MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

NHS
Gateshead Health
NHS Foundation Trust

Date: Wednesday 25th November 2020
Time: 9.30 am
Venue: (via teleconference)

AGENDA

	TIME	ITEM	STATUS	PAPER
1.	9:30 am	**Welcome and Chair's Business**		
2.	9:35 am	**Declarations of Interest** To declare any pecuniary or non-pecuniary interests *Check – Attendees to declare any potential conflict of items listed on the agenda to the Trust Secretary on receipt of agenda, prior to the meeting*	Declaration	Verbal
3.		**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 Boar) are present)*	Agree	Verbal
4.	9:40 am	**Minutes of the meeting held on 29th September 2020** To be agreed as an accurate record	Agree	Enclosure 4
5.		**Matters Arising/Action Log**	Update	Enclosure 5
		ITEMS FOR DISCUSSION		
6.	9.50 am	**People's Plan Briefing** To receive a briefing report, presented by the Director of People and OD	Discussion	Enclosure 6
		ITEMS FOR ASSURANCE		
7.	10:00 am	**COVID Update** To receive an update, presented by the Director of Nursing, Midwifery and Quality	Assurance	Verbal
8.	10:10 am	**Finance Update** To receive the report, presented by the Group Director of Finance	Assurance	Enclosure 8
9.	10:20 am	**Brexit Position Statement** To receive the report for assurance presented, by the Chief Operating Officer	Assurance	Enclosure 9
10.	10:30 am	**Assurance from Board Committees** To receive the assurance reports from the following committees: (i) Finance and Performance Committee held on 24/11/2020 (ii) HR Committee held on 13/10/2020 (iii) Digital Committee held on 19/10/2020	Assurance	Enclosure 10

		ITEMS FOR INFORMATION		
11.	10:40 am	**WDES and WRES Reports** To receive the reports for information presented, by the Director of People and OD	Information	Enclosure 11
12.	10:50 am	**Questions from Governors in Attendance** To receive any questions from governors in attendance		Verbal
13.	11:00 am	**Date and Time of the next Meeting** The next scheduled meeting of the Board of Directors to be held in public will be Wednesday 27th January 2021		Verbal
14.		**Chair Declares the Meeting Closed**		Verbal
15.		**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 Tuesday 29th September 2020,
via Microsoft Teams

NHS
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
Mr P Harding	Commercial Director and Managing Director, QE Facilities
Mr P Hopkinson	Non-Executive Director
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mr A Moffat	Associate Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Associate Non-Executive Director
Mr J Robinson	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
In Attendance:	
Mr N Black	Chief Digital Information Officer (20/133)
Mrs A Hampshire	Highly Specialist Speech & Language Therapist (20/122)
Dr C McDonald	Joint Chief Clinical Information Officer (20/133)
Mr P O'Loughlin	Joint Chief Clinical Information Officer (20/133)
Ms D Waites	PMO/KPO Co-ordinator
Mrs P Vasey	Clinical Operation Manager for Community Children's Services (20/122)
Governors and Members of the Public:	
Mrs E Adams	Public Governor – Central
Mr J Bedlington	Public Governor – Central
Mr L Brown	Public Governor – Western
Mrs J Coleman	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs K Marley	Staff Governor
Mrs D Porteous	Appointed Governor
Mrs J Todd	Public Governor – Western
	2 x members of the public
Apologies:	
Mrs D Atkinson	Trust Secretary
Mr S Bowron	Non-Executive Director
Cllr M Gannon	Non-Executive Director

Agenda Item	Discussion and Action Points	Action By
20/117	**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. She welcomed the Trust Governors, staff members and members of the public.	
20/118	**DECLARATIONS OF INTEREST:** Mrs A Marshall, Chair, requested that Board members present report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.	
20/119	**APOLOGIES FOR ABSENCE:** Apologies were received from Mrs D Atkinson, Mr S Bowron and Cllr M Gannon.	
20/120	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Wednesday 29th July 2020 were approved as a correct record with no amendments.	
20/121	**MATTERS ARISING FROM THE MINUTES:** The Board Action Plan was updated accordingly to reflect matters arising from the minutes.	
20/122	**PATIENT STORY** Mrs Amanda Hampshire, Highly Specialist Speech and Language Therapist, and Mrs Patricia Vasey, Clinical Operation Manager, provided a patient story presentation based on one of the children typical to their caseload. This outlined the treatment provided for speech sound disorder and Mrs Hampshire highlighted the challenges experienced due to being unable to provide therapy during lockdown. Following a query she explained that activities were sent home and Attend Anywhere virtual appointments set up however these have proven difficult due to visual and sound issues. Some home visits	

Agenda Item	Discussion and Action Points	Action By
	have been undertaken but are also challenging due to PPE equipment particularly around the use of face masks. The Team are currently supporting school children and have been able to access therapy during this term. Mrs Marshall thanked Mrs Hampshire and Mrs Vasey for their presentation. Mrs Hampshire and Mrs Vasey left the meeting.	
20/123	**BME ACTIONS - WORK TO SUPPORT OUR BLACK ASIAN AND MINORITY ETHNIC STAFF** Mrs Y Ormston, Chief Executive, provided an update on the Equality, Diversity and Inclusion work within the Trust. Mrs Ormston reminded the Board that as part of its Development Programme recently, they spent some time focusing on listening to the experiences of some of our BAME staff and what it feels like to work in the Trust. They also received an update on the work that the BAME Staff Network has been involved in and plans going forward. During this, a request was received from all the Staff Networks to assign a named Executive Director to support them. Jo Baxter, Chief Operating Officer, has agreed to support the BAME Staff Network. The Trust has recently appointed an Equality, Diversity and Engagement Manager and once in post will work with the Director of People and OD to review the Workforce Race Equality Standard action plan approved by the HR Committee. Mrs Ormston has additionally led discussions regarding the collective actions with the Local Authority Healthwatch and voluntary sector representation as WRES lead for the ICS. This work then fed into North East and Yorkshire Regional discussions with the national Director for Workforce Race Equality and the formulation of a Collective Promise to our BAME Staff. All NHS organisations have been asked to formally sign up to the content and support the next steps, recognising that as conversations continue with our BAME communities, the promise may be further shaped and refined. The Board agreed that the recent Development session had been very useful and the report provided further assurances about the work going forward. After further discussion, it was: **RESOLVED:** i) to endorse the contents of the ICS Collective Promise as attached at Appendix 1 and support the next steps ii) to note the further Trust actions required as part	

Agenda Item	Discussion and Action Points	Action By
	of the delivery of Phase 3 Covid and the Peoples Plan which will be reported to the Board iii) to note the further actions agreed on 21 August 2020 as part of the Board Development Session	
20/124	**CALENDAR OF BOARD MEETINGS:** Mrs A Marshall, Chair, informed the Board of the planned Board meeting dates for 2021. After consideration, it was: **RESOLVED:** to approve the draft calendar of Board meeting dates for 2021	
20/125	**WINTER PLAN 2020/21:** Mrs J Baxter, Chief Operating Officer, presented the Winter Plan for 2020/21. She explained that this year, winter 2020/21 is likely to be an unusual year made more complex due to Covid-19 but also taking into the account the changing patterns of demand shown in 2019/20 along with the likelihood of a challenging flu season. The Trust has co-operated and collaborated with system partners via the Regional Chief Operating Officer Group (COO Group) and Urgent and Emergency Care Network with the ICS and ICP in planning for winter across a wider footprint. In preparation for Winter 2020/21 the Trust has refreshed its bed modelling to inform capacity requirements for the winter period including a Covid-19 projection. It has therefore been predicted that if the demand remains true to the modelling, elective activity including Phase 3 recovery will be impacted upon for the whole period. The implications of this on patients are well understood and plans to mitigate this are being explored which includes use of the independent sector. Mrs Baxter reported that focussed work has been undertaken to review national guidance and best practice working with partners to avoid admissions safely and ensure length of stay is reviewed to enable safe discharge home. Mr M Robson, Non-Executive Director and Chair of the Finance & Performance Committee confirmed that in depth discussions had taken place at the last Committee meeting and assurance around the risks for delivery were provided.	

Agenda Item	Discussion and Action Points	Action By
	Mr P Hopkinson, Non-Executive Director, raised a query relating to discharge to social care and care home facilities and Mrs Baxter explained that the Trust has been working with the Local Authority and CCG to consider ongoing plans. Priority testing facilities which became available earlier this year will continue and regional discussions are taking place with ICS Chief Executives around the use of the Nightingale facilities if capacity is exceeded. Mr J Robinson, Non-Executive Director, requested further clarification in relation to the use of QEF Transport Services by the North East Ambulance Service and Mrs Baxter confirmed that Mr P Harding, Commercial Director and Managing Director for QEF, has had discussions with the commissioners to agree this and robust processes are in place including escalation plans. Mr Robinson also raised a query in relation to the flu vaccine and whether there were plans to reduce the age bracket. Dr R Bonnington, Non-Executive Director, reported that plans included rolling out to over 65s in the first instance followed by under 65s with high risk then over 50s. This will take place at most surgeries and work has already begun. Mr D Shilton, Non-Executive Director, felt that the Winter Plan was very comprehensive however queried whether there was sufficient staff to accommodate the expected additional activity. The Board recognises that some staff are being moved from usual work areas and Mr Shilton asked for assurance that risks have been minimised. Dr H Lloyd, Director of Nursing, Midwifery and Quality, explained that work has been undertaken to ensure staff skills are kept up to date and ensuring that staff are not being asked to work outside of their usual scope of practice. Further discussions took place in relation to recent guidance regarding winter, phase 2&3 and the impact on beds and routine services. Mrs Baxter highlighted that modelling work is taking place to ensure elective wards remain open. Mr Moffat reiterated that thorough discussions had taken place via the Finance & Performance Committee and the Board have been made aware of potential risks. Mrs Marshall felt that it was important to continue to follow government guidance and encouraged the Trust's governors to ensure messages are fed back within their constituencies. After consideration, it was: **RESOLVED:** i) to approve the winter plan ii) to note the robust planning that has taken place to ensure our services are sustainable during winter	

Agenda Item	Discussion and Action Points	Action By
	iii) to note the risks in relation to bed availability, to delivery of key performance targets and Phase 3 recovery requirements. However as described in the plan those risks will be mitigated wherever possible by implementing the transformation programmes to reduce admissions, reduce length of stay and improve discharge arrangements.	
20/126	**PHASE 3 ACTIVITY PLANNING & PERFORMANCE UPDATE:** Mrs J Baxter, Chief Operating Officer, provided an update on Phase 3 activity planning, revised metrics and performance challenges. Mrs Baxter reminded the Board of the national expectations regarding the third phase of the NHS response to the COVID-19 pandemic which requests organisations to return to near-normal levels of activity between now and winter. This paper was also discussed in-depth at the recent Joint Committee meeting on 15th September 2020. Mrs Baxter reported that clinical reviews are being undertaken and progress is being made across all trajectories. There is a focus around cancer waits and endoscopy and discussions continue via ICP/ICS networks. Issues have been raised in relation to estates for cardiac diagnostics and the Trust is working with QEF to improve access. Mr Shilton, Non-Executive Director, requested clarification on a point within the paper relating to the outcome of the "bulk referral closure" and Mr Beeby, Medical Director, explained that this referred to a data cleansing exercise across the triage system and agreed to explain this in more detail outside of the meeting. Mr Shilton also raised a query relating to the Cancer Phase 3 submission table. The report states that the 2ww activity plan has increased from the previous submission as patients who would normally go direct to endoscopy are being "seen" in outpatients. Mrs Baxter explained that reviews are taking place with consultants to ensure that patients require further diagnostic testing. Following further discussion, it was: **RESOLVED:** i) to note the changes in compliance measures and performance reporting from the Phase 3 Planning Guidance. ii) to acknowledge the detailed planning work (in progress – as per timetable) to deliver maximised capacity plans & increase activity levels in support of Phase 3 activity trajectories. iii) to note the challenges ahead in recovery modelling	

