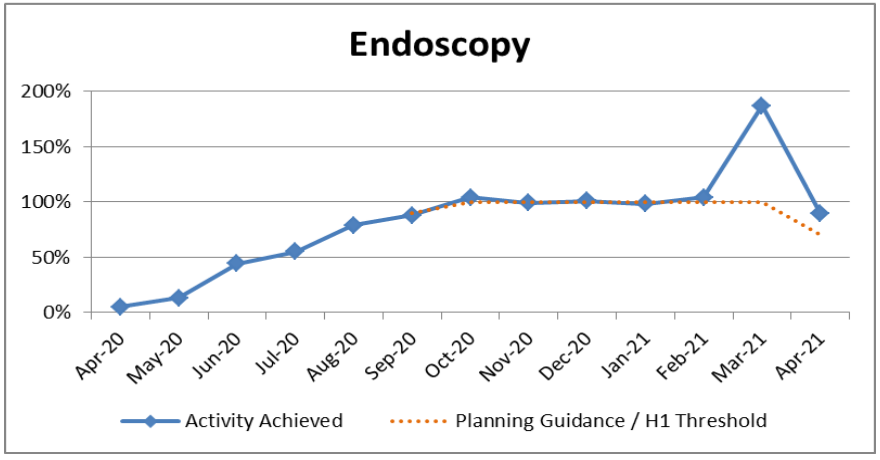
Additional Diagnostic Activity

NHS Gateshead Health NHS Foundation Trust

Whist there are no specific Planning thresholds for diagnostic delivery, Trusts are expected to deliver as much as they can to support elective recovery. **All Diagnostics: Activity at 91 %** **Endoscopy: Activity at 89%** **Echocardiology: Activity <60 %**
Pressures continue in echocardiology – activity delivered in April at 48% - number of waiters> 6 weeks accounts for 74% of the waiters.







As part of national initiative to manage diagnostic risk, the Trust is required to review all long waiters waiting over 6 weeks and clinically prioritise (as with inpatient waiters) The diagnostic modalities are detailed below with % of the total wait over 6 weeks.

Echocardiology	87%
Audiology	5%
Ultrasound	4%
Dexa	2%
Cystoscopy/CT	1%

Activity Charts: Under SPC Development - timescales to be confirmed

Integrated Oversight Report

NHS Gateshead Health NHS Foundation Trust

Responsive Summary Indicators

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
RESPONSIVE	UEC maximum waiting time of four hours from arrival to admission/transfer/discharge	93.5%	Apr-21	95%	91.3%		?	Below target since August 2020 but common cause variation
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	76.1%	Mar-21	92%	68.8%		F	Common cause variation from September 2020, performance below target since January 2020
	Number of patients on an incomplete pathway	9024	Mar-21			H		Special cause variation since August 2020. Eight consecutive points above the mean demonstrating a shift in patient numbers.
	Number of patients waiting 52 weeks or more on an incomplete pathway	166	Mar-21			H		Special cause variation since August 2020
	Cancelled elective operations within 24 hours not readmitted within 28 days	1	Apr-21		4			
	Cancer 2ww compliance	86.1%	Apr-21	93%	70.9%		?	Compliance achived in March 2021, the first time since March 2020. Performance was below target in April 2021. Common cause variation.
	Cancer 2ww ENCB compliance	100.0%	Apr-21	93%	98.7%		?	Special cause variation for May and June 2020
	Cancer 28 day compliance	82.6%	Mar-21	75%	70.4%		?	Target achieved in February and March 2021
	Cancer 28 day exhibited compliance	100.0%	Mar-21	75%	76.0%		?	Target Achieved in February and March 2021. Below target in October 2020 and January 2021 Jan figuresrelated to a single patient
	Cancer 28 day screening compliance	49.0%	Mar-21	75%	48.7%		?	Special cause variation concern in May and June 2020, below target since October 2020
	Cancer 31 day compliance	100.0%	Mar-21	96%	97.7%		?	Special cause variation in June 2020, target achieved in 16 of 18 months
	Cancer 31 day subsequent drugs compliance	100.0%	Mar-21	98%	98.8%		?	Special cause variation in June 2020
	Cancer 31 day subsequent surgery compliance	100.0%	Mar-21	94%	95.0%		?	Perfomance below target in November & December 2020 and February 2021
	All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	78.6%	Mar-21	85%	66.7%		?	Special cause variation in May 2020, performance below target since November 2019
	All cancers - maximum 62-day wait for first treatment from NHS cancer screening service referrals	86.5%	Mar-21	90%	76.0%		?	Special cause variation in 2020, performance above target since October 2020
	Cancer 62 day upgrade compliance	46.2%	Mar-21	94%	54.4%			
	Maximum 6-week wait for diagnostic procedures	72.1%	Mar-21	99%	56.5%		F	Common cause variation since February 2021, performance below target since March 2020

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

Integrated Oversight Report

Summary Indicators

	Measure	Latest period		Target	Latest 12 months	Variation	Assurance	Comment
SAFE	Occurrence of any Never Event	0	Apr-21	0	2		?	1 never event in June 20, and 1 in October 20
	Emergency c-section rate	23.0%	Apr-21		15.5%	H		Special cause variation identified in April 2021
	Patient Safety Alerts not completed by deadline	0	Apr-21	0			?	
EFFECTIVE	Hospital Standardised Mortality Ratio	110.2	Mar-20 - Feb 21			H		12 month figure, The Trust is demonstrating 'More Deaths than Expected' for the most recent available period.
CARING	A&E scores from Friends & Family Test - % positive	86.5%	Apr-21		87.6%			Friends and Family patient feedback mechanisms restarted in A&E (December); The Trust is preparing to move away from manual feedback mechanisms & is championing text messaging & digital solutions for slicker processing. FFT in inpatient areas is being launched electronically to in May 2021, and to maternity using the Badger system at a later date. Some areas are reporting low volumes using traditional methods.
	Inpatient scores from Friends & Family Test - % positive	100.0%	Apr-21		100.0%			
	Outpatient scores from Friends & Family Test - % positive	100.0%	Apr-21		100.0%			
	Community scores from Friends & Family Test - % positive	100.0%	Apr-21		100.0%			
	Mental Health scores from Friends & Family Test - % positive	-	Mar-21		100.0%			
	Written Complaints rate per 1000 WTE	6.6	Apr-21					
WELL-LED	Staff sickness	4.0%	Apr-21	4%	4.6%		?	April 2021 marginally above target. Special cause variation - concern for April 2020
	Appraisals	60.9%	Apr-21	85%	62.2%	L	F	Special cause variation - concern, shift in performance from April 2020 and below target
	Core Training	68.4%	Apr-21	85%	76.2%	L	F	Special cause variation - concern, shift in performance from July 2020 and below target

Single Oversight Framework

NHS Gateshead Health NHS Foundation Trust

Responsive

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

2020/21 Trust Performance Dashboard

NHS Improvement - Single Oversight Framework

NHS Gateshead Health NHS Foundation Trust

Category	Performance Indicator Information	PSF Trajectory	2019/20	2020/21 Performance													Standard	2021/22 Performance	Trigger for Potential Support Need:-
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	2020/21	Apr	(2 consecutive months of non delivery of standard/PSF trajectory)*
Operational	Incomplete RTT Pathways - Waiting < 18 weeks	N	91.1%	70.5%	62.0%	53.0%	52.9%	63.6%	71.8%	76.7%	75.9%	74.7%	74.4%	74.2%	76.1%	69.0%	92%	72.0%	
	Maximum Waiting Time 4 hours in A&E	Y	89.6%	91.7%	94.7%	98.4%	97.5%	94.7%	94.6%	85.5%	83.3%	86.2%	86.0%	90.4%	90.2%	91.4%	95%	93.5%	
	62 day wait for 1st definitive treatments	N	76.7%	75.3%	41.0%	59.3%	69.4%	69.2%	74.1%	64.3%	67.2%	68.2%	61.5%	72.2%	79.2%	68.1%	85%		
	62 day wait for treatment (screening patients)	N	94.1%	77.8%	47.6%	0.0%	26.7%	45.5%	60.0%	96.6%	93.2%	92.3%	95.5%	90.2%	84.3%	76.4%	90%		
	Maximum 6-week wait for diagnostic procedures	N	98.8%	35.7%	32.5%	40.1%	53.4%	57.5%	61.2%	66.2%	61.8%	63.9%	64.6%	68.8%	72.1%	55.8%	99%		

Dashboard Key:

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

Operational Measures

Responsive

This table shows a summary of Access standards, and expands on data demonstrated in the Single Oversight Framework to include measures of interest as part of H1 monitoring.
A pass or X indicates our performance against the current period for against a performance measure. A variation flag indicates the trend for this measure and the assurance indicator represents of this process in in control.

(This data represents final - validated performance position and will therefore contain different reporting periods for different standards & measures)

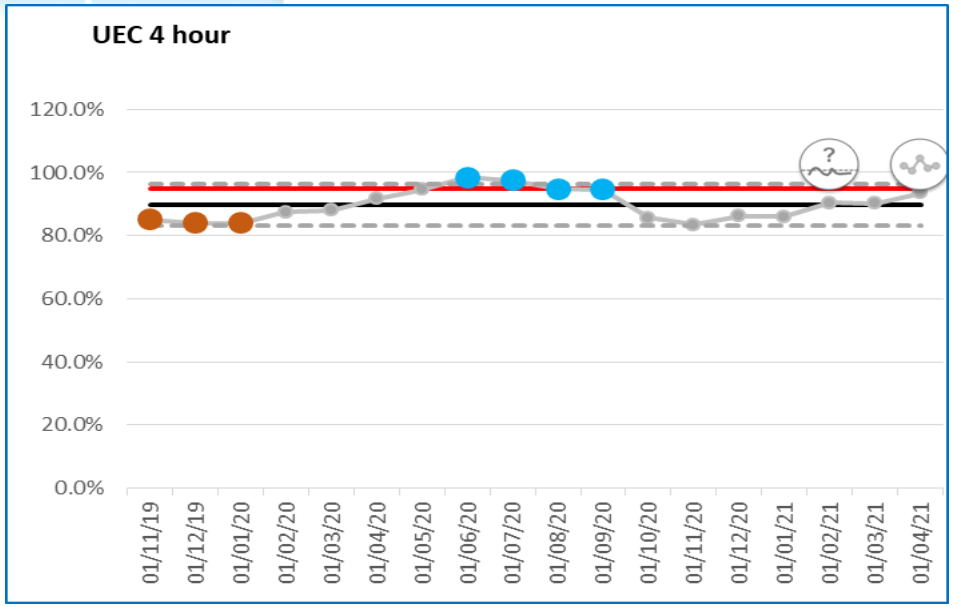
Pefrormance Measure	RO	Last Period		This Period		This Period Status	Variation	Assurance	Target (where applicable) or trajectory	Target type
Referral to treatment within 18 weeks	JBa	74.2%	Feb-21	76.1%	Mar-21	×		F	92%	National
Referral to treatment Total Incomplete waiters	JBa	8888	Feb-21	9024	Mar-21		H		8,590	Activity and recovery monitoring
Referral to Treatment >52 week waiters	JBa	197	Feb-21	166	Mar-21		H		0	Activity and recovery monitoring
A&E seen within 4 hours	JBa	90.2%	Mar-21	93.4%	Apr-21	×		?	95%	National
A&E attendances	JBa	6841	Mar-21	7390	Apr-21				10,268	Activity and recovery monitoring
Handover delays 30-60 minutes	JBa	4	Mar-21	2	Apr-21				0	National
Handover delays >60 minutes	JBa	0	Mar-21	0	Apr-21				0	National
Bed Occupancy	JBa	88.7%	Mar-21	87.3%	Apr-21				92%	National
Cancer 2 ww - first seen	JBa	97.0%	Mar-21	86.1%	Apr-21	×		?	93%	National
Cancer 2ww to treatment within 62 days	JBa	72.2%	Feb-21	78.6%	Mar-21	×		?	85%	National
Cancer 62 day treatment screening	JBa	90.5%	Feb-21	86.5%	Mar-21	×		?	90%	National
Cancer waits over 104 days (all pathways)	JBa	24	Feb-21	27	Mar-21		H	?	0	Local monitoring
Diagnostic waits % within 6 weeks	JBa	68.8%	Feb-21	72.1%	Mar-21	×		F	99%	National
Diagnostic waiters	JBa	4698	Feb-21	5736	Mar-21					National
Endoscopy waiters (subset of the above)	JBa	387	Feb-21	400	Mar-21					National

Report by exception: Spotlight Responsive – UEC maximum waiting time of four hours

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard has not been met since July 2020 and will achieve or fail the target subject to random variation

Responsive



Situation
The Trust continues to underachieve against the 4 hour standard, this is the ninth consecutive month the Trust has failed the 4 hr target. In April the Trust saw 93.45% of the patients presenting through A&E within 4 hours, compared to 91.67% in April 2020.

Background
Footfall through A&E is increasing with average daily attendances of 100 more than April 2020 (80.5%)
Patients numbers are slowly increasing, with measures to ensure patient safety around screening/pending wards continuing adding additional waits/steps to patient pathways. Overall activity levels are still 30% below 2019/20 levels. There will be a reduction from pre COVID levels with the introduction of Talk Before You Walk and the publicised use and uptake of 111 first ,directing patients to other appropriate healthcare providers.

Assessment
Recent COVID configuration throughout the Trust combined with acuity of patients, 'surge' arrival of patients and staffing levels in inpatient areas have all presented challenges and affected flow throughout the Trust and an ED exit block.

Actions
Several work streams are underway to improve performance;

- Talk before you Walk
- telephone triage for Urgent Treatment Centre
- project board established for Same Day Emergency Care
- bed modelling
- review of options for POC testing to allow streaming of patients direct to surgical wards
- review of speciality pathways

Recommendation
Finance & Performance Committee to receive updates from the weekly meetings and project boards.

Combined impact analysis

Financial impact
No direct financial impact identified.

Quality impact
The reputation of the Trust could be impacted due to negative responses. Poor patient experience for those waiting longer than necessary.

Workforce impact
Pressurised working environments have the potential to adversely impact on staff wellbeing.

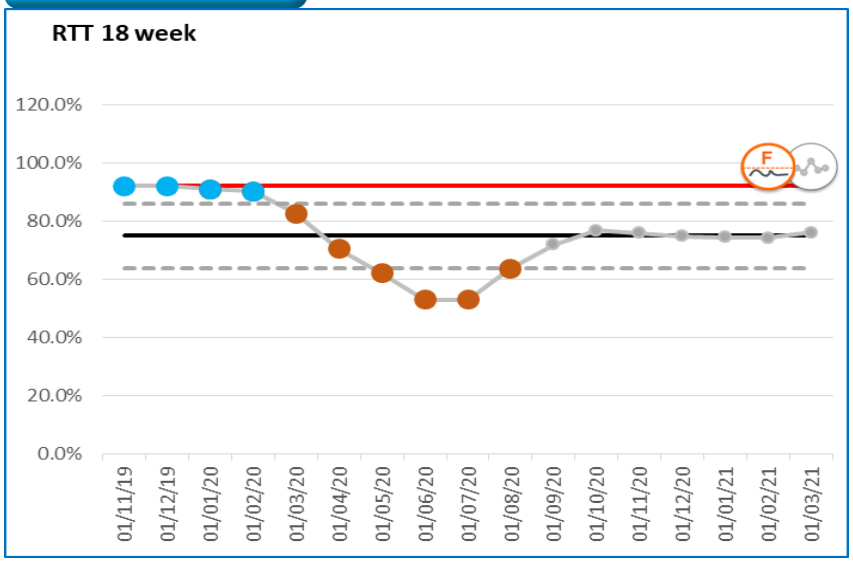
Operational performance impact
No direct operational impact identified.

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

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard has not been met since December 2019

Responsive



Combined impact analysis

Financial impact

Not yet known

Quality impact

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

Workforce impact

- Maximising IS capacity – Surgeons operating at Nuffield, and Spire.
- Reviewing plans to start additional sessional work to support backlog maintenance.

Operational performance impact

Trajectory set to fail.

Situation

RTT performance significantly decreased between February and July 2020. The standard has not been achieved since December 2019. A shift in performance is observed from March 2020 with performance below the 18 month mean from April 2020 to September 2020. March's performance of 76.1% places the Trust 4th in the ICS & in 19th position out of 139 Providers. April's performance position of 76.6% shows a slight improvement in the volume waiting less than 18 weeks.

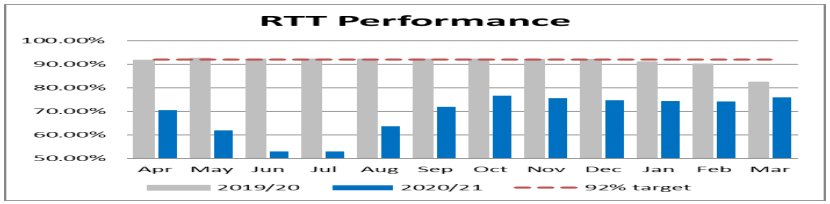
The indicator is highlighted to consistently fail based on current performance and variation.

Background

In March 2020 the Trust was required to cancel all non-urgent elective activity (NHSE/I) for a minimum of 3 months. Restart of elective recovery was well underway, seeing an upward improving trend; outbreaks and the circuit break have impacted on the ability to deliver Inpatient overnight stays.

Assessment

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



Actions

- Business Units are working towards achieving the expectations in the H1 planning guidance and working through the Accelerator programme requirements
- Principles of Maximising capacity & working through additional capacity plans to deliver the ERF and gateway criteria at ICP/ICS levels.
- Local expectation to eradicate >52 week waiters by end of the financial year.
- Technical validation of the waiting list to be repeated to understand patients' treatment options and refresh those choosing to delay treatment but remain on the waiting list.
- Secure additional support to validate waiting lists and baseline requirements for elective recovery
- Treatment cancellations by priority type are now sit-rep reportable.

Recommendation

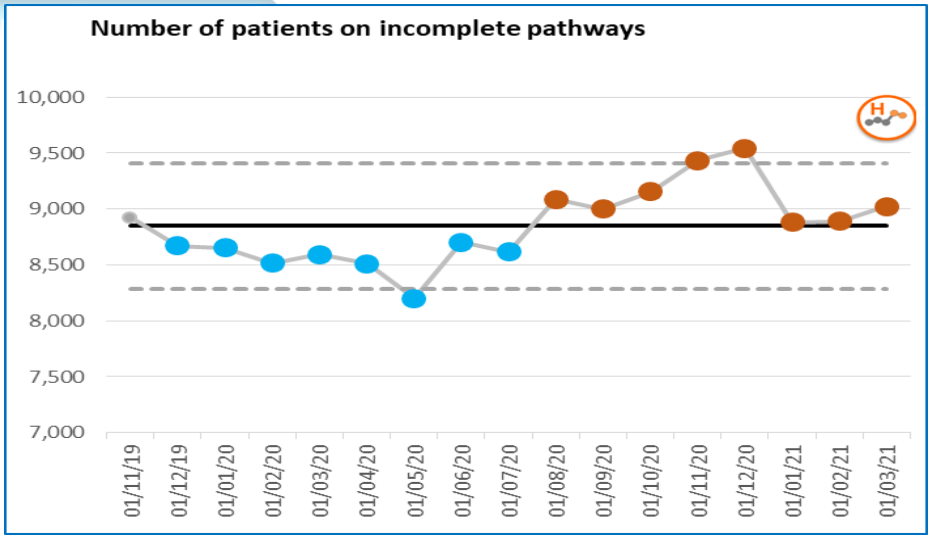
Finance & Performance Committee are to note that the above plans remain in place whilst current covid levels are maintained.

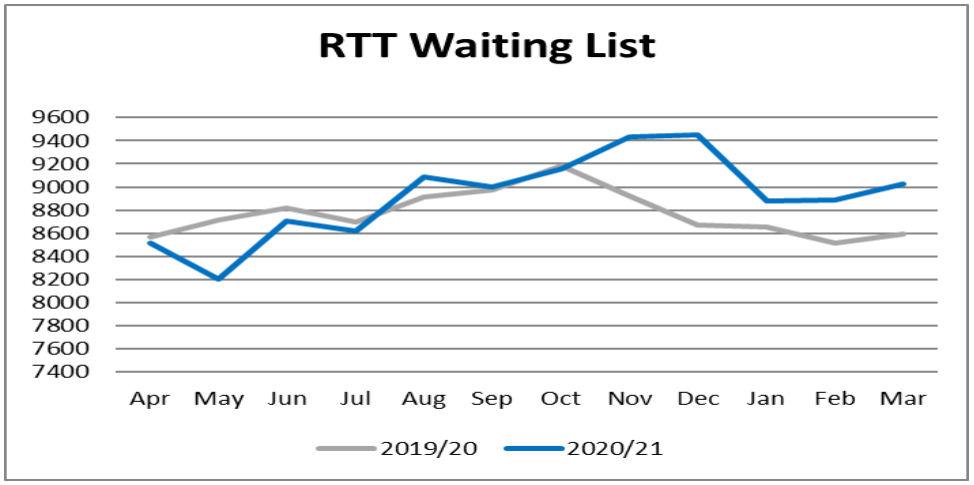
Report by exception: Responsive – Spotlight Number of patients on an incomplete pathway

Detail on this measure is included as a significant shift is observed in the number of patients on an incomplete pathway

NHS Gateshead Health NHS Foundation Trust

Responsive





Situation

A shift in the number of patients on an incomplete pathway is observed from August 2020. At the end of March 2021 there were 9,024 patients on an incomplete pathway, an increase of 136 patients on March 2021.
The indicative waiting list position for April demonstrates an overall improvement reduction of 29 patients.

Background

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

Assessment

March: Areas of pressure remain in the surgical business unit in General Surgery & Trauma & Orthopaedics with 449 (405) and 486 (432) patients waiting longer than 18 weeks.
Indicative April specialty waits are shown in bracket above.

Actions

- Business Units are working towards achieving the expectations in the planning guidance
- Weekly prioritisation meetings of available capacity.
- Principles of Maximising capacity & working through additional capacity plans to deliver the gateway criteria at ICP/ICS levels.
- Local expectation to eradicate >52 week waiters by end of the financial year.
- Technical validation of the waiting list to be repeated to understand patients' treatment options and refresh those choosing to delay treatment but remain on the waiting list.
- Secure additional support to validate waiting lists and baseline requirements for elective recovery
- Treatment cancellations by priority type are now sit-rep reportable.

Recommendation

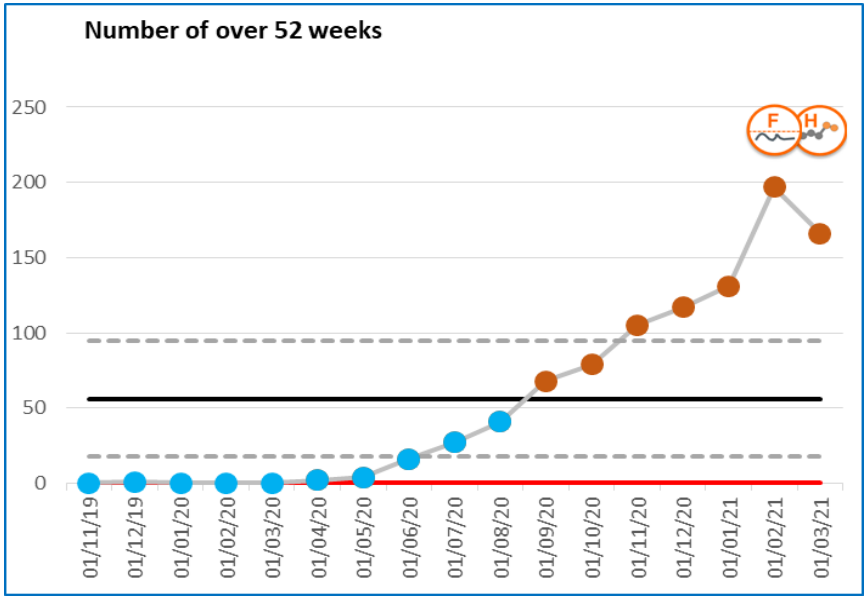
Finance & Performance Committee are to note that the above plans remain in place whilst current covid levels are maintained.

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

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

Gateshead Health NHS Foundation Trust

Responsive



Situation & Assessment

The number of patients waiting 52 weeks has increased over the last 11 months triggering special cause variation from September 2020 onwards.
The Trust is now starting to reduce the number of patients waiting longer than 52 weeks. In February the Trust reported a peak of 197 patients waiting – which reduced in to 166 at the end of March. Indicative April position shows a further reduction down to 106 patients. Representing a 47% improvement since the peak number waiting in February, or a 36% improvement from the position reported at the end of March.

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

Actions

Continue to maximise capacity
Weekly prioritisation of available capacity.
Technical validation of the waiting list to be reviewed to understand any changes patients' treatment choices and options, specifically for those choosing to delay treatment but remain on the waiting list.
All 52 week waiters are fully validated as 'true' waits.
Additional external support secured to review WL validation and processes.
Treatment cancellations by priority type are now monitored and are sit-rep reportable.

Recommendation

Finance & Performance Committee are to note that ICS Accelerator programme requires faster delivery of

Combined impact analysis

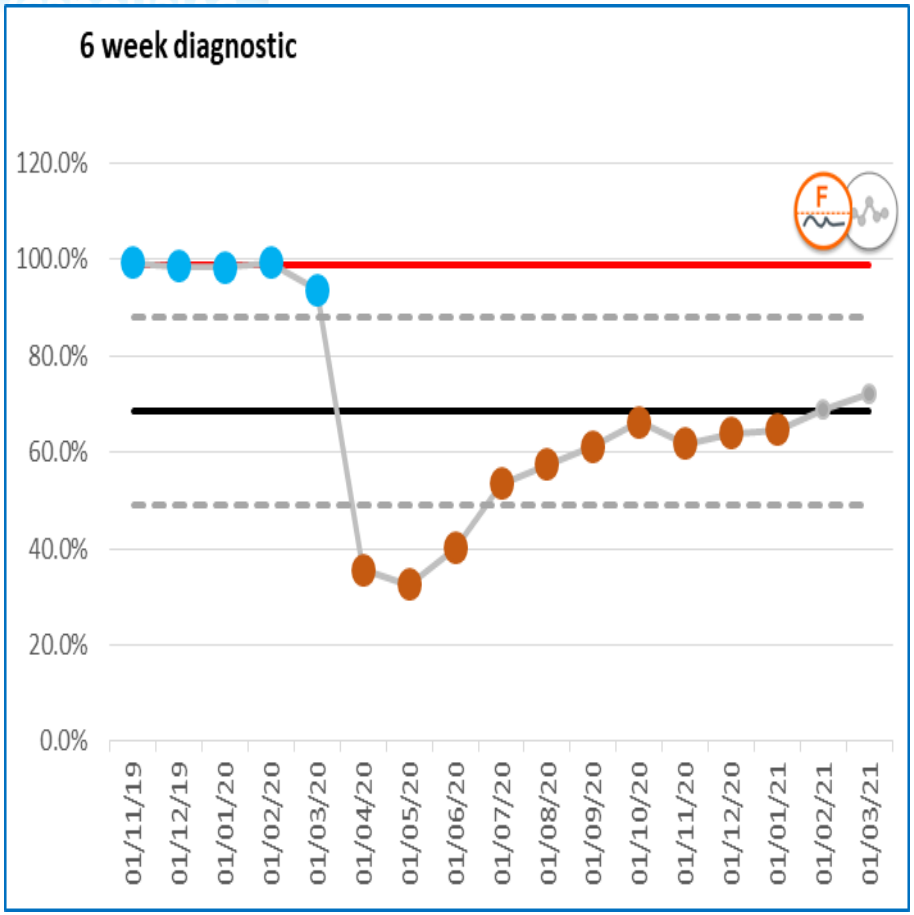
Financial impact
Not yet known
Quality impact
Long waits for elective surgery could mean that patients 'conditions may change from being first seen. This also has the potential to adversely impact on patient experience.
Workforce impact
Maximising IS capacity – Surgeons operating at Nuffield, and Spire.
Operational performance impact
Over 52 week waiters are expected to reduce (July 2021 – plan to report < 30 waiters.

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

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

NHS Gateshead Health NHS Foundation Trust

Responsive



Situation

The 6 week wait target has not been met since February 2020 with a significant reduction in performance observed from March 2020 onwards. March performance of 72% demonstrates an improvement in performance

The indicator is flagged as a consistent fail as current performance and variation means that the target cannot be achieved without a change in process.

Background

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

Assessment

All modalities have recovery plans to re-instate additional capacity, Echo-cardiology still remains a particular area of concern accounting for 84% of the patients waiting over 6 weeks – and current performance at 28.25% of patients seen within 6 weeks. Activity levels for echo-cardiology have improved in March – activity is at 94% of pre-C19 levels.
Despite the long waits RTT cardiology performance target has demonstrated an upward trend since July.
Audiology recovery plan anticipates achieving the target by Q1 2021 (revised due to 49% increase in referrals in March).
Urodynamics capacity is a challenge and results in performance of 53.92%. In Gynaecology there is a business case identified for additional nursing staff and in Urology the current capacity and availability of clinics is being reviewed.

Actions

The Echocardiology business case for the 3rd diagnostic room has been approved Estates work is to start imminently; a workforce staffing plan is in place to support additional activity. The recovery plan will take 12months to maintain waiting times less than 6 weeks .

Recommendation

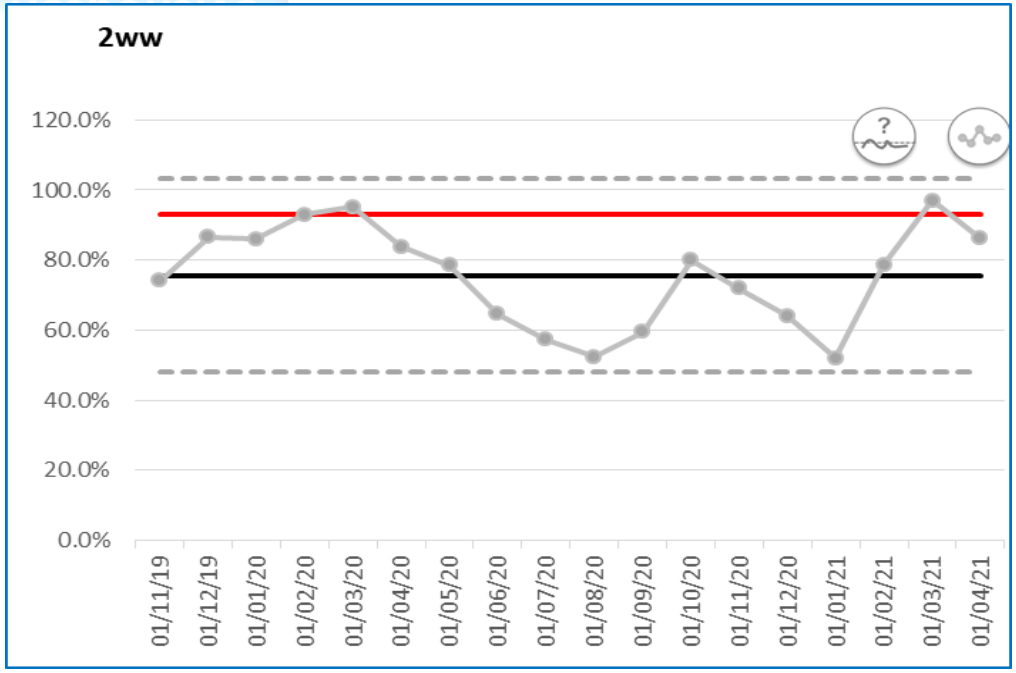
Detailed discussion and scrutiny at Finance & Performance Committee

Report by exception: Responsive – Cancer 2 week wait compliance

Detail on this measure is included as performance and variation means that the target may or may not by achieved as a result of normal variation.

Gateshead Health NHS Foundation Trust

Responsive



Situation April

Cancer two week: Aprils performance is below target at 86%, demonstrating a drop in performance from 97% in March. Despite the fall, 86% still represents an improvement overall – as the 12m rolling average is 69%. The trend has generally improved since January this year, but common cause variation is still shown.

Background

Main cancer referral sites affecting performance are:
Breast, Urology and lung.

- All Referrals in April are 31 % higher than April 2019.
- 2 week wait total activity is 15% higher than activity delivered in April 2019.
- Breast referrals remain higher than planned 41% in March, 27% April
- Breast activity is greater than 2019/20 levels
- Lung referrals and activity remain circa 30% lower than expected
- Urology activity is 17% less than expected .

Assessment

Financial support (from NCA) to create additional capacity has positively impacted on 2 week wait performance (breast service).
On average 2-3 additional clinics have been provided over the period.

Actions

- Discussions are on-going with NCA in support of further recovery funding.
- Cancer navigators are new posts; deployed from mid-May in support of capacity planning and to expedite capacity issues in 2 week wait appointments.

Recommendation

Detailed discussion and scrutiny at Finance & Performance Committee

Combined impact analysis

Financial impact Not yet known

Quality impact – Long waits at the start of the pathway can potentially impact on timely treatments.

Workforce impact- Additional clinics are being supported by current staff. The breast team have successfully appointed into the current consultant vacancy.

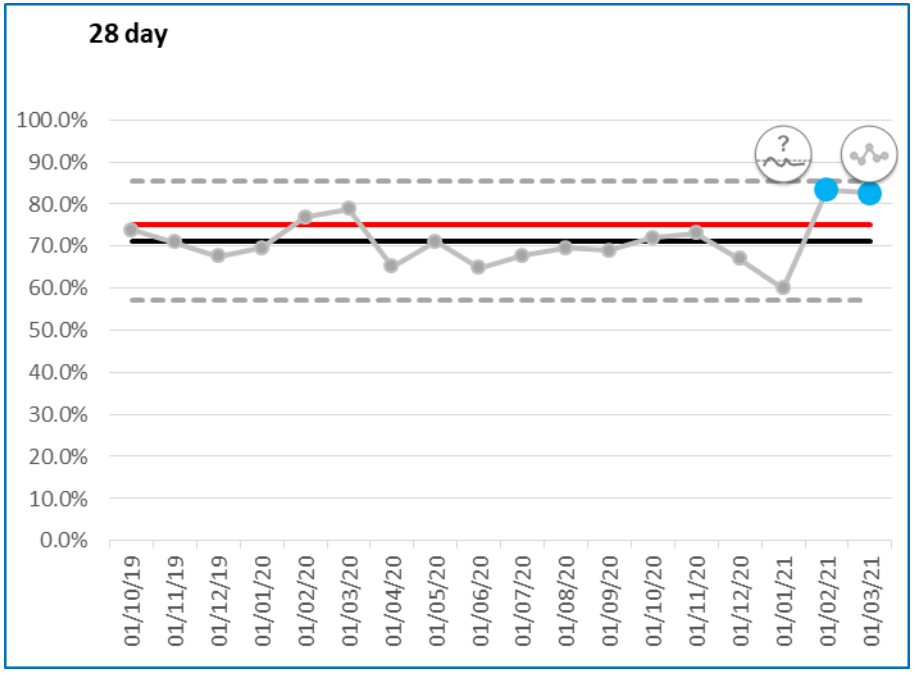
Operational performance impact

Report by exception: Responsive – Cancer 28 day Faster Diagnosis Standard compliance

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard is subject to achieve or fail the target as a result of variation in performance

Responsive



Combined impact analysis

Financial impact

Quality impact Waiting for a potential diagnosis of cancer is very stressful for patients and their families.

