

Trust Board

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



Gateshead Health
NHS Foundation Trust

Present:	
Mrs A Marshall	Chair
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mrs C Coyne	Director of Clinical Support, Screening and Surgical Services
Mr P Hopkinson	Non-Executive Director
Mr M Laing	Acting Executive Director of Community Services and Medicine
Dr H Lloyd	Director of Nursing, Midwifery and Quality
Mrs Y Ormston	Chief Executive
Mr J Robinson	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
Mrs S Watson	Director of Strategy and Transformation
In Attendance:	
Mrs D Atkinson	Trust Secretary
Mr N Black	Chief Digital Information Officer
Mrs J Williamson	Membership Co-ordinator
Governors and Members of the Public:	
Mrs J Coleman	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor – Western
Apologies:	
Mr S Bowron	Non-Executive Director
Mr N Halford	Deputy Medical Director

Agenda Item	Discussion and Action Points	Action By
19/218	<p><u>CHAIR'S BUSINESS:</u></p> <p>The meeting being quorate, Mrs A Marshall declared the meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>She welcomed the Trust governors to the meeting.</p>	

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19/219	<p><u>DECLARATIONS OF INTEREST:</u></p> <p>Mrs A Marshall 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.</p>	
19/220	<p><u>APOLOGIES FOR ABSENCE:</u></p> <p>Apologies were received from Mr S Bowron and Mr N Halford.</p>	
19/221	<p><u>MINUTES OF THE PREVIOUS MEETING:</u></p> <p>The minutes of the meeting of the Board of Directors held on Wednesday 30th October 2019 were approved as a correct record, subject to a minor amendment.</p>	
19/222	<p><u>MATTERS ARISING FROM THE MINUTES:</u></p> <p>The Board Action Plan was updated accordingly to reflect matters arising from the minutes.</p> <p>19/193 The nurse staffing exception report is currently being updated to include staff turnover and community mental health staff and will be presented to the Board of Directors from January 2020</p> <p>19/195 Further work is being carried out to look at including benchmarking information in the integrated quality and learning report. This will be presented to the Board of Directors from January 2020.</p> <p>19/126 The Northern Research Alliance will be launched in March 2020, and Cllr Weatherley has been invited to be involved in this work</p>	
19/223	<p><u>BOARD OF DIRECTORS' MEETINGS 2020:</u></p> <p>Mrs A Marshall presented a planned schedule of Board of Directors' meeting dates and strategy sessions for 2020.</p> <p>She stated that the proposal is to hold formal Board meetings bi-monthly with strategy sessions planned for the other months. She noted that the strategy sessions will be half day sessions.</p>	

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	<p>Mrs Ormston noted that it is important to look to see how to restructure the meetings and to see what areas need to be covered with timings, with the principle focus being on strategy. She added that it would be useful to discuss what emphasis the Board think the strategy sessions should focus on.</p> <p>Mrs Marshall suggested that the Board of Directors could discuss the format of the strategy sessions and how best to use these sessions at the Time Out session in December 2019.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to approve the dates for the Board of Directors' meetings and strategy sessions for 2020</p>	
19/224	<p><u>PATIENT'S STORY:</u></p> <p>Ms S Robinson, Service Line Manager, along with Ms R Taylor and Ms D Whittaker, Older Persons Nurse Specialists, presented a patient story which related to an elderly patient who attended A&E and was assessed and cared for by the Frailty Team.</p> <p>Mrs A Marshall thanked the team for their presentation.</p> <p>Mr D Shilton queried how the team decides which patients they would take a special interest in.</p> <p>Ms D Whittaker stated that patients are assessed through the A&E triage system and using the Rockwood Clinical Frailty Scale. Any patients with a score of five and above on the scale would be looked after by the frailty team. She added that if the number of patients allows, then lower scores will also be looked after. She stated that the team is currently working with the IT department to help to develop a system to allow them to access a daily list of all patients, as the current lists only detail patients over the age of 65 or who are from a nursing home.</p> <p>Dr R Bonnington asked if the service has received any feedback from other staff in the Trust.</p> <p>Ms S Robinson stated that the service received some excellent feedback last winter from Mr M Shaw, Senior Charge Nurse A&E, who commented that the comprehensive assessment and signposting patients to the right place is really helpful. She noted that the hospital is seeing more complex and acutely unwell patients, and early intervention can help keep a patient's length of stay shorter.</p>	