Agenda Item	Discussion and Action Points	Action By
	to reduce backlog waiters, particularly in relation to a potential further increase in COVID cases. iv) to seek further information and test robustness of plans as it feels is required, to allow a judgement regarding levels of assurance for future levels of operational performance.	
20/127	**COVID UPDATE:** Dr H Lloyd, Director of Nursing, Midwifery and Quality, provided a verbal update to the Board on the work being carried out due to new Covid requirements. Dr Lloyd reminded the Board of the restrictions in light of the local lockdown and the Trust is working closely with the Local Authority and regular Regional Outbreak meetings are taking place. The Board are aware of the rise in cases and Dr Lloyd provided assurance that escalation plans are in place if and when required. There has been an increase in staff absences due to symptoms and isolation requirements however these are gradually declining. There have been some staff capacity issues in relation to Test and Trace however a new team is being developed rapidly and work continues to reinforce guidance and PPE requirements. Mr Robinson, Non-Executive Director, queried whether there was sufficient testing capacity within the Trust and Mrs Ormston, Chief Executive, highlighted that there were service pressures however additional capacity is being considered across the ICS. Mrs Marshall, Chair, explained that the Trust is mindful of lessons learned during the first wave and Dr Lloyd confirmed that continuous learning was being undertaken. After further discussion, it was: **RESOLVED:** to receive the update for assurance	
20/128	**FINANCE UPDATE:** Mrs J Bilcliff, Group Director of Finance, provided the Board with a summary performance against plan for activity, income and expenditure as at 31st August 2020 (Month 5) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). She explained that a detailed presentation will be provided within part 2 of the meeting however reported that the Trust continues to	

Agenda Item	Discussion and Action Points	Action By
	report a breakeven position, as projected by the NHSE/I Covid regime. The new financial framework will be in place from Month 7 and Mrs Bilcliff reported that the Trust is currently working through the implications of this in partnership with the ICP. She drew attention to Table 9 which highlights the Trust's Covid expenditure and shows that the Trust has currently spent £12.8m on managing the pandemic. This includes the establishment of the PPE hub hosted by QEF. Following further discussion, it was: **RESOLVED:** to receive the report for assurance	
20/129	**AUDIT RESULTS REPORT 2020** Mrs J Bilcliff, Group Director of Finance, presented the Audit Results Report on behalf of Ernst and Young LLP. The report highlights the main issues resulting from the audit and will be presented at the Annual General Meeting to discuss with the Council of Governors. After consideration, it was: **RESOLVED:** to receive the report for assurance	
20/130	**HEALTHCARE ASSOCIATED INFECTIONS** Dr H Lloyd, Director of Nursing, Midwifery and Quality & Joint Director of Infection Prevention and Control (DIPC), provided an update to the Board on the current performance of HCAI mandatory reporting for Gateshead Health NHS Foundation Trust throughout the 2020-21 period. Dr Lloyd reported that COVID-19 continues to be the prominent organism of focus in 2020, and is dominating the healthcare horizon. To the end of August 2020, the Trust has reported the following infection objectives: • MRSA cases – zero • CDI cases – 17 hospital and 5 community. The increase in incidents of CDI cases has also been experienced by neighbouring organisations. • MSSA – 7 hospital and 15 community	

Agenda Item	Discussion and Action Points	Action By
	• E-Coli – 10 hospital and 77 community • Pseudomonas – 1 hospital and 5 community • Klebsiella – 2 hospital and 15 community • Norovirus – zero Following a query from Mr Robinson, Non-Executive Director, Dr Bonnington, Non-Executive Director, confirmed that the data presented is proportionate for the Gateshead population. After further consideration, it was: **RESOLVED:** to receive the report for assurance	
20/131	**NURSING STAFFING EXCEPTION REPORT:** Dr H Lloyd, Director of Nursing, Midwifery & Quality, provided assurance to the Board that staffing establishments are being met on a shift-to-shift basis. This report provides information for July and August 2020. Dr Lloyd explained that due to staff being moved around, it is difficult to capture the true situation however highlighted that the report suggests good compliance measures. There were two exceptions to report where safe planned staffing levels dropped below 75% however both wards were supplemented by additional student support as part of the COVID-19 response (Aspirant Nurses Band 4 and second year Student nurses Band 3). These nurses supported the wards deficit with their enhanced skills although this support is counted in the unqualified fill rates. The Board acknowledged the support provided by the student nurses and wished to express their thanks. Following further discussion, it was: **RESOLVED:** to receive the report for assurance.	
20/132	**INTEGRATED QUALITY AND LEARNING REPORT:** Dr H Lloyd, Director of Nursing, Midwifery & Quality provided an update to the Board on the Trust's quality and safety performance for August 2020. She informed the Board that the report had been discussed in detail at the Quality Governance Committee on 15th September 2020 and highlighted some of the key messages including:	

Agenda Item	Discussion and Action Points	Action By
	• Medication errors – there have been an increase in reports relating to Insulin in August 2020 however following recent initiatives to increase awareness, it is suspected that this is a reflection of increased reporting. All insulin related Datix reports are now reviewed by the MSO (Medicines Safety Officer) and the Trust's Specialist Diabetes Pharmacist to identify themes and learning • There has also been an increase in incidents relating to a specialist treatment used for the management of complex Parkinson's disease (PD) and work is underway with the PD and Pharmacy teams to produce a guideline on the safe management of patients prescribed this treatment. • Falls – the Trust Falls Team are planning to identify Falls Champions within the acute setting to support staff in training needs related to falls prevention. • Pressure damage – reviews undertaken by the Tissue Viability Nursing Team have demonstrated a training need in relation to the identification and grading of moisture lesions and grade 2 damage occurring within the community • Never events – one never event reported in June 2020. Discussed in detail at the Quality Governance Committee • Serious incidents – staff training required around increasing awareness of Mental Capacity Act 1 & 2 supported by both PLT and the safeguarding teams • Mortality –further learning re. palliative care documentation • Complaints – planned work re. Patient Experience Feedback on virtual clinic appointments with the Outpatients Department and a review of the internal complaints policy After further discussion and consideration, it was: **RESOLVED:** to receive the report for assurance	
20/133	**PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) REPORT:** Mr P Harding, Commercial Director/Managing Director QEF, updated the Board on the outcome of the annual Patient Led Assessment of the Care Environment undertaken in 2019. He explained that the Annual PLACE inspection is an annual self-assessment of non-clinical services which contribute to good quality patient care. Unfortunately the assessment will not take place this year. Gateshead has consistently scored well in all areas as detailed below.	

Agenda Item	Discussion and Action Points	Action By
	National Average / **Our Scores**	

National Average	Our Scores
Cleanliness National Average 98.62%	Gateshead 99.96% ↑
Food National Average 92.51%	Gateshead 99.61% ↑
Organisation Food National Average 91.37%	Gateshead 98.37% ↑
Ward Food national Average 93.67%	Gateshead 100% ↑
Privacy & Dignity National Average 87.52	Gateshead 98.39% ↑
Condition and Maintenance National Average 96.38%	Gateshead 99.71% ↑
Dementia National Average 83.47%	Gateshead 97.59% ↑
Disability National Average 83.92%	Gateshead 96.79% ↑

(↑ higher than the national average)

Further analysis indicates that the Trust has done remarkably well on a regional and national basis for 2019. Scores in comparison to other Trusts are as follows:

- 2nd overall Nationally of 209 Trusts
- 1st overall regionally of 31 Trusts in the North East and Yorkshire Commissioning Region
- 1st overall nationally in terms of Small Acute of 31 Trusts

Statistically as an overall average across all domains:

- 8.19% better than the overall national average score
- 7.80% points better than the overall regional average
- 9.01% points above the small acute overall national average

Mr J Robinson, Non-Executive Director, commended the results of the assessment and thanked the work undertaken by the QEF Team.

Following further discussion, it was:

RESOLVED: to receive the report for assurance.

20/134 SENIOR INFORMATION RISK OWNER (SIRO) REPORT AND DIGITAL PROGRAMME UPDATE:

Mr N Black, Chief Digital Information Officer, Mr P O'Loughlin, and Dr C McDonald, Joint Chief Clinical Information Officers, provided a Digital Programme update presentation to the Board and presented a statement of assurance on Information Governance issues across the Trust including the submission of the Data Security and Protection Toolkit

The presentation highlighted the work that has taken place as part of

Agenda Item	Discussion and Action Points	Action By
	the Digital Programme over the past six months. Some of this work includes: • Hospital at Night went live • NerveCentre and ward whiteboards – Mr O'Loughlin commented that this has enabled investigations to take place before patients are seen in clinic therefore more efficient ways of working which is better for patients • New innovative solutions Work planned for the next six months includes: • Transforming inpatient/outpatient and urgent care including a new video and telephone consultation tool • Great North Care Record • Digital Strategy review to align to the Board Assurance Framework A new Digital Committee is being set up which will be a sub-committee of the Board and will oversee the development and implementation of the Trust's Digital strategy and associated transformation programme. The Committee will report bi-monthly to the Board and provide assurance on all aspects of strategic and operational digital services. The Terms of Reference for the Digital Committee are included in the paper and Mr A Moffat, Non-Executive Director has agreed to be Chair of the Committee and Committee members include clinical and nursing leads. The Board reviewed and approved the Terms of Reference. Mrs Marshall, Chair, thanked Mr Black, Mr O'Loughlin and Dr McDonald for their presentation and the Board welcomed the involvement of Clinical Leads as part of the programme. Mr J Robinson, Non-Executive Director, queried whether the team were supported in moving forward with digital solutions and Mr O'Loughlin reported that due to the Covid situation, the Trust has been early adopters in a number of areas with other partnership organisations which has resulted in sharing solutions and problems. Dr McDonald confirmed that as part of her shared role she provides feedback to teams and Dr Lloyd, Director of Nursing, Midwifery and Quality, highlighted that nursing and AHP staff have been involved in the development of VitalPac and Hospital at Night. Mrs Ormston, Chief Executive, informed the Board that the community staff were also in favour of the EMIS roll out and felt that it was important to provide an integrated approach to systems.	

Agenda Item	Discussion and Action Points	Action By

	Mr M Robson, Non-Executive Director and Finance & Performance Committee Chair, confirmed that the SIRO report was discussed at the last F&P Committee and the Committee approval to submit the Data Security and Protection Toolkit to NHS Digital. He pointed out that future SIRO reports will be presented at the new Digital Committee.
	
	After consideration, it was:
	
	RESOLVED: i) to receive the report for information
	            ii) to agree to the DSPT compliance submission
	            iii) to approve the Digital Committee terms of reference	

20/135	**EPRR CORE STANDARDS SELF-ASSESSMENT:** Mrs J Baxter, Chief Operating Officer, provided the Board with assurance on EPRR core standards compliance and confirmed that the Trust has undertaken a comprehensive and thorough review of learning to date of the COVID-19 pandemic embedding associated EPRR actions into the work programme. She reported that a review of the EPRR core standards and the associated plan has been undertaken and the overall level of compliance has been assessed as Partially Compliant. The Trust has recently appointed a new Head of EPRR and Mr John Knox will take up this position in October 2020. He will work to ensure robust plans are in place and training programmes will be arranged. Work on the action plan has already commenced and the EPRR Committee will be set up to commence at the end of October 2020. Following further discussion, it was: **RESOLVED:** to receive the report for assurance and to note the ongoing EPRR action plan	

20/136	**ASSURANCE REPORTS FROM BOARD COMMITTEES**
	
	All Board Committees are now functioning therefore the Board Committee Chairs provided updates from the assurance reports as follows:
	
	i) **Quality Governance Committee**
	      Mr D Shilton provided the assurance report from the Committee meeting held on 15th September 2020.
	      He reported that updates were provided on the Covid Board	

Agenda Item	Discussion and Action Points	Action By
	Assurance Framework and Quality Accounts which will be presented at the next Council of Governors. Discussions took place in relation to the Maternity Review and this will be presented in full in Part 2 of the Board.	
	The Committee received good assurance in relation to the Sunniside plan and were informed that the CQC were happy with the plan pending a long term solution.	
	The Committee also noted the significant work done in relation to the NICE Annual Report which was given an amber rating due to some areas of partial compliance.	
ii)	**Finance & Performance Committee** Mr M Robson provided the assurance report from the Committee meeting held on Monday 28th September 2020.	
	He reminded the Board that an in-depth discussion regarding the Trust's financial outlook will take place in Part 2 of the meeting.	
	The Committee noted that work is ongoing to update the BAF with the new objectives now in place and developments will continue in line with the revised Corporate Objectives for 2020/21.	
	Discussions took place in relation to the risks to the Phase 3 Recovery plan however the Committee were assured that detailed action plans are in place.	
iii)	**Human Resources Committee** Mr J Robinson provided the assurance report for the Committee meeting held on 11th August 2020.	
	He reported that the Committee approved the Home Working Policy and guidance. The Committee also received the Health and Well Being Proposal which highlights and sets out suggested measures and investments required to improve provisions for the health and wellbeing of staff.	
	An update on the People's Plan will be presented at the next Committee meeting following national guidance.	
iv)	**Audit Committee** Mr M Robson provided an update on the assurance report for the Committee held on 3rd September 2020.	
	He reported that the Committee received and approved the Losses and Special Payments Register following further	