Workforce impact- Maximising radiology and endoscopy capacity is necessary to achieve this target

Operational performance impact

Situation

Cancer 28 day compliance is flagged as performance and variation means that the target will not be consistently achieved.

The target was achieved in March and (indicatively) in April with compliance at 83.4% and 82.8%.

Background

This is currently a shadow monitored target. It will be introduced as a performance monitored target in October 2021 with a target of 75%

Assessment

Individual tumour site performance is monitored:

Cancer 28 day Faster Diagnosis Standard	**82.8%**
Suspected Breast Cancer	97.0%
Suspected Testicular Cancer	75.0%
Suspected Lung Cancer	73.0%
Suspected Urological Cancers (Excluding Testicular)	72.3%
Suspected Upper Gastrointestinal Cancer	68.3%
Suspected Gynaecological Cancer	65.2%
Suspected Haematological Malignancies excluding acute leukemia	57.1%
Suspected Lower Gastrointestinal Cancer	51.1%

Actions

Clinical teams to be supported to review each tumour site timeline to optimise early diagnostics to aid achievement of 28 day faster Diagnosis Standard.

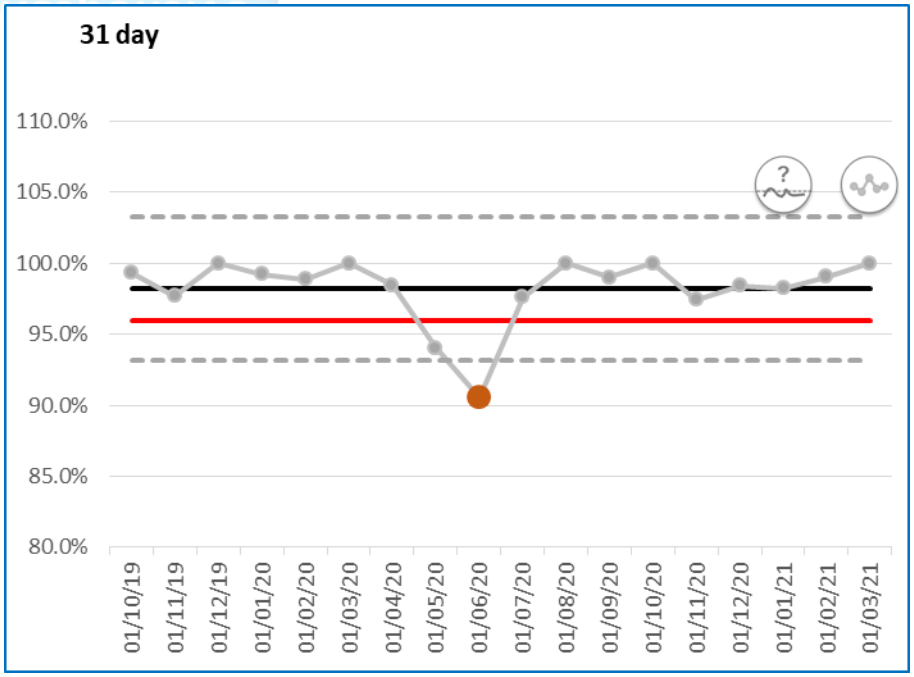
Rapid Diagnostic Project for gynaecology is now in the development phase with recruitment to the CNS post and Cancer Navigator post.

Report by exception: Responsive – Cancer 31 day compliance

Detail on this measure is included as the standard is subject to achieve or fail the target as a result of variation in performance

NHS Gateshead Health NHS Foundation Trust

Responsive



Situation
The target was achieved in all but two of the last 18 months (Jun-20 and Jul-20) Special cause variation (low) identified in Jun-20.

The target was achieved in March 2021 with compliance at 100% against the 96.0% target

Background This target measures the numbers of patients with a cancer diagnosis who are treated within 31 days of a decision being made to treat.

Assessment This target was achieved despite the Covid pressures related to theatre and critical care capacity at the time.

Actions Ongoing review

Combined impact analysis

Financial impact

Quality impact

Workforce impact

Operational performance impact

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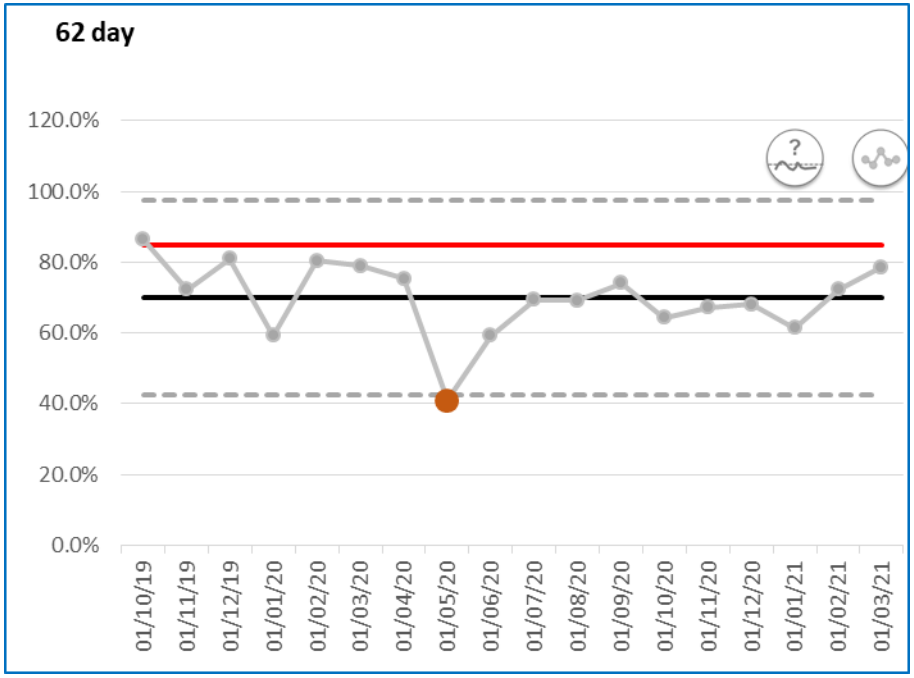
Report by exception: Responsive – All Cancer 62 wait for treatment from GP referral

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard is subject achieve or fail the target as a result of variation in performance

Responsive



Combined impact analysis

Financial impact

Quality impact

Workforce impact

Operational performance impact

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Situation
Cancer 62 day compliance has not met the standard since October 2019. March performance is 78.6% against performance standard of 85%.

Background
Pressures were evident prior to the pandemic. The Trust has not achieved this target since October 2019 and had been on a downward trajectory since April 2018. All tumour sites have been affected.

Assessment The ongoing pandemic has impacted on the Trusts ability to undertake cancer surgeries, however cancer treatments have increased by 16 from 63 treatments in February to 79.5 in March, representing a 26% improvement.

All tumour sites have been affected by reduced capacity throughout the year; - however in March the breast tumour site achieved the target with performance at 94%.

Actions
Continued weekly liaison with cancer hub and regional colleagues.
Continued proactive planning to ensure patients are pre-assessed promptly to allow allocation of critical care beds.
Continued review within surgical business unit to maximise theatre capacity, and prioritise gynaeoncology surgery.
Continued review of chemotherapy capacity

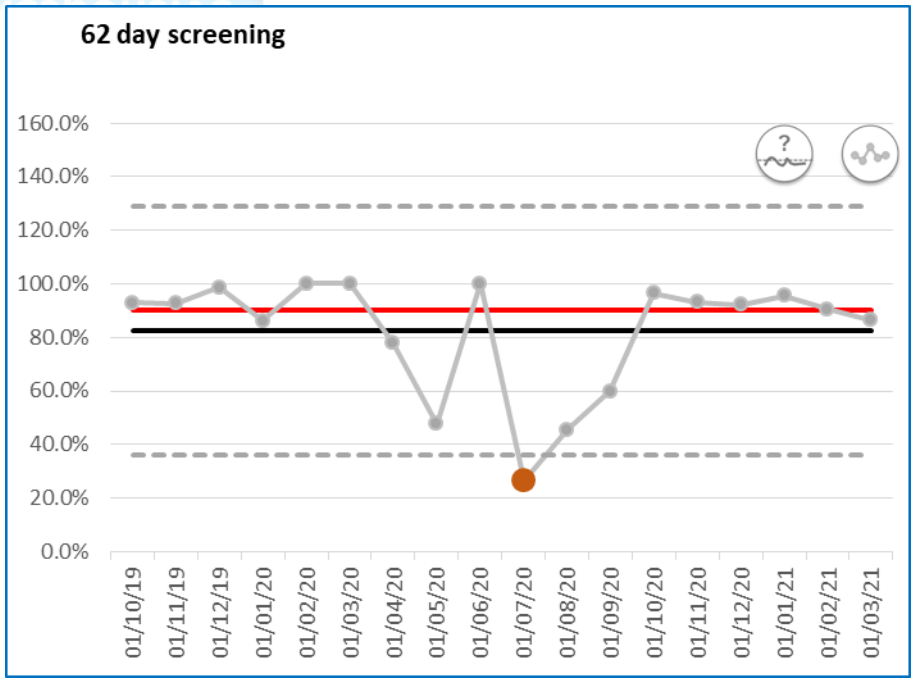
Recommendation
Detailed discussion and scrutiny at Finance & Performance Committee

Report by exception: Responsive – All Cancer 62 wait for treatment from NHS cancer screening service referrals

Gateshead Health NHS Foundation Trust

Detail on this measure is included as the standard is subject to achieve or fail the target as a result of variation in performance

Responsive



Situation
Performance was below target between March and October 2020 (with the exception of June 2020). The target has been recently achieved for 5 consecutive months from October 2020 to February 2021, however March compliance is below the target at 86.5% against a 90% target.

Assessment Performance against this target has returned to pre-covid levels.

Actions Ongoing review

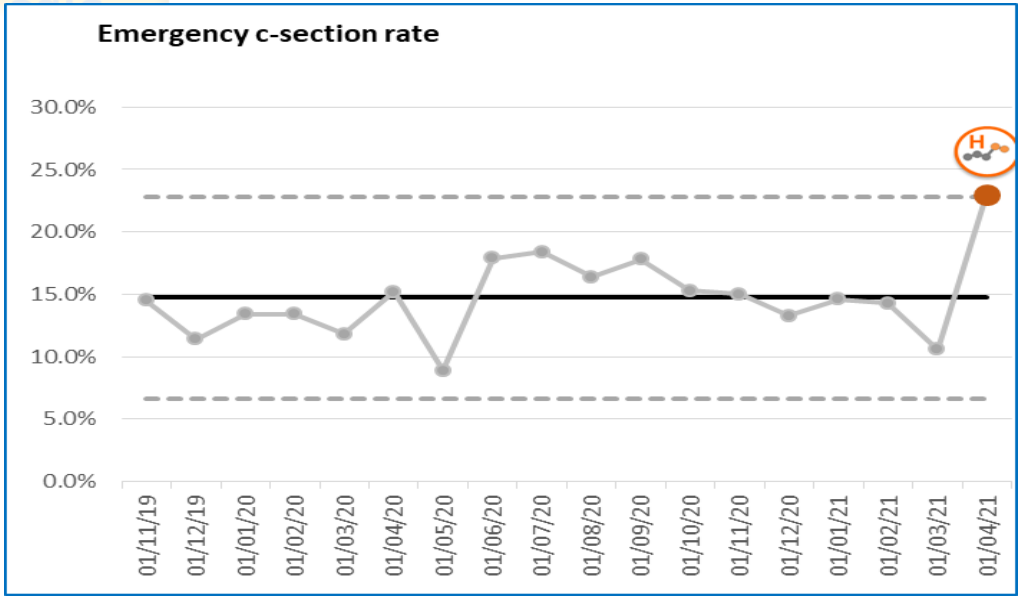
Recommendation
Detailed discussion and scrutiny at Finance & Performance Committee

Report by exception: Safe –Emergency c-section rate

Detail on this measure is included as the rate for April 2021 has triggered special cause variation (high)

Gateshead Health NHS Foundation Trust

Safe



Combined impact analysis

Financial impact

Quality impact

Workforce impact

Operational performance impact

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Situation

In April 2021 the emergency c-section rate was 23.0%, significantly higher than other months over the last 18 months triggering special cause variation. Maternity Units nationally are receiving a higher level of scrutiny in light of the Okenden Report.

Background

In April the Trust reported 135 births – of which 31 were delivered by emergency C.section. The total number of births was lower than previous months and there was a high level of instrumental and Emergency LSCS, which would contribute towards the spike. The Trust's induction of labour percentages were also higher in month which can also lead to increased intervention. The acuity of our mothers is also higher (as noted in the birth rate staffing assessment).

In the Saving Babies Lives care bundle over 55% of babies during the antenatal period have been flagged as 'at risk'; which in practice means potentially smaller babies, higher intervention rates and increased rates of induction, and therefore emergency c.sections.

Assessment

A full assessment is being undertaken, reviewing all of the cases to understand the reasons behind the increase and clinical impact assessment.

Actions

Initial findings & review at Maternity Safecare Group and Surgical Business Unit meeting.

Recommendation

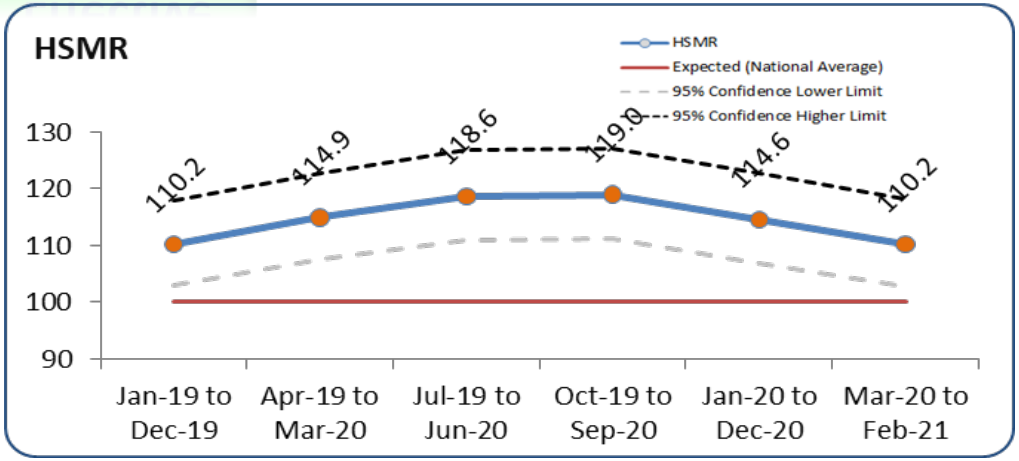
F&P committee to note the initial spike and on-going work. The Committee will receive an update on the findings from the internal review.

Report by exception: Effective – Hospital Standardised Mortality Ratio

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

NHS Gateshead Health NHS Foundation Trust

Effective



Combined impact analysis

Financial impact

No direct financial impact yet identified.

Quality impact

No direct quality impact yet identified.

Workforce impact

No direct workforce impact yet identified.

Operational performance impact

No direct operational performance impact identified.

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

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

Assessment - The mortality indicators show the Trust deaths relative to the expected deaths per the statistical models for HSMR and SHMI. For the Trust the two mortality indicators are diverging. However, recent HSMR results are showing slight improvement towards the 'as expected' banding.

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

Following a n external review by the North East Quality Observatory (NEQOS), no specific cause for the high HSMR, or concern about quality of care, has been identified.

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

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

Actions - NEQOS to present the findings to the Trust Board and CCG Quality Review Group. Date is still to be confirmed liaison required with Trust Secretary to get this on the agenda and then it will be presented to the CCG

- Findings to be shared at the Mortality & Morbidity Steering Group in May 2021
- Explore the use of HIE to ensure all comorbidities are captured more efficiently in the initial clerking document in order to be coded appropriately, lead for Great North Care Record, he is going to take it back to the HIE.
- Review the admission document to ensure all differential diagnoses can be added and coded appropriately has this been done – this is to be discussed at the Mortality & Morbidity Steering Group in May 2021.

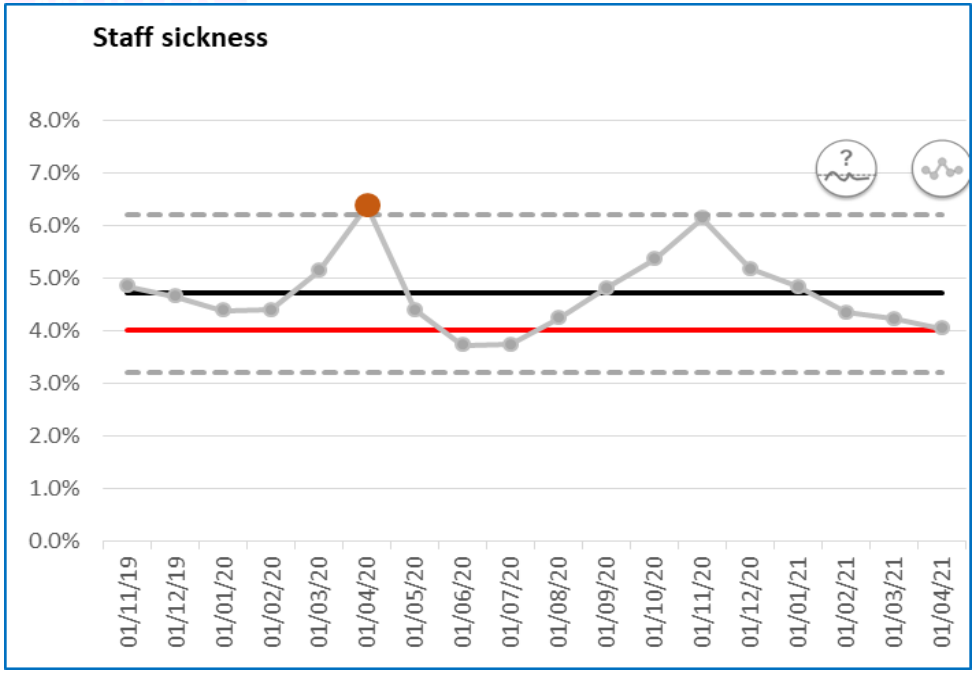
Recommendation - Continue to inform & note actions undertaken at Mortality and Morbidity steering group and Quality Governance Committee via the Integrated quality report and Mortality Paper.

Report by exception: Well led – Sickness Absence

Detail on this measure is included because the target will either be achieved or failed based on variation within the performance.

Gateshead Health NHS Foundation Trust

Well Led



Combined impact analysis

Financial impact
Increased staff sickness is expensive for the Trust in terms of loss of productivity and associated backfill costs.

Quality impact
No direct quality impact yet identified.

Workforce impact
Less workforce available.

Operational performance impact
No direct operational performance impact identified.

Situation

Special cause variation is observed from April 2020 when the Trust's sickness absence rate was at 6.3%.

Current performance of 4.04% represents a marginal fail of the Trust target, although the trend is heading in the right direction for the last 5 months.

Background
Sickness levels have understandably peaked during waves 1 and 2 of the covid pandemic. These levels have been decreasing and are now extremely close to the target rate. With a successful vaccine roll out we are limiting the likelihood of staff contracting the virus.

Assessment
The sickness target has been achieved in 2 months of the past 18 months. The sickness rate for April 2021 is 4.04%, a decrease from 4.2% in March.

Actions
Continue to manage absence proactively and align with the Health & Wellbeing programme in terms of supporting staff and keeping them well, and at work. Service review in Occupational Health has been received and actions being taken forward. Expect to see positive changes in timescales for referrals and more proactive management of sickness.

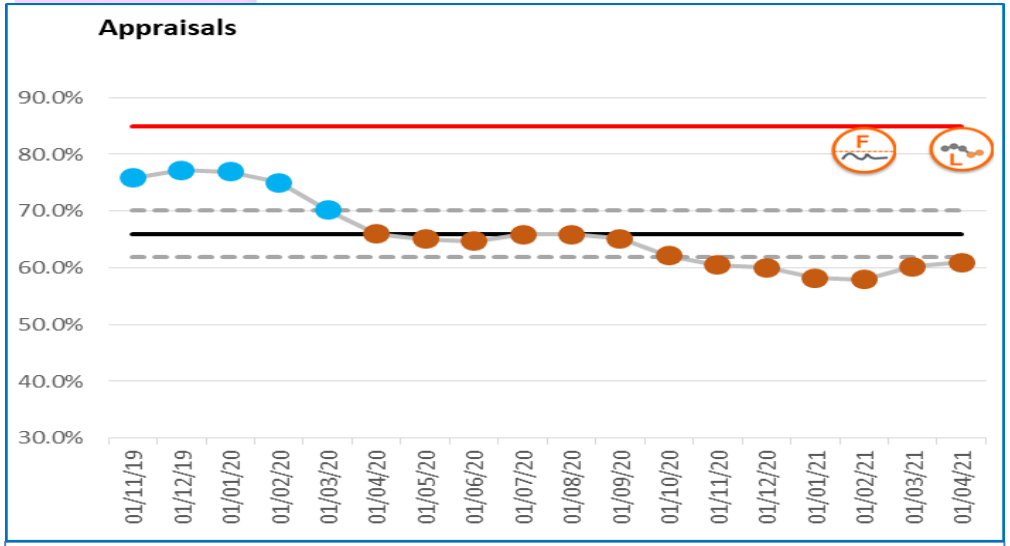
Recommendation
Continued scrutiny through HR committee.

Report by exception: Well led – Appraisals

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

Gateshead Health NHS Foundation Trust

Well Led



Combined impact analysis

Financial impact

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

Quality impact

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

Workforce impact

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

Operational performance impact

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

Situation

Appraisal compliance consistently fails the 85% target, with this target not being achieved during the past 18 months. A general downward trend is observed.

Special cause variation is observed from April 2020, in line with the covid pandemic, with a shift in performance identified by 8 consecutive points below the mean. Significant pressure on staff and managers meant that priority was given to the covid response.

Background

The Trust expects all staff, who are a valued part of the organisation to have an annual conversation about their objectives, performance and development as a minimum. During the pandemic staff, understandably, did not have the time to carry out appraisals due to the increased volume of pandemic-response work.

Assessment

Compliance rates are monitored via ESR and reported to business units as part of the suite of workforce metrics that are produced. Current compliance is 60.9% against an 85% target a slight increase from 60.2% in April.

Actions

Compliance rates are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels. A paper with options was discussed at Execs in April 2012 with SMT now responsible for monitoring compliance.

Recommendation

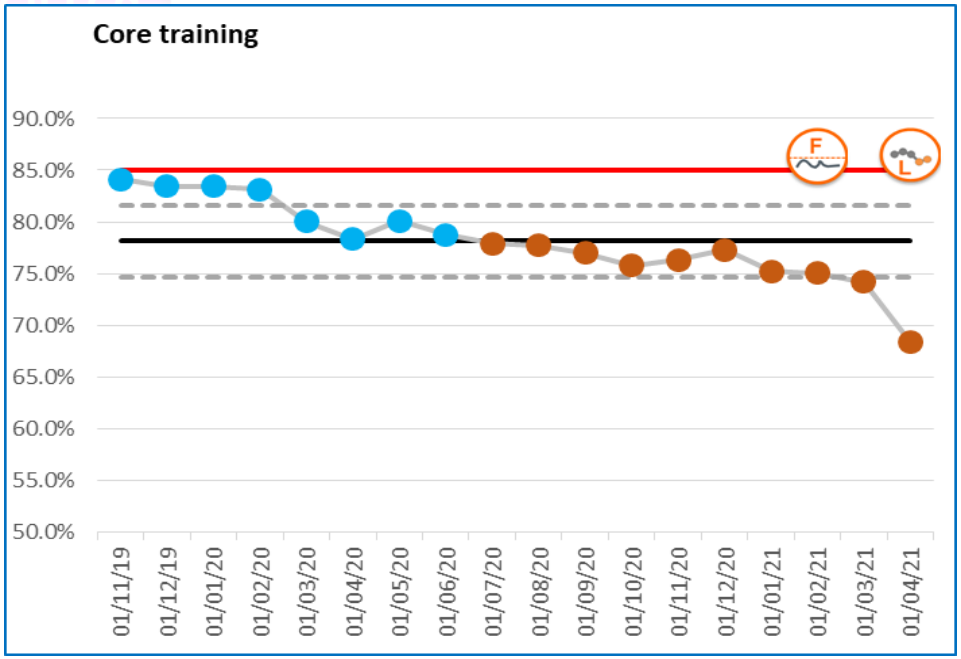
Continued scrutiny through HR committee and SMT

Report by exception: Well led – Core training

Gateshead Health NHS Foundation Trust

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

Well Led



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

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

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

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

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

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

Significant pressure on staff and managers meant that priority was given to the covid response with a number of courses cancelled and social distancing has meant that it is still difficult to return to face to face delivery of training.

Background
Core training covers those programmes which are recognised as core or essential training for all employees. The skills that make up the core skills package are being refreshed and discussed by the Trust Education & Training Group.

Assessment
Current compliance is at 68.4% against the 85% target, a decrease from 74.2% in April.

Actions
Compliance rates are currently under review, with work being undertaken to project a recovery plan and trajectory for reaching agreed compliance levels. A paper with options was discussed at Execs in April 2012 with SMT now responsible for monitoring compliance.

Recommendation
Continued scrutiny through HR committee and SMT .

Appendices

Benchmarking

Reporting Changes

Introduction to SPC

Benchmarking

Benchmarking – A&E Performance

The table below presents the April position for A&E (All activity) against the 4 hour standard.
The latest national benchmarking data places the Trust at 12th of 139 Type 1 providers.
Northumbria is the Only Trust to achieve the standard in April 2021.

Performance - all activity

	April
Gateshead	93.5%

Newcastle	92.4%
Durham & Darlington	88.0%
South Tyneside & Sunderland	89.8%
Northumbria	95.6%

	April
National rank out of 139 type 1 providers	12th

Benchmarking –RTT Performance

The table below presents the latest RTT performance benchmarked position against the 92% standard.
The latest national benchmarking data places the Trust at 23rd position our of 139 providers.
Removing the cancer centres the Trust is in 19th place.

Position	Trust	% performance
4	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	84.70%
5	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	84.20%
6	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	83.90%
23	GATESHEAD HEALTH NHS FOUNDATION TRUST	74.60%
45	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	68.10%
47	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	68.00%
92	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	60.80%
114	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	56.60%

Benchmarking – Cancer Performance Measures

Cancer Waiting Times Standards - Summary — **Monthly Performance: March 2021** — **Provisional Data**

Provider Based Reports

Please note that this data is now derived from a data extract provided by CADEAS

	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2WW Referrals	93.02 (1253/1347)	92.57 (1134/1225)	96.99 (1193/1230)	60.82 (1225/2014)	96.7 (1551/1604)	95.66 (1588/1660)	96.87 (1146/1183)	85.5 (1746/2042)	88.06 (10836/12305)
Breast Symptomatic Referrals	0 (0/0)	92.08 (93/101)	100 (33/33)	17.11 (26/152)	95.24 (180/189)	88.89 (8/9)	93.88 (276/294)	73.33 (121/165)	78.15 (737/943)
31 Day First Treatments	100 (188/188)	88.46 (138/156)	100 (146/146)	95.18 (454/477)	98.31 (174/177)	97.06 (231/238)	94.53 (121/128)	97.4 (150/154)	96.27 (1602/1664)
31 Day Subsequent Treatments - Drugs	100 (138/138)	100 (50/50)	100 (65/65)	96 (192/200)	94.74 (18/19)	98.68 (75/76)	100 (56/56)	100 (3/3)	98.35 (597/607)
31 Day Subsequent Treatments - Radiotherapy	0 (0/0)	96 (48/50)	100 (1/1)	99.08 (323/326)	0 (0/0)	98.37 (181/184)	0 (0/0)	0 (0/0)	98.57 (553/561)
31 Day Subsequent Treatments - Surgery	100 (20/20)	87.5 (14/16)	100 (12/12)	82.86 (116/140)	90 (9/10)	100 (10/10)	87.5 (14/16)	89.29 (25/28)	87.3 (220/252)
62 Day Target - 2WW	89.06 (85.5/96)	65.59 (61/93)	74.23 (61/81.5)	75.98 (136/179)	84.72 (97/114.5)	78.93 (125.5/159)	78.1 (53.5/68.5)	72.93 (83.5/114.5)	77.54 (703/906)
62 Day Target -Screening	50 (0.5/1)	60 (3/5)	84.91 (22.5/26.5)	80.7 (23/28.5)	60 (6/10)	38.46 (2.5/6.5)	76.47 (26/34)	40 (2/5)	73.39 (85.5/116.5)
62 Day Target - Upgrade	78.95 (22.5/28.5)	83.33 (5/6)	42.86 (3/7)	78.95 (15/19)	93.1 (13.5/14.5)	88.68 (23.5/26.5)	73.33 (5.5/7.5)	50 (4/8)	78.63 (92/117)

Benchmarking – Referral Rates

The charts below represent the cumulative referral rates (GP & other). Total cumulative referral rates are less than they were pre-covid across the ICS. Gateshead's referral rate is at 83%. Northumbria has the highest rate at 91% and County Durham & Darlington & South Tees have the lowest cumulative rate at 62%.

Cumbria and North East STP: (74%)
26% less referrals = 305,778

County Durham and Darlington: (62%)

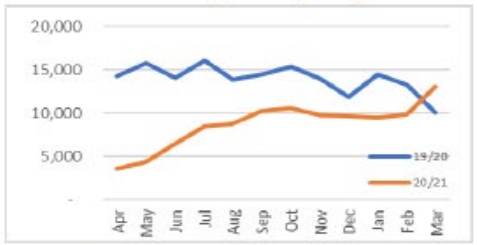
Gateshead Health: (83%)

North Cumbria Integrated Care: (77%)

North Tees and Hartlepool: (84%)

Northumbria Healthcare: (91%)

South Tees Hospitals: (62%)



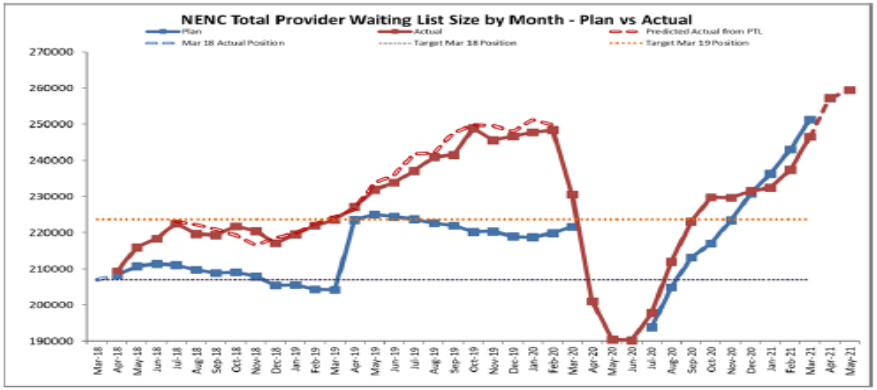
South Tyneside and Sunderland: (76%)

Newcastle Upon Tyne Hospitals: (76%)

Benchmarking – Waiting List

The table below represents the current summary RTT wating lists across the ICS, and the number of long waiters. More than half of Gateshead's +52 week waiters have a planned treatment (TCI) or next event in their pathways.

Waiting List

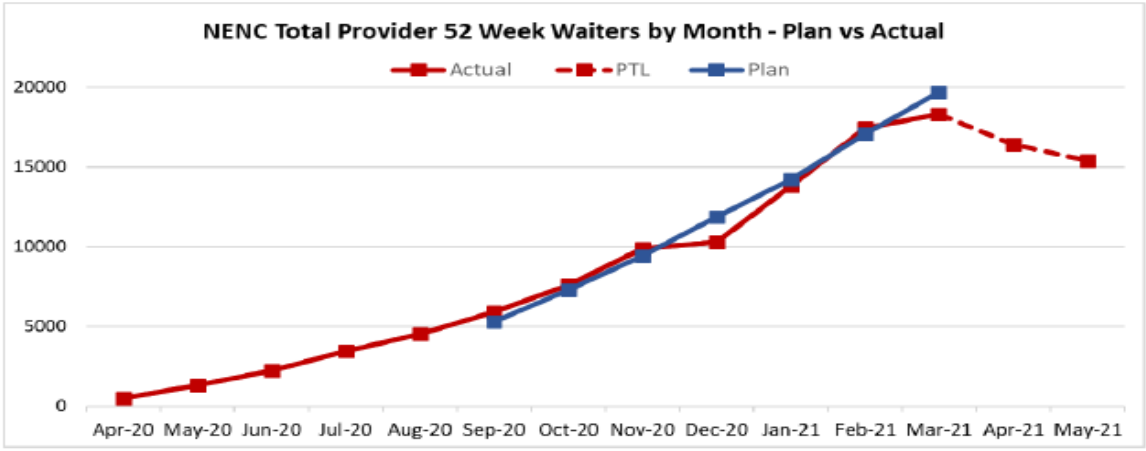


Weekly RTT PTL Summary (WE 09/05/2021)	Total Waiting List	40-52wws	% of waiters with a TCI or appt	52+ wws	% of waiters with a TCI or appt
NORTH ICP					
GATESHEAD HEALTH NHS FOUNDATION TRUST	9,131	240	42%	88	53%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	24,281	375	27%	128	21%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	82,880	2,565	18%	6,195	24%
CENTRAL ICP					
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	25,322	613	23%	1,997	27%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	36,491	187	30%	384	34%
SOUTH ICP					
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	15,856	100	24%	128	34%
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	37,594	1,030	21%	4,037	20%
NORTH CUMBRIA ICP					
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	27,941	1,328	20%	2,414	21%
NORTH EAST & NORTH CUMBRIA	**259,496**	**6,438**	**21%**	**15,371**	**24%**

Benchmarking – Waiting List

The table below represents the weekly movement of >52 week waiters across the ICS, and the average volume change per week based on the last 4 weeks. Gateshead is on average removing 8 long waiters per week. Patient choice also affects the patients who are able to be seen.

Unpublished RTT Weekly PTL submitted to NHS England & NHS Improvement via SDCS



52 Week Waiters	WE 04 Apr 21	WE 11 Apr 21	WE 18 Apr 21	WE 25 Apr 21	WE 02 May 21	WE 09 May 21	Change from previous week	Average volume change per week (based on latest 4 weeks)
GATESHEAD HEALTH NHS FOUNDATION TRUST	163	153	132	116	108	88	-20	-16
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	191	171	159	146	138	128	-10	-11
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	6,885	6,702	6,540	6,462	6,413	6,195	-218	-127
NORTH ICP	7,239	7,026	6,831	6,724	6,659	6,411	-248	-154
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	2,482	2,422	2,315	2,203	2,086	1,997	-89	-106
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	542	505	474	444	418	384	-34	-30
CENTRAL ICP	3,024	2,927	2,789	2,647	2,504	2,381	-123	-137
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	235	213	186	170	170	128	-42	-21
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	4,433	4,424	4,265	4,221	4,091	4,037	-54	-97
SOUTH ICP	4,668	4,637	4,451	4,391	4,261	4,165	-96	-118
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	3,109	3,001	2,840	2,667	2,543	2,414	-129	-147
NORTH EAST & NORTH CUMBRIA	18,040	17,591	16,911	16,429	15,967	15,371	-596	-555

Benchmarking – Long waiters > 52 weeks

Long Waiters by Treatment Functions (52+ weeks) March 2021

Please note that the sort option is available for each column when you hover over the column name.