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	<p>Ms D Whittaker noted that the falls team have time to look at and help the patient. They also have access to be able to get a bigger picture of the patient and can access social services if needed.</p> <p>Mr J Robinson queried if the team find that most patients do need to be in hospital and if they are moved from their care home to the hospital at the right time.</p> <p>Ms R Taylor stated that patients who require the care of the frailty team are normally admitted to be given IV antibiotics, for diagnostics to be carried out, or for chest infections requiring oxygen. She noted that sometimes the patients have a quick turnaround before they can be discharged; however the team are able to put palliative care in place if needed.</p> <p>Mrs A Marshall asked if the team is based front of house in A&E 24 hours a day.</p> <p>Ms S Robinson stated that the team consists of six WTE nursing staff with links with geriatricians. The frailty transformation programme is currently work in progress which will look at the service being provided seven days a week, however this will be based on activity and currently most admissions are through the week. Work has been carried out to tracked activity to allow for the service to match the demand.</p> <p>Mrs A Marshall thanked the team for their presentation.</p>	
19/225	<p><u>QUARTERLY REVIEW MEETING:</u></p> <p>Mrs S Watson provided the Board with information regarding the outcome of the Quarterly Review meeting held on 21st October 2019.</p> <p>She noted that the letter was received from NHS Improvement as part of the formal quarterly report following the meeting, and gives an overview of the discussions undertaken. The review was carried out with the Trust using a structured and standard approach, and covered all quality indicators, operational performance, finance, strategy and leadership.</p> <p>Mrs Watson stated that the position is positive overall, with the Trust now in segment 2 due to the financial position and use of resources. Other areas noted were the Trust's operational performance, and although the standards are currently not being met, the overall good performance was discussed. She noted that the discussions also covered winter preparedness and flu vaccinations.</p>	

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	<p>Mr M Robson asked for further information around the maternity continuity of care and the Local Maternity System, and why this was discussed as part of the review meeting.</p> <p>Mr A Beeby noted that the Local Maternity System (LMS) is a national maternity transformation programme that is charged with delivering better births and making improvements across the board. He noted that the topic is of particular interest at this time however where the scrutiny sits is currently unknown.</p> <p>Mrs S Watson noted that the issues were discussed at the ICS Optimising Health Services meeting earlier in the week, and she noted concerns from attendees in the region around meeting the standards. Figures show a varying range of performance.</p> <p>Mr A Beeby stated that the responsibility sits with Local Maternity Services; however this work has now reached the point where transformation improvement work is required. This will take place next year to look at how this could be delivered. Mr Beeby noted the difficulty of the work and that this will completely change the way care is delivered.</p> <p>Mr D Shilton asked for further information on the breaches stated in the letter. Mrs A Marshall added that the Trust is likely to report a further breach shortly as there is a patient who does not want to have their surgery before Christmas.</p> <p>Mrs S Watson stated that the issues were discussed at the Finance and Performance Committee the previous day. They are not included in the written Board report as they are not specifically a Single Oversight Framework (SOF) trigger, and more detail is included in the Finance and Performance papers.</p> <p>Mrs Y Ormston noted that any exceptional items need to be reported to the Board.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the update for assurance</p>	
19/226	<p><u>PERFORMANCE REPORT:</u></p> <p>Mrs S Watson provided an update on performance against national and local targets, giving assurance about the Trust's performance in light of national requirements and local changes.</p>	