Agenda Item	Discussion and Action Points	Action By
	discussion regarding pharmacy stock. The Committee also received a detailed and comprehensive report from Counter Fraud. The Committee also reviewed the Internal Audit Progress Report and Audit plans. Mr Robson highlighted that it was agreed that this would remain amber due to the number of outstanding recommendations in relation to HR and IT issues. After further discussion, it was: **RESOLVED:** to receive the reports for assurance	
20/137	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** Mr J Bedlington queried whether commercial consultation had been considered to assist with some aspects of the Digital Programme and gave an example of Durham taking on a private company to complete work. Mrs Bilcliff wasn't clear whether this was still an option however agreed to confirm whether this was being done locally. Mrs Ormston reported that there was a CCG Lead therefore this will be looked into further. Mr Bedlington also raised a query in relation to Mr Shilton's earlier question regarding "bulk referral closures" and the outcome of the discussion with Mr Beeby will be reported back to the Board. Mrs Marshall informed the Board that this was Mr J Robinson's last public Board meeting after 6 years and thanked him for his contribution and support during this time. He will continue as Non-Executive Director to QE Facilities. Mr Robinson thanked the Board and wished them well for the future. Mrs Marshall reported that this would also be Mr S Bowron's final Board but for reasons shared with the Board and Governors, he was unable to attend. She thanked him for his support as both Non-Executive Director and Vice Chair. The Board sent their best wishes. Reverend J Gill thanked Mr Robinson and Mr Bowron on behalf of all the Council of Governors and commended their clear thinking, wisdom, good humour and relationship with governors. Mrs Marshall brought the meeting to a close.	
20/138	**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 25th November 2020	

Agenda Item	Discussion and Action Points	Action By
	via Microsoft Teams	
20/139	**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

Item Number	Date	Action	Deadline	Executive Lead	Progress
20/95	29/07/2020	NHS Inpatient Survey 2019 – Business Unit action plans to be developed to be reported back to Quality Governance Committee in 6 months' time	31/01/2021	HL	Ongoing action
20/97	29/07/2020	Staff Health & Well-Being – to undertake regular snapshot surveys to feedback and present to the Board	30/11/2020	JMB/LCJ	JMB to discuss ongoing considerations with LCJ
20/126	29/09/2020	Performance update – to provide clarification re. bulk referral closure	31/10/2020	AB	

Trust Board

Gateshead Health
NHS Foundation Trust

Report Cover Sheet   Agenda Item: 6

Date of Meeting:	25th November 2020
Report Title:	People's Plan Briefing
Purpose of Report:	On 30 July 2020 the NHS People Plan was published. This first national workforce strategy for some time has had some consideration at the Human Resources Committee in October, but in light of its significance and the arising opportunities to strategically position our 'people agenda' at the heart of the Trust, this paper is provided to briefly update all Board members on the content of The Plan and work undertaken to date. Following commencement of the new Executive Director of People and OD on 1st October 2020, this paper sets out a summary of the People Plan, references some of the wider system and regional workforce context and advises of an initial update for members on actions and progress to date.

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

Trust Aims that the report relates to: (Including reference to any specific risk)	Aim 1 ☒	We will provide consistently high quality care in all our services
	Aim 2 ☒	We will be a great organisation to work in
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead

Recommendations: (Action required by the Committee)	The Board are asked to
	  (i) Receive this report by way of update on the People Plan and note the work underway and the more detailed assurance report provided to, and scheduled for, HRC.
	  (ii) Note the future Board development session on the People Plan

Financial Implications:	None within this update paper, although some may arise as specific actions are considered and implemented. Will be considered by SMT if required.
Risk Management Implications:	If we do not embrace and implement the People Plan, both strategically and operationally, we will limit our opportunity to be a great organisation to work in.

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

NHS People Plan

1.   Introduction

On 30 July 2020 the NHS People Plan was published. This first national workforce strategy for some time has had some consideration at the Human Resources Committee in October, but in light of its significance and the arising opportunities to strategically position our 'people agenda' at the heart of the Trust, this paper is provided to briefly update all Board members on the content of The Plan and work undertaken to date.

Following commencement of the new Executive Director of People and OD on 1st October 2020, this paper sets out a summary of the People Plan, references some of the wider system and regional workforce context and advises of an initial update for members on actions and progress to date.

2.   People Plan themes / content

We are the NHS: action for us all from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) sets out what our NHS people can expect from their leaders and each other.

The document focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care. The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change. It is anticipated that a further plan will be published during 2021-22 following further engagement and collaboration with stakeholders.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

Central themes of the plan build on the Interim People Plan which was published in June 2019:
- more staff
- working differently
- compassionate and inclusive culture.

It also includes 'Our People Promise,' which sets out ambitions for what people working in the NHS say about it by 2024.   The promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face.
- **New ways of working** – capturing innovation, much of it led by our NHS people.
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

There are a number of detailed requirements from employers and systems within each of these four categories to be delivered during 2020-21. The HRC received a report at its October meeting as to the detail of the actions and our progress against those at that point in time.

The majority of actions are underway with timescales for completion through to March 21 however a small number of actions required progress by the autumn; notably these were completion of covid 19 risk assessments for staff, the overhauling of recruitment processes to reflect diversity of local populations and the introduction of health and well being conversations for all staff. We are giving focus to these more immediate actions with a new process and recording system for covid 19 risk assessments, a clear plan for the overhaul of recruitment processes and work underway to scope how best to hold meaningful health and well being conversations with each member of staff.

Further to discussions with the Trust Chair, we can also confirm that the Chair of the HRC has agreed to assume the role of the Health and Well Being Guardian and we look forward to supporting her with this role to champion health and well being at Board level as well as supporting the relaunch of the trust Health and Wellbeing Group.

National metrics were due to be developed by September 2020 with the intention to track progress using the NHS Oversight Framework. Further information is awaited in this regards and these metrics should be helpful in assisting with our internal monitoring of progress too.

3.   The role of the NENC ICS and the People Plan

It has been confirmed that the NENC ICS will be required to provide assurance to the regional NHSE/I team on progress with the People Plan and system and regional People Teams are working on a framework to do so. HRDs have been keen to influence the development of a core set of workforce metrics as opposed to varying metrics and reporting for different partners.

4

The plan makes clear the intention to see an increased role for systems to work with its constituent parts, and HEE, to use data to understand workforce and service requirements and support the attraction and deployment of staff within systems. The trust's People Team will seek to establish good working relationships with the ICS workforce team and the wider North East and Yorkshire (NEY) Regional NHS E/I People Team, drawing on regional experts (ie HWB, EDI and workforce planning leads) and following the establishment and progress of the North East and Yorkshire Regional People Board, which is to be chaired by the CEO of Newcastle Upon Tyne Hospitals.

Each local system was asked to develop a local People Plan (September timescale) in response to the national plan, to be reviewed by regional and system level People Boards. This development of this Plan at system level, was led by the NENC ICS workforce team with contribution from HRDs and the ICS Workforce Board. The final submission to NHS England has been shared with the Executive Team for consideration of actions and the role of the Gateshead People Team within. Should any member of the Board wish to receive a copy, this can be arranged.

Work is currently underway at ICS level, which addresses many of the actions highlighted and it will be important for the trust to participate in these activities, to share good practice, reduce duplication of work and seek the benefits, where appropriate, from working at scale.

We were therefore pleased to participate in the very first meeting of the North ICP Workforce Group on 6th October. Each ICP has been asked to establish an ICP level Workforce Group to determine areas of common interest and collaborative working. The Executive Director of Nursing from North Tyneside CCG has been appointed as the initial Chair of this Group, reporting to the ICS Workforce Board, chaired by the CEO of South Tyneside and Sunderland NHS Foundation Trust. The Group agreed a rapid stock take of work underway already along with a review of the workforce elements of the recently submitted North ICP Phase 3 response and will now meet on a regular basis.

4. Local / Trust People Plans

In addition, employers are encouraged to devise their own People Plan and this aligns with the need for us to develop / finalise a new People Strategy for the Trust. A further update will be provided in due course and inevitably, the content of our action plan will form the basis for the Trust's new People Strategy.

5. Interim senior team

To take this work forwards and to bring some stability to the function, an interim senior People Directorate Leadership Team has now been established with an Interim Deputy Director of People and OD, Head of HR and Head of Workforce Development now in place. This senior leadership team will lead the implementation of the People Plan actions with managers and partners across the trust and the People Team per se.

6. Workforce Cell

As part of the EPRR response to Covid 19 a workforce cell has now been set up. Whilst first and foremost focusing on the response to the pandemic and supporting the Tactical Team, this structure is also lending itself to leading and coordinating some of our wider workforce

work, especially for example, with regards to health and well being and equality, diversity and inclusion initiatives. In time, one clear plan will emerge which incorporates People Plan actions, Covid 19 workforce requirements, legacy Gateshead People Strategy actions and bespoke actions plans such as WDES and WRES.

7.   Next Steps

There are 107 actions within the plan – the majority of which are to be completed by March 2021. Whilst an update on the action plan was presented to the October meeting of the HRC, the Executive Director of People and OD has now commenced a full review of actions and will provide a further, comprehensive update to the committee at its next meeting. A more informal update on progress was given to the HRC Chair on 16th November.

SMT has agreed the appointment of a Workforce Communication's Officer (2 year post) and this post holder will have a significant contribution to make in ensuring that our people agenda is well communicated and shared across the trust.

This post holder will lead a review of communications on the People Plan and it is anticipated that when the current Covid response allows, additional discussions and agenda items will be scheduled at the Senior Management Team meeting, operational meetings, JCC with trade unions etc. as we seek to reaffirm our commitment to put our people at the heart of our work.

We also look forward to a wider discussion on the Plan at a Board development / strategy session, likely in the New Year now.

8.   Recommendations

The Board are asked to;

(i)   Receive this report by way of update on the People Plan and note the work underway and the more detailed assurance report provided to, and scheduled for, HRC.

(ii)   Note the future Board development session on the People Plan

Lisa Crichton-Jones
Executive Director of People and OD

November 2020

Trust Board

Report Cover Sheet

Agenda Item: 8

NHS
Gateshead Health
NHS Foundation Trust

Date of Meeting:	Wednesday 25th November 2020
Report Title:	Part One Executive Summary - Consolidated Finance Report
Purpose of Report:	To provide a summary of performance as at 31st October 2020 (Month 7) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).

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

Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will provide consistently high quality care in all our services
	Aim 2 ☐	We will be a great organisation to work in
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead
Recommendations: (Action required by the Committee)	The Committee is asked to note the reported financial performance for Month 7 2020/21.	
Financial Implications:	As included in the report	
Risk Management Implications:	As included in the report	
Human Resource Implications:	None	
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve
Author:	Mrs Kris Mackenzie, Deputy Director of Finance	
Presented by:	Mrs Jacqueline Bilcliff, Group Director of Finance	

1

Executive Summary

1   Introduction

1.1   The purpose of this report is to provide a summary of financial performance as at 31st October 2020 (month 7) for the Group (inclusive of the Trust and QE Facilities, excluding Charitable Funds).

2   2020/21 Financial Framework

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

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

3   Income and Expenditure

3.1   The Trust has reported income of £186.044m for the period to date. This is £0.466m higher than planned and is driven by an over recovery against operating income from patient care activities due to Covid 19 testing work (which has an equal and opposite expenditure impact).

3.2   The Trust has reported expenditure of £183.225m for the period to date. This is £0.188m higher than plan and is due to:

- Increased expenditure on substantive staffing offset by lower expenditure on bank staffing. Additional sessions have been worked, some at premium rates, to support additional elective activity and provide cover for staff absences resulting from Covid 19.