Choose Region	Choose Organisation	All Specialties	Cardiology Service	Cardiothoracic Surgery Service	Dermatology Service	Ear Nose and Throat Service	Elderly Medicine Service	Gastroenterology Service	General Internal Medicine Service	General Surgery Service	Gynaecology Service	Neurology Service	Neurosurgical Service	Ophthalmology Service	Oral Surgery Service	Other	Plastic Surgery Service	Respiratory Medicine Service	Rheumatology Service	Trauma and Orthopaedic Service	Urology Service
North East and Yorkshire	The Newcastle Upon Tyne Hospital..	6,795	119		932	393		2	4	9	155	1	15	3,130		472	162			1,311	90
	South Tees Hospitals NHS Foundati..	4,256	15	3	11	452		2		255	156	164	110	271	271	499	286	3		1,334	424
	North Cumbria Integrated Care NH..	3,063	130		114	271	1	79	2	110	248	31		345	53	295		16	2	1,166	200
	County Durham and Darlington NH..	2,603	3	5	247	246		27	40	307	138	27		250	14	150	353	33	24	739	
	South Tyneside and Sunderland NH..	523	2		1					38				1	2	14	1	10	1	453	
	North Tees and Hartlepool NHS Fo..	241								67	22					3				120	29
	Northumbria Healthcare NHS Foun..	178						2		22	3				1		20			122	8
	Gateshead Health NHS Foundation ..	166	4					1		30	3					4				109	15

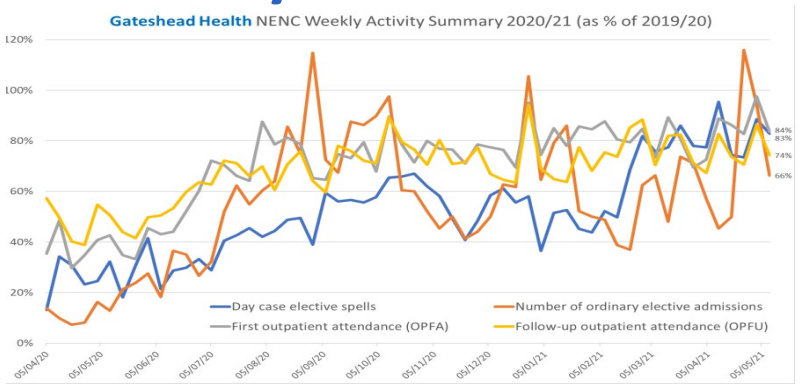
Benchmarking – Long waiters > 40 weeks

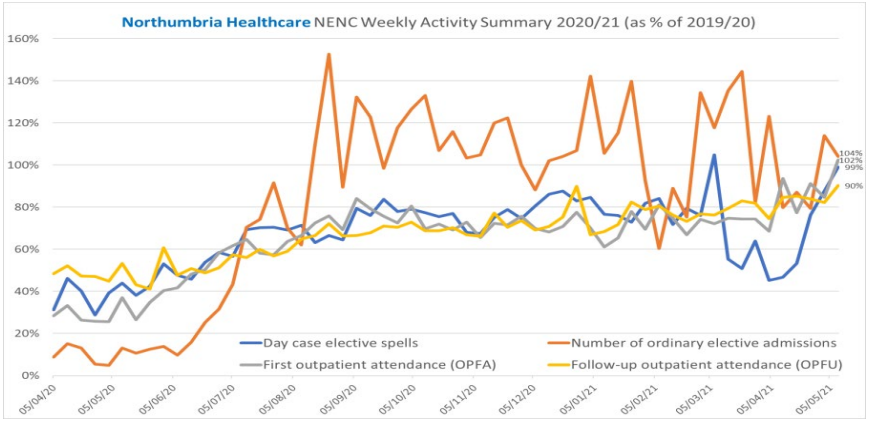
Long Waiters by Treatment Functions (40+ weeks) March 2021

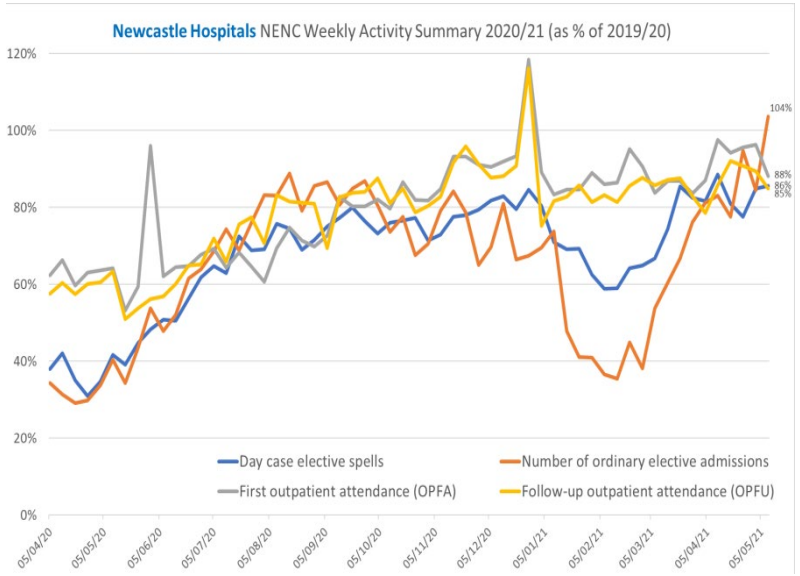
Please note that the sort option is available for each column when you hover over the column name.

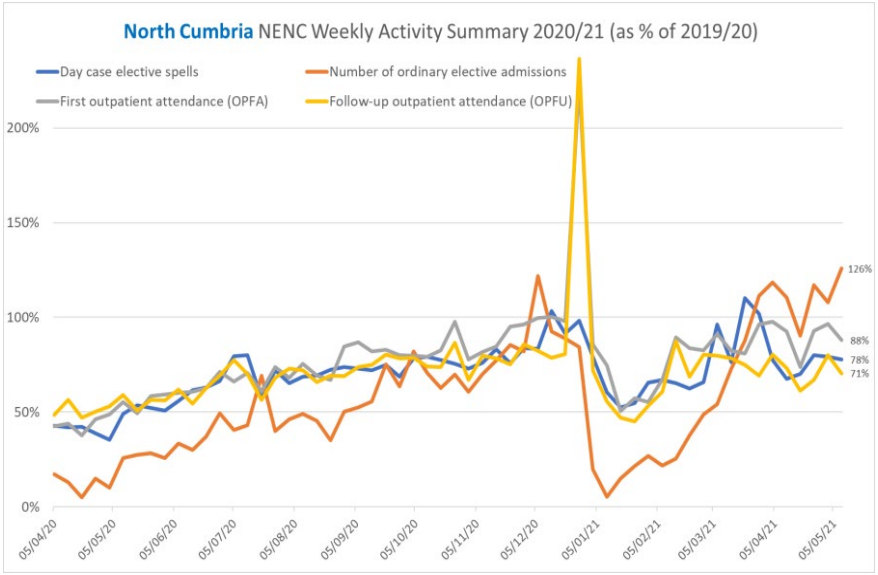
Choose Region	Choose Organisation	All Specialties	Cardiology Service	Cardiothoracic Surgery Service	Dermatology Service	Ear Nose and Throat Service	Elderly Medicine Service	Gastroenterology Service	General Internal Medicine Service	General Surgery Service	Gynaecology Service	Neurology Service	Neurosurgical Service	Ophthalmology Service	Oral Surgery Service	Other	Plastic Surgery Service	Respiratory Medicine Service	Rheumatology Service	Trauma and Orthopaedic Service	Urology Service
North East and Yorkshire	The Newcastle Upon Tyne Hospital..	8,257	156		1,097	507		5	10	15	253	1	24	3,554		665	214		1	1,581	174
	South Tees Hospitals NHS Foundati..	4,836	20	3	13	470		6		319	170	188	144	318	278	581	338	5		1,431	552
	North Cumbria Integrated Care NH..	4,063	228		155	355	1	164	2	197	292	91		418	60	469		24	3	1,301	303
	County Durham and Darlington NH..	2,892	13	5	298	251		49	47	340	178	42		272	14	176	374	47	25	761	
	South Tyneside and Sunderland NH..	629	10		1	2	1	2		52				1	3	34	4	20	1	494	4
	Northumbria Healthcare NHS Foun..	400	1					5		82	7				2		44			241	18
	Gateshead Health NHS Foundation ..	336	4				1	3		72	13					81			2	132	28
	North Tees and Hartlepool NHS Fo..	286	1							75	27					7				135	41

Benchmarking – North ICP Weekly activity summaries









Benchmarking – North ICP Weekly activity summaries

Weekly Activity Summary (WE 09/05/2021 only)	2020/21 (as % of 2019/20)			
	First Outpatient	Follow Up Outpatient	Day case	Ordinary
GATESHEAD HEALTH NHS FOUNDATION TRUST	84%	74%	83%	66%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	102%	90%	99%	104%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	88%	85%	86%	104%
CENTRAL ICP				
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	88%	82%	81%	71%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	63%	97%	95%	96%
SOUTH ICP				
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (02/05/21)	92%	111%	85%	78%
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	82%	81%	91%	71%
NORTH CUMBRIA ICP				
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	88%	71%	78%	126%
NORTH EAST & NORTH CUMBRIA	**85%**	**87%**	**89%**	**91%**

Latest Weekly Activity Return (WAR) data used to compare the weekly position to the equivalent week in 2019/20. **Please note missing return for North Tees & Hartlepool WE 09/05/21**

Weekly Activity Summary (WE 09/05/2021)	Elective activity			Outpatient activity								
	Number of ordinary elective admissions	Day case elective spells	Regular attendances	First outpatient attendance (OPFA) - face to face	Of which; First outpatient attendance with a procedure - face to face	Follow-up outpatient attendance (OPFU) - face to face	Of which; Follow Up outpatient attendance with a procedure - face to face	Total - face to face	First outpatient attendance (OPFA) - video/ telephone	Follow-up outpatient attendance (OPFU) - video/ telephone	Total - video/ telephone	Total outpatients
NORTH ICP												
GATESHEAD HEALTH NHS FOUNDATION TRUST	57	434	0	504	53	853	65	1,357	144	331	475	1,832
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	128	1,006	0	1,588	209	2,722	300	4,310	650	1,260	1,910	6,220
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	428	1,711	0	4,108	321	9,335	1,439	13,443	852	2,647	3,499	16,942
CENTRAL ICP												
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	75	517	0	2,174	527	2,865	464	5,039	352	979	1,331	6,370
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	217	1,152	0	1,865	174	4,134	893	5,999	602	1,845	2,447	8,446
SOUTH ICP												
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	187	959	0	2,015	478	4,430	1,310	6,445	539	2,139	2,678	9,123
NORTH CUMBRIA ICP												
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	73	439	0	1,415	283	1,909	453	3,324	251	445	696	4,020
NORTH EAST & NORTH CUMBRIA (excl North Tees & Hartlepool)	**1,165**	**6,218**	**0**	**13,669**	**2,045**	**26,248**	**4,924**	**39,917**	**3,390**	**9,646**	**13,036**	**52,953**

Diagnostics: Weekly Activity | Week ending – 09/05/2021

Weekly Diagnostic Activity | WE 09/05/21		Weekly Activity *(DM01 definitions)* from			< 6 week waiters	> 6 week waiters		Total Waiting List	Diagnostic Performance (percentage of patients waiting > 6wks)
Test Type: Total		Waiting list	Planned	Unscheduled	Total < 6 weeks	Without a TCI	With a TCI	*(snapshot as at midnight Sunday)*	Mar21 *(published data)*
	CUMBRIA AND NORTH EAST STP	14,667	1,107	3,736	54,782	12,293	7,457	74,532	21.3%
	GATESHEAD HEALTH NHS FOUNDATION TRUST	1,270	64	126	3,386	1,429	247	5,062	27.9%
	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	2,426	216	867	10,315	100	273	10,688	3.6%
	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1,550	475	1,121	9,839	824	1,348	12,011	16.0%
	NORTH ICP	5,246	755	2,114	23,540	2,353	1,868	27,761	
	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	3,094	0	0	8,902	173	230	9,305	3.6%
	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	2,568	106	163	6,770	3,331	3,708	13,809	39.5%
	CENTRAL ICP	5,662	106	163	15,672	3,504	3,938	23,114	
	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	3.7%
	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	2,360	59	697	9,363	1,282	527	11,172	14.1%
	SOUTH ICP	2,360	59	697	9,363	1,282	527	11,172	
	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	1,399	187	762	6,207	5,154	1,124	12,485	49.1%
Test Type: Non-obstetric ultrasound	CUMBRIA AND NORTH EAST STP	5,573	216	859	21,107	1,949	1,906	24,962	
Test Type: Magnetic Resonance Imaging	CUMBRIA AND NORTH EAST STP	2,437	145	399	11,497	1,897	1,365	14,759	
Test Type: Computed Tomography	CUMBRIA AND NORTH EAST STP	3,702	423	2,408	9,273	665	1,078	11,016	
Test Type: Cardiology - echocardiography	CUMBRIA AND NORTH EAST STP	1,193	37	55	4,106	3,326	991	8,423	
Test Type: DEXA scan	CUMBRIA AND NORTH EAST STP	227	111	3	2,121	1,069	608	3,798	
Test Type: Neurophysiology - peripheral neurophysiology	CUMBRIA AND NORTH EAST STP	192	13	0	743	369	289	1,401	
Test Type: Urodynamics - pressures and flows	CUMBRIA AND NORTH EAST STP	71	0	0	246	177	148	571	
Test Type: Respiratory physiology - sleep studies	CUMBRIA AND NORTH EAST STP	86	0	0	362	117	17	496	
Test Type: Cardiology - electrophsiology	CUMBRIA AND NORTH EAST STP	0	0	0	4	0	0	4	
Test Type: Gastroscopy	CUMBRIA AND NORTH EAST STP	424	51	9	2,035	1,227	322	3,584	
Test Type: Colonoscopy	CUMBRIA AND NORTH EAST STP	419	66	0	1,859	1,087	331	3,277	
Test Type: Cystoscopy	CUMBRIA AND NORTH EAST STP	248	39	1	732	145	251	1,128	
Test Type: Flexi sigmoidoscopy	CUMBRIA AND NORTH EAST STP	95	6	2	697	265	151	1,113	
Test Type: Endoscopy (Total)	CUMBRIA AND NORTH EAST STP	1,186	162	12	5,108	2,724	1,055	9,102	

Please note missing Weekly Activity Return for North Tees & Hartlepool WE 09/05/2021

- **Waiting List:** includes all patients waiting for diagnostic test or procedure.
- **Planned:** patients waiting for a planned diagnostic and recorded on a planned waiting list i.e. a procedure which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency.
- **Unscheduled:** diagnostic tests carried out on patients following emergency admissions, as well as any diagnostic tests/procedures on patients in A&E.

Benchmarking – 62 Day Backlog

The table below shows the actual backlog for 62 day cancer, with and without a decision to treat, combined. Comparing the weekly position over the previous 10 and 4 weeks. Gynaecology oncology is the main tumour site affecting the position at Gateshead.

North East and North Cumbria - Backlog Summary	Week Ending										Change compared to latest week			
Trust Name	w-e 07 Mar 21	w-e 14 Mar 21	w-e 21 Mar 21	w-e 28 Mar 21	w-e 04 Apr 21	w-e 11 Apr 21	w-e 18 Apr 21	w-e 25 Apr 21	w-e 02 May 21	w-e 09 May 21	8 weeks ago	8 weeks ago	4 weeks ago	4 weeks ago
Gateshead Health NHS Foundation Trust	34	39	39	48	52	56	38	40	57	67	28	↑	11	↑
Northumbria Healthcare NHS Foundation Trust	42	39	39	47	54	55	48	50	58	58	19	↑	3	↑
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	154	150	150	164	164	166	148	153	165	159	9	↑	-7	↓
North ICP	230	228	228	259	270	277	234	243	280	284	56	↑	7	↑
County Durham and Darlington NHS Foundation Trust	280	242	242	224	234	234	231	242	207	198	-44	↓	-36	↓
South Tyneside and Sunderland NHS Foundation Trust	64	70	70	64	71	68	54	58	59	69	-1	↓	1	↑
Central ICP	344	312	312	288	305	302	285	300	266	267	-45	↓	-35	↓
North Tees and Hartlepool NHS Foundation Trust	59	60	60	71	74	78	90	83	92	95	35	↑	17	↑
South Tees Hospitals NHS Foundation Trust	127	127	127	148	467*	177	153	142	150	179	52	↑	2	↑
South ICP	186	187	187	219	541	255	243	225	242	274	87	↑	19	↑
North Cumbria Integrated Care NHS Foundation Trust	163	152	152	148	156	122	128	117	113	118	-34	↓	-4	↓
North East and North Cumbria	**923**	**879**	**879**	**914**	**1272**	**956**	**890**	**885**	**901**	**943**	**64**	↑	**-13**	↓

**Please note that the erroneous data reported WE 04 April 21 is unable to be resubmitted and therefore continues to affect the time series.*

Reporting

Changes in Corporate Reporting

The plan is to develop a single report which furnishes all Committees: **Integrated Oversight Report** (IOR) with appropriate deep dive information being presented only at the relevant committee for assurance. As we haven't automated the reporting function yet, there will be some cross over (duplication) reporting whilst we sign off the reporting elements with the relevant Committees. Where there is duplication, this will be highlighted in the IOR.

- Ultimate Plan is to have a golden reporting thread from Ward to Board accompanied by assurance 'spot lights' reporting when required.
- There are known developmental and reporting gaps – this is a work in progress.
- A steering group will manage resource implications (i) development work (ii) capacity to develop (iii) training programme with support from external sources.

The plans is to use our data more intelligently: Using the CQC's key lines of enquiry (KLOE) as the basic structure, providing the outline framework. The CQC domains are colour coded, Responsive (blue), Safety (yellow), Caring (purple), Effective (green), Well led (pink).

We have included a wider set of metrics to support of better decision making and getting a wider view on what's happening in the hospital e.g. activity measures as we recover from C-19, as activity drives performance, and additional ICP benchmarking data.

The reporting strategy includes moving to (statistical process control) SPC charts to study how a system / process or metric changes over time. By using these charts, we can then understand where the focus of work needs to be concentrated in order to make a difference. This is part of NHSI/E drive 'making data count ' moving away from comparing fixed points, moving into understanding variation into taking the most appropriate action. Dr Don Berwick, CEO IHI 'plotting measurements over time is the most powerful thing we have in system learning. Changing our reporting will show us when a situation is deteriorating, improving, delivering a standard or target and whether a process is reliable & in control. The following section includes a narrative in support of reading the report.

Integrated Oversight Report

Introduction and SPC

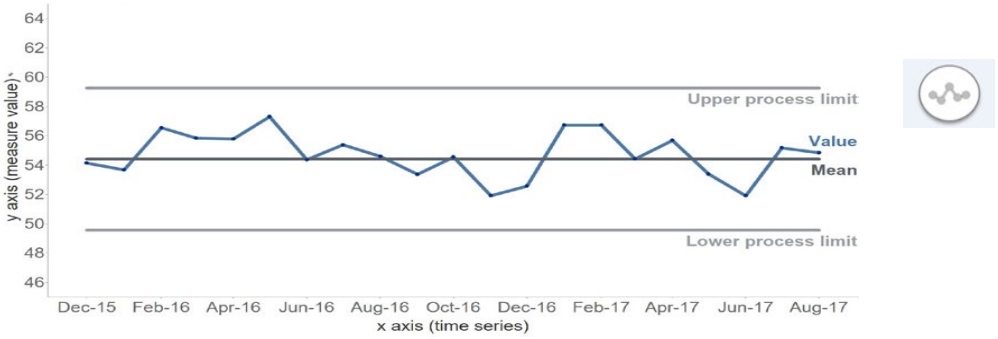
Gateshead Health NHS Foundation Trust

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

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

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

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



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

You can expect approximately 99% of data points to fall within the process limits.
When the data falls within the process limits and there are no other statistically significant trends noticed in the data (those identified in the next page) we say the indicator is exhibiting 'normal variation'.

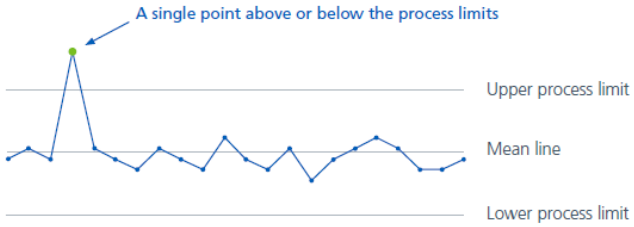
Integrated Oversight Report

Using SPC to identify special cause variation

Gateshead Health NHS Foundation Trust

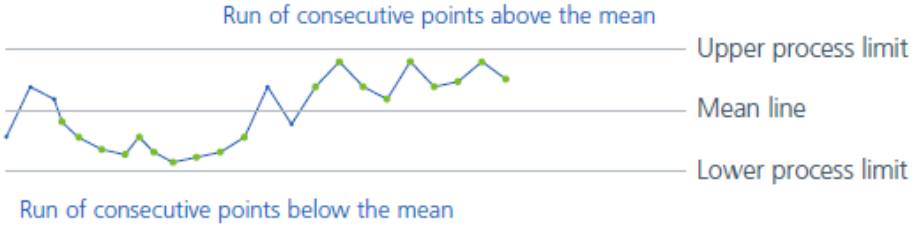
A single point outside the control limits

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



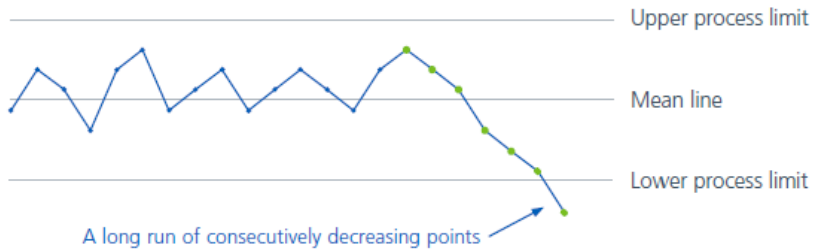
Consecutive points above or below the mean line

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



Six consecutive points increasing or decreasing

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



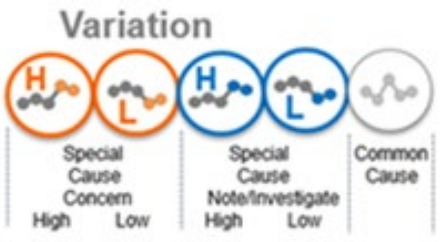
Integrated Oversight Report

How we use statistical process control in this report

Gateshead Health NHS Foundation Trust

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

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



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

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

Reporting by exception

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

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 12

Purpose of Report	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
Report Title:	Integrated Quality and Learning Report			
Name of Meeting:	Board of Directors			
Date of Meeting:	Wednesday 26th May 2021			
Author	Andrew Ward – Senior Information Analyst Andrea Tweddell - Strategic Lead for Patient Safety Wendy McFadden -SafeCare Lead –Clinical Effectiveness Jane Douthwaite - Patient Experience Lead			
Executive Lead	Joanne Baxter, Interim Chief Nurse			
Report presented by	Joanne Baxter, Interim Chief Nurse			
Executive Summary	Incident reporting rates continue to show special cause variation (high) This may be explained by increased reporting of incidents by staff along with the retrospective reporting of patient safety incidents related to nosocomial infections as outbreak investigations remain ongoing. A review of IPC incidents reported in February has highlighted that a proportion of these date back to October 2020. Trust acquired pressure damage is displaying special cause variation for pressure damage incidents occurring in a community setting. The Trust's Hospital Standardised Mortality Ratio (HSMR) is showing more deaths than expected when compared to the National expected value.			
Recommended actions for Board/Committee)	To receive for assurance and 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)			
Trust Strategic Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients		
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce		
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources		

	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead
Links to Risks (identify significant risks and DATIX reference)		
People and OD Implications:	None	

Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Integrated Quality and Learning Report
April 2021

Gateshead Health NHS Foundation Trust

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

Integrated Quality and Learning Report

Introduction and about SPC

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

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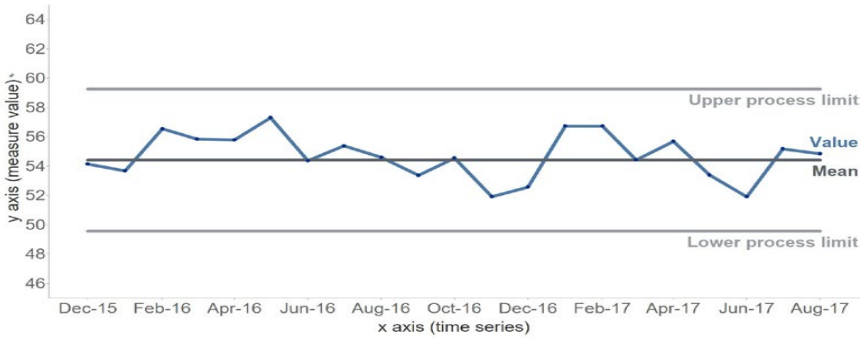

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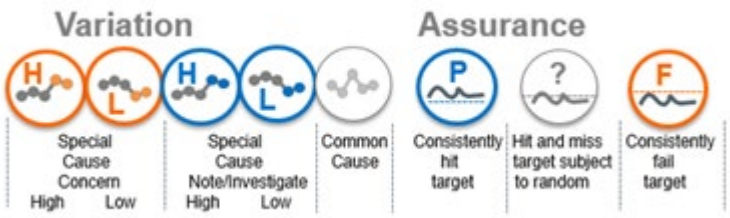
Key

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

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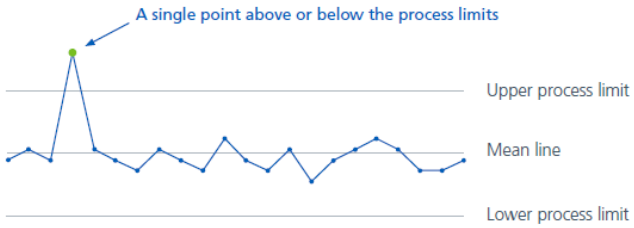

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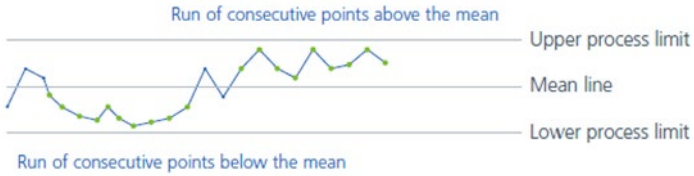


Six consecutive points increasing or decreasing

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

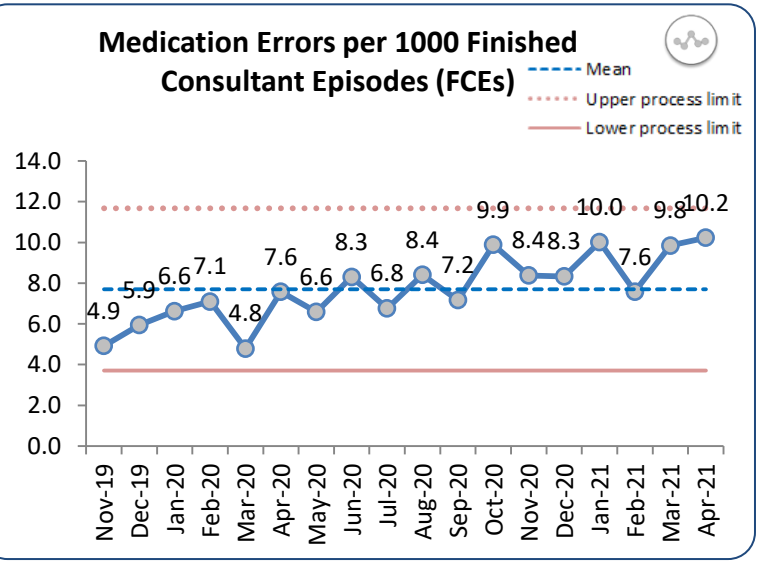
Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

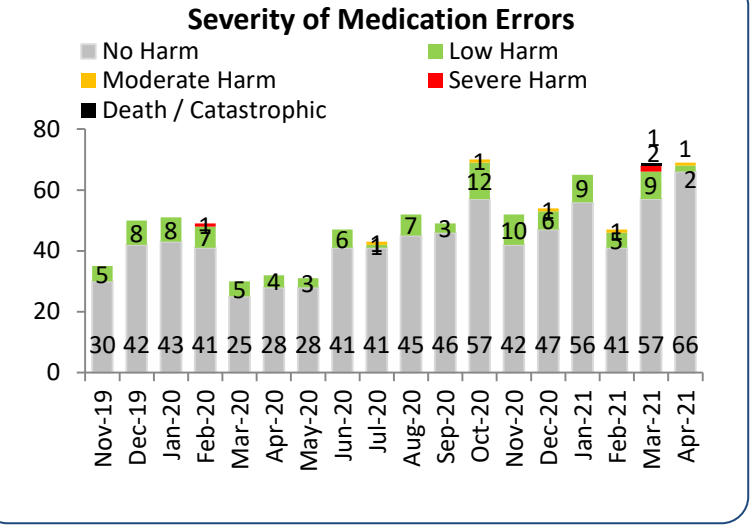
Safe	**5-16**	• Medication Errors • Health-Care Associated Infections • Falls • Pressure damage	• Never Events • Serious Incidents (SIs) • Patient Safety Incidents
Effective	**17-18**	• Mortality • HSMR • SHMI	• Learning from mortality review
Caring	**19**	• Friends and Family Test	
Responsive	**20-24**	• Compliments • Informal Complaints • Formal Complaints	• Duty of Candour
Well-led	**25**	• CQUIN	

Integrated Quality and Learning Report

Medication Reporting

Safe





Medication Errors

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

Moderate harm incident:

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

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

Incident themes:

Insulin

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

Medicines not prescribed

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

Integrated Quality and Learning Report

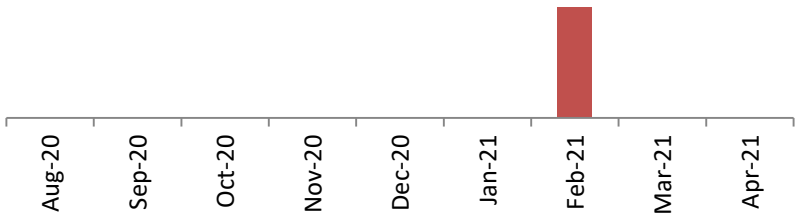
Safe

Healthcare Associated Infections
MRSA & nosocomial COVID-19

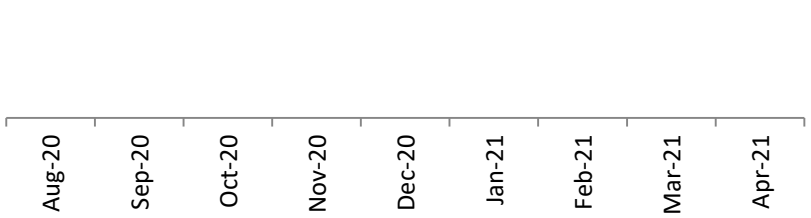
Gateshead Health NHS Foundation Trust

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

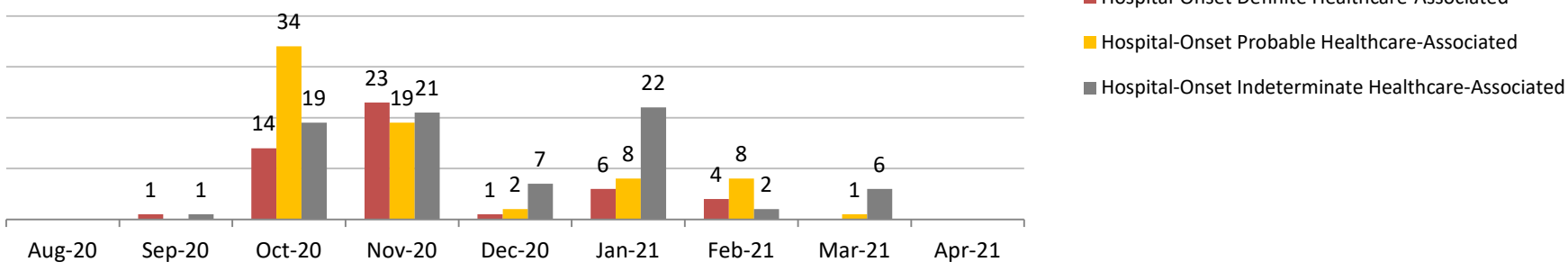
MRSA -Community Associated



MRSA- Healthcare Associated



Nosocomial COVID-19



Nosocomial COVID 19 cases

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

Integrated Quality and Learning Report

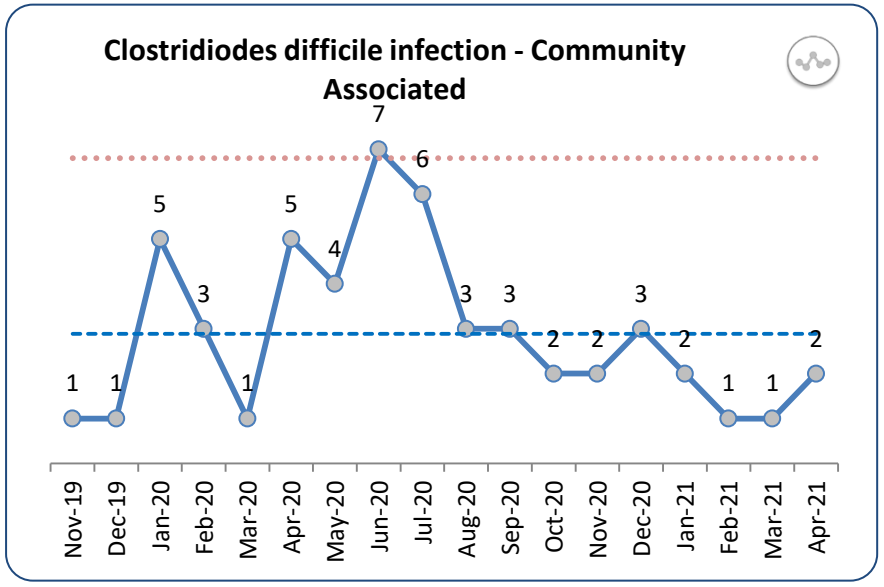
Safe

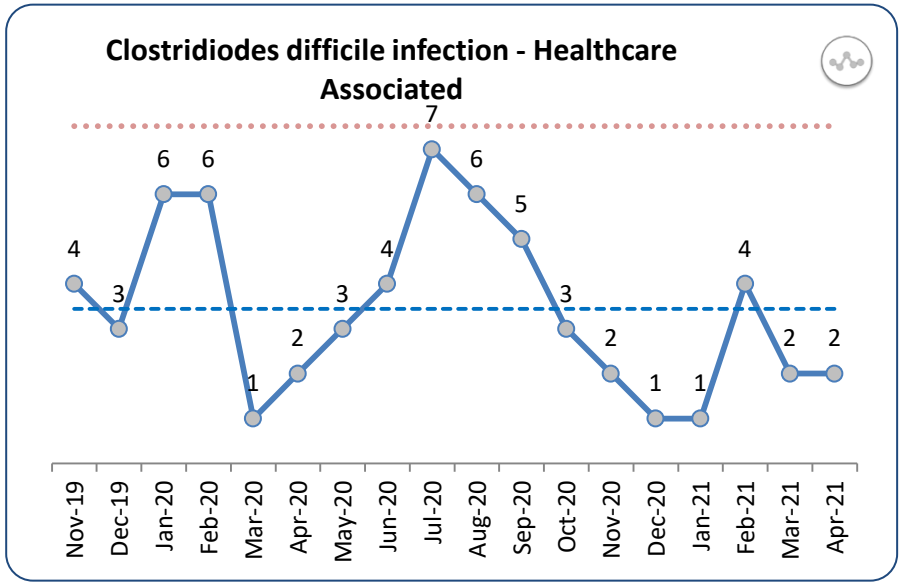
Healthcare Associated Infections

Clostridiodes Difficile Infection

Gateshead Health NHS Foundation Trust

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





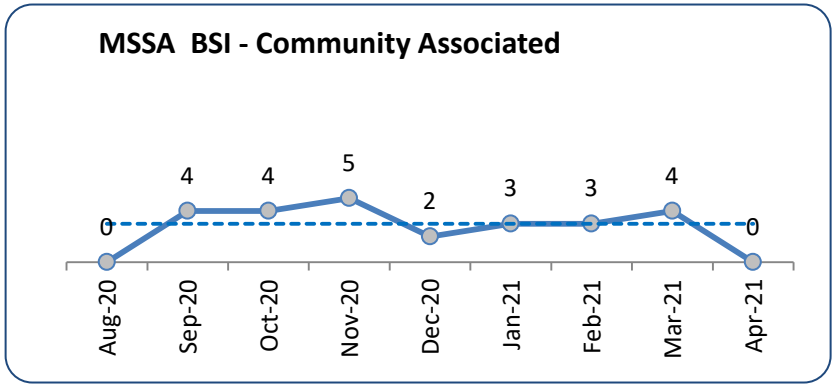
Integrated Quality and Learning Report

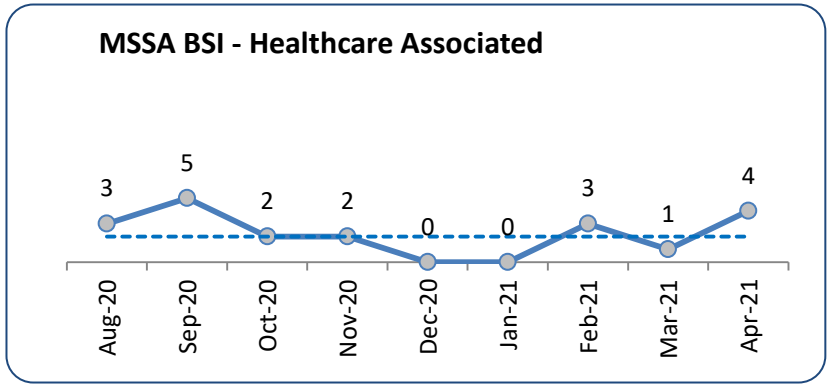
Healthcare Associated Infections

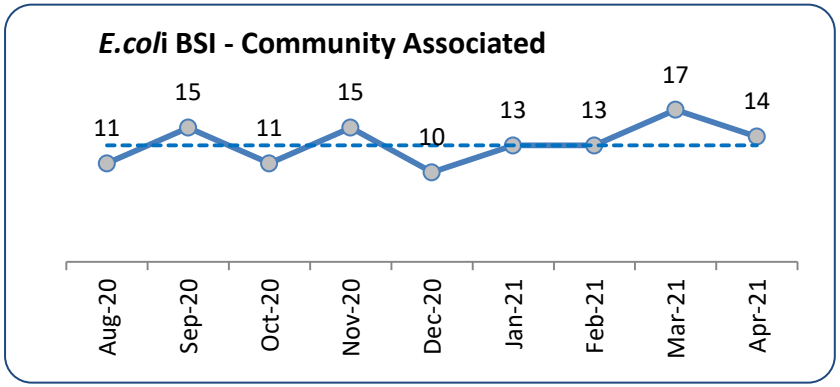
MSSA & E Coli

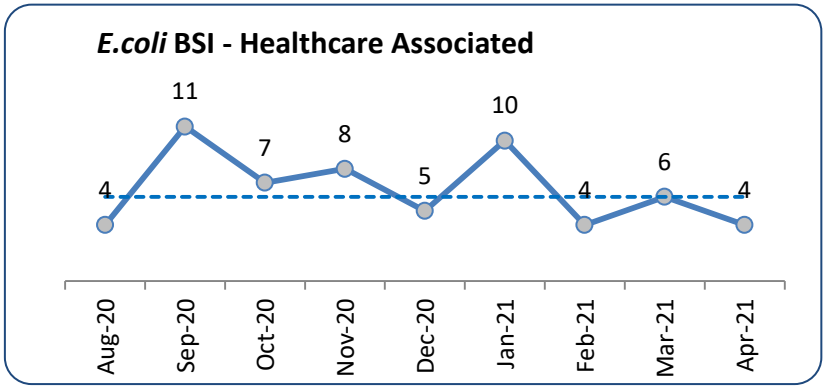
Safe

Gateshead Health NHS Foundation Trust









All Healthcare associated BSI are reviewed and actions are initiated if necessary.
Considering the Healthcare Associated MSSA BSI, 1 positive samples was identified > 48 hours following admission and as such categorised as Hospital onset – Healthcare Associated (HOHA). 3 of the positive samples were taken < 48 hours following admission but had an healthcare intervention in the preceding 28 days prior to the sample and as such categorised as Community onset – Healthcare Associated (COHA).
Of the 4 Healthcare Associated *E.coli* BSI, 1 positive sample was categorised as HOHA. Review of the case found the source to be lower urinary and no lapses in care identified.

Integrated Quality and Learning Report

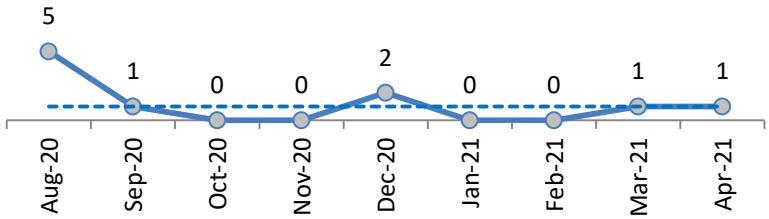
Healthcare Associated Infections

P. aeruginosa & Klebsiella spp.

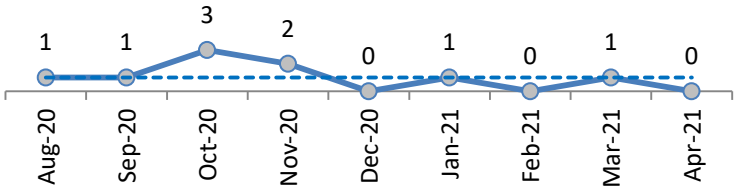
Gateshead Health NHS Foundation Trust

Safe

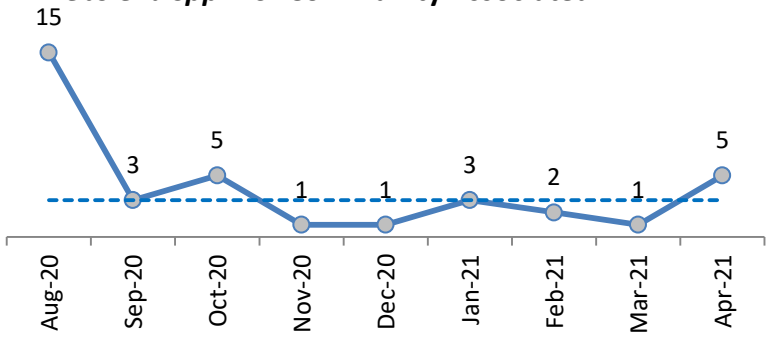
***P. aeruginosa* BSI - Community Associated**



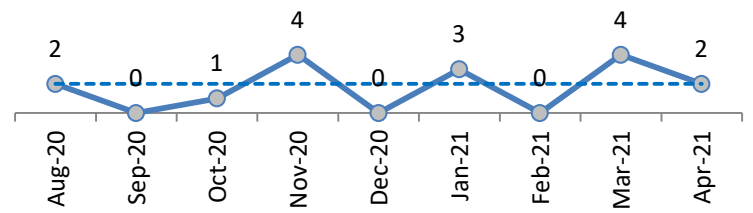
***P. aeruginosa* BSI - Healthcare Associated**



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



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

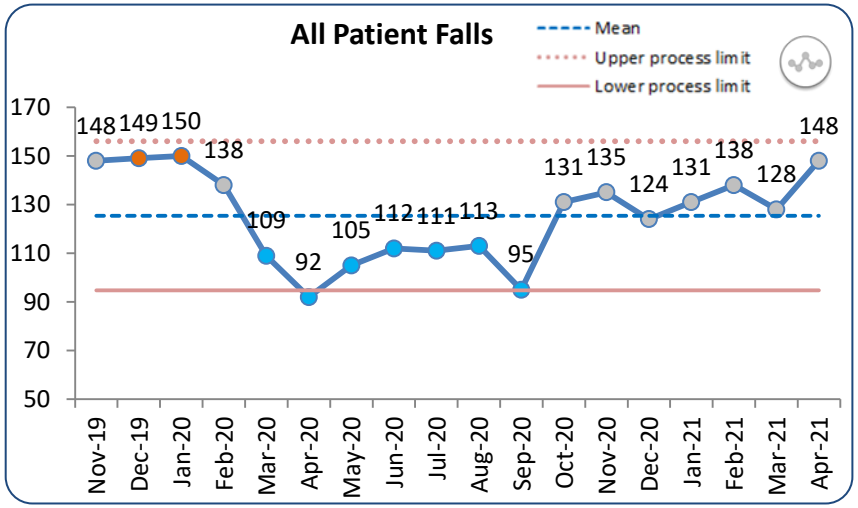


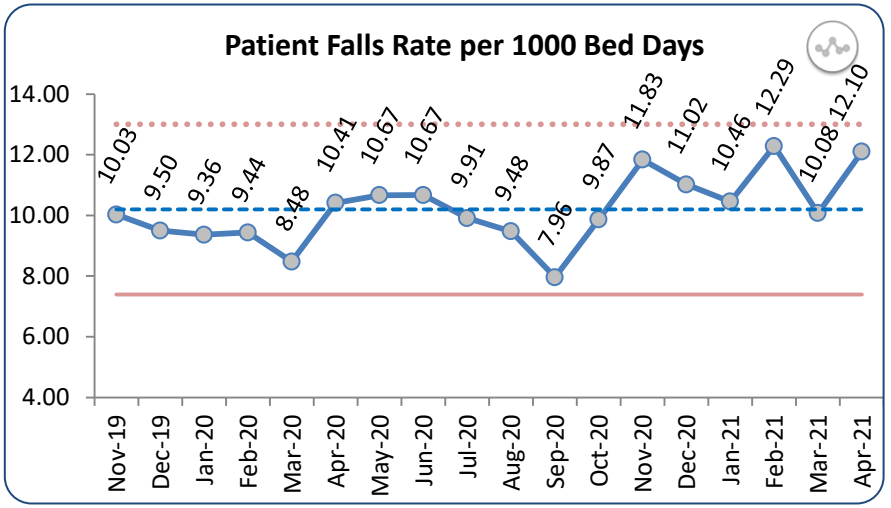
All Healthcare associated BSI are reviewed and actions are initiated if necessary.
The Trust has reported zero Healthcare Associated *P. aeruginosa* BSI during April 2021.
Of the 2 Healthcare Associated *Klebsiella* BSI, both positive samples were categorised as HOHA. Review found the source to be hepatobiliary for both cases and no lapses in care identified.

Integrated Quality and Learning Report

Falls

Safe





Patient Falls – statistics and learning

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

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

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

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

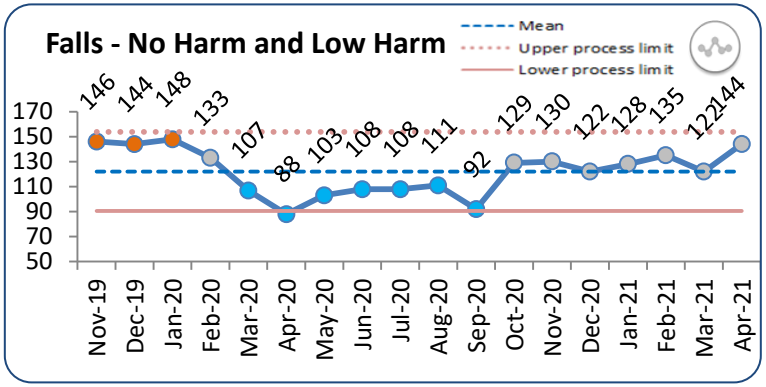
Integrated Quality and Learning Report

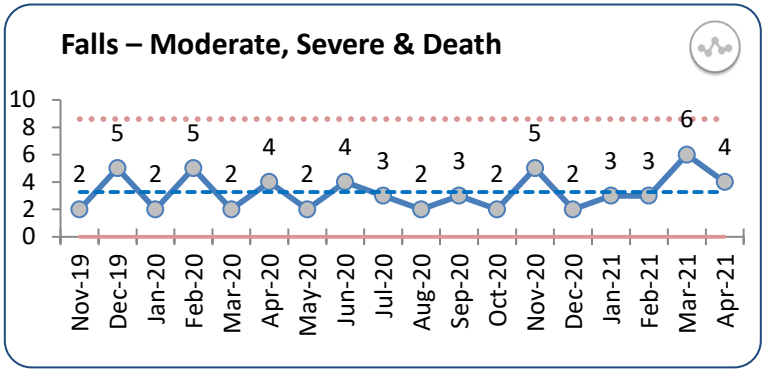
Gateshead Health NHS Foundation Trust

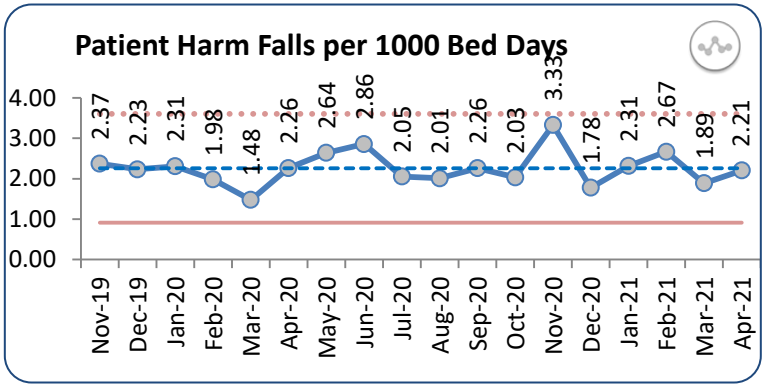
Datix Software for Patient Safety

Falls

Safe







Further learning from Inpatient Patient Falls

The inpatient falls rate remains within normal variation.

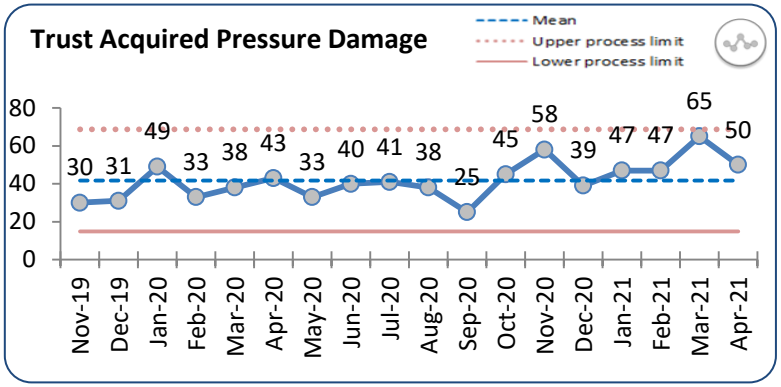
Following a patient safety investigation of a fall which occurred in an inpatient area of the Emergency Care Centre, a number of key learning points have been identified. These include the use of single cubicles, when cohorting is recommended and the availability of staff to undertake enhanced care and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

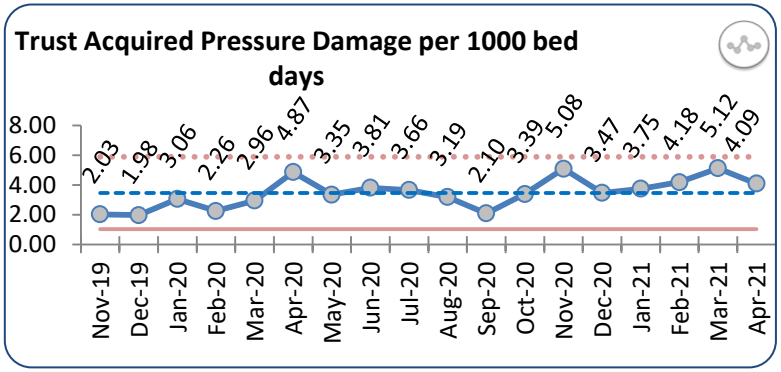
It was acknowledged that visitors are a valuable resource in terms of patient monitoring and can alert staff to potential issues when in a cubicle.

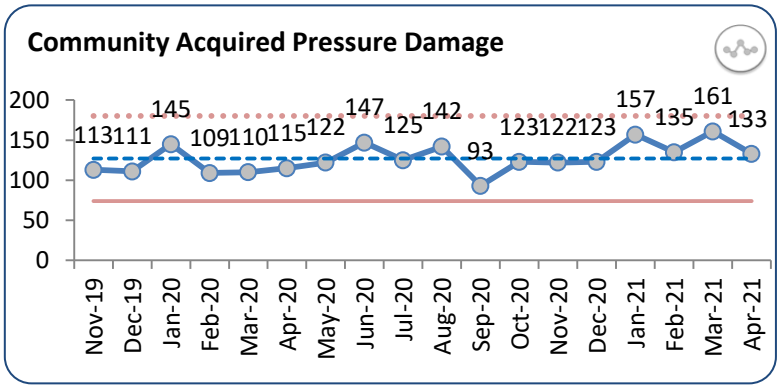
Integrated Quality and Learning Report

Trust & Hospital Acquired Pressure Damage

Safe







Trust Acquired Pressure Damage
(Category 2 and above including deterioration, unstageable and deep tissue injuries)

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

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

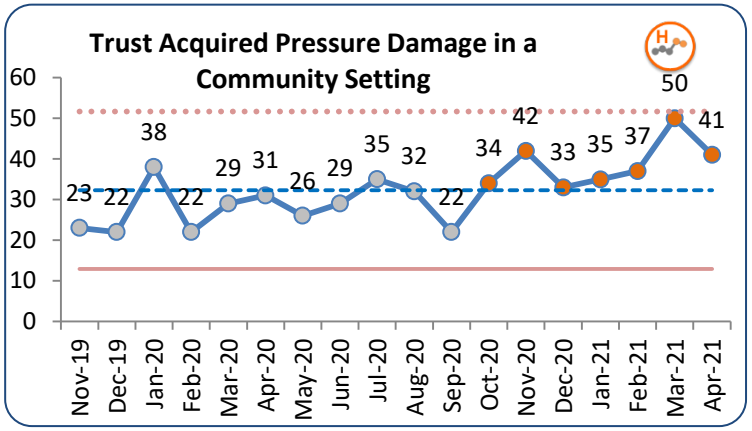
Integrated Quality and Learning Report

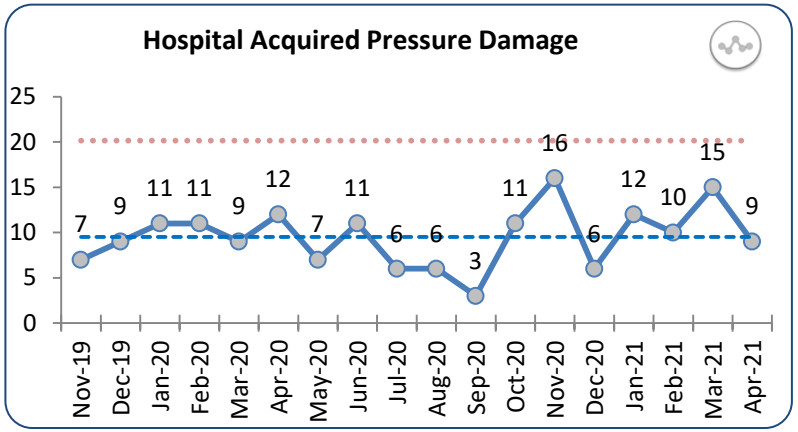
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Trust & Hospital Acquired Pressure Damage

Safe





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

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

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

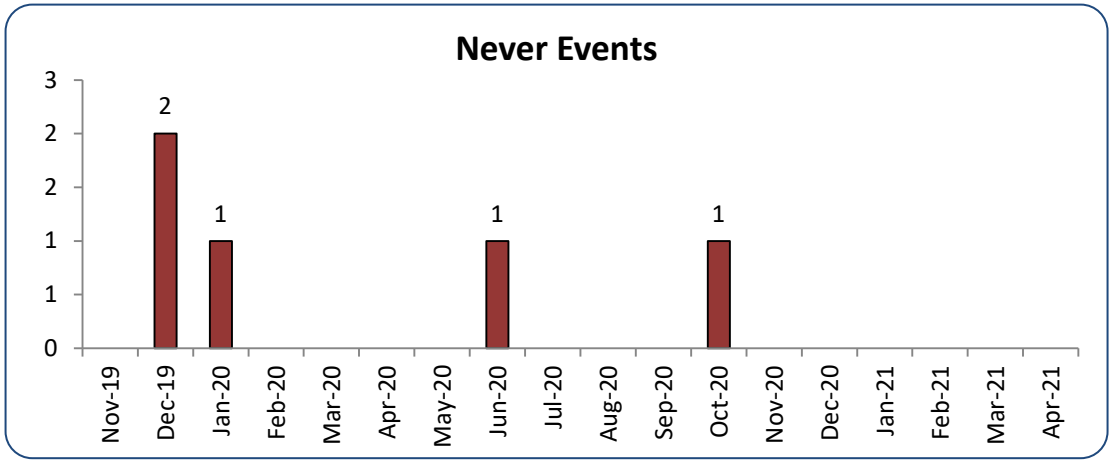
However, ongoing patient safety investigations have identified that some targeted work needs to be undertaken with regards to managing 'unstageable' pressure damage and communication processes between the clinical areas and the Tissue Viability Nursing Team to ensure that patients are reviewed in a timely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

Integrated Quality and Learning Report

Never Events

Safe

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



Never Events

- October 2020 - Foreign body left in situ (Low Harm)
- June 2020 - Incorrect equipment / medical device used – None/Negligible Harm
- January 2020 – Wrong site surgery carried out.
- December 2019 – 2 x Wrong implant/prosthesis identified from procedures undertaken in August and October 2015

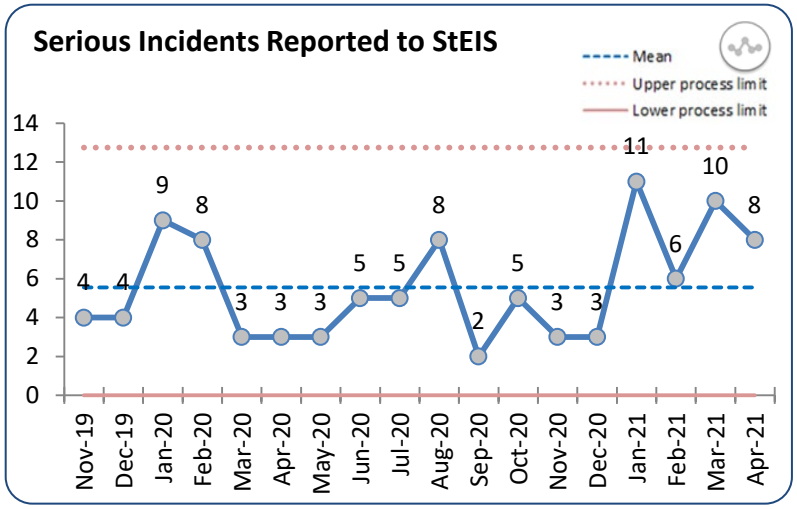
Integrated Quality and Learning Report

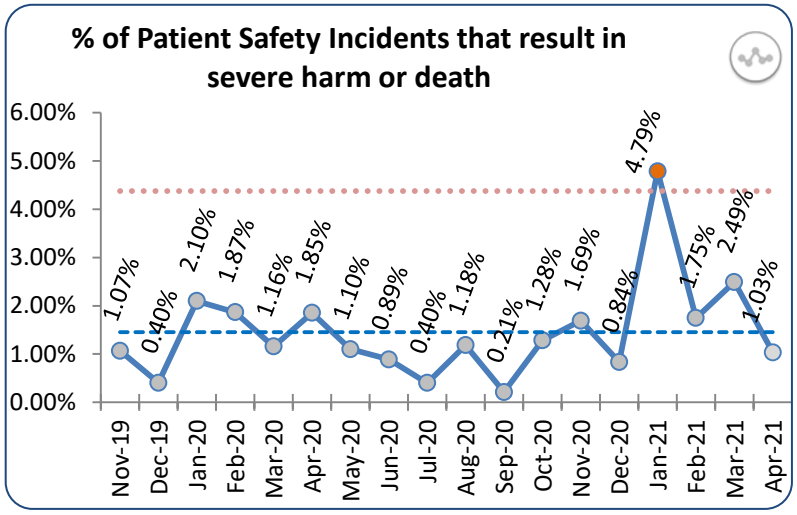
Serious Incidents

Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe





Serious Incidents Reported to StEIS

April 2021 8 serious incidents reported
2 x respiratory infections (2 death)
1 x non-controlled drug incident (death)
1 x self discharge against medical advice (death)
1 x monitoring delay in recognising complication of treatment (severe)
1 x fall on same level – cause unknown (severe)
1 x alleged awareness during surgery (severe)
1 x diagnosis delay / failure (low)
March 2021 10 serious incidents reported
7 x respiratory infections (7 death)
1 x Fall on same level - cause unknown (severe)
1 x stillbirth >500g (severe)
1 x non controlled drug incident (severe)

Learning from Serious Incidents Review

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

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

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

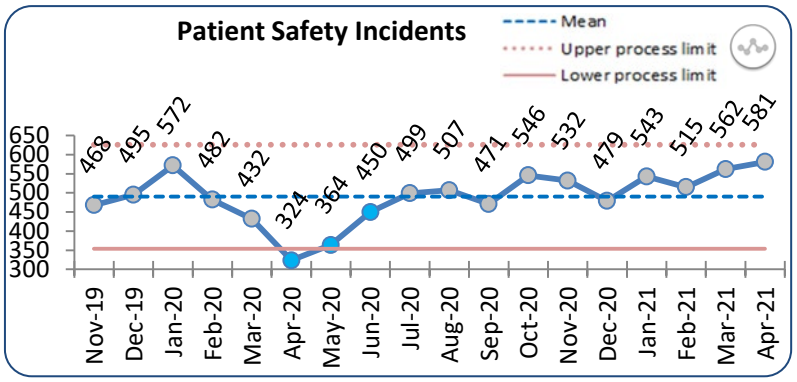
Integrated Quality and Learning Report

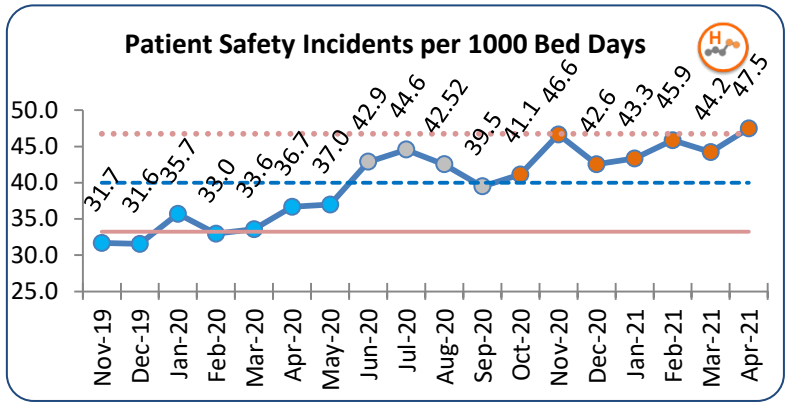
Patient Safety Incidents

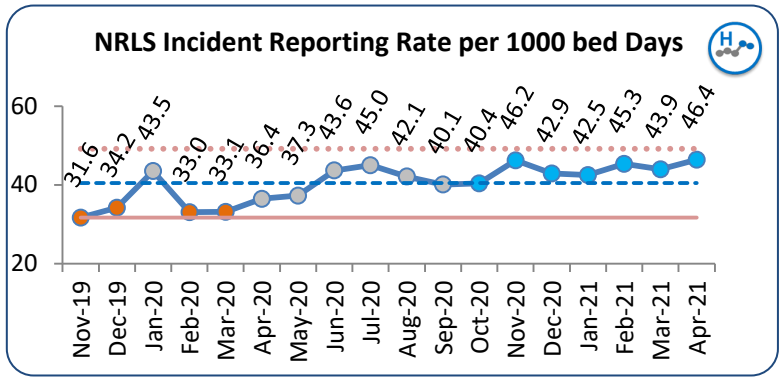
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe







Patient Safety Culture

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

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

581 patient safety incidents were reported in April 2021

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

Learning from Patient Safety Incidents

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

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

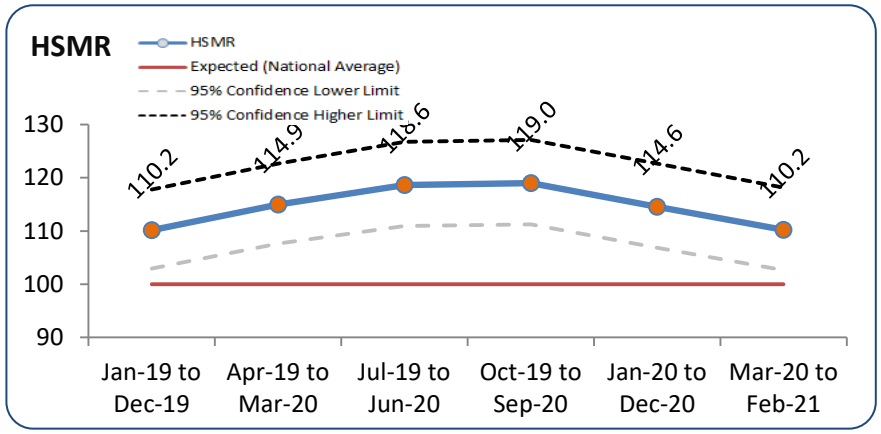
All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.

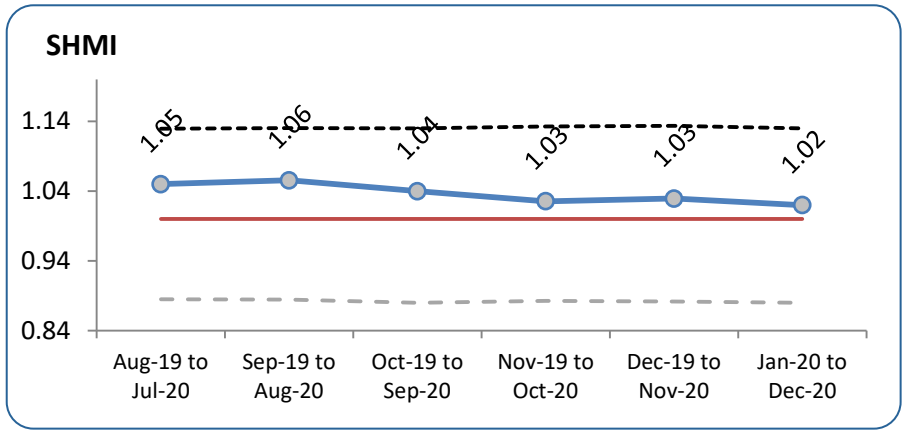
Integrated Quality and Learning Report

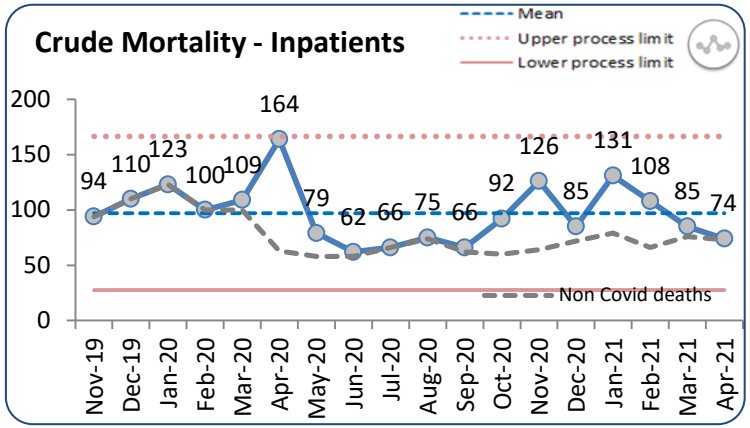
Gateshead Health NHS Foundation Trust

Effective

Mortality







Mortality Review

Period: April 2020 to March 2021

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

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

Integrated Quality and Learning Report

Gateshead Health NHS Foundation Trust

Effective

Mortality

Learning from Mortality Review

Mortality Council Update - April

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

Hogan 1 – Definitely not preventable	17 cases
Hogan 2 – Slight evidence of prevention	5 cases

NCEPOD 1 – Good practice	8 cases
NCEPOD 2 – Room for improvement clinical care	2 cases
NCEPOD 3 – Room to improve organisation of care	12 cases

Learning from Mortality Council reviews:

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

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

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

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

Integrated Quality and Learning Report

Duty of Candour

Responsive

Regulation

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

There are three elements to the Duty of Candour process:

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

Update to Regulation

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

Legal duties and implications

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

Integrated Quality and Learning Report

Duty of Candour

Responsive

Legal duties and implications continued…..