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	<p>She drew attention to the paper, agenda item 9, and stated that the report had been discussed in detail at the Finance and Performance Committee the previous day.</p> <p>Mrs Watson noted that the access targets continue to be challenging. She noted the considerable pressure in the system overall and that the Trust continue to perform at a consistent level overall.</p> <p>Mr M Laing reported that he had provided an update to the Finance and Performance Committee the previous day, on a range of actions being undertaken by Medicine Business Unit and the plans for moving forward in the future. He noted the pressures currently being dealt with in A&E, including the Trust running at OPEL 3 for over a week.</p> <p>Mrs Watson stated that the Trust's performance against cancer targets improved in October 2019, with indicative figures showing that the required standards have been met. She reported that the Finance and Performance Committee received a detailed analysis of the October breaches for assurance, the reasons for the breaches and the actions being taken. She added that there is an expectation that dementia assessment figures will also be satisfactory.</p> <p>She reported that the Trust has a risk of a patient waiting 52 weeks which has been driven by consultant sickness, along with the patient's choice of consultant and choosing not to receive surgery before Christmas. Mrs Watson stated that Mrs C Coyne has picked up the issue and is looking into the reasons behind this, which could include consultant sickness and a better way of proactively managing patients earlier in their pathway. She suggested that the papers for the Finance and Performance Committee could be circulated to all non-executive directors for information in future.</p> <p>She reviewed the workforce metrics, noting the encouraging change to the Trust's sickness absence rate; currently at 4.4% on average but reporting an in month figure of 4.1%. Core training compliance has also improved and is now back above standard. Appraisal compliance is starting to increase with an improvement being noted, however the Trust is now entering the most challenging time of year.</p> <p>Mrs Watson reported that following a deep dive into some of the data in the report, eight individuals have been found who have not had an appraisal for more than three years. She noted that work is being undertaken to understand if this data is genuine, and to work with the relevant teams to ensure that there is an understanding of the long waits and the reasons behind these.</p> <p>Mr J Robinson asked if there are any actions that could be taken to support staff during the busy period. He noted that discussions took</p>	SW

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	<p>place at the HR committee around the improvement of facilities for some staff that have not yet been carried out which included access to hot food during the night, adding that these improvements could improve morale.</p> <p>Mrs Y Ormston agreed, stating that the Trust needs to consider how to support staff through the winter period which is expected to go for longer than in previous years. She stated that this should be the basics including availability of food and refreshments, and such things as debriefings for any traumatic events.</p> <p>Mrs A Marshall added that it is important to show the Board's appreciation to all staff for their hard work.</p> <p>Mr D Shilton suggested that the Trust could review patients on waiting lists earlier than the current 48 week point.</p> <p>Mrs A Marshall stated that the analysis of the waiting times is discussed in detail at the Finance and Performance Committee. She commented that the patients who fall into the 18-24 weeks' timescale are currently around two thirds of the overall total of patients.</p> <p>Mrs Watson stated that data is provided routinely to the Service Line Managers (SLMs) so that they are managing those patients appropriate to their circumstances. She added that the long waits in orthopaedics relate specifically to sickness absence of consultants in a sub speciality, an in addition there have also been retirements in endoscopy. The SLMs are provided with the information needed to carry out their analysis and have relevant conversations.</p> <p>Mr M Robson queried the reference to the opportunities taken to apply the current patient access policy, as patients were saying that they would rather wait for a particular consultant, or they were not turning up to OPD appointments on a number of occasions. There are opportunities to intervene earlier in the process.</p> <p>Mrs Y Ormston stated that the current climate is the most challenging time she can remember, and noted that the 18 week target has not been met nationally for three years. There are also changes to pensions and the incentivisation around additional work, and the financial challenge that arises from this. She stated that this is about how the Board that the Trust is balanced with the finance, performance and quality triangle. Within the winter scenario there may be a certain point where the Trust will move away from the financial plan which we are currently on track for, and a conscious decision may need to be taken increase the deficit. Patient safety is key but there is a fine balance.</p>	