- The Trust has recognised an impairment against the Global Digital Exemplar (GDE) Programme. This is a provision at present to recognise any future impairment charge in respect of GDE. The Trust has invested a significant amount in capital salaries to develop the programme and under accounting law (IAS 36) these salaries must be attached to a tangible asset. The provision recognises the current maximum exposure to the Trust and it is prudent to recognise the liability as early as possible.

3.3   Adjusting for non-operating items, the surplus for the period to October 2020 is £0.335m, against a planned break even position. The Trust Statement of Comprehensive Income (SOCI) is presented in Table 1.

2

STATEMENT OF COMPREHENSIVE INCOME
OCTOBER 2020/21

			GROUP POSITION NHSI/E Covid Plan			VARIANCE		
Red >100k over			Apr- Sept Covid Plan Total	Covid Plan to Date	Actual to Date		Variance (Actual - Budget)	Previous Month Variance
Amber <> (£50k) - £99.99k								
Green <(£50.1k)			£000's	£000's	£000's		£000's	£000's
Operating								
Operating Income from Patient Care activities								
Income From NHS Care Contracts			(286,035)	(154,168)	(154,511)	⬆	(343)	(472)
Income From Local Authority Care Contracts			(93)	(53)	(53)	➡	1	9
Private Patient Revenue			(320)	(150)	(203)	⬆	(53)	244
Injury Cost Recovery			(223)	(80)	(60)	➡	20	411
Other non-NHS clinical revenue			(524)	(228)	(240)	➡	(12)	(165)
Total Operating Income From Patient Care activities			**(287,195)**	**(154,679)**	**(155,066)**		**(387)**	**28**
Other Operating Income								
Education and Training Income			(7,273)	(3,922)	(3,812)	⬇	110	209
R&D Income			(625)	(370)	(370)	➡	(0)	167
Top Up Funding			(20,174)	(20,174)	(20,174)	➡	(0)	(3,976)
Other Income			(11,096)	(6,414)	(6,622)	⬆	(208)	1,254
Donations & Grants Received			(115)	(19)	0	➡	19	0
Total Other Operating Income			**(39,283)**	**(30,899)**	**(30,978)**		**(79)**	**(2,347)**
Total Operating Income			**(326,478)**	**(185,578)**	**(186,044)**		**(466)**	**(2,319)**
Operating Expenses								
Total Employee Expenses			**208,636**	**117,585**	**116,903**		**(682)**	**(2,127)**
Operating Expenses included in EBITDA			**316,169**	**179,194**	**178,558**		**(636)**	**1,626**
Operating Expenses excluded from EBITDA			**6,510**	**3,844**	**4,666**		**822**	**287**
Total Operating Expenses			**322,679**	**183,038**	**183,225**		**187**	**1,913**
(Profit)/Loss from Operations			**(3,799)**	**(2,540)**	**(2,820)**	⬆	**(280)**	**(406)**
Non Operating								
Non-Operating Income								
Finance Income			(25)	(25)	(31)	➡	(6)	59
Total Non-Operating Income			**(25)**	**(25)**	**(31)**		**(6)**	**59**
Non-Operating Expenses								
Finance Costs			899	392	341	⬆	(51)	(27)
Gains / (Losses) on Disposal of Assests			0	0	(0)	➡	(0)	(0)
PDC dividend expense			2,880	1,680	1,680	➡	0	204
Total Finance Costs (for non-financial activities)			**3,779**	**2,072**	**2,021**		**(51)**	**177**
Total Non-Operating Expenses			**3,779**	**2,072**	**2,021**		**(51)**	**177**
(Surplus) / Deficit Before Tax			**(45)**	**(493)**	**(829)**		**(336)**	**(170)**
Corporation Tax			837	605	629	➡	24	282
(Surplus) / Deficit After Tax			**792**	**112**	**(201)**		**(313)**	**112**
(Surplus) / Deficit After Tax from Continuing Operations			**792**	**112**	**(201)**	⬆	**(313)**	**112**
Remove capital donations / grants I&E impact			(119)	(109)	(131)	➡	(22)	(112)
Adjusted Financial Performance (Surplus) / Deficit			**673**	**3**	**(332)**		**(335)**	**0**
								0
Adjusted Financial Performance (Surplus) / Deficit			**673**	**3**	**(332)**	⬆	**(335)**	**0**
Top Up Adjustment			20,174	20,174	20,174		0	3,976
Adjusted Financial Performance (Surplus) / Deficit excluding Top Up			**20,847**	**20,177**	**19,842**	⬆	**(335)**	**3,976**

Table 1: Trust Statement of Comprehensive Income

3

4   Cost Reduction Programme (CRP)

4.1   As part of the planned M7 to M12 expenditure plan submitted by the Trust, an efficiency programme of £2.141m was identified in response to the requirement to live within the financial envelope issued. The relevant efficiency target for October is £0.356m and the Trust has been able to deliver on this due to non-recurrent underspends agoinst planned pay expenditure.

5   Cash and Working Balances

5.1   The Trust opened the financial year with £14.400m of cash, which was £5.800m higher than initially planned. This mainly resulted from scheduled creditor payments in respect of the 2019/20 financial year. The cash position was then further strengthened with the receipt of £4.700m unplanned PSFD/FRF monies in respect of 2019/20 financial performance. The adjusted cash position of £33.160m as at 31st October is equivalent to 41.10 days operating costs (36.11 days in September) and represents a £4.025m increase from September.

5.2   The liquidity metric has improved by 0.57 days against September to -5.57 days and is 1.46 days better than revised plan driven by a £1.223m improvement in the working capital balance. Debtors have reduced by £5.974m in the year due in the main to the receipt of PSF/FRF monies and are £1.184m above revised plan.

5.3   The balance sheet is presented in Table 2.

4

Statement of Position - October 2020

	2020/2021	2020/2021		2020/2021	2020/2021
	September 2020 Group	October 2020 Group	Variance - Prior Month	October 2020 QEF	October 2020 FT
	£000's	£000's	£000's	£000's	£000's
Assets					
Non-Current Assets					
Investments	80	80	0	80	16,824
Property, Plant and Equipment, Net	115,412	114,868	(544)	461	114,407
Trade and Other Receivables, Net	2,283	2,265	(18)	889	1,376
Finance Lease - Intragroup				43,416	0
Trade and Other Receivables - Intragroup Loan	0	0	0		19,771
Total Non Current Assets	117,776	117,213	(582)	44,846	152,379
Current Assets					
Inventories	4,089	4,027	(62)	2,119	1,909
Trade and Other Receivables - NHS	3,477	4,360	883	468	3,892
Trade and Other Receivables - Non NHS	5,022	4,519	(503)	419	4,100
Trade and Other Receivables - Other	0	0	0		0
Prepayments	5,083	4,863	(219)	275	4,588
Cash and Cash Equivalents	52,366	57,977	5,612	8,877	49,100
Other Financial Assets - PDC Dividend	945	945	0		945
Accrued Income	917	867	(51)	561	306
Finance Lease - Intragroup				435	0
Trade and Other Receivables - Intragroup Loan					1,619
Total Current Assets	78,639	77,559	5,660	13,153	66,460
Liabilities					
Current Liabilites					
Deferred Income	26,061	27,647	1,586	171	27,476
Provisions	781	710	(71)	0	710
Current Tax Payables	3,891	3,961	70	317	3,644
Trade and Other Payables - NHS	2,029	1,702	(328)	803	898
Trade and Other Payables - Other	8,836	14,791	5,955	3,412	11,379
Trade and Other Payables - Capital	0	405	404	0	405
Other Financial Liabilities - Accruals	29,981	26,626	(3,355)	5,024	21,602
Other Financial Liabilities - Borrowings FTFF	678	678	0	0	678
Other Financial Liabilities - PDC Dividend	1,440	1,680	240	0	1,680
Other Financial Liabilities - Intragroup Borrowings	0	0	0	1,619	0
Finance Lease - Intragroup	0	0	0	0	435
Total Current Liabilities	80,438	78,199	4,501	11,346	68,907
NET CURRENT ASSETS (LIABILITIES)	(1,799)	(640)	1,159	1,808	(2,447)
Non-Current Liabilities					
Deferred Income	2,664	2,768	104	1,869	899
Provisions	2,748	2,748	0	0	2,748
Trade and Other Payables - Other	0	0	0	0	0
Other Financial Liabilities - Accruals	0	0	0	0	0
Other Financial Liabilities - Intragroup Borrowings	0	0	0	19,771	0
Other Financial Liabilities - Borrowings FTFF	15,188	15,188	0	0	15,188
Finance Lease - Intragroup				0	43,416
Total Non-Current Liabilities	20,600	20,704	104	21,640	62,251
TOTAL ASSETS EMPLOYED	95,376	95,870	494	25,014	87,680
Tax Payers' and Others' Equity					
PDC	130,443	130,624	181	0	130,624
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(44,187)	(43,874)	313	15,018	(58,892)
Other Reserves	0	0	0	0	0
Revaluation Reserve	9,022	9,022	0	0	9,022
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	95,376	95,870	494	31,842	80,852
TOTAL ASSETS EMPLOYED	95,376	95,870	494	31,842	80,852

Table 2 – Statement of Position

5

6   Capital

6.1   The 2019/2020 capital programme was initially set at £7.090m at the planning stage; this CDEL limit has increased to £13.005m to reflect additional capital funding received for a number of additional programmes such as, but not limited to:

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

6.2   The revised capital plan is outlined within Table 3; Costs incurred to date are £3.509m but the Trust has reasonable confidence that the remaining capital commitments outlined in the plan will be delivered. (To note the inclusion of £1.025m of Covid 19 related capital funding for which the claim remains outstanding with NHSI/E).

Capital Programme	£000s	£000s
Funding		
Internal generated	5,171	
Confirmed PDC	6,809	
Unconfirmed PDC	1,025	
Total Funding		**13,005**
Expenditure		
IT GDE	2,350	
Other (aggregate of smaller schemes of less than £350k)	2,033	
Sunniside reprovision	1,600	
Equipment Replacement	1,157	
CT Scanner replacement	1,075	
Creation of Stroke ward JDU	1,000	
Critical infrastructure	1,000	
Alterations to ward 6	500	
Tranwell Offices	500	
Ward 21	480	
Alterations to Tranwell	464	
Maternity Scheme (mitigation)	450	
Building & Engineering Backlog Maintenance	396	
Total Expenditure		**13,005**

Table 3: Capital Programme

7   Risk

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

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

Table 4: Financial Risk

Jackie Bilcliff, Group Director of Finance
18th November 2020

Trust Board

Report Cover Sheet

Agenda Item: 9

Date of Meeting:	Wednesday 25th November 2020			
Report Title:	**Brexit Preparedness**			
Purpose of Report:	To brief the Board on the Trust's preparations for Brexit			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☒	We will provide consistently high quality care in all our services		
	Aim 2 ☒	We will be a great organisation to work in		
	Aim 3 ☒	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☒	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☒	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: **(Action required by the Committee)**	The Board are asked to receive this report for assurance and discussion.			
Financial Implications:	At present no financial implications have been identified. The position remains under review.			
Risk Management Implications:	Generic Risk on Risk Register – compound effect and timing of COVID-19, Brexit and Winter may impact on Operational Performance.			
Human Resource Implications:	There are a limited number of individuals affected by Brexit. Support has been provided and there are currently no service implications have been identified.			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments		
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve		
Author:	Andy Colwell, Head of Facilities QEF Neil Gammack, Chief Pharmacist			
Presented by:	Jo Baxter, Chief Operating Officer Peter Harding, Commercial Director			

Gateshead Health **NHS**

NHS Foundation Trust

BREXIT Position Statement – November 2020

1. Introduction

The purpose of this paper is to provide the Trust Board with a position statement in relation to the Groups (QEF and Trust) response to BREXIT. Work has been progressing leading up to this point under the transition phase. Information flows and work on assessing the risks has continued

It is likely that the UK will leave the EU in a no-deal Brexit from the 1st of January 2021.

There is no specific speciality or service risks current quantified on DATIX currently other than reflecting the position that the UK will be leaving the EU. However the timing of BREXIT with COVID-19 and Winter will likely impact on organisational performance.