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

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

Current policy

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

Integrated Quality and Learning Report

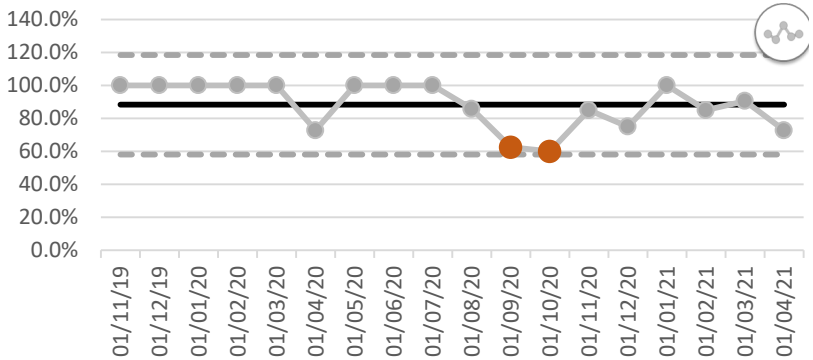
Duty of Candour

Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Responsive

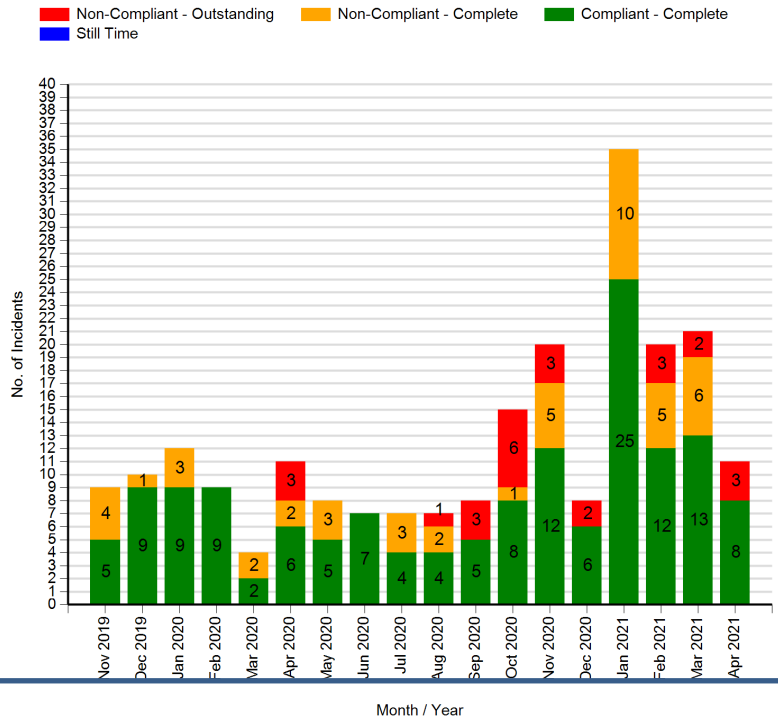
Verbal Duty of Candour Compliance*



*Compliance above excludes 'Still Time' cases

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

Trust Verbal DoC Compliance



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

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

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

Integrated Quality and Learning Report

NHS Friends and Family Test- Trust Experience Rating

April 2021

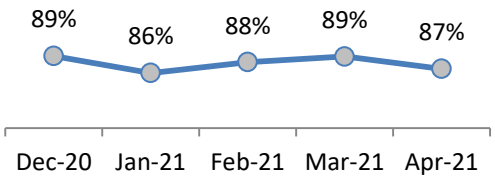
Gateshead Health NHS Foundation Trust

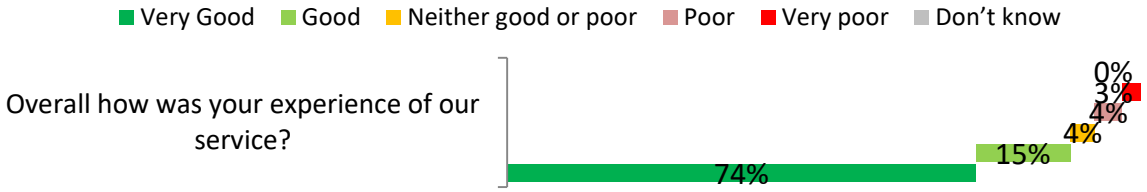
Caring

F&FT Trust Experience Rating A&E

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

Friends and Family Test % Positive Experience





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

"We were seen to relatively quickly, staff are nice and friendly.

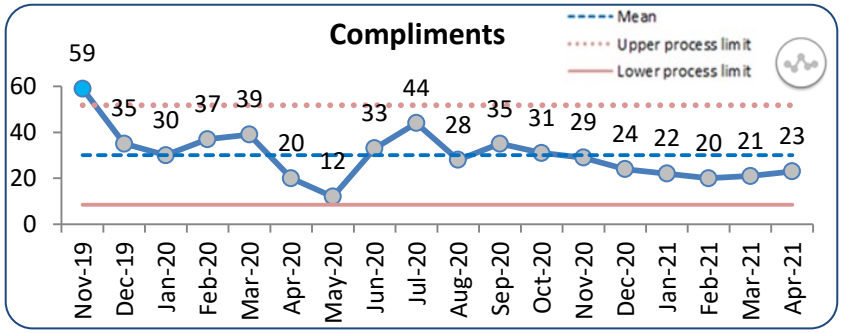
Felt as though patient care was delivered and appropriate tests were carried out."

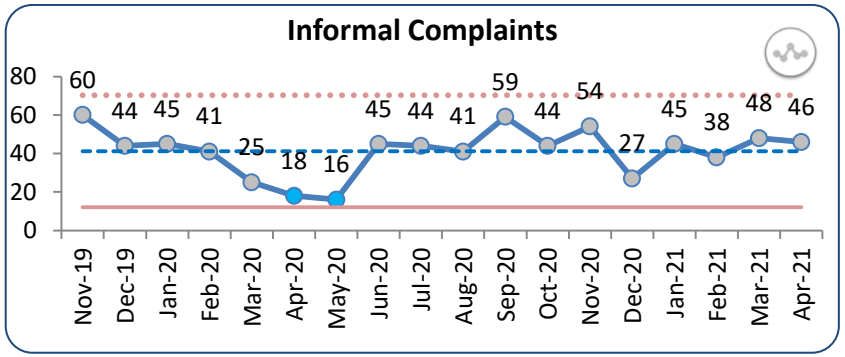
"I was treated and released with follow up instructions, the doctor was relaxed and informative"

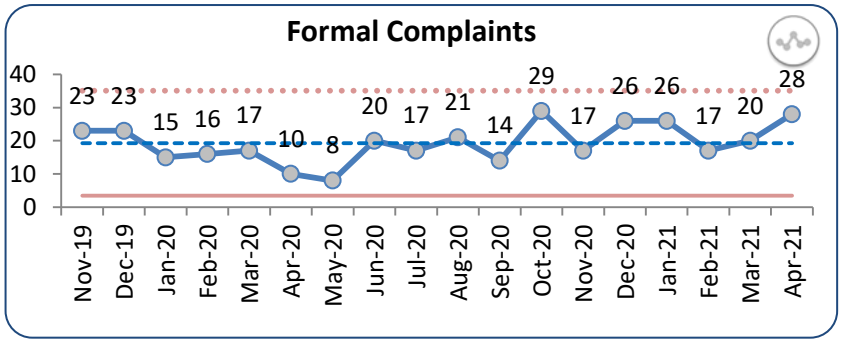
Integrated Quality and Learning Report

Learning From Compliments and Complaints

Responsive







The themes identified in Formal Complaints were :

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

Breakdown of Formal Complaints by clinical area:

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

Learning from complaints

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

Integrated Quality and Learning Report

Patient Experience

Responsive

Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

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

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

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

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

Patient Experience Volunteers

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

Feedback from Ward 4 Staff re: volunteer's role

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

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

Feedback from Patient Experience Volunteer

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

Integrated Quality and Learning Report

Gateshead Health NHS Foundation Trust

Well-led

National Acute & Community CQUIN 2020/21

Following advice from the CCG stating that a CQUIN 'holiday' had been implemented for Q3 and4 of 2019/20 and Q1 2020/21, further guidance has been published to confirm that the CQUIN scheme will remain suspended for all providers for the remainder of the year.

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 13

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Report Title:	Maternity compliance with Maternity Incentive Scheme (MIS) 10 safety actions and Ockenden Immediate and Essential 7 safety actions			
Name of Meeting:	Trust Board			
Date of Meeting:	26 May 2021			
Author:	Karen Hooper			
Executive Lead:	Andy Beeby			
Report presented by:	Andy Beeby			
Executive Summary:	Requirements for compliance with the MIS were updated in March 2021 to reflect the significant challenges posed by the Covid-19 pandemic. The maternity service now expects to report full compliance with all 10 safety actions. The detail is assured through the Risk and Safety council & will be presented to the Board for final sign-off prior to 15 July 2021. The updated guidance requires a commitment from the Board to facilitate face to face training once this is allowed (Safety action 6 and 8). Training has been on-going within the maternity service during the pandemic in line with IPC restrictions and with significant use of online packages. Reduced capacity MDT PROMPT training is planned to resume from June 2021 although medical staffing pressures may delay this. Ockenden IEA 3 – confirmation from Directors of Finance and the Board that maternity training funding must be ring-fenced and evidence that this has been used to support maternity staff training.			
Recommended actions for Board/Committee)	1. Written confirmation (in board minutes) of a commitment to facilitate local, in-person training once this is allowed 2. Written confirmation that any premium that is returned to the Trust following full compliance with the Maternity Incentive Scheme is ring-fenced for maternity services			

<table>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
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<tr><td>Aim 4
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<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Financial Implications:</td><td colspan="6">MIS scheme funding rebate and ring-fencing for maternity services</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6"></td></tr>
<tr><td>People and OD Implications:</td><td colspan="6"></td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
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☒</td><td>Safe
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<tr><td rowspan="3">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
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<tr><td>Obj. 2
☒</td><td colspan="5">All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers</td></tr>
<tr><td>Obj. 3
☐</td><td colspan="5">Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve</td></tr>
</table>

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 14

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Report Title:	**Healthcare Associated Infection (HCAI) Performance Report**			
Name of Meeting:	Trust Board			
Date of Meeting:	26 May 2021			
Author	**Louise Caisley** - Head of Infection Prevention and Control			
Executive Lead	**Andy Beeby** – Medical Director Director of Infection Prevention and Control			
Report presented by	**Andy Beeby** – Medical Director Director of Infection Prevention and Control			
Executive Summary	*There have been no mandatory reporting objectives published by NHS England/NHS Improvement for 2020/21 or 2021/22. Also from April 2020 the financial sanctions and associated appeals process for CDI cases were discontinued.* The Trust continues to adopt the national aspiration of attaining a zero tolerance approach to all avoidable infections and will set internal reduction objectives for all mandatory reportable organisms. COVID-19 was the prominent area of focus in 2020, and continues to dominate the healthcare horizon in 2021 We have introduced SPC charts into this report as a way of monitoring our infection rates and identifying where there is special cause variation requiring further work For the financial year 2020/21 we note common cause variation in the rates of all mandatory reportable infections. There have been zero (**0**) cases of laboratory confirmed influenza identified between October 2020 and the end of April 2021 compared to four hundred and seventy (**470**) for the same period in 2019/20. For the financial year 2020/21 there have been zero (**0**) norovirus outbreaks; however there have been thirty one (**31**) COVID-19 outbreaks affecting both clinical and non-clinical areas. From May 2020 the Trust was required to report COVID -19 positive results against four categories: • Community-Onset – First positive specimen date <=2 days after admission to Trust; • Hospital-Onset indeterminate Healthcare-Associated (HOIHA)– First positive specimen date 3-7 days after admission to trust; • Hospital-Onset probable Healthcare-Associated (HOPHA) - First positive specimen date 8-14 days after admission to trust; • Hospital-Onset definite Healthcare-Associated (HODHA) – First positive specimen date 15 or more days after admission to trust.			

<table>
<tr><td></td><td colspan="6">The Trust reports the number of COVID-19 positive in-patients via SitRep and investigates and reports all identified nosocomial COVID-19 cases and COVID-19 outbreaks. From the commencement of the national reporting methodology in June 2020 to end of March 2021 the Trust identified – seventy nine (79) indeterminate; seventy four (74) probable and fifty two (52) definite hospital onset healthcare associated cases. GHNFT has reported zero (0) nosocomial COVID cases during April 2021</td></tr>
<tr><td>Recommended actions for Board/Committee)</td><td colspan="6">Accept this report for assurance</td></tr>
<tr><td>Financial Implications:</td><td colspan="6">To note the Trust performance on mandatory HCAI reporting and other infection prevention activity as required.</td></tr>
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<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">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.</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">Organisational culture and behaviours, engagement, responsibility and ownership required across the whole healthcare economy.</td></tr>
<tr><td>Links to CQC KLOE</td><td colspan="2">Caring
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1.0 EXECUTIVE SUMMARY

There have been no mandatory reporting objectives published by NHS England/NHS Improvement for 2020/21 or 2021/22. Also from April 2020 the financial sanctions and associated appeals process for CDI cases were discontinued.

The Trust continues to adopt the national aspiration of attaining a zero tolerance approach to all avoidable infections and will set internal reduction objectives for all mandatory reportable organisms.

COVID-19 was the prominent area of focus in 2020, and continues to dominate the healthcare horizon in 2021

We have introduced SPC charts into this report as a way of monitoring our infection rates and identifying where there is special cause variation requiring further work
For the financial year 2020/21 we note common cause variation in the rates of all mandatory reportable infections.

There have been zero (**0**) cases of laboratory confirmed influenza identified between October 2020 and the end of April 2021 compared to four hundred and seventy (**470**) for the same period in 2019/20.

For the financial year 2020/21 there have been zero (**0**) norovirus outbreaks; however there have been thirty one (**31**) COVID-19 outbreaks affecting both clinical and non-clinical areas.

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

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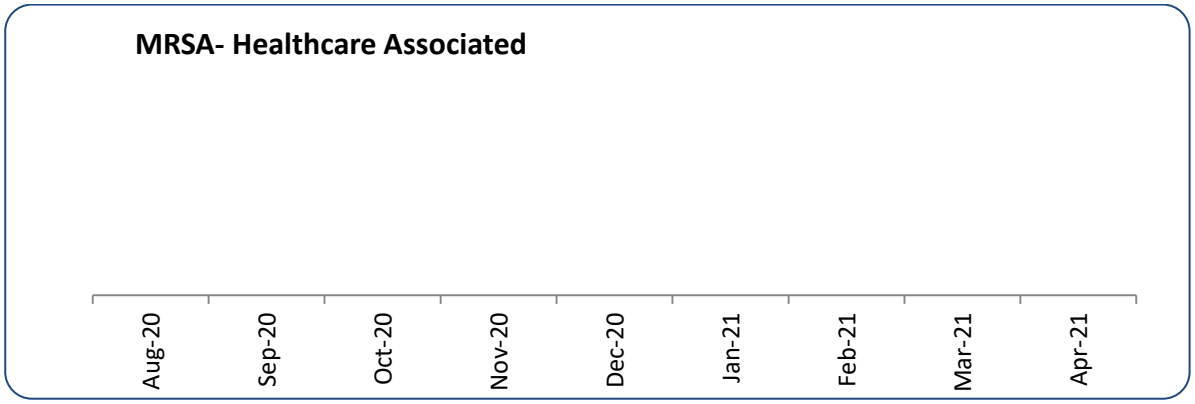
- Hospital-Onset definite Healthcare-Associated (HODHA) – First positive specimen date 15 or more days after admission to trust.

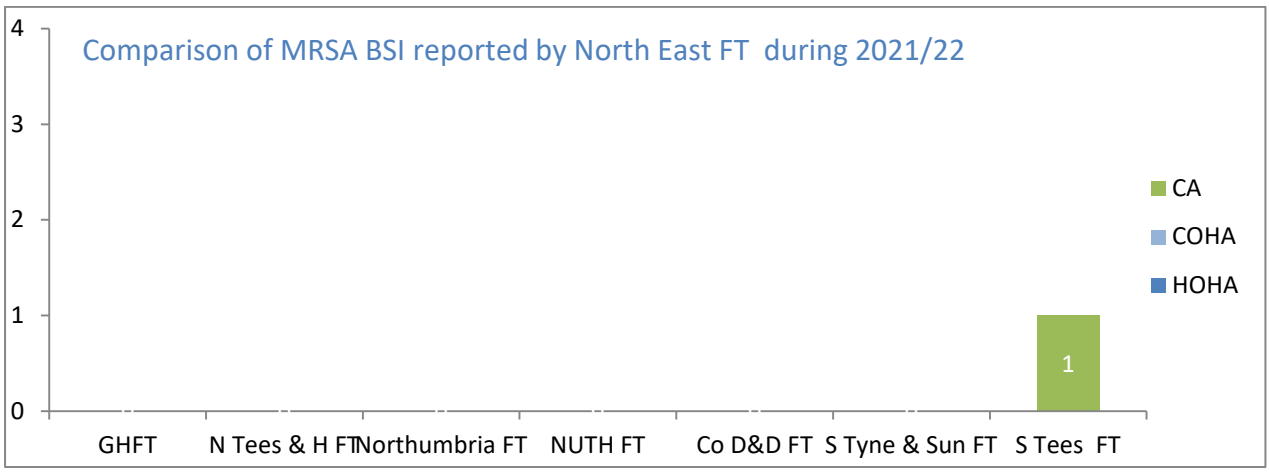
The Trust reports the number of COVID-19 positive in-patients via SitRep and investigates and reports all identified nosocomial COVID-19 cases and COVID-19 outbreaks. From the commencement of the national reporting methodology in June 2020 to end of March 2021 the Trust identified – seventy nine (**79**) indeterminate; seventy four (**74**) probable and fifty two (**52**) definite hospital onset healthcare associated cases. GHNFT has reported zero (**0**) nosocomial COVID cases during April 2021

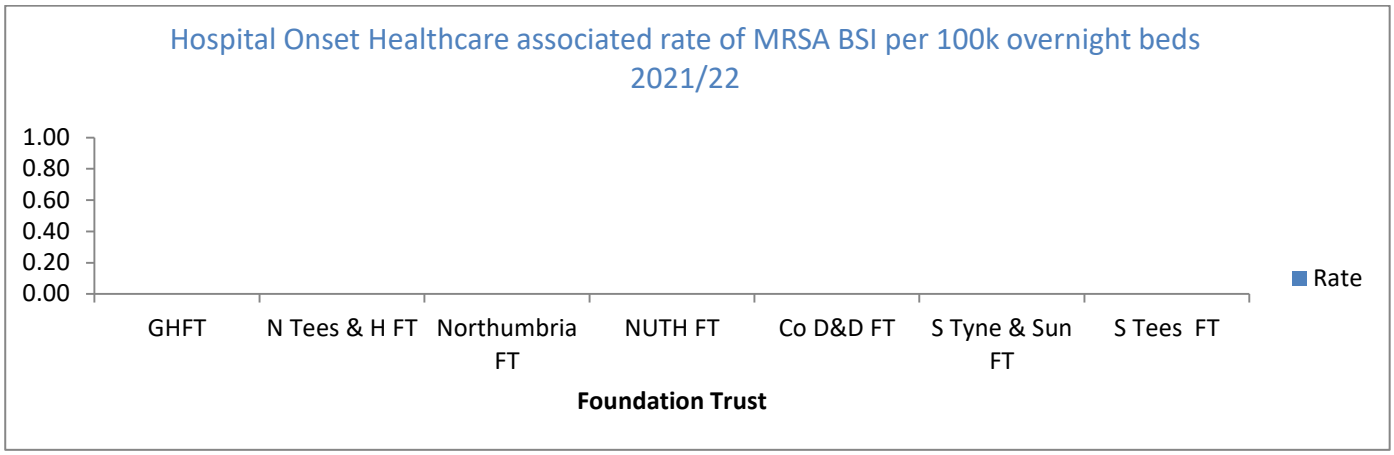
2.0 MANDATORY HCAI SURVEILLANCE

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

The Trust has reported zero (**0**) Hospital onset/Hospital onset Healthcare Associated samples of MRSA BSI and one (**1**) Community-onset/ Community onset – Healthcare, Community Associated MRSA BSI for the financial year 2020/21. During April 2021 GHNFT has reported zero (**0**) healthcare associated or community associated MRSA BSI.





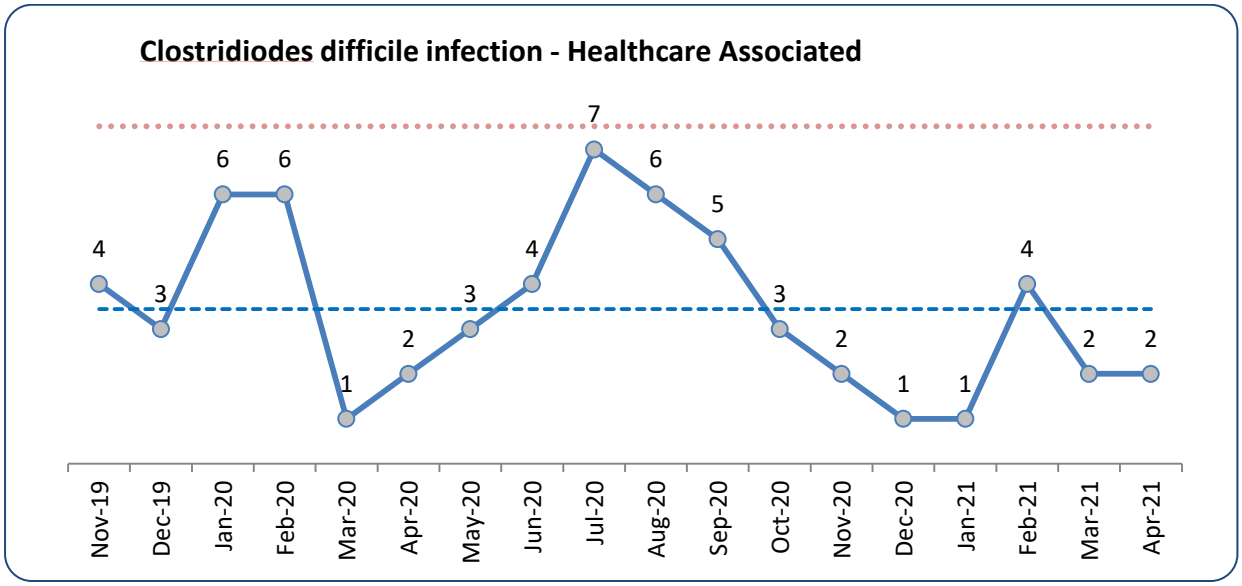


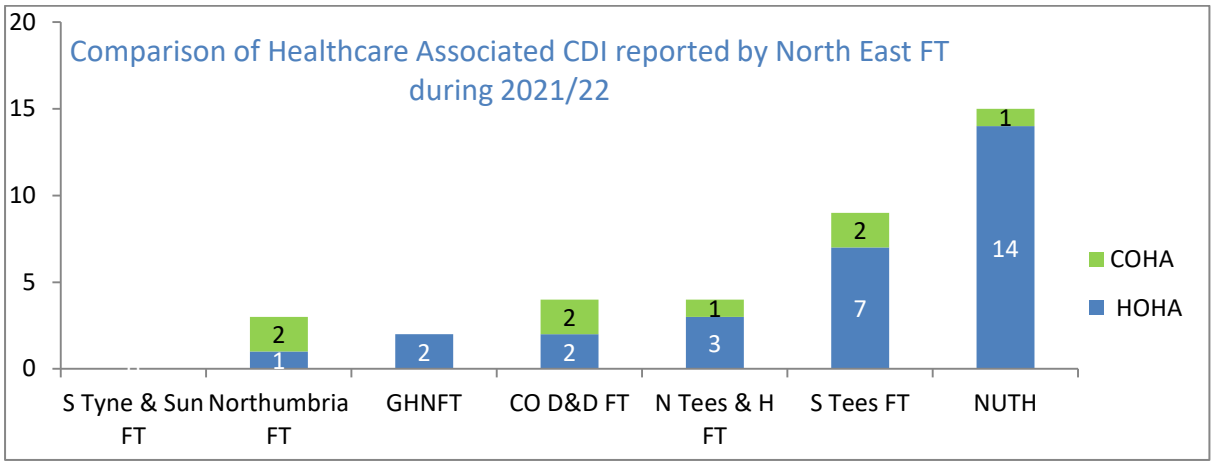
2.2 *Clostridioides difficile* Infection (CDI)

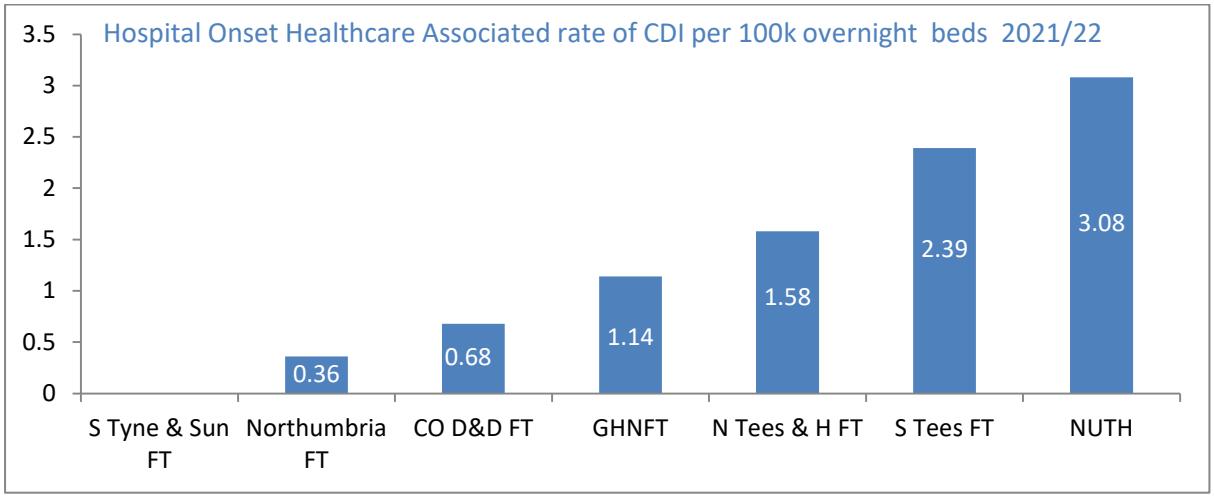
Clostridiodies difficile infection (CDI) is an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety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

From April 2020 the financial sanctions and the associated appeals process for CDI cases were discontinued.

For the year 2020/21 the Trust reported forty (**40**) CDI healthcare associated samples - *compared to forty five (**45**) for 2019/20*. Thirty one (**31**) hospital onset healthcare associated (HOHA) and nine (**9**) community onset healthcare associated (COHA). April 2021 GHNFT has reported two (**2**) CDI healthcare associated samples, both hospital onset healthcare associated (HOHA). These cases have been subjected to internal review and no lapses in care identified.

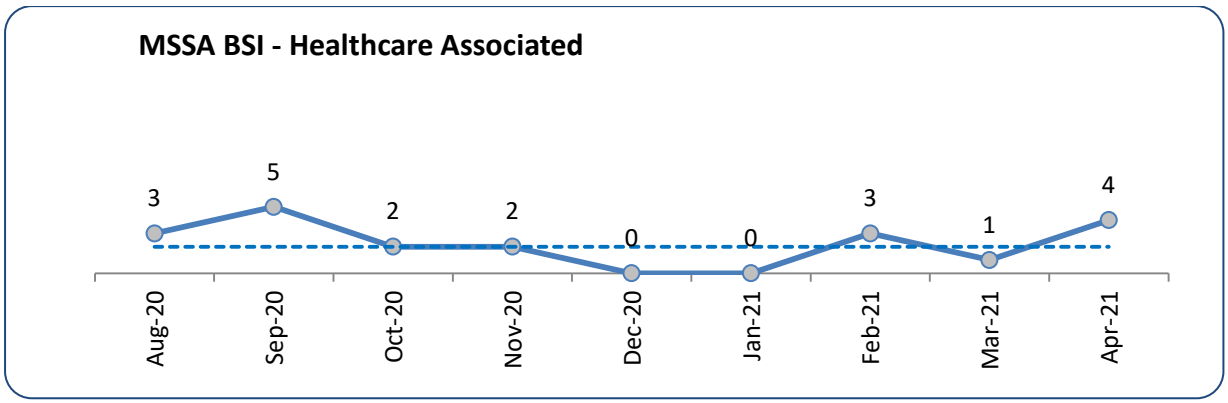


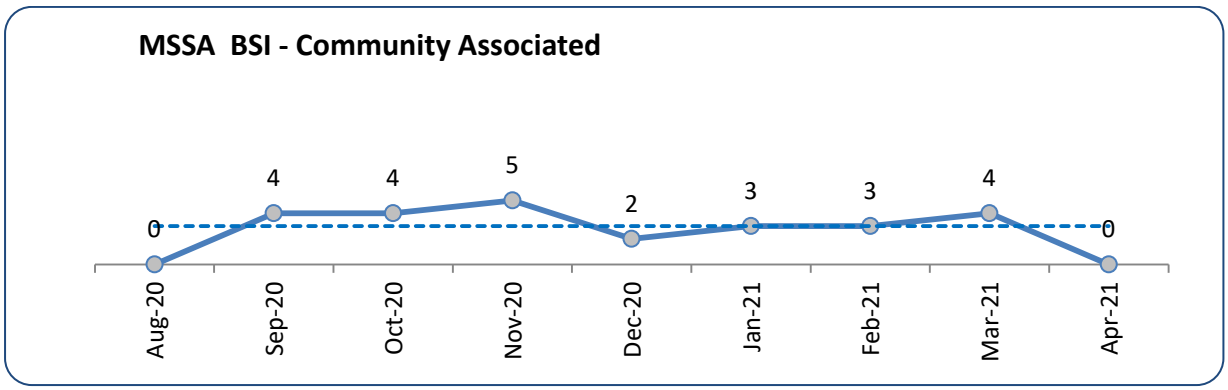


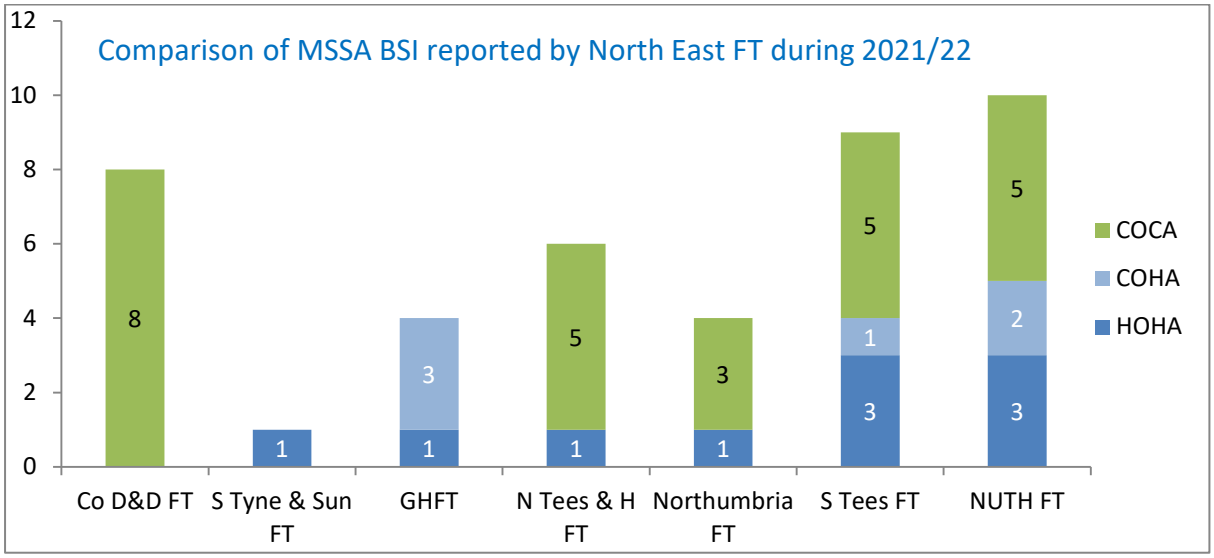


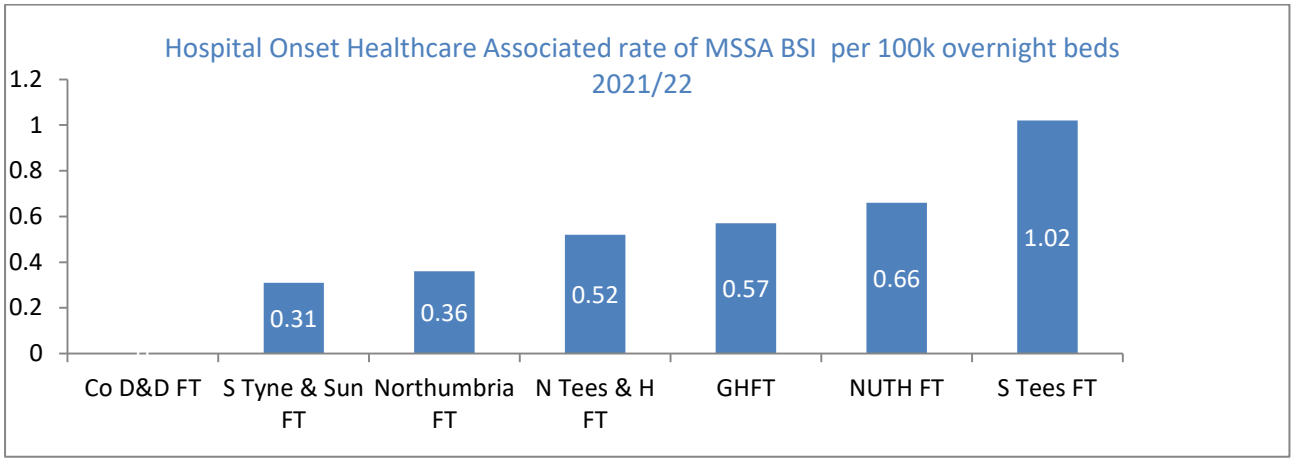
2.3 Meticillin Sensitive *Staphylococcus aureus* (MSSA) Blood Stream Infections (BSI)

For the financial year 2020/21 GHNFT reported eighteen (**18**) hospital onset/hospital onset healthcare associated Meticillin-sensitive *Staphylococcus aureus* (MSSA) BSI and fifty four (**54**) community onset/community-onset healthcare associated/community-onset community associated cases. During April 2021 GHNFT has reported four (**4**) healthcare associated MSSA BSI – one (**1**) HOHA and three (**3**) COHA - and zero (**0**) community associated cases.









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

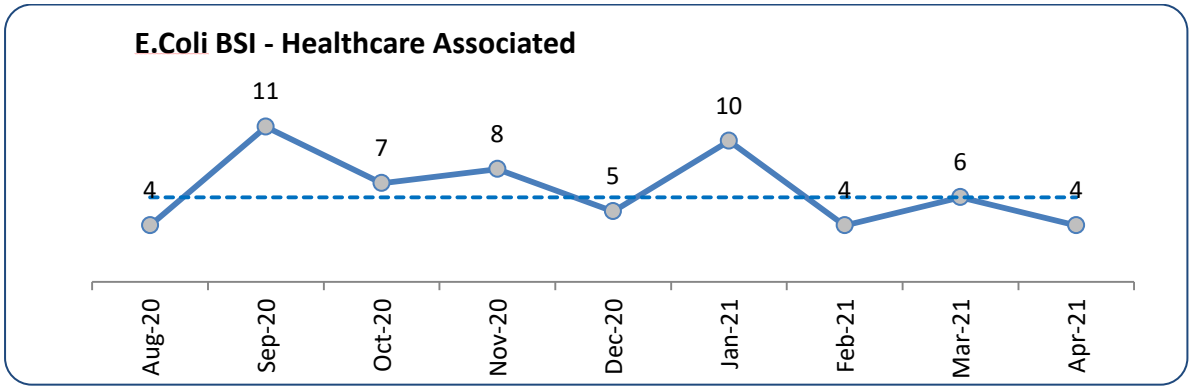
The anticipated Gram-negative BSI reporting objectives for 2021/22 have not been published.