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	<p>She added that the surgical bed reconfiguration undertaken earlier in the year was on a premise that this would protect more capacity, and the Trust has opened more winter beds in response to pressures, which might have impacted. Mrs Ormston provided assurance to the Board that in terms of elective patients, they are prioritised on the basis of clinical need and there is a clinical decision making model to ensure that the most urgent patients are prioritised.</p> <p>Mr P Hopkinson queried in relation to the four hour wait, if this has been historical. He asked if the Trust has any forecast of where the figures are likely to go and is the Trust informing NHS Improvement of this. Mrs Ormston stated that the Trust has recently submitted some best guess revised trajectories.</p> <p>Mr M Laing noted that short term actions include changing the way patients are streamed into GP practices, working to keep care home patients out of hospital, changing shift patterns, and using non-ward based nursing staff. Ward 12 has also been recommissioned to be used as a medical ward as the winter period hits. Thirdly, in the longer term the emergency department is currently working on the expectation that they will see double the number of patients.</p> <p>Mr J Robinson stated that consultant illness is difficult to predict, however staff retiring is a more long term plan. He asked if the Trust has an early view of when staff are coming up to retirement, and if conversations take place with the staff to ascertain if they wish to remain in work.</p> <p>Mr M Laing reported that some medical staff have retired and returned to work. The Trust has taken this slightly further and has approached staff who have retired from other local hospitals to see if they would want to continue to practice in a different hospital. He added that there are three consultant cardiologists who are retiring next year so plans are being looked at around this.</p> <p>Dr H Lloyd added that wherever possible the Trust is planning for retirements. She noted that the current retirement for nurses is at age 55, however this will be changing soon and they are more likely to retire and return to work. The Trust is currently deploying non ward based nurses to support front line staff and it is important that the Trust must ensure that staff are in the right place.</p> <p>Mrs A Marshall asked for the Board's appreciation to be passed on to staff, and asked if Non-Executive Directors contact her if they wish to take part in any walk-about visits to support staff.</p> <p>Following further discussion, it was:</p>	

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	<p>RESOLVED: to receive the report as assurance against the management of governance indicators in the Single Oversight Framework and local supporting measures of performance management</p>	
19/227	<p><u>INTEGRATED QUALITY AND LEARNING REPORT:</u></p> <p>Dr H Lloyd provided assurance to the Board of Directors on the Trust's quality and safety performance to October 2019.</p> <p>Dr Lloyd drew attention to the paper, agenda item 10, highlighting the key metrics.</p> <p>She noted that a total of 43 medication errors were reported in October 2019. The learning from the errors included staff being reminded to check for drug allergies, and ensuring that patients with known drug allergies are provided with a red allergy bracelet during their stay.</p> <p>Dr Lloyd reported that the Trust has now reported 25 CDI cases; 20 of which have been successfully presented for appeal. It was noted that five cases were not presented to appeal following internal review. Therefore the Trust currently has five cases against the objective of 40.</p> <p>She noted the improvement work ongoing within the Trust in relation to falls, stating that in October 2019, 128 falls were reported, with 102 being no harm, 20 low harm, three moderate harm, and three severe harm. Overall however there has been a reduction in falls.</p> <p>Dr Lloyd reported that 43 incidents of Trust acquired pressure damage were reported in October 2019; eight in an acute setting and 35 in a community setting. She noted the ongoing improvement work including the pressure damage collaborative, which will look at system wide improvements.</p> <p>Serious incidents remain stable with 10 serious incidents reported in October 2019. These incidents included three severe harm falls, two patient collapse (non-falls), one delay in transfer, and one patient injury sustained during the course of an operation.</p> <p>She stated that the VTE information detailed in the report will be changed for future reports. The chart shows 98.7% which is low compliance but this is not a true picture and the Trust could be targeting work on the wrong areas. The section will be reviewed and amended as appropriate.</p>	