2. The Governments approach to Brexit planning.

We have been assured that a multi-layered' approach has been followed, based on six pillars:

> • Suppliers have created 'replenishing buffer stocks'
>
> •HMG have procured re-routed freight capacity(3000 roll on/ roll off booked daily) for Cat 1(NHS goods)
>
> •Warehouse capability to store stockpiles has been sourced
>
> •Regulatory flexibility so products continue to be placed on UK market
>
> •National Supply Disruption Response in Department for Health and Social Care.
>
> •Trader readiness –ensuring all companies are fully prepared for EU and UK customs checks –highest risk with small companies

3. NHS Specific response to Brexit

We are advised that we must follow the central message for any shortages which will be to follow 'Business As Usual' (BAU) processes. The NHS will centrally coordinate operational response to Brexit from their National Co-ordination Centre. If applicable, where BAU responses are unable to resolve operational issues which are likely have a detriment effect on service provision/ patient care will need be escalated to the Regional Brexit Co-ordination centres,   or National Supply Distribution Response (NSDR) up to the National Coordination Centre who will then liaise with a number of specialised cells. These cells will focus on resolving issues relating to for example, medicines and medical devices. Trust EPRR will need to coordinate any response/ risks as a consequence. Specific details on the approach for medicines are provided at Appendix 1.

4. Specific Central approaches

The following section details key areas applicable to the Group.

Area	Central response	Actions Completed	Specific risks identified as of Nov 20.
Medical Devices and Clinical Consumables (MDCC)	Multi-layered approach to support continuity of supply for MDCC •Express Freight Service. •Plan for longer lead times for MDCC products 72 hours –in the same way as for previous exit dates •DHSC assurance undertaken supplier by supplier	•Assessment of key stock to review existing arrangements regarding planning for longer lead-in times •Continue to manage any continuity of supply issues following business-as-usual routes •Ensure all staff are aware of potential implications and that business continuity plans are in place •Reviewed short lead time items to assess contingency and whether these items can be sourced via NHS Supply Chain •No local stockpiling	None at this time
MHRA	Medical Devices •No action needed. CE marks will remain valid in the UK for existing and new devices •From Exit Day, all medical devices and IVDs placed on the UK market must be registered with MHRA. There is a 4-12 month grace period, depending on risk class. •Trusts placing new devices on the UK market post-Exit must use an EU27 Notified Body, as UK Notifiable Bodies will not be able to issue certificates from 1/11/19.	•Medical Devices regulatory body moved to EU27 Notified body (SGS Belgium office) •No subsequent action needed will continue to review information as an when released	None at this time

Area	Central response	Actions Completed	Specific risks identified as of Nov 20.
Non-Clinical Goods and Services (NCGS)	•Supplier assurance with nationally-managed suppliers is ongoing •Additional suppliers identified through further analysis of CCG supply chain data and work has commenced on assurance and engagement •Key categories such as Food, Linen, Laundry and Lift maintenance reassessed with key supplier business continuity plans reviews •Any short term food shortages -we expect a common sense approach to menu planning will ensure continuous provision of nutritious and balanced meals •Engagement underway with suppliers of critical goods and services, including Primary Care Services England •NHS providing support to the frontline to resolve potential supply issues -a Commercial and Procurement Cell (CPC)	• Assessment of all local suppliers , assurance secured • Submitted returns on supplier contracts locally and local BCP for assurance • Local action taken to manage any key supplier impacts • No stockpiling • Assurance sought for fuel shortage - National Plan for Fuel will not be invoked as no specific national risk identified.	Getinge supplier (decontamination) advised on possible delays to meeting contract conditions. Critical spares now being held by supplier on QE site for Getinge equipment.
Data	Each NHS organisation is usually a data controller and therefore has its own legal obligation to meet the terms of the General Data Protection Regulations. •We recommend you: •Identify inbound personal data flows and identify any EU databases, networks or information systems that you currently have access to, and rely on.	Review of inbound personal data flows and identify any EU databases, networks or information systems	None at this time
Medicines	See Separate paper – Appendix 1		

Area	Central response	Actions Completed	Specific risks identified as of Nov 20.
Workforce	•review capacity and activity plans regularly. •make sure your business continuity plans cover the supply of staff you need to deliver services before and after 31 December 2020 •no need to change existing EU staff employment contracts •notify your local commissioner as soon as possible if there is any risk to service delivery The Home Office EU Settlement Scheme provides EU citizens and their families with a route to living and working in the UK beyond 31 December 2020. The UK left the EU on 31 January 2020 and entered a transition period. EU citizens living in the UK already will be able to prove their right to work and live in the UK via the EU Settlement Scheme, up until 30 June 2021. We have identified all relevant employees and will make individual contact in respect of the EU Settlement Scheme, giving the opportunity to contact a central email with any queries and to keep the dialogue with this group open. In addition we will identify Q&A and support sessions that can be offered to this group as information emerges.	Continue to support any applicable staff Share information sources : https://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/eu-settlement-scheme	None at this time
Clinical Trials	Clinical trials are currently managed nationally, UK clinical trial applications will continue to be authorised by the MHRA and ethics committees as they are now. The UK ability to participate in multinational trials will also not	Reviewed at the request of National Institute for Health Research (NIHR) to identify any applicable trials	None identified at this time.

5

Area	Central response	Actions Completed	Specific risks identified as of Nov 20.
	change. MHRA will be improving processes to enable closer working with ethics bodies and allowing a single application and a single national decision in the UK. The initial pilot work has started and would continue to be developed post exit.	Review the position of any applicable 'legal representative' requirements for future work/ trials	

5. Summary

Whilst the current situation remains fluid, advice from the centre is clear, we should continue to expect a no-deal Brexit.

We should support the central approach to ensure that we do not stockpile and follow BAU processes for operational shortages.

However, we should be cognisant of the timing and the cumulative effect BREXIT will have on other risks potentially affecting operational performance including Winter Pressures and COVID -19 e.g. any local/ national lockdown (UK or EU) affecting suppliers or services at the time of exit – or subsequent 'waves'.

It is therefore highly likely that the Group will be impacted by the timing of these issues. Current assessments indicate that the impacts are likely to result in longer delivery and turnaround times for goods and services. This is likely to improve into 2021 as border controls and arrangements normalise following the staged implementation of revised controls due for completion by July 2021. Any potential vaccine on the horizon for COVID-19 would also reduce any consequential risks. We should continue to plan to extend receipt of items to an extended period; 72 hours (medical device consumables) and plan to centrally coordinate as a Group any issues and risks via the Trust's revised EPRR command and control arrangements.

A level of assurance can be ascertained in that all possible mitigation within the control of the Group, based on current knowns and Transition information, has been taken to ensure continuity of services during EU Exit.

Andy Colwell
Head of Facilities (QEF)
10/11/20

Gateshead Health **NHS**

NHS Foundation Trust

EU Exit - Medicines & Vaccines Briefing Paper

Introduction

The UK will leave the customs union and the single market at the end of the transition period on 31st December 2020. This will lead to disruption in supply chains regardless of whether or not a deal is struck between the UK and EU.   The NHS is now shifting to preparedness for a 'no deal Brexit' situation (to be ready for any eventual outcome of the negotiations).   As a result NHSE/I are continuing to look at impact of EU exit across a range of areas including continuity of supply, trader readiness, winter pressures, increased complexity of reciprocal healthcare and cost recovery, staffing resilience and data.

Continuity of supply of **medicines and vaccines** is one of the key priority areas of this work.

National Response

The DHSC is pursuing a multi-layered approach to minimise disruption to the flow of medicines and vaccines into the UK:

- Contracts for long freight sea routes (as an alternative to the Channel) have been secured
- Emergency air freight routes for urgent/time sensitive medicines will be available via NSDR (National Supply Disruption Response)
- DHSC is asking suppliers to aim for target levels of 6 weeks stock of medicines on UK soil
- Regulatory flexibilities are in place so products continue to be placed on the UK market, including a 2 year standstill on medicines regulations
- Suppliers are being surveyed as to their status and readiness
- Additional buffer stocks of critical/covid-19 medicines
- Individual product assessment/actions – weekly assessment of stocks
- Clear national and regional framework for business-as-usual processes
- Robust communication cascade of Medicines Supply Disruption Alerts

Local Response

Hospitals have been directed that:

- Prescribing and dispensing should continue as normal
- Medicines must not be stockpiled – over-ordering will be investigated
- Business-as-usual medicines shortages management applies
- Promptly manage latest supply disruption information such as provided in Supply Disruption Alerts (SDAs), Medicines Supply Notices (MSNs) and Vaccine Supply Notices (VSNs).
- Regional pharmacists will support local planning
- Organisational medicines stock information is shared nationally via Define®
- Patients should be provided with relevant information (via National materials and support)

Local Position

The Pharmacy department continues to ensure that our local response is compliant with national expectations.

Medicines shortages are an ongoing issue, independent of EU Exit, and the Pharmacy has had extensive experience of managing these over the last few years.

The Pharmacy department continues to learn from our experience with shortages to help mitigate future problems. During the Covid-19 pandemic we have instigated daily intensive monitoring of the stock of several hundred critical medicines. This has ensured that there was robust visibility of stock holding so that timely action could be taken in the event of any developing medicines shortages. In addition, business continuity plans enacted during wave 1 of the pandemic, enabled procurement of medicines to continue using shielding members of staff at home.

In fact, the Covid-19 pandemic has been a real test of local and national medicines resilience, and while there have been challenges during the pandemic the system has responded well.

Conclusion

The Pharmacy department can assure the Board that all possible and desirable mitigation has been taken to ensure the continuity of medicines and vaccine supply during EU Exit.

Neil Gammack
Chief Pharmacist

10 November 2020

Trust Board

Report Cover Sheet

NHS
Gateshead Health
NHS Foundation Trust

Agenda Item: 10

Date of Meeting:	Wednesday 25th November 2020			
Report Title:	**Assurance Reports from Board Committees**			
Purpose of Report:	To receive the assurance reports from the following meetings: • Finance and Performance Committee held on 24th November 2020 (verbal) • Human Resources Committee held on 13th October 2020 • Digital Committee held on 19th October 2020			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☐	We will provide consistently high quality care in all our services		
	Aim 2 ☐	We will be a great organisation to work in		
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	To receive the reports for assurance			
Financial Implications:				
Risk Management Implications:				
Human Resource Implications:				
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments		
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve		
Author:				
Presented by:				

Gateshead Health
NHS Foundation Trust

Human Resources Committee – 13 October 2020

> The Human Resources Committee has fulfilled its role and functions as defined within its terms of reference. The reports received by the Human Resources Committee and level of assurance are set out below.

ISSUES TO BE RAISED TO BOARD	ASSURANCE LEVEL	COMMITTEE UPDATE	NEXT ACTION	TIMESCALE
People Plan 2020 – 2021	(amber)	The Committee received an initial update on the People Plan from the new Executive Director of People and OD. The People Plan will be presented and discussed with the Trust Board at a future Board meeting and strategy session, possibly in December.	HWB conversations, Covid 19 risk assessments and the overhaul of recruitment practice to reflect diversity of community, all need increased focus. Plan of all actions needs wider consideration and updating in accordance with Phase 3 recovery plan.	Dec 2020
Gateshead People Strategy 2016 (Close down report)		The Committee received the report and noted that outstanding work will be incorporated into People Plan plan / actions and development of local strategy	People Directorate overall workplan to be developed incorporating People Plan, local strategy, Phase 3, WRES, WDES actions etc	Dec 2020
NHS Staff Survey 2020 – (update on launch and plan)	(green)	The Committee received the report and an update will be presented at the December meeting. The publication of national results is scheduled for February/March 2021.	Work to continue to encourage completion of survey. Weekly updates given to CMT and encouraged via HR business partners into business units.	Dec 2020
Guardian of Safe Working Report Q4	(green)	The Committee received the report for information which did not highlight any concerns.	Identified actions to be taken forward by Deputy Medical Director	Ongoing
Quality Assurance of Medical Appraisal & Revalidation Annual Board Report 2019/20	(green)	The Committee received the report and noted that this requires sign off by the Trust Board prior to the end of November 2020.	Delegated authority to be checked and ongoing work to be taken forward by Deputy Medical Director.	Nov 2020
Workforce Race Equality Standard & Disability Equality Standard	(green)	The Committee received the reports and noted that work is ongoing.	Actions to be incorporated into People Directorate workplan. Trust Board to formally sign off submissions at Nov meeting. Deputy Director of People to upload final reports onto internet	November 2020
Workforce Metrics Report, including Covid update	(amber)	The Committee received the report and noted that this will be developed over time as work is ongoing.	Executive Director of People to develop workforce metrics to include greater levels of assurance over a 12 month period	October 2021

2

Flu	🟢	The Committee received a verbal update for information and noted that the Trust would receive further vaccines on 23 October 2020.	Flu vaccination programme to continue	
Covid 19 Risk Assessments	🔴	The Committee received the report and noted work is ongoing but further significant work is needed to provide assurance. An update will be provided at the December meeting.	Executive Director of People and OD to review process, reporting arrangements and provide weekly updates to managers via CMT , reporting Covid 19 BAME risk assessments and risk assessments for all staff.	Dec 2020

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

3

Digital Committee Update – October 2020

Background

The Digital Committee Terms of Reference were approved by Trust Board in September 2020; leading to the first meeting of the Digital Committee on the 19 October 2020; chaired by Andrew Moffat.