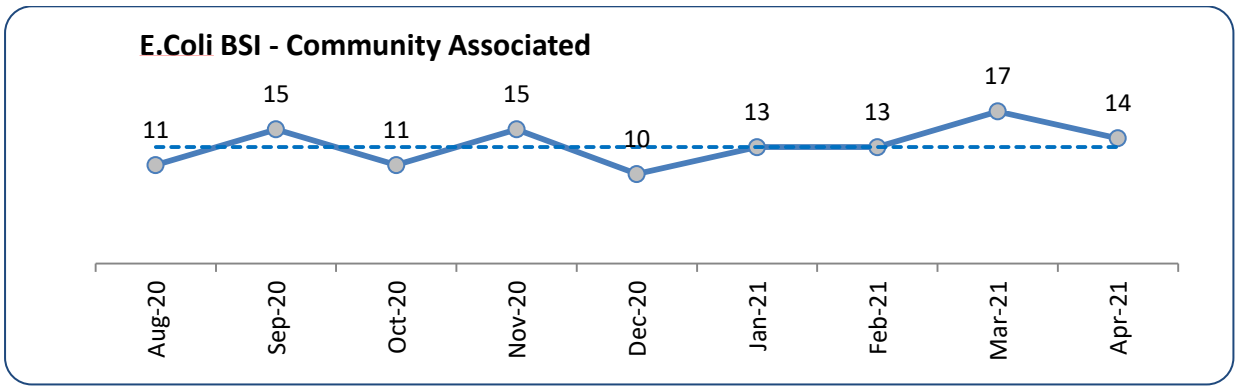
The following data representing *E. coli*, *Klebsiella* species and *Pseudomonas aeruginosa* blood stream infections (BSI) and demonstrate that the main proportion of BSI occur within the primary and social care environment.

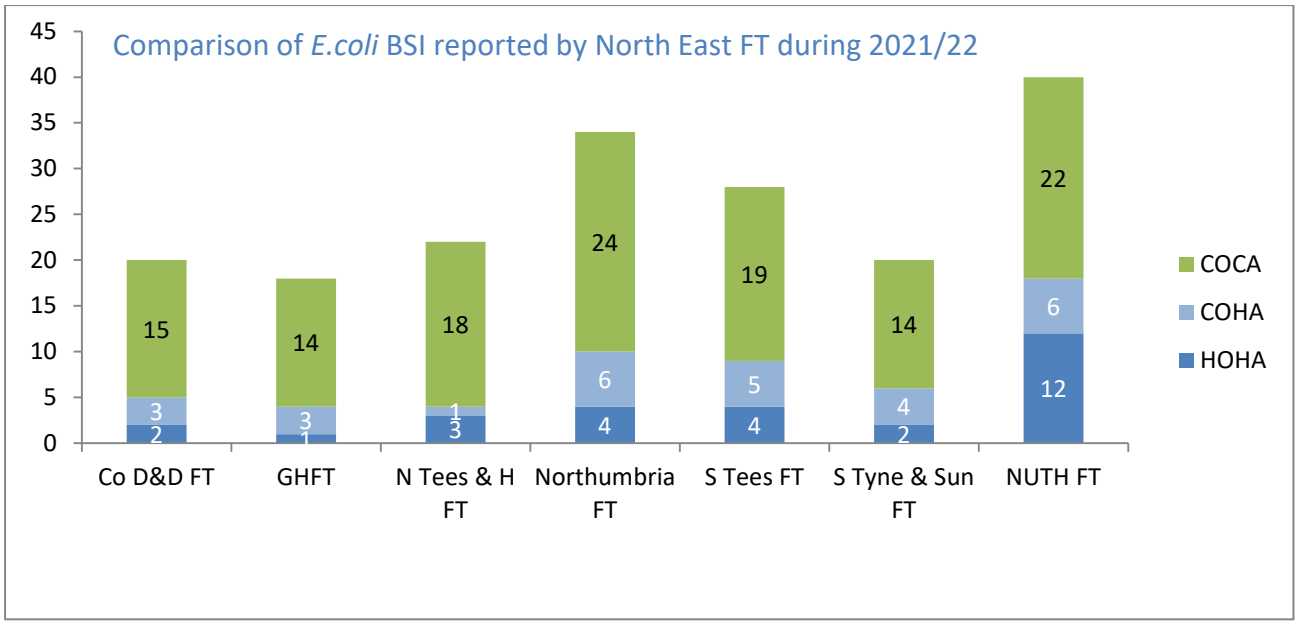
3.1 Escherichia coli BSI (*E. coli*)

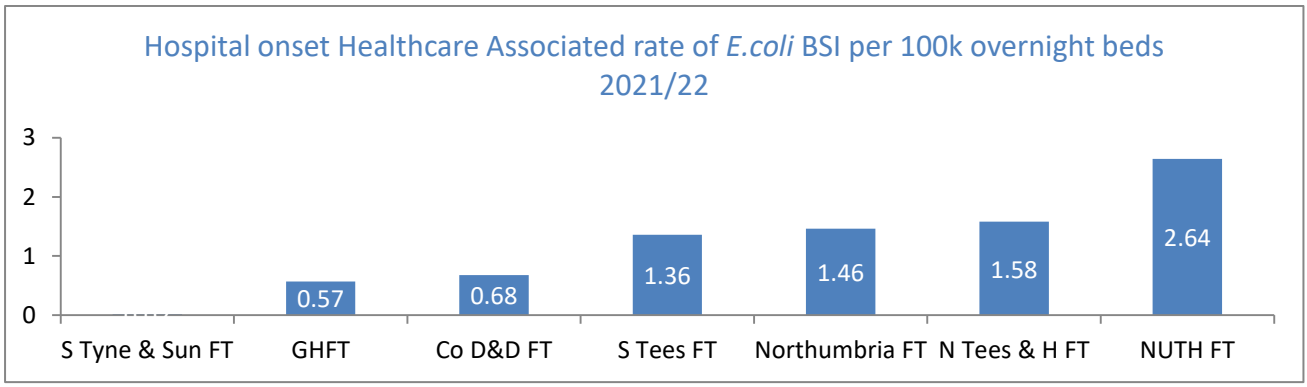
E.coli bacteria are frequently found in the intestines of humans and animals. There are many different types of E.coli, and while some live in the intestines quite harmlessly, others may cause a variety of diseases. E.coli BSI presents a huge challenge across the community and social care sector as well as within the hospital environment

For the financial year 2020/21 GHNFT reported forty four (**44**) hospital onset/hospital onset healthcare associated *E.coli* BSI and two hundred and one (**201**) community onset/community-onset healthcare associated/community-onset community associated cases. During April 2021 GHNFT reported four (**4**) healthcare associated E.coli BSI – one (**1**) HOHA and three (**3**) COHA – and fourteen (**14**) community associated cases.





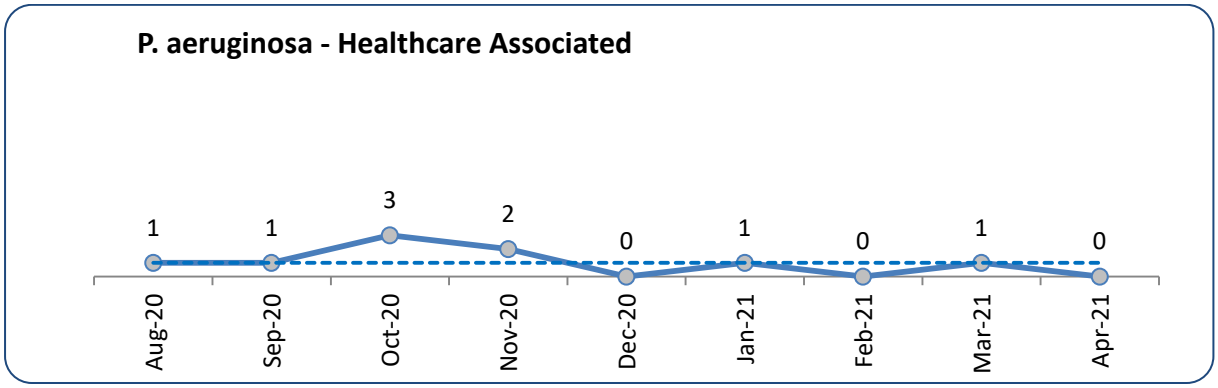


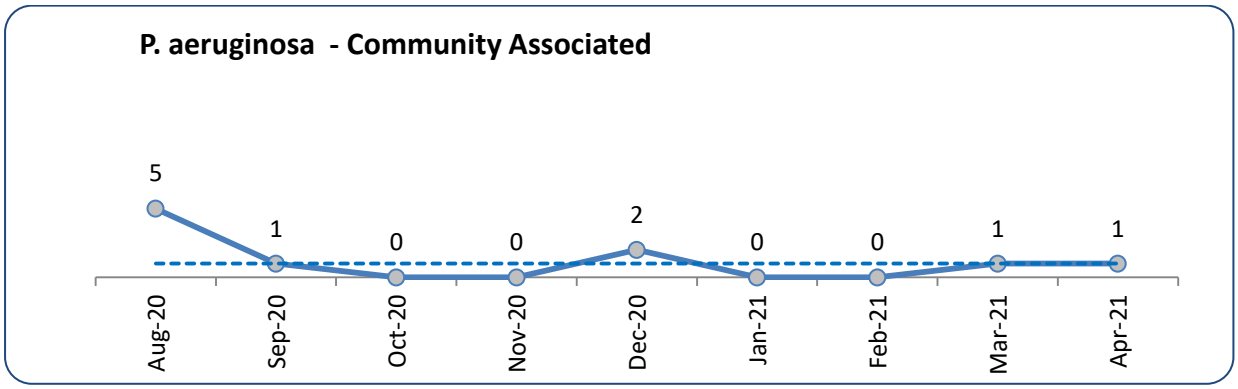


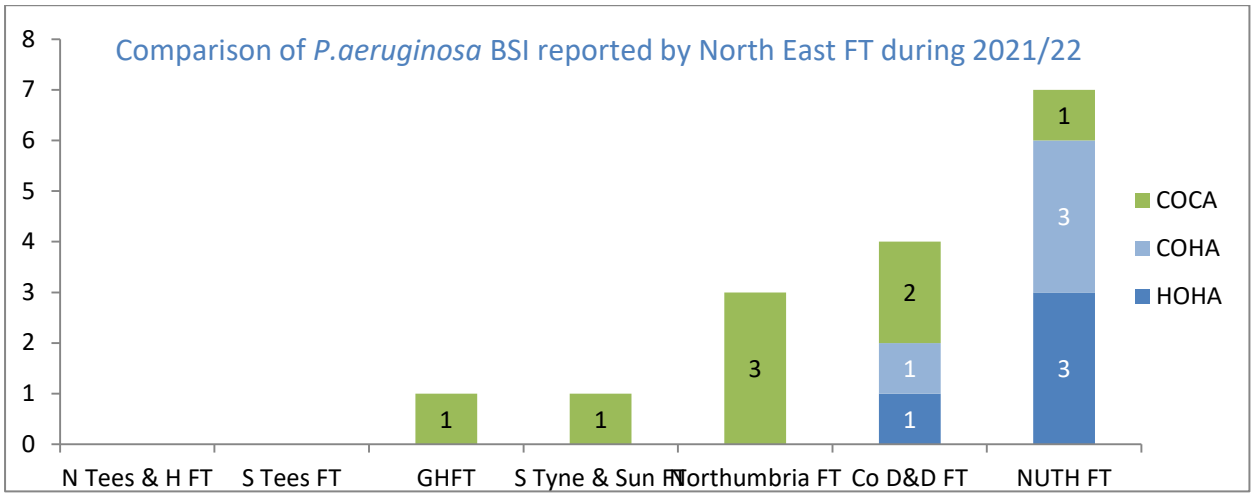
3.2 *Pseudomonas aeruginosa* BSI

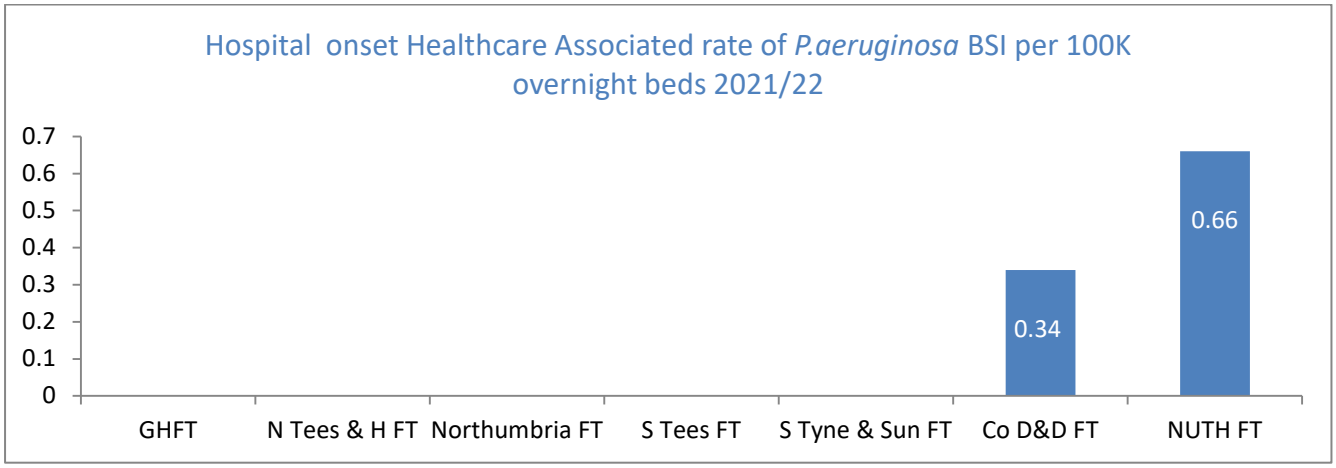
Pseudomonas aeruginosa is a common opportunistic Gram-negative pathogen often found in soil and ground water. It rarely affects healthy individuals however can cause a wide range of infections, particularly in those with a weakened immune system. In hospitals, the organism can contaminate devices that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

For the financial year 2020/21 GHNFT reported five (**5**) hospital onset/hospital onset healthcare associated *Pseudomonas aeruginosa* BSI and thirteen (**13**) community onset/community-onset healthcare associated/community-onset community associated cases. During April 2021 GHNFT has reported zero (**0**) healthcare associated MSSA BSI and one (**1**) community associated case





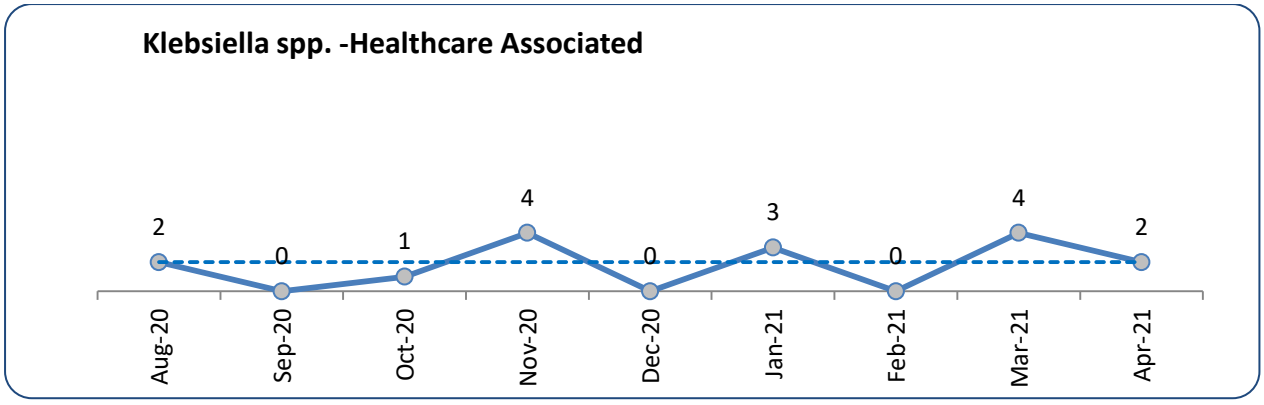


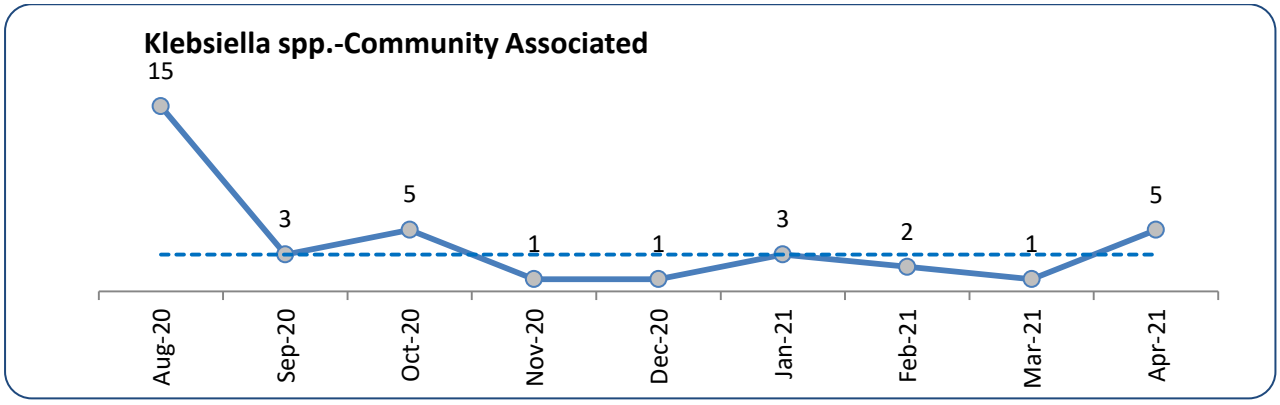


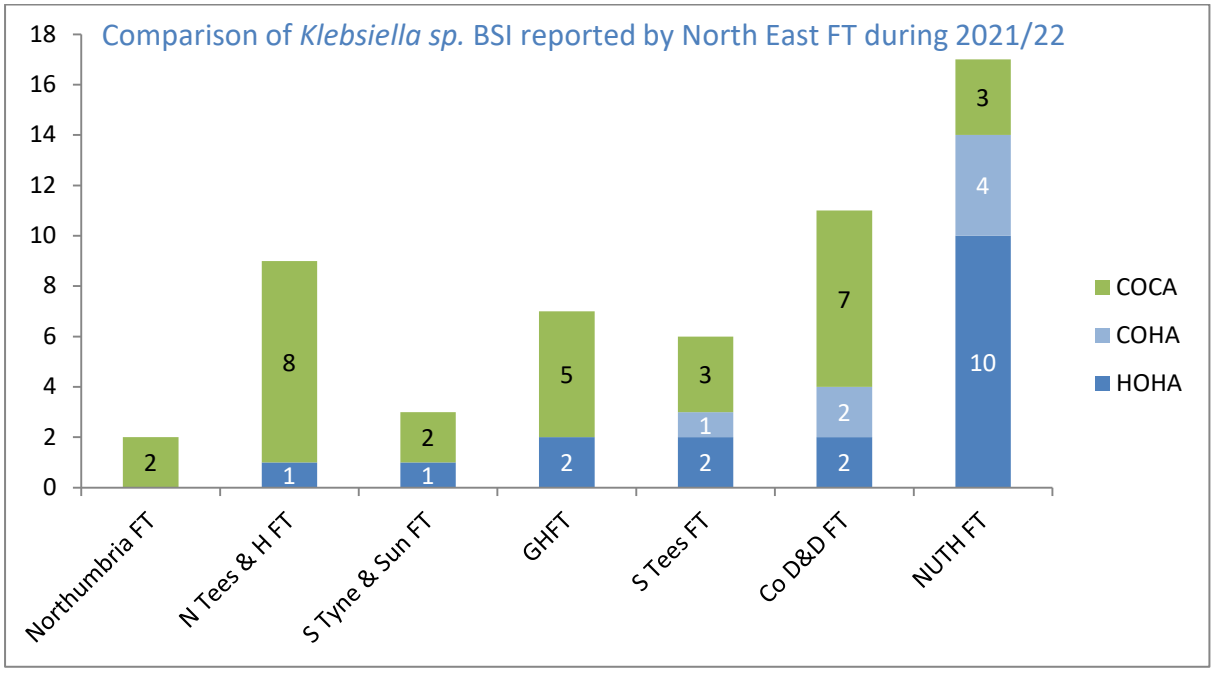
3.3 Klebsiella species BSI

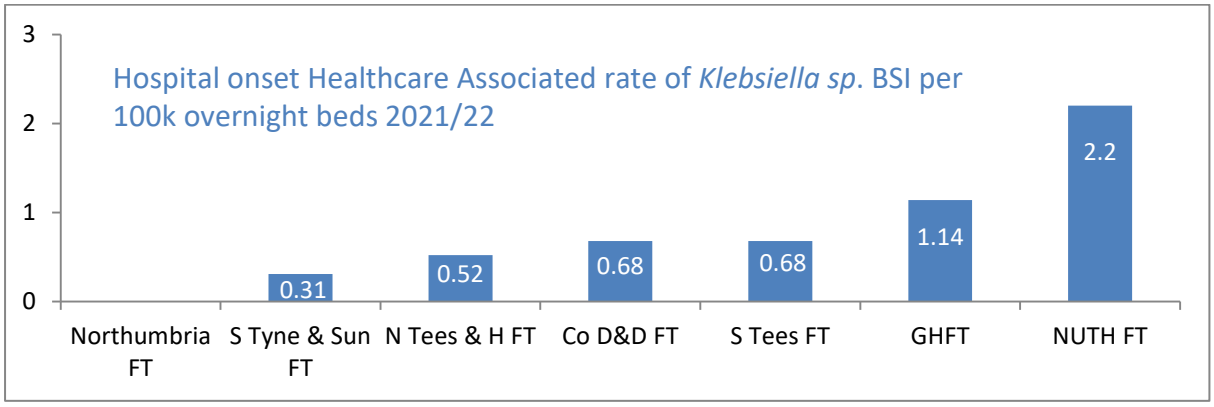
Klebsiella species are a type of bacteria that are found ubiquitously in the environment and also in the human intestinal tract and are commonly associated with a range of HCAI. In healthcare settings, Klebsiella infections are seen in vulnerable, immunocompromised and unwell patients who have other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

For the financial year 2020/21 GHNFT reported ten (**10**) hospital onset/hospital onset healthcare associated *Klebsiella sp.* BSI and forty (**40**) community onset/community-onset healthcare associated/community-onset community associated cases. During April 2021 GHNFT has reported two (**2**) healthcare associated MSSA BSI – two (**2**) HOHA and zero (**0**) COHA – and five (**5**) community associated case









4.0 PERIODS OF INCREASED INCIDENCE (PII) AND OUTBREAKS

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

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

The Trust has experienced zero (**0**) PII due to confirmed Norovirus infections during the financial year 2020/21, and has had no incidence of Norovirus in April 2021. This is consistent with the regional and national reduced incidence of Norovirus during the winter of 2020/21.

5.0 Influenza activity

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

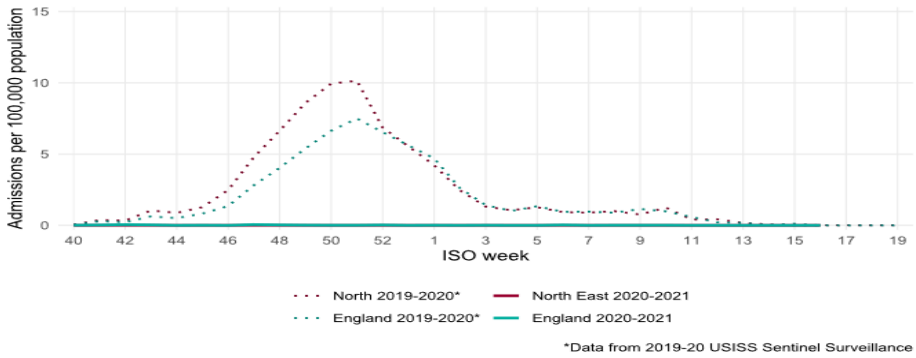
Annual surveillance of Influenza activity is implemented in the Trust since week 40 (1st October 2020).

From 1st October to end of April 2021 there have been zero (**0**) positive samples of hospitalised influenza A/B samples, compared to the four hundred and seventy (**470**) reported for the same period 2019/20.

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

*Data from 2019-20 USISS Mandatory Surveillance

Figure 4. Hospital admissions with confirmed influenza – SARI Watch



*Data from 2019-20 USISS Sentinel Surveillance

5.0 COVID - 19

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

2020 was dominated by the COVID-19 pandemic and it continues to dominant the horizon for 2021/22.

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

The number of patients identified with a COVID positive primary swab reduced during Q4/2020 with only five (**5**) patients identified as COVID positive – on admission – during April 2021. This is indicative of the reduced prevalence in the Gateshead community.

The Trust continues to report instances of Healthcare associated COVID-19 cases against 3 categories

- Hospital-Onset indeterminate Healthcare-Associated (HOiHA) – First positive specimen date 3-7 days after admission to trust.

- Hospital-Onset probable Healthcare-Associated (HOpHA) - First positive specimen date 8-14 days after admission to trust
- Hospital-Onset definite Healthcare-Associated (HOdHA)– First positive specimen date 15 or more days after admission to trust.

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

Table 7	Q1			Q2			Q3			Q4			Q1	Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
HOiHA	n/a	1	0	0	0	1	19	23	8	20	2	5	0	79
HOpHA	n/a	0	0	0	0	0	32	21	1	11	8	1	0	74
HOdHA	n/a	0	0	0	0	1	14	24	1	6	5	0	0	52
Total	n/a	1	0	0	0	2	65	68	10	37	15	6	0	

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

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

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

To the end of April 2021 the Trust has reported thirty one (**31**) COVID-19 related outbreaks (table 7).

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

Following the easing of national restrictions in December 2020 there was an increase in the incidence of COVID-19 circulating within the Gateshead community, including cases with the new more transmittable UK variant strain. Despite a significant increase in the local community prevalence of COVID-19 in January 2021, fewer incidences of Hospital-onset probable/definite healthcare associated COVID-19 cases were seen than in October/November 2020. This can be credited, in some part, to the continued implementation of the lessons learnt from our experiences in October/November

However, continued vigilance and compliance with IPC recommendations are necessary to maintain low levels of transmission and it is essential that IPC remains a top organisational priority.

Table 7 **COVID-19 outbreaks 2020/21**	**Q1**			**Q2**			**Q3**			**Q4**			**Q1**
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**
Clinical setting	**0**	**0**	**0**	**0**	**0**	**1**	**5**	**4**	**2**	**3**	**3**	**0**	**0**
Non clinical setting	**0**	**0**	**0**	**0**	**0**	**3**	**5**	**1**	**1**	**3**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**4**	**10**	**5**	**3**	**6**	**3**	**0**	**0**

Louise Caisley
Head of Infection Prevention and Control

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 15

Purpose of Report	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐	
Report Title:	Sustainable Development Management Plan				
Name of Meeting:	Board of Directors				
Date of Meeting:	26 May 2021				
Author:	Sarah Needham				
Executive Lead:	Anthony Robson				
Report presented by:	Anthony Robson				
Executive Summary:	Climate change, sustainability and the target to achieve Net Zero permeate all areas of operation for the Group. Failure to achieve the targets across the NHS will contribute to the increasing risks associated with a warmer climate.				
Recommended actions for Board/Committee)	To receive the report for assurance and information				
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Financial Implications:	Yes				
Links to Risks (identify significant risks and DATIX reference)	Yes				
People and OD Implications:	Yes				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☒

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

GATESHEAD HEALTH NHS FOUNDATION TRUST
Sustainability Development Management Plan

1. Introduction

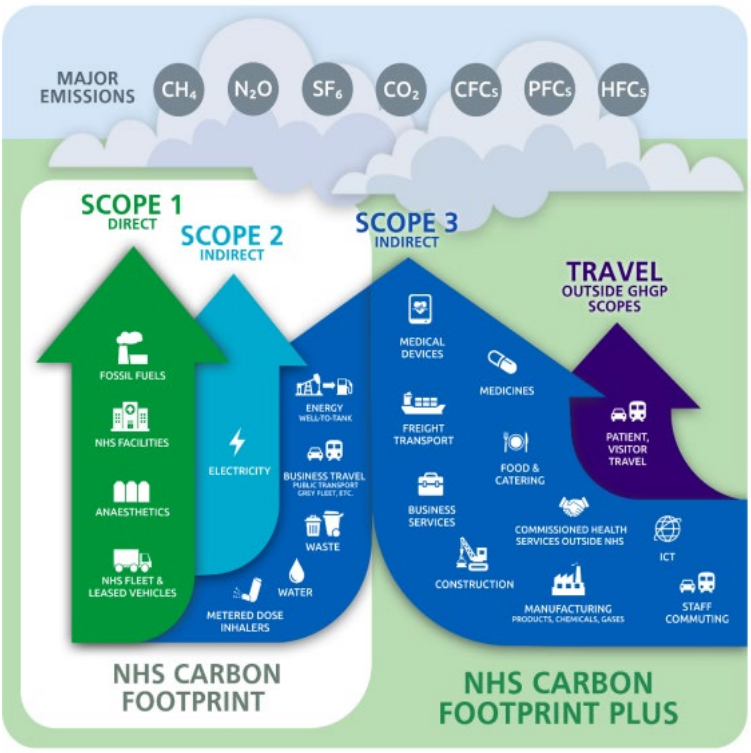
This paper provides the Board with an update on the recent changes regarding sustainability nationally, regionally and internally particularly in regards to new guidance, targets and governance. As a Trust there are significant long term targets to meet as well as regional annual targets which will require the assistance of all levels and areas of the Trust to engage in. However even with this engagement it is also recognised that commitment to meet these challenging targets will require additional resources and funding similar to that of other Trusts.

2. National & Regional Changes

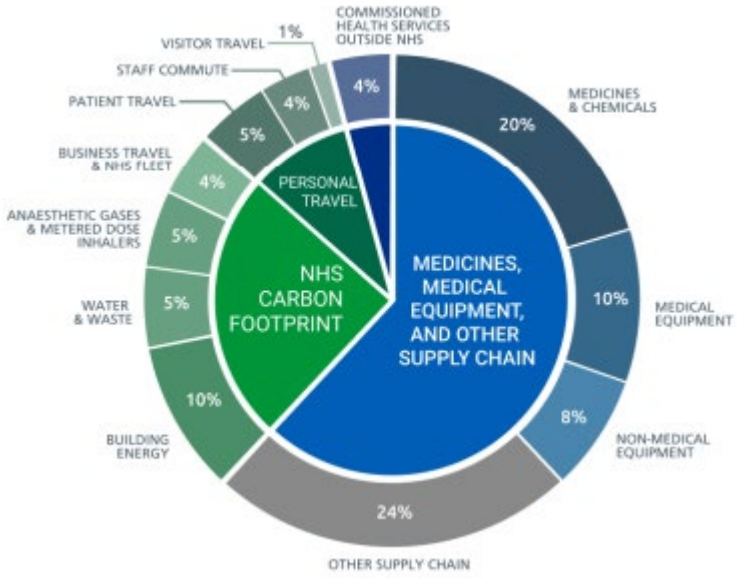
During the last 12 months there has been several significant changes regarding sustainability within the NHS at a national level, including dissolving the Sustainable Development Unit, who previously released all guidance and strategies and the removal of the Sustainable Development Assessment Tool (SDAT) which was used by Trust's to benchmark and track progress and formulate actions for Sustainable Development Management Plans (SDMP's) which have now been replaced by longer strategies called Green Plans.

These have been replaced with the Greener NHS website and subsequent national and regional Greener NHS Teams to look at specific guidance and track local progress. The formation of Greener NHS also saw the release of 'Delivering a 'Net Zero' National Health Service' Report in October 2020.

Within the report it breaks down the carbon footprint into two sections 'NHS Carbon Footprint' and 'NHS Carbon Footprint Plus' and details the different areas they each cover, with the latter covering areas that are indirectly controlled such as staff, patient and visitor travel (see diagram below).



The graph below shows the percentage breakdown of different areas in the carbon footprint and carbon footprint plus and their contribution to emissions.



The report states two net zero targets for the NHS:

- By 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032.
- By 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039.

To put these targets into context the table below details the million tonnes of the NHS carbon footprint and NHS carbon footprint over the last 30 years. Although there has been a reduction in both; 62% for the carbon footprint and 26% for the carbon footprint plus, there is still a significantly long way to go to reach the net zero targets in the next 19 to 24 years.

Carbon footprint scope	1990	2010	2015	2019	2020 (est)
Climate Change Act – carbon budget target		25%	31%		37%
NHS Carbon Footprint ($MtCO_2e$)	16.2	8.7	7.4	6.1	6.1
NHS Carbon Footprint as a % reduction on 1990		46%	54%	62%	62%
NHS Carbon Footprint Plus ($MtCO_2e$)	33.8	28.1	27.3	25.0	24.9
NHS Carbon Footprint Plus as a % reduction on 1990		17%	19%	26%	26%

Throughout the year there will be further guidance issued along with a replacement for the SDAT including a net zero carbon standard for new healthcare buildings which is to be released in time for COP26 in Glasgow.

Other changes include the formation and development of the ICS Sustainability Group, which developed a regional strategy and presented it to the ICS Management Board last year, which was well received and focused on 8 priority action areas:

1. Building Energy
2. Waste
3. Greening our Estate
4. Journeys
5. Procurement
6. Models of Care – Sustainable Anaesthesia
7. Models of Care – Better Respiratory in a low carbon way
8. People

The ICS group was awarded limited funding in 2020/21 which increased significantly in 2021/22, the plan is to use the funding a full time Regional 'Net-Zero' Co-ordinator along with 2 potential clinical leads and money for project seed funding as well.

Both the ICS and Trust will report and feed into the Regional Greener NHS Team who in turn report into the National Greener NHS Team who report to NHSE-I.

3. New Internal Governance Structure

With all the recent developments already listed and internal changes regarding the new Director Lead on Sustainability it has been decided that a stronger working and governance structure is needed to ensure the Trust progresses towards the 2040 and 2045 targets mentioned.

Therefore along with the refreshed Sustainability Committee there are now 5 working groups looking and focusing on work in particular areas and will report into the committee:

- Estate Decarbonisation Group
- Waste Management Group
- Travel & Logistics Group
- Sustainable Procurement Group
- Green Spaces Group

Membership is limited and focused at present as we start but open to additional contributors going forward as it develops and the option to add additional groups such as sustainable care which would have a greater focus on clinical aspects and the impacts that can have on emissions.

The Sustainability Committee and sub groups are scheduled to meet monthly at present until things progress and then the Committee will meet quarterly and sub groups bi-monthly. The committee will report to the Trust Board regularly on progress updates.

4. Regional 2021/22 Targets

In May 2021 our Regional Greener NHS Team set 3 targets in the Memorandum of Understanding for this financial year.