Details of the discussions

The following table details the key areas of discussion, the agreements made and actions to be taken:

Discussion/Reviewed	Action
Digital Committee Terms of Reference	Agreed to adopt the Committee Terms of Reference
Terms of Reference for subcommittees: *Digital Assurance Group* *Digital Transformation Group*	Approved Digital Assurance Group Terms of Reference Digital Transformation Group Terms of Reference to be ratified at the next meeting
Reporting timetable for Committee	Draft discussed, for approval at next meeting
Gateshead Digital Strategy	Reviewed 2019 Digital Strategy. Agreed remains valid, with no changes required until overall Trust Strategy is updated
Digital Transformation work plan	Continue to monitor progress against plan; developing KPIs to measure progress and benefits
Digital Service Assurance	Continue to monitor progress on existing KPIs but to develop these further
Board Management Software business case	Continue to feed into the procurement process
Digital Risk Register	Gain oversight of all digital risks in order to provide assurance
Board Assurance Framework	Develop a digital strategic aim/objective in the BAF for 2021/22
Board Assurance Report	Provide a narrative to update Trust Board in November, moving to a standard Board Assurance report for subsequent meetings

Future Reporting to Trust Board

In order to provide the appropriate visibility and assurance, the intention for future updates for Trust Board is to focus on three areas:

- Assurance (RAG rated)
    - o Digital Strategy and work plan delivery
    - o Digital Service provision KPIs
    - o Data Security and Protection toolkit compliance
    - o Digital policies and procedures adherence
    - o Internal audit

- Risk (RAG rated)
    - o Digital risk register review
    - o Board Assurance Framework

- Strategy
    - o Ensuring alignment of the Digital Strategy to Trust Strategy through improving quality, safety, productivity and efficiency
    - o Ensuring the Workforce (People) Plan supports the full adoption of Digital First delivery

Nick Black, Chief Digital Information Officer & SIRO
Andrew Moffat, Digital Committee - Chair

Trust Board

Report Cover Sheet

NHS
Gateshead Health
NHS Foundation Trust

Agenda Item: 11

Date of Meeting:	Wednesday 25 November 2020			
Report Title:	Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Reports			
Purpose of Report:	To provide the Board with the above reports for information.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
Trust Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will provide consistently high quality care in all our services		
	Aim 2 ☒	We will be a great organisation to work in		
	Aim 3 ☐	We will deliver value for money and strengthen delivery of our clinical services		
	Aim 4 ☐	We will work with our partners to help make Gateshead a place where everyone thrives		
	Aim 5 ☐	We will use our expertise to provide specialist services beyond Gateshead		
Recommendations: (Action required by the Committee)	The Board is asked to receive the annual reports (assessment and identified actions) for the 2020 Workforce Race Equality Standard and Workforce Disability Equality Standard.			
Financial Implications:	None identified; potential for some costs to arise from identified actions will be considered by SMT if needed.			
Risk Management Implications:	Relates to strategic objective of being a great employer and risks to delivery if the trust is not inclusive and supportive of BAME and disabled colleagues			
Human Resource Implications:	Will contribute towards delivery of the trust being a great employer and associated legal and best practice requirements including requirements of the national People Plan			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments		
	Obj. 2 ☐	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers		
	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve		
Author:	Rebekah Coombes, Interim Deputy Director of People and OD			
Presented by:	Lisa Crichton-Jones, Executive Director of People and OD			

Workforce Disability Equality Standard (WDES)
Annual Submission 2019/2020

1. Introduction and Background

The purpose of this paper is to provide the annual results against the Workforce Disability Equality Standard (WDES) indicators and propose actions which form part of the Trust's Equality Objectives and overarching Diversity & Inclusion work plan for 2019-20 and beyond.

The WDES was mandated by the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-2018. It builds on the Workforce Race Equality Standard (WRES) which was introduced in 2015 however focuses on disability. The WDES seeks to promote the concept of disability as an asset, as research has found that disabled people have poorer experience of working in the NHS in England than non-disabled colleagues. This standard works alongside the Equality Delivery System (EDS2) to help review performance, set equality objectives and deliver on the Public Sector Equality Duty (PSED).

The WDES is an essential part of and support to the NHS People Plan; creating a healthy, inclusive and compassionate culture, enabling great development and fulfilling careers, and ensuring everyone feels they have voice, control and influence. The interim plan then expands on 'Creating a healthy, inclusive and compassionate culture' by setting out 'action to improve equality will need to run through all elements of the work on this new offer. This will include further action to embed the Workforce Disability Equality Standard…'.

2. WDES Metrics

NHS England provides all Trusts with a standard dataset through the NHS Digital's Strategic Data Collection Service (SDCS). Our data is then extracted from the Electronic Staff Record (ESR) and local datasets and published as a report. The submission of data must be made between 1st July 2020 and 31st August 2020, with the narrative report published externally thereafter. This report provides the findings, an explanation about our results against each WDES indicator and then details the proposed actions to progress this work throughout 2020/21 and beyond.

3.   Indicator Findings

WDES Indicator 1	2019
Percentage of staff in AfC paybands or medical and dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	Table provided overleaf *

Narrative	Different occupational groups have different proportions of disabled staff – however there is little differential between Clinical and Non-Clinical staff groups. As a result of the Covid-19 pandemic and the high risk-factors associated with underlying conditions, the Trusts D-Ability Staff Network group undertook a campaign to increase awareness of the need for employees to declare disabilities. However we know from comparisons to the rates declared in the NHS Staff Survey that we need to continue to promote declaration to improve the reliability of equalities monitoring. Whilst there is a general awareness and understanding in terms of declaring physical disabilities for practical/adjustment purposes or where a disability is visible, there is also the need to promote awareness and ultimately reporting around hidden disabilities. The Health and Wellbeing Steering Group and the D-Ability Network play a key role in increasing awareness and inclusivity across the Trust for all employees with any form of disability. During February 2020 the network group implemented a Mental Health campaign to raise awareness of hidden disabilities by issuing communications and improving signage around the organisation in relation to hidden disabilities.
Action	- Continue to work through D-Ability to understand how we can engage staff to self-report and remove any stigma to declaring a disability. - Continue to improve communication and explanations around the collation of anonymous data. - Work with colleagues across the region as part of the NE&NC 'Great Place to Work' programme to run joint campaigns across the disability agenda. - Ensure recruitment and selection practices are inclusive and free from bias, encouraging more diversity in applicants. - D-Ability to engage with local disabled groups in the community and get targeted feedback in respect of the Trust as a prospective employer. - To continue working with project choice and find placements for young people with learning difficulties to develop their key employment skills and enhance their strength in labour market.

3

Non clinical						
Payscale	2018-2019			2019-2020		
	Disabled	Non-Disabled	Disability unknown or Null	Disabled	Non-Disabled	Disability unknown or Null
Band 1	0%	0%	0%	0%	0%	0%
Band 2	7%	78%	15%	6.2%	78.3%	15.5%
Band 3	8%	82%	10%	10.0%	77.1%	12.9%
Band 4	6%	74%	20%	4.5%	74.2%	21.2%
Band 5	7%	76%	17%	5.8%	82.7%	11.5%
Band 6	6%	75%	19%	11.5%	61.5%	26.9%
Band 7	6%	90%	4%	12.0%	84.0%	4%
Band 8A	0%	91%	9%	0%	91.7%	8.3%
Band 8B	0%	88%	12%	7.1%	92.9%	0%
Band 8C	25%	75%	0%	0%	100%	0%
Band 8D	0%	67%	33%	0%	66.7%	33.3%
Band 9	0%	100%	0%	0%	100%	0%
VSM	0%	100%	0%	0%	100%	0%
Other	0%	0%	100%	0%	100%	0%

Clinical						
Payscale	2018-2019			2019-2020		
	Disabled	Non-Disabled	Disability unknown or Null	Disabled	Non-Disabled	Disability unknown or Null
Under Band 1	0%	0%	0%	0%	100%	0%
Band 1	67%	33%	0%	66.67%	33.33%	0%
Band 2	6%	75%	19%	5.42%	77.45%	17.13%
Band 3	6%	71%	23%	5.17%	75.86%	18.97%
Band 4	5%	85%	10%	5.17%	86.21%	8.62%
Band 5	5%	83%	12%	5.73%	83.81%	10.46%
Band 6	5%	79%	16%	4.77%	80.12%	15.11%
Band 7	4%	77%	19%	4.27%	76.87%	18.86%
Band 8A	4%	74%	22%	4.23%	74.65%	21.13%
Band 8B	24%	65%	11%	10%	75%	15%
Band 8C	0%	100%	0%	33.33%	33.33%	33.33%
Band 8D	0%	80%	20%	0%	100%	0%
Band 9	0%	0%	100%	0%	50%	50%
VSM	0%	100%	0%	0%	100%	0%
Medical & Dental – Consultants	4%	73%	23%	2.73%	78.14%	19.13%
Medical & Dental – Career grade	3%	89%	8%	3.45%	89.66%	6.90%
Medical & Dental - Trainee grade	3%	61%	36%	3.08%	90.77%	6.15%
Other	0%	0%	0%	0%	0%	0%

5

WDES Indicator 2		2018 - 19	2019-2020
Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.		1.33	1.53
Narrative	A figure above 1.00 indicates that disabled candidates are less likely than non-disabled candidates to be appointed from shortlisting. Further examination is needed of the situations where candidates who declare a disability during the recruitment process are shortlisted but then unsuccessful at interview. This will enable us to identify any potential issues to address with recruitment processes and will also enable us to identify the different considerations we give to 'reasonable adjustments' for candidates. In addition, further investigation is needed to understand the number of recruitment episodes where there were disabled candidates apply and are shortlisted but not subsequently invited to interview. The Trust has retained its Disability Confident employer status this year.		
Action	- Examination and analysis of recruitment processes to understand data regarding disabled candidates. - Continue to promote the Bitesize Recruitment and Selection training to all staff who are involved in the recruitment process. This training includes sections on diversity and inclusion (including disability), and fair recruitment practices. Explore the introduction of unconscious bias training as part of the bitesize training. - Further recruitment attraction campaigns specifically aimed at disabled communities and use of inclusive language. - Implement standardised documentation as part of value based recruitment to ensure fair and consistent processes are followed and impact of unconscious bias reduced. - Work with colleagues across the NE&NC as part of the 'Great Place to Work' programme to implement a Disability Passport. - Ensure selection panels are diverse and have attended the relevant training within a recent timeframe. - D-Ability to offer feedback on recruitment and selection training and processes.		

6

WDES Indicator 3	2018 - 19	2019-2020
Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	*voluntary indicator in 2018-19	0.00
Narrative	The Trust's equivalent to a 'Capability Policy' is the Managing Performance Policy. The small number of employees who entered the formal capability process in 2019-2020 did not have their disability information recorded in ESR. As outlined in indicator 1, further work needs to take place to ensure staff feel comfortable sharing their disability information and updating this on ESR. It should be noted however that ESR is currently only used to record employees on step 3 (formal) of the policy, therefore the data captured would not identify those on step 1 and step 2 (informal) of the policy. In addition we recognise that the level of declaration in ESR does not reflect the number of cases involving underlying medical conditions the Occupational Health (OH) team deal with. For example, an individual is referred to the OH team as a result of the capability process and it then transpires there is an underlying condition that hasn't been previously declared. As managers then become aware of this they can make relevant adjustments however had the condition been known at the outset this would have been considered at the earlier stages.	
Action	- D-Ability to be involved in a review of the formal capability process. - Continued effort to improve declaration rates. - Support for managers in having conversations at an earlier stage to potentially identify sensitive, underlying condition related issues.	

WDES Indicator 4

a) Percentage of disabled staff experiencing harassment, bullying or abuse.
b) Percentage of disabled staff compared to non-disabled staff reporting harassment, bullying or abuse at work
NB: 42% Staff Survey 2019 response rate

	2018-19		2019-20	
	Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**
In the last 12 months, percentage of staff experiencing harassment, bullying or abuse from:				
Patients/service users, their relatives or other members of the public	25.0%	22.2%	22.8%	21.2%
Managers	18.2%	9.2%	12.5%	8.1%
Colleagues	24.6%	15.3%	25.4%	13.5%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	36.6%	29.8%	42.5%	39.5%

| **Narrative** | The data available from the staff survey indicates that employees who have declared a disability report higher instances of harassment, bullying or abuse while at work.   This is across both categories – patient facing and internally with a greater difference to non-disabled employees from managers and colleagues.
| | There has been a positive change in the last reporting year as the percentage of staff in both Disabled and non-Disabled categories experiencing such behaviours is generally reducing and reporting is increasing.
| | However the one notable exception is a slight increase in relation to the percentage of disabled staff experiencing harassment, bullying or abuse from colleagues which has increased from 24.6% to 25.4%.
| | As part of the range of bitesize training there is a bullying and harassment session. The aim of which is to appreciate the legal background to harassment and bullying, have a shared understanding of the risk factors, triggers, possible warning signs and impact of harassment and bullying, understand the managers role in preventing and dealing with harassment |

8

	and bullying and to understand how to access information and support when dealing with harassment and bullying. The Trust's D-Ability Staff Network have a key role in increasing awareness amongst all employees of the different protected characteristics, including what different groups find acceptable and unacceptable. Action to tackle harassment and bullying is not restricted to the issues highlighted through the WDES, it is in line with the Trust's core value of 'respect' for all employees.
• **Action**	• A review of formal complaints received from employees will be undertaken (in conjunction with our staff side colleagues and D-Ability) to understand why this figure has increased and to identify initiatives which can be introduced to address any findings. • Further campaigns to encourage people to report bullying and harassment at workplace, and ensure support is available to staff who experience or witness this. • Via D-Ability, encourage staff to share their stories and experiences to enable lessons to be learnt. • Review of any trust statements and messages that bullying is not tolerated. • Analysis of the H&B questions by departments/services will be part of the Staff Survey Action Plans. • D-Ability to promote role models, create myth buster, make videos, arrange group discussions to raise awareness and educate staff to be more inclusive and acceptable of differences.

WDES Indicator 5	2018 – 19	2019-20
Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled 82.7% Non-Disabled 93.5%	Disabled 84% Non-Disabled 91.8%
Narrative	This year's results show a positive improvement for our disabled colleagues. Our ICORE values are embedded within key workforce policies such as Probation, Performance and Appraisal. This enables us to ensure that all employees are managed consistently and objectively in line with our values and behaviours, which aims to remove the ability to discriminate intentionally or otherwise when decisions are made by managers in respect of individuals progressing through the talent management framework (the next stage of our Talent Management process is in the final stages of development, and alongside training data analysis, will be 'tested' with all of our staff network groups to ensure that it is transparent and inclusive, and offers opportunities for all staff, regardless of disability or any other protected characteristic). One of the recommendations is for staff members from under-represented groups to be able to self-nominate to progress to Talent Boards. The introduction of values based recruitment and a focus on values and behaviours in the key policies mentioned above will further improve the creation of objective approaches which exclude bias in relation to disability. Since the last WDES report our staff network group was established which has given all disabled employees a trusted way of raising issues and concerns and an opportunity to share their stories and be heard.		
Action	• The talent management process will be launched and emphasis given to the objectivity of the process. Additional facilities will be given to under-represented groups to self-refer. • Continue to work with Workforce Development colleagues to ensure that all training opportunities are inclusive and that equality of access is monitored. • Mentoring of senior disabled colleagues by executive and non-executive board members to aid progression to senior roles and increase representation.		

WDES Indicator 6	2018 – 19	2019-2020
Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled 34.2% Non-Disabled 20.7%	Disabled 33.8% Non-Disabled 18.9%
Narrative	A slight improvement in this area compared to previous reporting year, as both groups report feeling less pressure. It would be useful to understand the perception of 'pressure' and whether this is created by implementation of the attendance step process, whether this is a more general feeling associated with individuals reflecting on the impact of their absence on their teams and/or whether the amount of pressure people report feeling is appropriate or inappropriate.	
Action	• Review the content of the sickness absence, supporting mental wellbeing and courageous conversations bitesize sessions, equipping managers with the skills to approach conversations about disability and ensuring that advice about how to support staff with disabilities, including invisible disabilities. • Involve members of D-Ability to be involved in delivering sessions. • Review the welcome back form and other associated absence management documentation to encourage conversations about underlying conditions and the declaration of those conditions earlier in the absence management process.	

WDES Indicator 7	2018 - 19	2019-20
Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which the organisation values their work.	Disabled 41.5% Non-Disabled 52.5%	Disabled 41.5% Non-Disabled 53.9%
Narrative	There has been no change to this indicator this year. The new approach to appraisal, which focuses on the demonstration of our values and behaviours as much as the achievement of task objectives should have a positive impact on this result. Discussions within the new process should focus on an individuals' contribution and aspirations for the future, regardless of disability. This coaching style of conversation may also encourage individuals to be more open about any underlying conditions.	
Action	Via the D-Ability Staff Network, encourage managers and employees to have open conversations and encourage discussion about disability and how we can accommodate this in the workplace, ensuring that all employees feel equally valued for their contribution.	

WDES Indicator 8	2018 - 19	2019-20
Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their role.	Disabled 80.7%	Disabled 84.9%
Narrative	This years' results show a positive improvement with more disabled members of staff report that adequate adjustments have been made to enable them to carry out their work. Our results clearly demonstrate that when we are aware of the opportunity to make reasonable adjustments we respond well for the majority of employees. As part of our absence management process the Occupational Health team work closely with managers and employees when providing recommendations for reasonable adjustments to be made. This is also demonstrated by the fact that Access to Work and Remploy have supported a number of employees with adjustments and equipment to enable them to carry out their role.	
Action	• Through the case review process, understand where reasonable adjustments could not be made and the reasons why to identify any trends/themes/issues. • D-Ability to seek the view of staff about their experiences of adequate reasonable adjustments to carry out their role and promote good practice. • Continue to work with the 'Great place to work programme' and implement disability passports.	

WDES Indicator 9	2018 - 19	2019-20
Staff engagement score for disabled staff compared to non-disabled staff and the overall engagement for the organisation (out of 10).	Disabled 6.9 Non-Disabled 7.3	Disabled 6.9 Non-Disabled 7.3
Narrative	There has been no change from last year. Typically an engagement score of 7 is average and positive. It is encouraging to see that the engagement score for both employee groups is very similar. This would indicate that managers are being inclusive in their practice and that at a corporate level all employees feel a high level of engagement with the Trust, its goals and objectives. As the actions outlined in this report are implemented/embedded we would expect to see a rise in the engagement score of disabled employees. Key to this will be creating a culture of openness and honesty, in line with our	

12

	values, talking openly and dealing constructively with employees with disabilities. The D-Ability staff network plays a key role in engaging with our disabled staff community, encouraging feedback and holding listening events to enable the Trust to hear and reflect on staffs lived experiences.	
Action	• Implement the actions outlined in this report. • Continue to work with our disabled staff community via the D-Ability Staff Network to improve engagement. • Analysis of the 3 questions that make up the staff engagement score by services/departments to be part of their Staff Survey Action Plans which are ultimately reported to HR Committee.	

WDES Indicator 9b	**2019-2020**
Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes
Narrative	The aim of the D-Ability Staff Network is to be a voice for the differently able, and it meets regularly to provide a friendly, safe, inclusive and confidential environment where staff can access support. D-Abilty is open to all staff with disabilities or LTC's (long term health conditions), and they activity encourage allies to join and support at network meetings and promotional events. The network supports the 'not every disability is visible' national campaign, and accessible toilets have these signs displayed throughout the trust. They communicate and carry out promotional events using their own twitter feed, flyers, leaflets and other written communication, and on line communication. They also arrange and support promotional events to provide easy access to advice and guidance, and to help raise awareness across the trust. They support Project Choice – a HEE initiative (helping them to secure placements in different departments for young people with learning difficulties). The Project Lead is also a member of the D-Ability Staff Network. The network seeks the views of and engage with disabled staff, and this continued during COVID. They have conducted a staff survey to obtain data and feedback from disabled staff, and this will be used with national research to inform the D-Ability Staff Network plans for further actions and support.

13

Action	• The Network will continue to use their own twitter feed to provide timely and insightful updates, and to promote inclusion for disabled staff and patients. • Continue to participate in Project Choice. • Continue to seek and share the views and experiences of disabled staff via surveys, questionnaires, and by sharing staff and patient stories.

WDES Indicator 10						
Percentage difference between the organisation's Board voting membership and the organisation's overall workforce	2018-2019			2019-2020		
	Disabled	Non-Disabled	Disability unknown or Null	Disabled	Non-Disabled	Disability unknown or Null
Total Board	0%	100%	0%	0%	100%	0%
Voting Board	0%	100%	0%	0%	100%	0%
Non Voting Board	0%	0%	0%	0%	0%	0%
Executive Board Member	0%	100%	0%	0%	100%	0%
Non Executive Board Member	0%	100%	0%	0%	100%	0%

Narrative	There are no declared disabilities from our current Trust Board and this has not changed since the last reporting year. There have been no Board appointments within the period covered by this report where the individual has declared a disability despite adverts and assessment processes encouraging disabled applicants and reasonable adjustments.
Action	• Trust Board should consider whether any positive action can be considered in order to improve diversity when further Board positions arise. • Recruitment monitoring will enable us to track the numbers of applicants applying for posts and the conversion rate to hire. This will help inform if the adverts are attracting candidates with a disability. This data will help inform future recruitment strategies. • Encourage Board and senior colleagues to review declarations of disabilities and if applicable to openly share their stories.

14

4.   Conclusion

The WDES was developed to help NHS organisations make a positive impact for disabled people working in the NHS. It is built on the Social Model of Disability, which proposes that people are disabled because of societal barriers, rather than a long-term health condition. With the social model in mind, the WDES aims to inform year on year improvements in reducing those barriers that impact most on the career and workplace experiences of Disabled staff; driving changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for Disabled people.

The data and feedback that we have gathered as part of this process has enabled the trust to gain a greater understanding of the experiences of our disabled staff. We will continue to develop systems and processes, and implement our action plans to enable us to work in partnership with staff side and the D-Ability Staff Network to measure our progress towards improving the experiences of our disabled employees.

Finally the actions will be incorporated into the trust's integrated work plans for equality, diversity and inclusion. These will be further enhanced by any review of the trust's People Strategy, as a result of the publication in August of the NHS People Plan. The HR Committee, a committee of the Trust Board, is responsible for governance and oversight.

Yvonne Ormston MBE   Maria Butt

Chef Executive   Chair D-Ability Staff Network

Gateshead Health
NHS Foundation Trust

Workforce Race Equality Standard (WRES)
Annual Submission 2020

1.   Introduction and Background

The purpose of this paper is to provide an update on progress against the Workforce Race Equality Standard (WRES) indicators and propose future actions which form part of the Trust's Equality Objectives and overarching Diversity & Inclusion work plan for 2020-21 and beyond.

The WRES was first mandated in July 2015 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This standard works alongside the Equality Delivery System (EDS2) to help review performance, set equality objectives and deliver on the Public Sector Equality Duty.

To put the WRES into context, the NHS People plan states; 'to embed the important interventions that improve the experience of our people, we will develop a new offer with our people setting out explicitly the support they can expect from the NHS as a modern employer'. This will be framed around the broad themes of creating a healthy, inclusive and compassionate culture, enabling great development and fulfilling careers, and ensuring everyone feels they have voice, control and influence. The interim plan then expands on 'Creating a healthy, inclusive and compassionate culture' by setting out 'action to improve equality will need to run through all elements of the work on this new offer. This will include further action to embed the Workforce Race Equality Standard…..'.