1. Medicines:
    - Reducing the proportion of desflurane used in surgery to less than 10% of overall volatile anaesthetic gases volume in all trusts in line with the proposed 2021/22 NHS Standard Contract;
    - Implementing approaches to optimise use of medical gases, including reducing nitrous oxide waste and preventing the atmospheric release of medical gases;

- Reducing the carbon impact of inhalers, in line with the commitment of a 50% reduction by 2028 and a 6% reduction in 2021/22 on a 2019/20 baseline, by:
  - ❖ Supporting patient choice of less carbon intensive inhalers, for example dry powder inhalers, where clinically appropriate, resulting in a 2% reduction of emissions by March 2022
  - ❖ Working with the national team to ensure schemes for green disposal of inhalers are rolled out across the region;

2. Travel and transport:
   - Ensuring that systems solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emission vehicles (ZEVs), and work towards purchasing vans (under 3.5 tonne) that are ULEVs or ZEVs, in line with the LTP and Net Zero Strategy commitments;
   - Ensuring that only ULEVs or ZEVs are available to staff through car salary sacrifice schemes;
   - Identifying a cycle-to-work lead in every trust, as outlined in the People Plan;
   - Ensuring all system have:
     - ❖ A salary sacrifice cycle-to-work scheme in place for staff; and
     - ❖ Where appropriate all sites have facilities available to encourage staff and visitors to cycle-to-work;
   - Working with the national Greener NHS team to undertake a review of the existing Fleet within the region.

3. NEY Region Priority Deliverables – Each of the 4 ICS's in NEY have committed to deliver a priority, linked to the recovery, sustainability and resilience improvement across our systems and organisations; and will support the adoption of national policies or strategies at scale to accelerate greener change:
   - o People – North East & North Cumbria (NENC) ICS Management Board have approved this priority, which would focus on our commitment to educate, empower and engage our people on delivering Sustainable Healthcare in the North East (Shine) and a 'Net Zero NHS'. The group felt that this was a cross-cutting theme across our other seven priorities and is a fundamental requirement to enable our vision to be the greenest region in the UK. They also highlighted the importance of using COP26 to show the excellent work already underway in the NHS and what other actions need to be taken to get to where we want to be. This would utilise the power of HCPs 'trusted voice' in framing the climate emergency as a health emergency and the numerous co-benefits that improving planetary health will have on population health. We would align this work with the national communications approach taken by Greener NHS team, with a regional framing.

5. Green Plan Update

Due to all the significant changes nationally and locally, the Green Plan is still in development which will replace the current SDMP. The Sustainability Committee agreed that each working group will set targets to achieve over the next 4 to 5 years that can be measured and tracked along with any required actions and these will form the main basis of the plan along with the ICS Strategy. The plan will be flexible as more guidance is expected and will continue to be released and innovation and technologies develop, however the consistent message and overall aim will be net zero. The plan will be ready later this year to be presented to the board.

6. Decarbonisation Funding

As part of the public sector decarbonisation fund second round QE Facilities application for funding was successful and will be awarded £1.6M for air source heat pumps, solar panels and a building energy management system upgrade to further decarbonise the Trust's estate and generate renewable energy. The schemes will be operational by April 2022 and will significantly reduce our emissions in this area as well as reducing our reliance on the grid.

QE Facilities also submitted a bid on behalf on CDDFT and secured approximately £600K for projects at Darlington Memorial Hospital to aid their decarbonisation.

7. Reusable Sharps Bins & Recycling

This year has also seen the introduction on reusable sharps bins from Sharpsmart, which are currently in the trial phase but with plans to extend the roll out across the Trust where possible (Sharpsmart is limited in size range and therefore departments generating small volumes and crash trolleys will continue to use single use). This will reduce approximately 16 tonnes of plastic from being manufactured for the single use purpose to be disposed of via high temperature incineration each year. As a result this reduces our emissions by approximately 93 tonnes of CO2 per annum as we move away from single use plastics.

As part of the Sharpsmart trial metal recycling bins were installed in theatres collecting single use metal instruments which can be processed for recycling, further reducing the weight of the waste sent to high temperature incineration.

Finally as part of the new household waste contract mixed recycling can be implemented in all departments which will include the recycling of plastics and tins along with paper and cardboard that was previously collected for recycling. This contract also ensures that we no longer send waste to landfill.

Overall as much as we encourage recycling as it is better than disposal the focus needs to move up the waste hierarchy to reduce and reuse where possible.

8. Travel Update

Electric vehicles are on the rise and the number of staff, patients and visitors using them has increased and is expected to increase in line with government targets. We are in the process of installing an additional ten electric charging outlets across the trust including Bensham Hospital. These will be available for both staff and visitor use up from the six we currently have on site at just the QE.

Moving forward additional charging points will be installed for fleet vehicles as we move towards an electric fleet and scope out what will be required when NEAS move to electric ambulances. However all this will put additional demand on the site electricity load and therefore it will need to be decided whether we keep increasing staff and patient charging or limit the number and expect staff to charge at home.

To further encourage cycling to work we are installing additional cycle locker facilities over the summer providing secure facilities for staff to use. Many of the existing lockers will still be kept as well increasing the number of spaces available in a wider range of locations as well.

9. Green Apple Award

Last year also saw QE Facilities awarded a Green Apple Award for Environmental Best Practice in relation to work already undertaken to decarbonise our Estate through the work of the CHP's, LED lighting and BREEAM Standards for the ECC and Pathology. This is a worldwide recognised award, competing against more than 500 other nominations with previous winners including Pepsi, Asda, Tesco and Mitie, with the aim to promote environmental best practice around the world. Representatives from QE Facilities will be attending the awards ceremony at the Houses of Parliament in July to collect our award.

Miss S Needham
Sustainability, Waste & PAM Manager - QE Facilities

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 16

Purpose of Report	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
Report Title:	QE Facilities 6 Monthly Update			
Name of Meeting:	Board of Directors			
Date of Meeting:	26 May 2021			
Author:	Anthony Robson			
Executive Lead:	Anthony Robson			
Report presented by:	Anthony Robson			
Executive Summary:	This report sets out a brief update for the last 6 months with examples of what the company has delivered and moving towards our current activity			
Recommended actions for Board/Committee)	To receive the report for assurance and information			
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients		
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce		
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources		
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes		
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead		
Financial Implications:	Reported via F & P			
Links to Risks (identify significant risks and DATIX reference)	Risk Register update with QEF risks			
People and OD Implications:	None			
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments		
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support		

		communication barriers
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

QE Facilities 6 Monthly Update

This report sets out a brief update for the last 6 months with examples of what the company has delivered and moving towards our current activity which is summarised briefly after the annual update. The examples described have all been possible because of the close working relationship within the group which has grown over the last year to enable fantastic results for service delivery to all of our patients

Final Accounts Position

High Level Review	Revenue		Profit before tax & net financing *	Margin before tax & net financing *	Corp Overhead	
QEF Trust Run Service Contract^	55,284,999	87.5%	2,366,060	4.3%	2,321,592	86%
External QEF Operation	7,913,439	12.5%	1,712,796	21.6%	378,593	14%
	63,198,438	100%	4,078,856	6.5%	2,700,185	100%

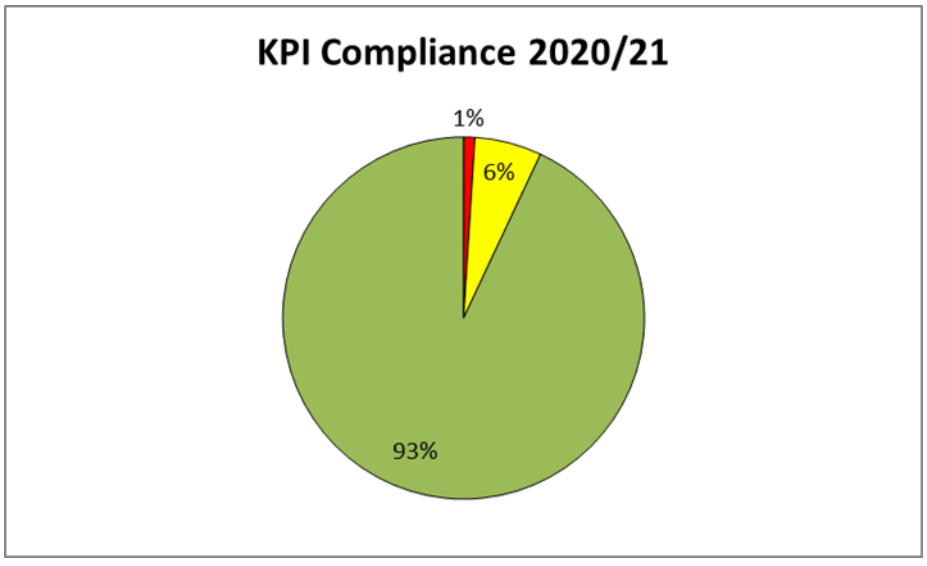
(including management overhead charges)*

(^ including catering retail, all Trust sites)

The company returned a profit of £4.078m before tax and subject to audit. The transfer price was determined at 4.3% and a refund of £1.8m returned to the FT via the unitary payment in March 2021.

KPI performance

During what has proved to be a very challenging year due to Covid-19, during which a number of KPIS were suspended, we are delighted to confirm 93% compliance of all those KPIs monitored during 2020/21.



The year has seen an unprecedented change in activity on site and QEF has provided a range of shorter term changes in service and resource on site. I am pleased and proud of the service that the company has given with staff going above and beyond what was expected of them.

Estates Changes
Changes on site were carried out with some stealth and continuity of oxygen supply was paramount with new pipework, manifolds and safety devices fitted across the site to deliver the required pressure to ensure consistency of supply for all of our patients.

Estates changes to 51 areas were made during the year and reconfiguration of wards, departments and all open spaces were made to ensure a safe and socially distanced environment.

Delivery of a complex and time constrained capital programme was completed with circa £18m of expenditure being completed by the March deadline.

Transport
Our transport team relocated to Spire House in Washington earlier this year.

During covid they provided alternative services across the whole country helping out our partners and colleagues at the CCG, Care Homes, Coventry, Leeds, NEAS and more. This was on top of the services being delivered on site and to Northumbria Healthcare as we took on the distribution of PPE for both acute and primary care services.

The delivery of healthcare to home and PTS services grew throughout the year as we supported additional services in the locality. We have now completed the CQC inspection for the PTS and have also got ISO 9001 accreditation.

IT Procurement Framework
The IT Procurement Framework has excelled this year with an unprecedented success delivering over £700k in profit before taxation. The team involved has worked tirelessly to deliver over double what was anticipated. The pipeline work is also looking very good. We have some issues about national procurement changes which are detailed later in this briefing paper.

Facilities
The Facilities team has delivered some exceptional performance during the difficult times that they have faced across our site. Generic working has been paramount to significant changes to work plans as they have reacted to the situation across the site as and when required.

The domestic, security and portering teams have all played their part in difficult circumstances and have reacted positively to the needs of the group and the delivery of competing priorities across the site.

Pharmacy
Our Community pharmacy continues to evolve and we have expanded the wholesale side of the business taking on the supply of all drugs carried on the NEAS vehicles. Homecare drugs are growing and the synergy with QE Transport is continuing to work extremely well.

We have new smoking cessation consumable and drug supplies with contracts with the Local Authority with a hope to expand as the PHE project starts in the coming months.

The wholesale pharmacy store has now expanded into a new area within Spire House which is being inspected by the MRHA for authority to start trading from the site. We are looking at expansion of NHS services for regional short supply drugs and there are some other exciting opportunities in the coming months.

Current QEF Update

- **Covid-19**
  No Covid positive patients recorded last week. Incidence in the community now at low levels < 30 per 100k. We are now pre-planning with the FT locations for vaccine booster distribution rollout for staff in the autumn.

- **Spire House Washington**
  Following the updated business case being approved by the board the exec team in the FT endorsed the decision and passed to the group board for information. The facility is now up and running as the home of QE Transport, new seminar and training facility, wholesale pharmacy operations and warehousing working with our partners at Northumbria Healthcare.

- **IT Procurement Framework**
  The IT procurement framework management team has raised concerns about the NHS England team who have stated that they will not pay any funds to any trust that has not started a procurement activity and uses a framework that is not HSSF (NHS England) or CIDIS (London Procurement Partnership (LPP)).

  The predominant issue here is that NHS England are providing the funding and then via a 1% management fee charging the suppliers. This seems like a major conflict of interest that they are suppliers of frameworks taking a commission and demanding funding is only used across this framework .This affects around £200m of potential business for QEF and we will challenge the legality of the decision which also is anti-competitive.

- **QEF accounts audit**
  Our accounts preliminary audit which is part of the group accounts audit is continuing and we hope to have conclusion within the next few weeks. The full QEF accounts audit will take place later in the year.

- **Service Led Estates Strategy**
  Further meetings have taken place and we have indicative costs for various schemes to provide a solution to the bed number problems for both medicine and surgical units going forward. Plans have been submitted to the FT exec team. The Capital procurement process has been reviewed and we now have a firmer control of the accommodation group, the information passed to the Capital Steering group, and reports to the new exec team capital meeting.

- **Decarbonisation Funding**
  As part of the public sector decarbonisation fund second round QE Facilities application for funding was successful and will be awarded £1.6M for air source heat pumps, solar panels and a building energy management system upgrade to further decarbonise the Trust's estate and generate renewable energy. The schemes will be operational by April 2022 and will significantly reduce our emissions in this area as well as reducing our reliance on the grid.

  QE Facilities also submitted a bid on behalf on CDDFT and secured approximately £600K for projects at Darlington Memorial Hospital to aid their decarbonisation

- **Sustainability**
  As part of the new household waste contract mixed recycling can be implemented in all departments which will include the recycling of plastics and tins along with paper and cardboard that was previously collected for recycling. This contract also ensures that we no longer send waste to landfill.

- **Mask Manufacture**
  We have had further delays due to supply issues with the machine manufacturer Schott & Meissner. The German suppliers are getting back up to speed and our machine is now in the testing phase but requires backup spare parts before being completed. Preliminary mask certification is being awaited following the initial mask run and completed masks are in the laboratory in the UK with expected results by 21st May.

  The new additional plastic nose pieces have been sourced to enable an "MRI friendly" mask to be also produced for use across NHS and private diagnostic facilities in the UK.

  QEF have appointed a Team Production Supervisor to look after the machine and the junior operatives who starts employment on the 24th May 2021.

- **Post Covid Estate and Property Strategy**
  QEF is working with the FT to provide a consolidated response to the return of business as usual to the site. We are formulating a task and finish group with the FT to ensure that all staff are informed and estate plans finalised alongside our HR colleagues to ensure accommodation is fit for purpose. Some progress has been made and we are awaiting the completion of a policy for Group wide use.

- **QEF Budget 2021/22 Agreed**
  The QEF finance team have now agreed with service line managers our budget for the coming year which includes all assumptions for growth and flexibility to cope within the constraints of the NHS financial controls that are in place. Expectations are that the Group will be under pressure in the latter half of the financial year and QEF have prepared to ensure financial controls are in place to ensure a balanced budget is in place.

The Board is asked to note progress on the issues above.

Anthony J Robson
Managing Director

Gateshead Health
NHS Foundation Trust

Report Cover Sheet

Agenda Item: 17

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☐	Information: ☒
Report Title:	Gateshead Cares Alliance Agreement			
Name of Meeting:	Trust Board			
Date of Meeting:	26 May 2021			
Author:	Mrs Joanne Baxter, Chief Operating Officer			
Executive Lead:	Mrs Joanne Baxter, Chief Operating Officer			
Report presented by:	Mrs Joanne Baxter, Chief Operating Officer			
Executive Summary:	The Board has signed up to the Gateshead Cares Alliance agreement in April 2021. The attached agreement and associated documents confirms the overarching framework for the strengthening of place-based collaborative arrangements for health and care provision in Gateshead and replaces the current MOU in place. The agreement is intended to provide a further formal underpinning for this approach and build on the existing but exciting collaboration between the partners for the benefit of the Gateshead population. The agreement will be iterative and subject to further development as the collaboration develops.			
Recommended actions for Board/Committee)	The Board are asked to note the formal document and that the Trust has agreed to the principles of the agreement			
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients		
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce		
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources		
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes		
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead		
Financial Implications:	There is a separate financial framework not yet finalised or agreed.			

Links to Risks (identify significant risks and DATIX reference)	TBC				
People and OD Implications:	None known				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

DATE: 22 APRIL 2021

1. **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP**
2. **GATESHEAD COUNCIL**
3. **GATESHEAD HEALTH NHS FOUNDATION TRUST**
4. **CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST**
5. **COMMUNITY BASED CARE HEALTH LIMITED**
6. **BLUE STONE COLLABORATIVE**
7. **CONNECTED VOICE**
8. **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**

ALLIANCE AGREEMENT FOR

Date	Version Number	Author	Comments
14.10.2020	1	J Costello (adapting a Hill Dickinson draft for another system)	This is an illustrative initial draft
29.01.2021	2	Hill Dickinson	Draft 2
02.02.2021	3	Hill Dickinson	Draft 3- updating term
04.02.2021	4	J Costello additions to EV v3	Draft 4
21.02.2021	5	J Costello (further additions)	Draft 5
23.02.2021	6	Hill Dickinson (EV) additions to v5	Draft 6
02.03.2021	7	Hill Dickinson (EV) additions to v6	Draft 7
03.03.2021	8	J Costello additions to v7	Draft 8
10.03.2021	9	Hill Dickinson (EV) additions to v8	Draft 9
15.03.2021	10	Hill Dickinson (EV) additions to v9	Draft 10
25.03.2021	11	J Costello additions to v10	Final

GATESHEAD CARES

Overarching Note – Alliance Agreement for Gateshead Cares

This Agreement provides an overarching framework for the development of place-based collaborative arrangements for health and care provision in Gateshead. The Partners are already working together informally as "Gateshead Cares" underpinned by a Memorandum of Understanding. This Agreement is intended to provide a further formal underpinning for this approach and build on the existing collaboration between the Partners. The arrangements set out are intended to further strengthen relationships between the Partners, all of whom are commissioners or providers of health and care services in Gateshead, for the benefit of the Gateshead population.

This Agreement sets out the Partners' approach to the next phase of development, during which the Partners will collaborate to further develop the place-based model for Gateshead. Initially, this Agreement will cover the agreed Programme Areas for 2021/22 and such other programme areas / services as may be agreed by the Partners from time to time.

The policy direction set out in the Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' is that a formal place-based partnership will likely need to be in place in Gateshead from April 2022. This Agreement will therefore need to be kept under review in 2021/22 to prepare for the transition to those arrangements.

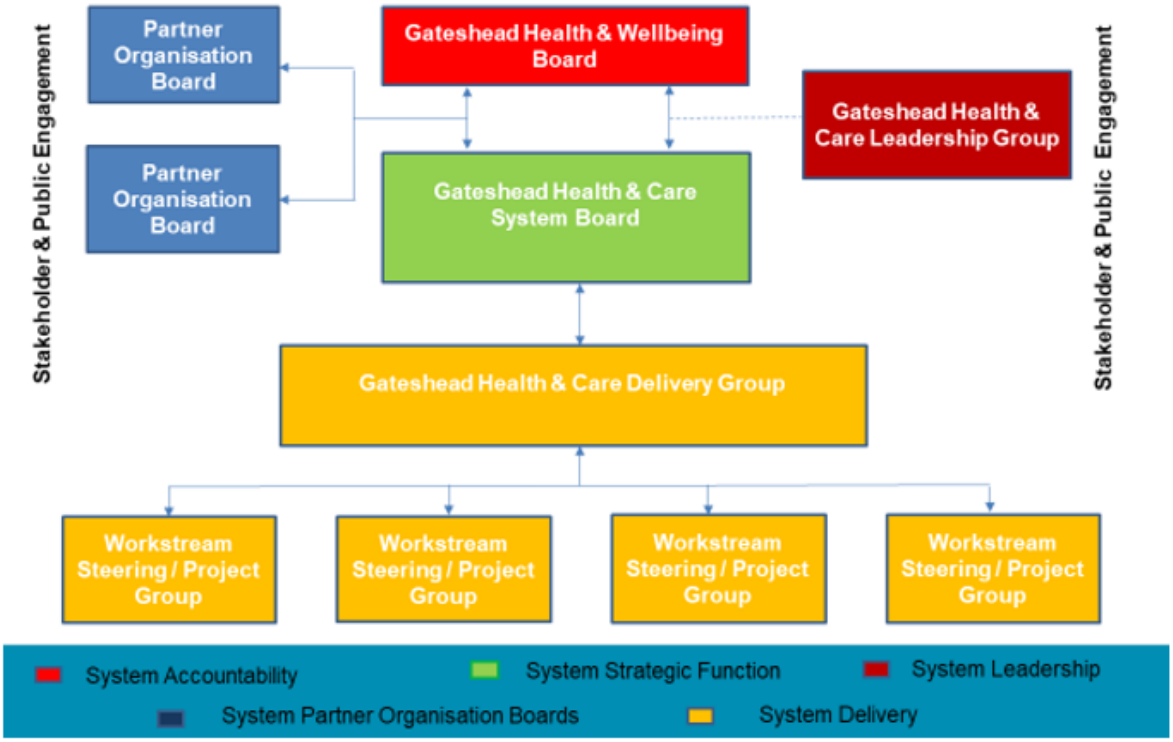
This Agreement is based on an alliance approach and provides an overarching arrangement. It is designed to work alongside existing service contracts (commonly the Services Contracts but also, where relevant, Section 75 Agreements) and arrangements for the delivery of non-NHS care, support and community services via the Council to the extent such services are within the scope of the Agreement. The Agreement is legally binding.

The intention is that the Partners will work together under the governance framework set out in this Agreement to develop the place-based arrangements, which ultimately may include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The governance structure for the arrangements as at the Commencement Date is illustrated in Figure 1 below. The Partners will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements. This Agreement supersedes the previous Memorandum of Understanding.

The Partners have identified three categories of membership of Gateshead Cares – "full member", "associate member" and "affiliate member", as described in Schedule 5. In due course, the Partners may invite others to become members, e.g. representatives of care homes, universities, the housing sector and the voluntary sector, and the Partners may change categories of membership over time in accordance with the terms of the Agreement. As at the Commencement Date, representatives from primary care networks in Gateshead will be invited to attend System Board meetings in accordance with the terms of reference. The primary care networks and GP practices in Gateshead will give further consideration to how they are represented in Gateshead Cares in the longer term including whether or not they may wish to become parties to this Agreement in the future.

Figure 1

Gateshead Cares: Governance Structure



DATE: 22 APRIL 2021

This Alliance Agreement (the **Agreement**) is made between:

(1) **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP** of Riverside House, Goldcrest Way, Newcastle upon Tyne NE15 8NY (the "**CCG**");

(2) **GATESHEAD COUNCIL** of Civic Centre, Regent Street, Gateshead, NE8 1HH (the "**Council**");

(3) **GATESHEAD HEALTH NHS FOUNDATION TRUST** of Queen Elizabeth Avenue, Gateshead NE9 6SX ("**GHFT**");

(4) **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST** of St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne NE3 3XT ("**CNTWFT**");

(5) **COMMUNITY BASED CARE HEALTH LIMITED** (Company No. 02897217) of Unit 7, Queens Park, Queensway North, Team Valley Trading Estate, Gateshead NE11 0QD ("**CBCH**");

(6) **BLUE STONE COLLABORATIVE**, a private company limited by guarantee (Company No. 08818047) (Charity No. 1161220) of Higham House, Higham Place, Newcastle upon Tyne NE1 8AF ("**Blue Stone**");

(7) **CONNECTED VOICE**, a private company limited by guarantee (Company No. 06681475) (Charity No. 1125877) of Higham House, Higham Place, Newcastle upon Tyne, NE1 8AF ("**Connected Voice**"); and

(8) **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST** of Freeman Hospital, Freeman Road, High Heaton, Newcastle upon Tyne NE7 7DN ("**NUTHFT**"),

together referred to in this Agreement as the "**Partners**".

The CCG and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the "**Commissioners**".

GHFT, CNTWFT, NUTHFT, the Council (in its role as provider of social care, public health and education services, whether directly or through contracting arrangements with third party providers), CBCH, Blue Stone and Connected Voice are together referred to in this Agreement as the "**Providers**".

RECITALS

(A) The NHS Five Year Forward View set out a clear goal that "the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care". The NHS Long Term Plan, published in January 2019, provided a vision of health and care joined up locally around population needs.

(B) The Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' published in February 2021 builds on the NHS Long Term Plan vision and sets out the key components of an integrated care system (ICS). One of these components is "strong and effective place-based partnerships" in local places between the NHS, local government and key local partners, interfacing with a statutory ICS for the North East and North Cumbria. The expectation set out in the White Paper is for the CCG to be dissolved and its functions transferred to the ICS in 2022, with a formal place-based partnership at each place footprint. The Partners therefore recognise that from April 2021 to April 2022 they will need to undertake a programme of work through the governance arrangements set out in this Agreement to further develop the alliance arrangements under this Agreement to become a thriving place-based partnership for the benefit of the Gateshead

population. This will require the Partners to keep this Agreement under review throughout 2021/22 in order to prepare for the transition for the arrangements under this Agreement to April 2022.

(C) This Agreement sets out the vision, objectives and shared principles of the Partners in supporting the development of place-based health and care provision, including the provision of NHS-funded healthcare services for the people of Gateshead. In entering into and performing their obligations under this Agreement, the Partners are working towards the development and ultimate implementation of a population health management approach for Gateshead. The Partners also wish to take forward opportunities to further embed learning from their local response to the pandemic which has further highlighted the importance of integrated health and care working.

(D) The Partners will particularly focus on the following initial Programme Areas in which to work towards specific outcomes over the term of this Agreement: (i) Children & Young People Best Start in Life – SEND; (ii) Older People – Older Persons Care Home Model; (iii) Older People – Frailty (Strength & Balance); (iv) Mental Health Transformation; and (v) Development of Primary Care Networks (PCNs). Further programme areas may be identified by the Partners during the term of this Agreement or changes agreed between the Partners to the existing Programme Areas as required to further the collaborative work of the Partners for the benefit of the population of Gateshead. The Agreement will also evolve in response to changes to the health and care landscape.

(E) The Commissioners are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Gateshead.

(F) The Providers (including the Council in its provider role) are together providers of social care, public health and education services, NHS funded healthcare services including primary care services, community and support services to the population of Gateshead. As at the Commencement Date, representatives from primary care networks in Gateshead will be invited to attend System Board meetings in accordance with the terms of reference. The primary care networks and GP practices in Gateshead will give further consideration to how they are represented in Gateshead Cares in the longer term including whether or not they may wish to become parties to this Agreement in the future.

(G) The Partners acknowledge that the delivery and development of Gateshead Cares will rely on both Commissioners and Providers working collaboratively rather than separately to plan financially sustainable methods of delivering services in furtherance of the Programme Areas.

(H) The Partners acknowledge that the Council has a dual role within the Gateshead health and care system as both a commissioner of social care and public health services but also as a provider of social care services either through direct delivery or through contracts with third party providers. In its role as commissioner of social care services the Council shall work in conjunction with the CCG and in its role as a provider of social care services the Council shall work in conjunction with the Providers. The Council recognises the need to and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified and managed.

(I) This Agreement is intended to work alongside Service Contracts and other agreements and arrangements already in place and/or that are to be put in place in due course between the Partners and other system partners.

(J) The terms of this Agreement are set out in the following sections:

(a) SECTION A: sets out the vision, objectives and principles of Gateshead Cares.

(b) SECTION B: sets out the operation of and roles of the Partners in Gateshead Cares.

(c) SECTION C: sets out the governance arrangements of Gateshead Cares.

(d) SECTION D: sets out details of financial planning.

(e) SECTION E: sets out the remaining contractual terms.

IT IS AGREED AS FOLLOWS:

1 DEFINITIONS AND INTERPRETATION

1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.

1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:

1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);

1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

1.2.3 a reference to a "Provider" or a "Commissioner" or any Partner includes its personal representatives, successors or permitted assigns;

1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and

1.2.5 any phrase introduced by the terms "**including**", "**include**", "**in particular**" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2 STATUS AND PURPOSE OF THIS AGREEMENT

2.1 The Partners have agreed to work together to develop Gateshead Cares through this Agreement in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the Population.

2.2 This Agreement sets out the key terms that the Partners have agreed.

2.3 In consideration of the mutual promises exchanged by the Partners set out in this Agreement, the Partners agree to be bound by the terms and conditions of this Agreement. The Partners each enter into this Agreement intending to honour all of their respective obligations.

2.4 Each of the Providers has one or more individual Services Contracts (or where appropriate combined Services Contracts) and Section 75 Agreements with the CCG or the Council. This Agreement will work alongside these Services Contracts and the Section 75 Agreements as appropriate.

2.5 Each of the Commissioners and the Providers agree to work together on the activities which they undertake pursuant to this Agreement in a collaborative and integrated way on a Best for Gateshead basis and the Services Contracts set out how the Providers provide Services to the Population. This Agreement is not intended to conflict with or take precedence over the terms of the Services Contracts and Section 75 Agreements unless expressly agreed by the Partners in writing.

3 ACTIONS TO BE TAKEN PRIOR TO THE COMMENCEMENT DATE

Each Partner acknowledges and confirms that as at the date of this Agreement, it has obtained all necessary authorisations to enter into this Agreement.

4 DURATION AND REVIEW

4.1 This Agreement shall take effect on the Commencement Date and will continue until terminated in accordance with its terms.

4.2 The Partners will formally review the terms of this Agreement every six months during the Term (the first such review to take place six months following the Commencement Date), or at such frequency as is otherwise agreed, and the Partners may agree to vary the Agreement to reflect any developments as appropriate in accordance with Clause 18 (*Variations*).

SECTION A: VISION, OBJECTIVES VALUES AND PRINCIPLES

5 VISION

5.1 The overarching vision for Gateshead Cares is as follows:

"Good jobs, homes, health and friends."

The vision supports Gateshead's Thrive agenda – "*Making Gateshead a place where everyone thrives*", which commits the Partners to these pledges:

- *Put people and families at the heart of everything we do.*
- *Tackle inequality so people have a fair chance.*
- *Support our communities to support themselves and each other.*
- *Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.*
- *Work together and fight for a better future for Gateshead.*

6 THE OBJECTIVES FOR GATESHEAD CARES

6.1 The Partners will work with other partners, stakeholders and local people to improve the health and wellbeing outcomes of Gateshead residents, consistent with Gateshead's Thrive agenda and within the whole resources available to the local system. In particular, they will work together in order to:

6.1.1 reduce levels of inequality through tackling the circumstances that lead to inequality;

6.1.2 shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels;

6.1.3 support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;

6.1.4 create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services, getting the most from the Gateshead £.

6.2 The Partners will promote a Gateshead place-based approach to the integration of health and care in line with the shared principle of subsidiarity so that decisions are taken as close to communities as possible. Whilst recognising the primacy of place, the Partners will collaborate with broader footprints on behalf of the Gateshead population where this will secure health and wellbeing benefits for local people.

6.3 The Partners will promote the work of Gateshead Cares and take advantage of opportunities to work collaboratively to deliver high quality services for the Gateshead population.

7 THE VALUES AND PRINCIPLES FOR GATESHEAD CARES

Values

7.1 The relationship between the Partners will be based upon the following values which will be promoted and embedded across our organisations.

Respect	The Partners will demonstrate mutual respect and trust to other Partners. The different perspectives and contributions of the Partners will be recognised and valued.
Inclusiveness	In developing and shaping a Gateshead place-based narrative, Partners will work both with other Partners, stakeholders and local people and communities and be willing to work and learn from others.
Transparency	All decision-making relating to financial and service planning and the delivery of services will be shared and available to the Partners through open and transparent communication and engagement.
Efficiency	A desire to make the best use of available resources in meeting the objectives of Gateshead Cares and in a way that is sustainable for the local health and care system.
Commitment	A shared commitment to providing the best possible care, working with local communities.

Principles

7.2 The Principles underpin the delivery of the Partners' obligations under this Agreement and set out key factors for a successful relationship between the Partners. The Partners acknowledge and confirm that the successful development and delivery of the Objectives will depend on the Providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the delivery of the Programme Areas (together with the Council as a Provider) under this Agreement in conjunction with the CCG and Council (as a Commissioner).

7.3 The Principles are that the Partners will work together in good faith and, unless the provisions in this Agreement state otherwise, the Partners will:

7.3.1 genuinely collaborate with honesty, trust and understanding in working towards the success of Gateshead Cares;

7.3.2 work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;

7.3.3 agree improvements which are specific, challenging, add value and eliminate waste based upon a human learning systems approach to managing in complexity; and

7.3.4 always demonstrate that the best interests of people resident in Gateshead are at the heart of the activities which they undertake under this Agreement and the Services Contracts and Section 75 Agreements and not organisational interests, and engage effectively with the Population,

(together these are the "**Principles**").

7.4 The Partners acknowledge that CNTWFT, GHFT and NUTHFT also provide services in areas outside of Gateshead which they may need to take into account when seeking to act in accordance with the Principles.

7.5 The Partners acknowledge that the CCG commissions services for Newcastle, in addition to Gateshead, and the CCG may need to take this into account when seeking to act in accordance with the Principles.

8 PROBLEM RESOLUTION AND ESCALATION

8.1 The Providers and the Commissioners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:

8.1.1 seeks solutions without apportioning blame;

8.1.2 is based on mutually beneficial outcomes;

8.1.3 treats Providers and the Commissioners as equal parties in the dispute resolution process; and

8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.

8.2 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Objectives, Principles or any matter in this Agreement and is appropriate for resolution between the Commissioners and the Providers such Partner shall notify the other Partners and the Partners each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.

8.3 Any Dispute arising between the Partners which is not resolved under Clause 8.2 above will be resolved in accordance with Schedule 6 (*Dispute Resolution Procedure*).

8.4 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this Agreement) the receiving Partner will liaise with the other Partners as to the contents of any response before a response is issued, save where doing so may prejudice the position of the Partner in receipt of the formal enquiry, complaint, claim or threat of action.

SECTION B: OPERATION OF AND ROLES IN GATESHEAD CARES

9 RESERVED MATTERS

9.1 The Partners acknowledge that each of the Commissioners is required to comply with certain statutory duties as statutory commissioners and will be required to act in accordance with their statutory duties in relation to certain matters. Consequently, the Commissioners each reserve the matters set out in Clause 9.2 for their respective determination as they see fit in accordance with Clause 9.3.

9.2 Each of the Commissioners shall be free to determine the following Reserved Matters:

9.2.1 making any decision or taking any action necessary to ensure compliance with their respective statutory duties, including the powers and responsibilities conferred on each of the Commissioners respectively by Law or its constitution; or

9.2.2 any matter upon which they may be required to engage with the public (including by way of public consultation) or in relation to which they may be required to respond to or liaise with a Local Healthwatch organisation; and/or

9.2.3 any matter in relation to which the CCG and Council may be required to consult with one another.

9.3 The Partners agree that:

9.3.1 the Reserved Matters are limited to the express terms of Clause 9.2 above; and

9.3.2 the System Board may not make a final recommendation on any of the matters set out in Clause 9.2 above, which are reserved for determination by the relevant Commissioner(s).

9.4 Where determining a Reserved Matter which may have an impact on any of the Programme Areas and/or this Agreement, subject to any need for urgency because to act otherwise would result in the relevant Commissioner breaching their statutory obligations or failing to act in accordance with the relevant guidance, the relevant Commissioner will first consult with the System Board in respect of their proposed determination of a Reserved Matter in line with the Objectives and the Principles.

9.5 No Commissioner shall be required to consult with the System Board prior to determining a Reserved Matter in accordance with Clause 9.4 where such consultation may require the relevant Commissioner to:

9.5.1 breach obligations of confidentiality to a third party; and/or

9.5.2 disclose a third party's personal data.