2.   WRES Metrics

NHS England provides all Trusts with a standard submission template through the NHS Digital's Strategic Data Collection Service (SDCS). The submission of data must be made by 31 August 2020, with the narrative report published externally by 31 October 2020. The following data provides the findings, summary of progress against each WRES indicator and details the proposed actions to progress this work throughout 2020 and beyond.

3. Indicator Findings

WRES Indicator 1		2019	2020
Percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce		Table provided below *	Table provided below *
Narrative	There has been minimal change to this indicator in the last year. Different occupational groups have different proportions of BME staff - for example there is a higher proportion of BME staff working in clinical roles, compared to non-clinical roles. The declaration of demographic profiles is a concern. Nationally it is recognised that although reporting remains low in ESR, staff are more likely to share this data as part of the NHS Staff Survey because it is anonymised. However during the Covid-19 pandemic and the recognition that BME groups were higher risk, we identified all staff who had not declared their ethnicity in ESR and approached them directly encouraging them to update their record. In March 2019, the Trust worked alongside other local Trusts, and the local Ambulance Service on a BME recruitment campaign, highlighting the many and varied careers within the NHS. The event was extremely well attended, and was repeated in July 2020. Attraction of potential employees and meeting our strategic goal, to be an employer of choice in the region, is an area where we believe a number of actions can be taken.		
Action	• Continue to work on attraction campaigns which are diverse and appealing to the BME community, including working regionally with NHS colleagues and as part of the streamlining programme. • Link with community to groups and local schools, colleges and universities to increase the profile of the NHS and the Trust as an employer of choice. • Hold virtual open days for potential candidates, hosted by the recruitment team alongside members of the staff network. Consider the use of 'positive action' in future recruitment campaigns, either for specific roles, professions or grades. • The BME network group will review recruitment bitesize, advising in respect of unintended cultural bias and unconscious bias . • Quarterly workforce data on the numbers of applications, shortlisted, and appointed broken down by ethnicity, banding and profession to be produced as standard metrics. • Continue to work with the BME staff network group to understand how we can engage staff to self-report and improve demographic profiles by improving communication and explanations around the collation of data. • Work closely with the Communications Team to ensure that social media campaigns reflect a diverse workforce which will attract interest from the BME community. • Implement a 'reverse mentoring' programme within the organisation. • Improve the number of BME employees who are qualified coaches and are active as part of our coaching network. Set up a mechanism of support and further development for staff once they have completed their Leadership programme.		

Non clinical						
Payscale	**White**		**B.M.E.**		**Ethnicity unknown**	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**
>Band 1	0%	0.15%	0%	0	0%	0%
Band 1	0%	0%	0%	0	0%	0%
Band 2	5.38%	4.56%	0.10%	0.12%	0.16%	0.18%
Band 3	5.07%	4.8%	0.13%	0.21%	0.08%	0.12%
Band 4	3.93%	3.87%	0.08%	0.09%	0%	0.03%
Band 5	2.30%	1.54%	0.03%	0.03%	0%	0%
Band 6	1.27%	0.76%	0.08%	0.03%	0%	0%
Band 7	1.22%	0.76%	0%	0%	0.03%	0%
Band 8A	0.57%	0.36%	0%	0%	0%	0%
Band 8B	0.44%	0.42%	0%	0%	0%	0%
Band 8C	0.10%	0.03%	0%	0%	0%	0%
Band 8D	0.08%	0.09%	0%	0%	0%	0%
Band 9	0.03%	0.03%	0%	0%	0%	0%
VSM	0.13%	0.12%	0%	0%	0.03%	0%
Clinical						
Payscale	**White**		**B.M.E**		**Ethnicity unknown**	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**
> Band 1	0%	0%	0%	0%	0%	0%
Band 1	0.08%	0.09%	0%	0%	0%	0%
Band 2	14.0%	16.46%	0.34%	0.54%	0.16%	0.27%
Band 3	4.11%	3.36%	0.10%	0.09%	0.08%	0.06%
Band 4	2.84%	3.36%	0.03%	0.06%	0%	0.09%
Band 5	19.12%	19.18%	1.45%	1.75%	0%	0.15%
Band 6	14.94%	14.53%	0.52%	0.06%	0%	0.06%
Band 7	8.81%	8.18%	0.10%	0.15%	0.03%	0.15%
Band 8A	1.90%	2.05%	0%	0.03%	0%	0.06%
Band 8B	0.44%	0.60%	0%	0%	0%	0%
Band 8C	0.05%	0.09%	0%	0%	0%	0%
Band 8D	0.13%	0.09%	0%	0%	0%	0%
Band 9	0.03%	0.06%	0%	0%	0%	0%
VSM	0.03%	0.03%	0%	0%	0.03%	0%

N.B. Medical and dental staff are not included in the WRES, but it is useful to note the following figures as a percentage of the total workforce:

White		B.M.E		Ethnicity unknown	
2019	**2020**	**2019**	**2020**	**2019**	**2020**
5.96%	6.16%	2.74%	2.69%	0.65%	0.69%

WRES Indicator 2		2017-18	2018-19	2019 - 20
Relative likelihood of white staff being appointed from shortlisting compared to BME staff		1.41	1.94	3.08
Narrative	There has been an increase in the likelihood of white staff being appointed from shortlisting compared to the previous reporting year. However we need to understand the validity of this metric and revisit the number of campaigns where there were both BME and white applicants to ensure it is accurate. The current data from NHS Jobs does not help us understand where we lose applicants in their recruitment journey. For example, there may be a large reduction at first stage of recruitment through shortlisting because the applicants do not have the relevant skills for the post. The demographic data fields in NHS jobs are not mandatory and often not completed therefore, we have no accurate data to compare ratio of those shortlisted to those hired by ethnicity. This years' results highlighted a significant opportunity to better understand the data surrounding our recruitment and selection activity.			
Action	• Continue to promote the Bitesize Recruitment and Selection training to all staff who are involved in the recruitment process. This training includes sections on diversity and inclusion, unconscious bias and fair recruitment practices and will be reviewed by the network group. • Implement standardised documentation as part of value based recruitment to ensure fair, unbiased and consistent processes are followed. • Alongside the implementation of values based recruitment, ensure that panels are diverse and equality and inclusion is measured during the selection process. • Include members of the BME network as recruitment and interview panel members for particular roles, grade and/or professions, providing them with the correct training. • Review the data in relation to internal recruitment; number of applicants from BME groups versus those appointed. • Improve the appetite for BME staff to apply for promotion by addressing cultural/management issues through listening to stories and the lived experiences of our staff. • Implement a development programme in respect of culturally competent managers. • Ensure the BME network has a more active role in induction, including reviewing, refreshing and updating the current equality and diversity training that is available. • Implement a quality checking process in respect of recruitment outcome documentation to identify whether it is appropriate and/or identifies issue for further training and education. • Introduce representative panellists for secondments and acting up positions.			

WRES Indicator 3	2017-18	2018-19	2019 - 20
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.	1.73	0.97	0.00
Narrative	The Trust had no disciplinary cases involving BME members of staff in the reporting period for 2019-2020. In 2019 four members of staff were trained as 'Cultural Ambassadors' by the Royal College of Nursing (although the training was not only for nursing staff, but available to all staff groups) in order for them to be an additional support mechanism when a BME staff member is subject to an employee relations process. Cultural Ambassadors will identify and challenge any issues of being treated less favourably, discrimination and unconscious or conscious cultural bias which are observed during the formal processes, and ensure that they are taken into consideration in the decision making process. We will incorporate the Cultural Ambassador role into our disciplinary and grievance processes. Our ICORE values are embedded within key workforce policies such as Probation, Performance and Appraisal. This enables us to ensure that all employees are managed consistently and objectively in line with our values and behaviours, ultimately removing the ability to discriminate intentionally or otherwise when decisions are made by managers in respect of individuals progressing into formal action.		
Action	• Continue to report data from the employee relations tracker to business units and to the HR committee for assurance. • Continue to promote Bullying and Harassment resources and the Mediation service throughout the organisation at all levels. • Ensure that the Cultural Ambassadors are utilised during disciplinary processes including BME members of staff. • Extend and adapt the Cultural Ambassador role and offer it to all network members. • Continue to work with our union partners to conduct a sensitive review of some of the cases involving BME staff to understand if the action was appropriate and any identified underlying issues. • Implement a development programme in relation to cultural competence for managers. • Listen to and act on the lived experiences of staff in relation to their experiences within the Trust.		

WRES Indicator 4		2017-18	2018-19	2019 - 20
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		1.03	0.97	1.18
Narrative	There has been a slight decrease in the relative likelihood of BME staff accessing non-mandatory training. This is despite the fact that a full range of bitesize training continues to evolve as demands change, as well as a full catalogue of training. In addition, the apprenticeship levy has opened up opportunities to develop innovative training programmes and this continues to be explored. Requests for training are approved based on the needs of the service and individual staff development plan. This is intended to ensure that training is equitable. A review of the data around the ethnicity of applications and subsequent approval is needed. The Talent Management Strategy is in the final stages of development, and alongside training data analysis, will be 'tested' with the staff network groups to ensure that it is transparent and inclusive, and offers opportunities for all staff, regardless of demographic background.			
Action	• Continue to record and track external funding, particularly for medical staff to ensure there is equity in allocation. • Consider expanding the role of cultural ambassadors to include involvement in appraisal to support individuals and managers around cultural awareness and competence. • Include inclusion in appraisal discussion as a measured indicator of performance. • Consider whether, in line with national and educational guidance, more can be done to recognise international qualifications differently. • Engage with external development programmes i.e. CWD, NELA stepping up Programme for band 5-7, Ready Now, coaching and mentoring scheme to support improvements in career progression for BME staff. • In conjunction with external development programmes, design and implement an internal career development programme for BME staff (personal effectiveness, career planning and job interview skills). • Ensure all BME staff are aware of and encouraged to take up coaching opportunities. • Ensure our cohort of trained coaches is representative of our workforce. • To ensure BME representation at the decision making and approval process for CPD training to ensure fairness and equity.			

21

WRES Indicator 5	2017-18	2018-19	2019 - 20
Percentage difference between the Trust Board's voting membership and its overall workforce	-5% 100% White	-5.6% 100% White	-6.4 100% White

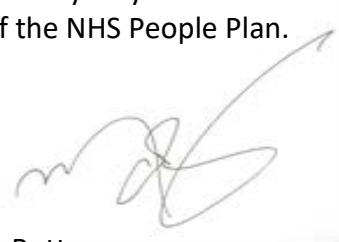|	
Narrative	There have been no Board appointments from BME communities within the last twelve months. Actions (i.e., broader advertising mediums) to encourage job applicants from diverse backgrounds have not resulted in the appointment of a BME representative, and skillset remains a key priority. However only 3.7% of the local population is from a BME background, and there are a relatively small number of posts being recruited in any given year.
Action	- Trust Board should consider whether any positive action can be considered in order to improve ethnic diversity, when the further Board position arises. - Recruitment monitoring will enable us to track the numbers of applicants applying for posts and the conversion rate to hire. This will help inform if the adverts are attracting a wide range of applications from different communities. - Widen recruitment strategies and promote any vacancies through more diverse routes. - Sponsor and participate in 'Aspiring NED' programme to enable the creation of a more diverse candidate supply pipeline of people under represented at Board level. - Participate in the North East cohort of Gatenby Sanderson 'Insight' Programme for Aspiring NHS NED's. - Offer newly appointed NEDs 'Buddy' support from an experienced NED.

4.   Conclusion

The WRES was developed to help NHS organisations make a positive impact for staff from BME backgrounds working in the NHS. The WRES aims to inform year on year improvements in removing those barriers that impact most on the career opportunities and workplace experiences of BME staff. The actions identified must drive changes in attitudes, increase employment and career opportunities, and implement long-lasting change for BME staff.

The data and feedback that has been gathered as part of this process will enable the Trust to gain a greater understanding of the experiences of our BME staff. We will continue to develop systems and processes, and implement our action plans to enable us to work in partnership with staff side and the BME Staff Network to measure our progress towards improving the experiences of our BME employees.

Finally, the actions will be incorporated into the Trust's integrated work plans for equality, diversity and inclusions. These will be further enhanced by any review of the Trust's People Strategy, as a result of the publication in August of the NHS People Plan.

Yvonne Ormston MBE   Maria Butt
Chef Executive   Chair D-Ability Staff Network