10 TRANSPARENCY

10.1 Subject to complying with the Law, the Partners will provide to each other all information that is reasonably required in order to deliver the Programme Areas in line with the Objectives.

10.2 The Partners have responsibilities to comply with Law (including Competition Law). The Partners will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the System Board and the System Delivery Group will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:

10.2.1 it is essential;

10.2.2 it is not exchanged more widely than necessary;

10.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and

10.2.4 it may not be used other than to achieve the Objectives in accordance with the Principles.

10.3 The Commissioners will make sure that the System Delivery Group establishes appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.

10.4 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for Gateshead Cares is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a

commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the CCG and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in Gateshead Cares, other than as a result of a breach of this Agreement, does not preclude the CCG and the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

10.5 Notwithstanding Clause 10.4 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law (for example, the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013) which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

11 OBLIGATIONS AND ROLES OF THE PARTIES

Categories of membership

11.1 The Partners have identified certain categories of membership of Gateshead Cares and consequently the Partners to this Agreement are divided into the following categories:

11.1.1 Full Member;

11.1.2 Associate Member; and

11.1.3 any other categories agreed between the Partners as are described in Schedule 5 (*Rights and Obligations of Full Members and Associate Members*) to this Agreement.

11.2 As at the date of this Agreement, the Partners have agreed the following categorisation across the Partners:

Partner	Full Member	Associate Member
NHS Newcastle Gateshead Clinical Commissioning Group	X	
Gateshead Council	X	
Gateshead Health NHS Foundation Trust	X	
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	X	
The Newcastle Upon Tyne Teaching Hospitals NHS Foundation Trust	X	
Community Based Care Health Limited	X	
Blue Stone Collaborative		X
Connected Voice		X

11.3 The roles and responsibilities of the Full Members and Associate Members are as described in Schedule 5 (*Rights and Obligations of Full Members and Associate Members*) to this Agreement, which also sets out the Partners' obligations to consider the inclusion of other organisations as part of Gateshead Cares, which should be read in conjunction with the roles and responsibilities that apply to all categories of Partners as described in this Agreement.

11.4 The Partners have agreed the categorisation referred to in Clause 11.2 as at the Commencement Date on the basis of the Partners' expectations of delivery of the Objectives. The Partners recognise that it is possible that the categorisation may need to change over time and that some of the Partners may wish/need to move from one category of membership to another. Should those circumstances arise, the Partner wishing/needing to move categories shall give as much notice as possible to the other Partners together with full reasons as to why a change of membership category is desired/required. The Partners commit to considering such requests and to act transparently and in good faith in such circumstances recognising the significant implications for Gateshead Cares that may flow from such a decision.

11.5 Any additions to or removal from the list of Partners set out in Clause 11.2 above will be subject to the approval of the Full Members (excluding any Full Member being removed) acting unanimously and in accordance with the Objectives and the procedure set out in Clause 18 (Variations) in the case of the inclusion of additional members and Clause 15 (Exclusion and Termination) in the case of the withdrawal of a Partner.

Commissioners' obligations and roles

11.6 Each Commissioner will:

11.6.1 help to establish an environment that encourages collaboration between the Providers where permissible;

11.6.2 provide clear system leadership to the Providers, clearly articulating health, care and support outcomes for the Providers, performance standards, scope of services and technical requirements;

11.6.3 support the Providers in developing links to other relevant services;

11.6.4 comply with their statutory duties;

11.6.5 seek to commission the services within the Programme Areas in an integrated, effective and streamlined way to meet the Objectives; and

11.6.6 work collaboratively with the Providers to develop Gateshead Cares' approach for the Programme Areas in accordance with this Agreement.

Providers' obligations and roles

11.7 Each Provider will:

11.7.1 act collaboratively and in good faith with each other in accordance with the Law and Good Practice to achieve the Objectives, having at all times regard to the best interests of the Population;

11.7.2 co-operate fully and liaise appropriately with each other Provider in order to ensure a co-ordinated approach to promoting the quality of patient care across the Programme Areas and so as to achieve continuity in the provision of services within the Programme Areas that avoids inconvenience to, or risk to the health and safety of, Service Users, employees of the Providers or members of the public; and

11.7.3 through high performance and collaboration, unlock and generate enhanced innovation and better outcomes and value for the Population in line with the Objectives.

11.8 Each Provider acknowledges and confirms that:

11.8.1 it remains responsible for performing its obligations and functions for delivery of services to the CCG and/or the Council in accordance with its Services Contracts;

11.8.2 it will be separately and solely liable to the CCG or the Council (as applicable) under its own Services Contracts;

11.8.3 it remains responsible for its own compliance with all relevant regulatory requirements and remains accountable to its Board/Cabinet and all applicable regulatory bodies; and

11.8.4 it will work collaboratively with the Commissioners and the other Providers to develop the Gateshead Cares approach for the Programme Areas in accordance with Schedule 2 (*Programme Areas*).

SECTION C: GOVERNANCE ARRANGEMENTS

12 GATESHEAD CARES GOVERNANCE

12.1 The Partners must communicate with each other and all relevant staff in a clear, direct and timely manner. In addition to the Partners' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Partners' respective functions, the governance structure for Gateshead Cares arrangements will comprise:

12.1.1 the Gateshead Health & Wellbeing Board;

12.1.2 the Gateshead Health & Care System Board (**System Board**); and

12.1.3 the Gateshead Health & Care Delivery Group (**Delivery Group**).

12.2 The diagram in Schedule 4 (*Governance*) sets out the governance structure and the links between the various groups in more detail.

Gateshead Health & Wellbeing Board

12.3 The Gateshead Health and Wellbeing Board is charged with promoting greater health and social care integration in Gateshead. The Board will receive updates and reports from the System Board as to the development of the Gateshead Cares arrangements under this Agreement and progress against the outcomes for each Programme Area.

Gateshead Health & Care System Board

12.4 The System Board is accountable to each of the Partners and is the group responsible for:

12.4.1 taking forward a place-based approach to the integration of health and care so that decision-making and delivery arrangements are as close to 'place' as possible;

12.4.2 providing strategic and collective leadership to identify and develop key transformational programmes for Gateshead Cares, in line with the strategic direction set by the Health & Wellbeing Board;

12.4.3 developing a financial planning framework for Gateshead Cares;

12.4.4 developing and overseeing the Gateshead Cares arrangements under this Agreement;

12.4.5 holding the Delivery Group to account;

12.4.6 providing assurance to the Health & Wellbeing Board on progress against this Agreement, including the outcomes for each Programme area; and

12.4.7 liaising and collaborating, where appropriate, with relevant local, regional and national partners and stakeholders for the benefit of the Gateshead population.

12.5 The System Board will act in accordance with its terms of reference set out in Part 1 of Schedule 4 (*Governance*) and will:

12.5.1 promote and encourage commitment to the Vision, Objectives, Values and Principles of Gateshead Cares amongst all the Partners;

12.5.2 ensure the alignment of organisations to facilitate sustainable and better care, getting the most from the Gateshead £ to meet the needs of the Gateshead population;

12.5.3 oversee the implementation of this Agreement and arrangements for monitoring performance;

12.5.4 in undertaking its role, consider recommendations from the Delivery Group in respect of the development and operation of Gateshead Cares, the delivery of the Objectives, the development of Programme Areas and the financial planning framework; and

12.5.5 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.5.

Gateshead Health & Care Delivery Group

12.6 The Delivery Group is the group responsible for managing the operation of Gateshead Cares to achieve the Objectives and developing proposals for the delivery and transformation of services in the Programme Areas. The Delivery Group will report to the System Board, acting in accordance with its terms of reference set out in Part 2 of Schedule 4 (*Governance*) and will:

12.6.1 be responsible for overseeing the delivery of system workplans for key Programme Areas, including those within the Gateshead Cares Alliance Agreement;

12.6.2 ensure workplans in respect of the Programme Areas are delivered through locality working and that Primary Care Networks are involved as required;

12.6.3 make recommendations to the System Board in relation to changes to key Programme Areas and the development of new programmes;

12.6.4 support the implementation of a Financial Planning Framework for the Gateshead Cares system;

12.6.5 develop and implement strategies for closer collaborative working between the Providers, in order to achieve the Objectives and outcomes for the Programme Areas, and to make the most of future collaborative opportunities;

12.6.6 establish and agree the remit of Workstream Steering / Project Groups to lead on initiatives to deliver the outcomes for each Programme Area and hold each such group to account;

12.6.7 ensure that all delivery undertaken on behalf of the Gateshead Cares system is appropriately monitored and managed through a whole system lens;

12.6.8 make recommendations to the System Board as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Programme Areas;

12.6.9 seek and reflect the views of key stakeholders in drawing up recommendations to the System Board; and

12.6.10 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.6.

12.7 The Partners will communicate with each other clearly, directly and in a timely manner to ensure that the Partners (and their representatives) present at the System Board and the Delivery Group are able to represent their nominating organisations to enable effective and timely recommendations to be made in relation to the Programme Areas.

12.8 Each Partner must ensure that its appointed members of the System Board and the Delivery Group (or their appointed deputies/alternatives) attend meetings of the relevant group and participate fully and exercise their rights on a Best for Gateshead basis and in accordance with Clause 6 (Objectives) and Clause **7** (Values and Principles).

13 CONFLICTS OF INTEREST

13.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Partners agree to share all information relevant to the development and delivery of the Programme Areas in an honest, open and timely manner.

13.2 The Partners will:

13.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the operation of System Board and/or the Delivery Group immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of this Agreement;

13.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and

13.2.3 use best endeavours to ensure that their representatives on the System Board and Delivery Group also comply with the requirements of this Clause 13 when acting in connection with this Agreement.

SECTION D: FINANCIAL PLANNING

14 PAYMENTS

14.1 The Partners will continue to be paid in accordance with the mechanism set out in their respective Services Contracts and Section 75 Agreements.

14.2 The Partners have not agreed as at the Commencement Date to share risk or reward. However, the Partners will work together during the Term to develop a financial planning framework for Gateshead Cares as described in Schedule 3 (Financial Planning Framework), with the aim of achieving the Objectives.

14.3 Any future introduction of a risk and/or reward sharing mechanism would require additional provisions to be agreed between the Partners and incorporated into this Agreement in accordance with Clause 18.

SECTION E: GENERAL PROVISIONS

15 EXCLUSION AND TERMINATION

15.1 A Partner may be excluded from this Agreement on notice from the Commissioners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract and/or Section 75 Agreements; or

15.1.2 an event of Insolvency affecting them.

15.2 A Partner may withdraw from this Agreement by giving not less than 6 months' written notice to each of the other Partners' representatives.

15.3 A Partner may be excluded from this Agreement on written notice from all of the remaining Partners (acting in consensus) in the event of a material or a persistent breach of the terms of this Agreement by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Partner.

15.4 The System Board may resolve to terminate this Agreement in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Partners agree that this Agreement should be replaced by one or more formal legally binding agreements between them; or

15.4.3 where the Full Partners agree in writing that this Agreement should be terminated.

15.5 Where a Provider is excluded from this Agreement, or withdraws from it, the excluded or withdrawing (as relevant) Partner shall procure that all data and other material belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

16 INTRODUCING NEW PROVIDERS

Additional parties may become parties to this Agreement on such terms as the Partners shall jointly agree in writing, acting at all times on a Best for Gateshead basis. Any new Partner will be required to agree in writing to the terms of this Agreement before admission.

17 LIABILITY

The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and Section 75 Agreements and not this Agreement.

18 VARIATIONS

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Partners.

19 CONFIDENTIALITY AND FOIA

19.1 Each Partner shall keep confidential all Confidential Information that it receives from the other Partners except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner to this Agreement.

19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

19.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.

19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.

19.5 The Partners acknowledge that they are each subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that each Partner is able to comply with their statutory obligations.

19.6 Each Partner will hold harmless each other and will indemnify and keep indemnified each of the other Partners, in full and on demand, against all Claims (and related costs, charges and reasonable legal expenses) which the other Partners to this Agreement may incur or suffer, arising from any claim at law (including in negligence of any degree or other tort, or collateral contract or otherwise at law) by any of the other Partners for any direct, indirect, incidental or consequential or other loss or damage of whatsoever kind, arising from any breach by such a Partner to this Agreement of the obligations under this Clause 19 (*Confidentiality and FOIA*) or otherwise.

20 INTELLECTUAL PROPERTY

20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles, each Partner grants each of the other Partners a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Partner's obligations under this Agreement.

20.2 If any Partner creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Partner which creates the new Intellectual Property will grant to each of the other Partners a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Partner's obligations and the development and delivery of the arrangements under this Agreement.

21 GENERAL

21.1 Any notice or other communication given to a Party under or in connection with this Agreement shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.

21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if

delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.

21.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this Agreement.

21.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.

21.5 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.

21.6 A person who is not a Partner to this Agreement shall not have any rights under or in connection with it.

This Agreement has been entered into on the date stated at the beginning of it.

Signed by **MARK ADAMS**

Mark Adams.

Mark Adams

Accountable Officer

for and on behalf of **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP**

Signed by **BRENDAN McNeany**

B. McNeany

Brendan McNeany

Solicitor to the Council

for and on behalf of **GATESHEAD COUNCIL**

Signed by **YVONNE ORMSTON**

Yvonne Ormston.

Yvonne Ormston

Chief Executive

for and on behalf of **GATESHEAD HEALTH NHS FOUNDATION TRUST**

Signed by **JOHN LAWLOR**

John Lawlor

Chief Executive

for and on behalf of **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

Signed by **NICOLA ALLEN**

Nicola Allen

Chief Executive

for and on behalf of **COMMUNITY BASED CARE HEALTH LIMITED**

Signed by **BRENDAN HILL**

Brendan Hill

Executive Chair

for and on behalf of **BLUE STONE COLLABORATIVE**

Signed by **LISA GOODWIN**

Lisa Goodwin

Chief Executive

for and on behalf of **CONNECTED VOICE**

Signed by **DAME JACKIE DANIEL**

Dame Jackie Daniel

Chief Executive

for and on behalf of **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**

SCHEDULE 1 - DEFINITIONS AND INTERPRETATION

1 The following words and phrases have the following meanings:

Agreement	this agreement incorporating the Schedules.
Best for Gateshead	best for the achievement of the Objectives for the Gateshead population on the basis of the Principles.
Claims	any claims, actions, demands, fines or proceedings.
Commencement Date	1 April 2021.
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012.
Competition Sensitive Information	Confidential information which is owned, produced and marked as Competition Sensitive Information by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or subcontract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information.
Delivery Group	the Gateshead Health & Care System Delivery Group, the terms of reference of which are set out in Part 2 of Schedule 4 (*Governance*).
Dispute	any dispute arising between two or more of the Partners in connection with this Agreement or their respective rights and obligations under it.

Dispute Resolution Procedure	the procedure set out in Schedule 6 for the resolution of disputes which are not capable of resolution under Clause 8 (*Problem Resolution and Escalation*).
Financial Planning Framework	the financial planning framework set out in Schedule 3.
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
Insolvency	(as may be applicable to each Partner) a Provider taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business, or any analagous process for a public body.
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.
Law	(a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; (b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; (c) Guidance (as defined in the NHS Standard Contract); (d) National Standards (as defined in the NHS Standard (e) Contract); and (f) any applicable code.
Objectives	the objectives for Gateshead Cares set out in Clause 6.1.
Operational Days	a day other than a Saturday, Sunday or bank holiday in England.
Population	the population of Gateshead covered by each of the Commissioners.
Principles	the principles for Gateshead Cares set out in Clause 7.3.

Programme Area	one of the programme areas set out in Schedule 2 (*Programme Areas*) as may be amended or added to by agreement of the Partners from time to time.
Reserved Matter	has the meaning set out in Clause 9.2.
Section 75 Agreement	an agreement entered into by any of the Partners under section 75 of the National Health Service Act 2006.
Service Users	people within Population served by the Commissioners who are in receipt of the Services.
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.
Services Contract	a contract entered into by one of the CCG or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
System	the Gateshead Health and Care System (Gateshead Cares)
System Board	the Gateshead Health & Care System Board, the terms of reference of which are set out in Part 1 of Schedule 4 (*Governance*).
Term	the term of this Agreement, being the period from the Commencement Date until the date on which the Agreement is terminated in accordance with its terms.

SCHEDULE 2 - PROGRAMME AREAS

The Partners have identified the initial Programme Areas during the Term (as may be agreed and amended from time to time) by the agreement of the Partners in accordance with Clause 18 (*Variations*) as the following:

1 Children & Young People Best Start in Life – SEND (including transition to adulthood)

2 Older People - Older Persons Care Home Model

3 Older People - Frailty (Strength & Balance)

4 Mental Health Transformation

5 Development of Primary Care Networks

The deliverables for each Programme Area for 2021/22 are set out in the documents embedded below:


MH Transformation 14-01-21.DOCX


PCN Development Final.DOCX


CYP- SEND v5.DOCX


OP - Frailty - SB Final.DOCX


OP Care Home Model.DOCX

Enablers

The Partners have also identified the following areas linked to the enablers of integration that could be incorporated within the Agreement as it evolves over time:

- Digital Gateshead (including digital poverty/ inclusion of disadvantaged communities with health inequalities)
- Workforce

SCHEDULE 3 - FINANCIAL PLANNING FRAMEWORK

1 The Partners will work together to develop a financial planning framework for Gateshead Cares during 2021/22, guided by the following principles:

1.1 The collective use of resources for the benefit of the Gateshead population.

1.2 The financial sustainability of the system and supporting the sustainability of partner organisations within the system.

1.3 Securing greater transparency on the use of resources within scope.

1.4 Seeking to plan and deliver together rather than looking for solutions that just cost-shift between organisations.

1.5 Seeking to deliver real medium and long term benefits over short term gains.

1.6 Seeking to get better benefit from the money we spend by reducing waste from unwarranted duplication.

1.7 Where feasible, seeking to spend more of the Gateshead £ with local organisations to secure greater social value, supporting the Gateshead Thrive agenda.

1.8 Seeking to get the maximum possible benefit from the Gateshead £ by making good use of technology/digital and empowering staff to get best value from our system resources.

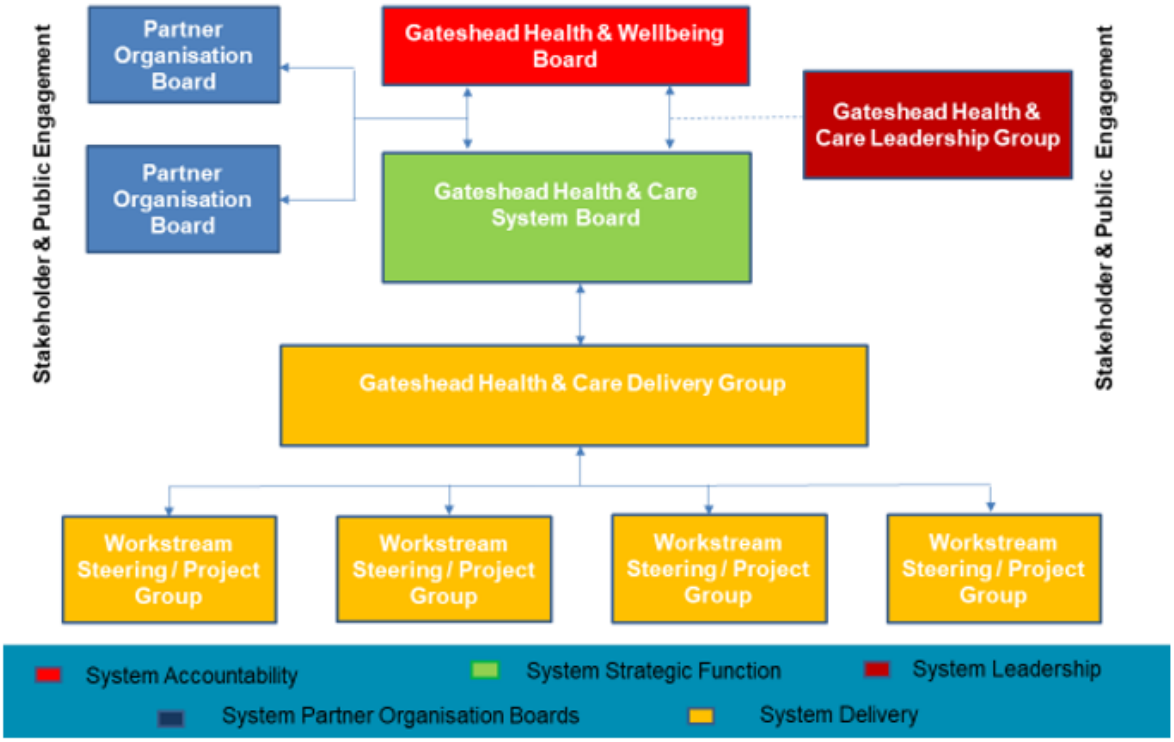
2 The policy direction set out in the Government's White Paper 'Integration and Innovation: working together to improve health and social care for all' is that a formal place-based partnership will likely need to be in place in Gateshead from April 2022.

3 During 2021/22, we will also work together to enable the Gateshead system to make the most of opportunities and respond to any challenges that arise from future changes to the health and care landscape at national, regional, sub-regional and Place levels.

SCHEDULE 4 - GOVERNANCE

1 This Schedule 4 sets out the governance arrangements for Gateshead Cares under this Agreement.

2 The diagram below summarises the governance structure which the Partners have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Gateshead Cares approach and the arrangements under this Agreement.



3 This Schedule also contains the terms of reference for the Gateshead Health & Care System Board (Part 1) and the Gateshead Health & Care Delivery Group (Part 2).

PART 1 : GATESHEAD HEALTH & CARE SYSTEM BOARD - TERMS OF REFERENCE

GATESHEAD HEALTH & CARE SYSTEM BOARD Terms of Reference	
Version	**2.0**
Implementation Date	**01.04.21**
Review Date	**To be reviewed as part of the regular review of the Gateshead Cares Alliance Agreement**

REVISIONS			
Date	**Section**	**Reason for Change**	**Approved By**

1. Purpose

The Gateshead Health & Wellbeing Board provides overall strategic direction in accordance with its remit set out under section 195 of the Health & Social Care Act 2012 to promote greater health and social care integration in Gateshead.

The purpose of the Gateshead Health & Care System Board (**System Board**) is to progress the vision, objectives, principles and values of Gateshead Cares. It will provide strategic and collective leadership for Gateshead 'place' to identify and develop key transformational programmes for Gateshead Cares, in line with the overall strategic direction set by the Health & Wellbeing Board and Gateshead's Thrive agenda in order to improve the health and wellbeing of the Gateshead population.

It will take forward a place-based approach to the integration of health and care so that decision-making and delivery arrangements are as close to 'place' as possible. It will also develop a financial planning framework for Gateshead Cares.

2. Chair

The Chair of the System Board will be as agreed by the Full Members.

3. Membership

The System Board will include senior representatives from Gateshead Council,, NHS Newcastle Gateshead CCG, secondary and primary care providers and the Voluntary and Community Sector.

The membership of the System Board as at the date of these Terms of Reference is as follows:

Organisation	Status
NHS Newcastle Gateshead CCG	Chair
NHS Newcastle Gateshead CCG	Full Member
Gateshead Council	Full Member
Gateshead Health NHS Foundation Trust	Full Member
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Full Member
Newcastle Hospitals NHS Foundation Trust	Full Member
Community Based Care Health	Full Member
Blue Stone Collaborative	Associate Member
Connected Voice	Associate Member

"Full Member" and "Associate Member" have the meanings described in the Gateshead Cares Alliance Agreement.

Other attendees may be requested to attend, observe and/or participate in discussions at System Board meetings, as agreed by the System Board members, from time to time.

4. Quorum

A quorum will be at least one representative of each of the Full Members.

5. Functions

The System Board is not a decision making body, although it will be instrumental in developing proposals and recommendations by consensus which shall be presented to the statutory boards of the partner organisations.

The System Board will be responsible for:

- Promoting and encouraging commitment to the agreed vision, objectives, principles and values of Gateshead Cares amongst all partner organisations
- Taking a place-based approach to the integration of health and care so that decision-making and delivery arrangements are as close to 'place' as possible
- Ensuring the alignment of organisations to facilitate sustainable and better care, getting the most from the Gateshead £ to meet the needs of the Gateshead population
- Identifying and providing strategic direction for key transformational programmes, developing new models of care as required that are consistent with a Gateshead 'place' approach
- Development a financial planning framework for Gateshead Cares
- Developing and overseeing the 'Gateshead Cares' arrangements and implementation of the Alliance Agreement, including arrangements for monitoring performance
- Holding the Delivery Group to account and considering recommendations from the Delivery Group
- Liaising and collaborating where appropriate with broader footprints to secure health and wellbeing benefits for the Gateshead population
- Providing assurance to the Health & Wellbeing Board regarding the work of Gateshead Cares.

The System Board may establish sub groups to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role. The System Board will receive and consider recommendations and proposals from the Gateshead Health & Care Delivery Group in the course of fulfilling its functions.

6. Authority/Reporting

The System Board is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation 'overrule' the other on any matter.

The System Board will operate as a place for discussion of issues with the aim of reaching consensus to make recommendations and proposals to the statutory Boards of partner organisations and to the Health & Wellbeing Board, with the ultimate aim of developing the Gateshead Cares system.

Each of the Full Member organisations of the System Board will ensure that their designated representatives:

- Are appointed to attend and represent their organisation on the System Board with such authority as is agreed to be necessary in order for the System Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);
- Have equivalent delegated authority to the designated officers of other Full Member organisations comprising the System Board; and
- Understand the status of the System Board and the limits of their responsibilities and authority.

The System Board will provide regular reports to the Gateshead Health & Wellbeing Board.

7. Frequency of Meetings

The System Board will meet fortnightly (avoiding the 1st Thursday of the month) or such other frequency as agreed by the Full Members.

Meetings may be held by telephone or video conference. Members may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.

The Chair may call an extraordinary meeting of the System Board at his or her discretion, subject to providing at least five working days' notice to the Full Members.

8. Administration

Administration arrangements for the System Board will be as agreed by the Full Members.

All members of the System Board are responsible for reporting on key issues from the meetings and communicating decisions within their respective organisations.

9. Review

The terms of reference and effectiveness of the System Board will be reviewed by the Full Members annually or more frequently if required.

10. Conduct

All members are required to notify the Chair of any actual, potential or perceived conflict of interest in advance of the meeting to enable appropriate management arrangements to be put in place. All members are required to uphold the Nolan Principles and all other relevant NHS or Gateshead Council Code of Conduct requirements which are applicable to them.

It is expected that members act in the spirit of co-production and collaboration in line with the key principles and ethos of Gateshead Cares.

PART 2 : GATESHEAD HEALTH & CARE DELIVERY GROUP – TERMS OF REFERENCE

GATESHEAD HEALTH & CARE DELIVERY GROUP Terms of Reference	
Version	**2.0**
Implementation Date	**01.04.21**
Review Date	**To be reviewed as part of the regular review of the Gateshead Cares Alliance Agreement**

REVISIONS			
Date	**Section**	**Reason for Change**	**Approved By**

1. Purpose

The purpose of the Gateshead Health & Care Delivery Group (**Delivery Group**) is to manage the operation of Gateshead Cares to achieve its key objectives and to develop proposals for the delivery and transformation of services to improve the health and wellbeing of the Gateshead population.

The Delivery Group will work within existing contractual frameworks to take forward opportunities for collaborative working and to integrate health and care services.

The programme areas and work plan for the Delivery Group will be agreed with the Gateshead Health & Care System Board (**System Board**), in line with the overall strategic direction set by the Gateshead Health & Wellbeing Board and Gateshead's Thrive agenda.

2. Chair

The Chair of the Delivery Group will be as agreed by the Full Members.

3. Membership

The Delivery Group will include membership from Partner organisations that are party to the Gateshead Cares Alliance Agreement.

The membership of the Delivery Group as at the date of these Terms of Reference is as follows:

Organisation	**Status**
Gateshead Council / Newcastle Gateshead CCG	Chair
Newcastle Gateshead CCG	Full Member
Gateshead Council	Full Member
Gateshead Health NHS Foundation Trust	Full Member
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Full Member
Newcastle Hospitals NHS Foundation Trust	Full Member
Community Based Care Health	Full Member
Blue Stone Collaborative	Associate Member
Connected Voice	Associate Member

"Full Member" and "Associate Member" have the meanings described in the Gateshead Cares Alliance Agreement.

Other attendees may be requested to attend, observe and/or participate in discussions at Delivery Group meetings, as agreed between the Delivery Group members from time to time.

4. Quorum

A quorum will be at least one representative of each of the Full Members.

5. Functions

The Delivery Group is not a decision making body, although it will be instrumental in developing proposals and recommendations by consensus which shall be presented to the System Board from time to time.

The Delivery Group will be responsible for:

- Overseeing the delivery of system workplans for key Programme Areas, including those within the Gateshead Cares Alliance Agreement
- Ensuring workplans in respect of the Programme Areas are delivered through locality working and that Primary Care Networks are involved as required
- Making recommendations to the System Board in relation to changes to key Programme Areas and the development of new programmes
- Supporting the implementation of a Financial Planning Framework for the Gateshead Cares system
- Developing and implementing strategies for closer collaborative working between the Providers, in order to achieve the system's objectives and outcomes for the Programme Areas, and to make the most of future collaborative opportunities
- Establishing and agreeing the remit of workstream steering / project groups to lead on initiatives to deliver the outcomes for each Programme Area and hold each group to account
- Ensuring that all delivery undertaken on behalf of the Gateshead Cares system is appropriately monitored and managed through a whole system lens
- Making recommendations to the System Board as to the addition of new parties to the arrangements under the Gateshead Cares Alliance Agreement, including new providers of services in the Programme Areas
- Seeking and reflecting the views of key stakeholders in drawing up recommendations to the System Board.

The Delivery Group may establish workstream steering / project groups to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role.

The Delivery Group will consult and seek the views of key stakeholders to inform its proposals to the System Board.

6. Authority/Reporting

The Delivery Group is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one provider organisation 'overrule' the other on any matter.

The Delivery Group will operate as a place for discussion of issues with the aim of reaching consensus to make recommendations and proposals to the System Board, with the ultimate aim of developing the Gateshead Cares system.

To that end, each of the Full Member organisations of the Delivery Group will ensure that their designated officers:

- Are appointed to attend and represent their organisation on the Delivery Group with such authority as is agreed to be necessary in order for the Delivery Group to function

effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);

- Have equivalent delegated authority to the designated officers of other Full Member organisations comprising the Delivery Group; and
- Understand the status of the Delivery Group and the limits of their responsibilities and authority.

Where necessary, proposals and recommendations presented to the System Board by the Delivery Group may subsequently be presented to individual organisations for decisions to be taken.

7. Frequency of Meetings

The Delivery Group will meet monthly (or such other frequency as agreed between the members of the Delivery Group).

Meetings may be held by telephone or video conference. Members may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.

The Chair may call an extraordinary meeting of the Delivery Group at his or her discretion, subject to providing at least five working days' notice to Delivery Group members**.**

8. Administration

Administration arrangements for the Delivery Group will be as agreed by the Full Members.

9. Review

The terms of reference and effectiveness of the Delivery Group will be reviewed by the System Board annually or more frequently if required.

10. Conduct

All members are required to notify the Chair of any actual, potential or perceived conflict of interest in advance of the meeting to enable appropriate management arrangements to be put in place. All members are required to uphold the Nolan Principles and all other relevant NHS or Gateshead Council Code of Conduct requirements which are applicable to them.

It is expected that members act in the spirit of co-production and collaboration in line with the key principles and ethos of Gateshead Cares.

SCHEDULE 5 - RIGHTS AND OBLIGATIONS OF FULL MEMBERS AND ASSOCIATE MEMBERS

1 The Partners agree that a **Full Member** shall (without limitation to the roles and responsibilities of the Partners):

1.1 play an active role in the plans for system transformation and place-based systems of health and care in Gateshead;

1.2 be entitled to attend and participate in decisions at meetings of the System Board (and the Partners acknowledge that all such Partners and their representatives shall act within the decision-making processes of their respective organisations and relevant delegated authority);

1.3 be entitled to attend and participate in decisions at meetings of the Delivery Group;

1.4 share risks and rewards relating to such Programme Areas and in accordance with the Financial Planning Framework as may be agreed between the Full Members; and

1.5 commit to the Values and Principles at all times.

2 The Partners agree that an **Associate Member** shall (without limitation to the roles and responsibilities of the Partners):

2.1 be invited to attend and contribute to all meetings of the System Board but not participate in decisions at such meetings;

2.2 be invited to attend and contribute to the Delivery Group and all other meetings in the supporting governance structure but not participate in decisions; and

2.3 not be a part of any financial and risk sharing arrangements as may be agreed between the Full Members.

3 The Partners may consider the inclusion of an additional category of membership of Gateshead Cares, an “Affiliate Member”, which the Partners will consider with those third parties that share the Principles.

4 The categorisation described in this Schedule and consequently which membership category individual Partners (and possibly in time others) choose reflects the Partners’ expectations about the alignment of financial and risk sharing arrangements needed to achieve the Objectives during the Term.

5 The Partners acknowledge that primary care will play an integral role in delivery of the Objectives. The Partners agree to fully engage with general practice to determine how general practice would best be able to interface with Gateshead Cares and contribute to the achievement of the Objectives in accordance with a process to be agreed between the Partners as appropriate.

6 The Partners acknowledge that there are other service provider organisations that Gateshead Cares will work with and who will have an important role to play in the design and delivery of services aimed at better achieving the Objectives. For example, current contracts with third parties such as ambulance service; out of hours providers; other NHS Trusts and Clinical Commissioning Groups; independent care and voluntary organisations; District and Borough Councils; housing providers; and the Police and Fire Services. The Partners anticipate that in keeping with the existing principles of partnership working, the Partners may invite these providers to attend relevant meetings of the supporting governance structure and/or any other groups tasked with service redesign, including relevant meetings of the System Board when proposals are discussed.

SCHEDULE 6 - DISPUTE RESOLUTION PROCEDURE

1 AVOIDING AND SOLVING DISPUTES

1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Partners will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation)* of this Agreement prior to commencing this procedure.

1.2 The Partners believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with Gateshead Cares arrangements set out in this Agreement.

1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of Gateshead Cares (each a '**Dispute**') when it arises.

1.4 In the first instance the relevant Partners' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Partners. If the Dispute cannot be resolved by the relevant Partners' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Partners, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Gateshead basis in accordance with this Agreement so as to seek to reach a unanimous decision.

1.5 The Partners agree that the senior officers may, on a Best for Gateshead basis, determine whatever action they believe is necessary to try to resolve the Dispute including the following:

1.5.1 If the senior officers cannot resolve a Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and

1.5.2 The independent facilitator shall:

1.5.2.1 be provided with any information he or she requests about the Dispute;

1.5.2.2 assist the senior officers to work towards a consensus decision in respect of the Dispute;

1.5.2.3 regulate his or her own procedure;

1.5.2.4 determine the number of facilitated discussions, provided that

1.5.2.5 there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and

1.5.2.6 have its costs and disbursements met by the Partners in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 6 and only after such further consideration again fails to resolve the Dispute, the Partners may agree to:

1.5.3.1 terminate this Agreement in accordance with Clause 15.4.1; or

1.5.3.2 agree that the Dispute need not be resolved.