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	<p>The Trust's SHMI mortality rate continues to be within the expected range, with the HSMR figure showing as slightly higher. Learning from the Mortality Council continues and it is pleasing to note that 81.3% of deaths are reviewed with 98% definitely not preventable.</p> <p>Dr Lloyd noted that the Trust's Friends and Family Test responses continue to be high, although a slight dip has been experienced in A&E responses over the last three months. This is due to responses being received in the 'Neither Likely nor Unlikely' category.</p> <p>She noted that the Trust's complaints have remained steady, and explained that changes will be made to the reporting to include the length of time taken to respond to complaints.</p> <p>Mr J Robinson noted the reduction in the Friends and Family Test responses from A&E. He asked if the Trust is able to get a message across to people coming in to the department regarding the extreme demand and that staff looking after patients are doing their uttermost best.</p> <p>Dr H Lloyd stated that messages to patients have been conveyed on a number of occasions along with information on the display boards. She added that up to date waiting time information is also available on the Trust's website, but despite this patients still prefer to wait. She noted that a lot of information is published on social media but not in the actual rooms where patients are waiting and the Trust needs to recognise that not everyone uses social media.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the update for assurance</p>	
19/228	<p><u>CONSOLIDATED FINANCE REPORT:</u></p> <p>Mrs J Bilcliff provided the Board with a summary performance against plan for activity, income and expenditure as at 31st October 2019 (Month 7) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).</p> <p>She reported that the Trust has been successful in securing a control total change for the 2019/20 financial year. The Trust's control total will now deteriorate by £3m, to £9.5m from Month 8. She added that this is still £1m short of the ideal position, however work will continue with the CCG to see if the gap can be reduced. Mrs Bilcliff noted that the Trust did receive the £4m system support and that the figures in the financial report will change from next month.</p>	

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	<p>She stated that Northumbria Healthcare and Newcastle Hospitals have taken a much harder control total to enable the Trust to receive a control total change. This is a really positive display of system working.</p> <p>Mrs Bilcliff reported that at Month 7, the Trust is reporting an operational deficit (excluding PSF) of £7.4m against a planned deficit of £7.5m, a positive variance of £100k. The Trust has also achieved slightly more CRP than planned and this is due to some one-off items, for example the VAT refund from HRMC.</p> <p>Capital spend is currently behind plan and this relates to the implementation of NerveCentre.</p> <p>Mrs Bilcliff reported that the Trust's cash position continues to look positive, however all funds already allocated. The position is due to the £2m cash from Newcastle Gateshead CCG and some non-recurrent HPV contract funding.</p> <p>She noted that the change in the Trust's control total should enable the target to be met to qualify for £1.9m PSF funding in Q4.</p> <p>She concluded her update by stating that the financial targets are still very challenging. The Trust now has to work towards ensuring that it meets the revised control total to allow the £4m gap to be reached.</p> <p>Mrs Marshall thanked Mrs Ormston and Mrs Bilcliff for their hard work as part of the discussions to allow the Trust to access system support. She also acknowledged the Trust's partners for their support, noting that this is a great example of the system working together. Mrs Marshall added that the Trust must do everything possible to close the remaining gap.</p> <p>Mr J Robinson noted the amount of work that has been undertaken in gaining system support and giving assurance to the Board. He stated that this is very positive and encouraging that Trusts are helping each other.</p> <p>After further discussion, it was:</p> <p>RESOLVED: to receive the report for assurance</p>	
19/229	<p><u>ASSURANCE FROM BOARD COMMITTEES:</u></p> <p>i) Finance and Performance Committee Mrs A Marshall provided an update from the Finance and Performance Committee meetings held on 29th October 2019</p>	

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	<p>and 26th November.</p> <p>She noted that the financial performance remains as a red rating, as even though system support will be received, there remains a gap. The performance report was rated as red due to the A&E targets.</p> <p>She reported that the Committee approved the bribery and corruption policy.</p> <p>The Committee received a comprehensive update on the Trust's A&E performance and this was rated as red.</p> <p>Finally, the Committee received an update on the ongoing transformation work noting that good progress has been made. This has been rated as red as the work is in the very early stages and the report will be brought back to the Committee on a monthly basis to allow for a more in-depth look into each of the workstreams.</p> <p>ii) Quality Governance Committee:</p> <p>Mr D Shilton provided an update from the Committee meeting held on 20th November 2019.</p> <p>He noted that the Committee agreed that the BAF would remain as amber as there were no changes from the previous month.</p> <p>Mr Shilton reported that good assurance was noted on the CQUIN update; however there are two areas where the Trust is not meeting the required targets; falls and antimicrobial resistance relating to UTI and dipstick usage.</p> <p>He reported that good assurance was received around the Trust's clinical audit programme, and the Committee noted the ongoing work looking at overdue audits and required more detailed information in relation to audit type.</p> <p>An update was received around a seven day service where it was reported that a sample of 150 emergency admissions had been audited. This work was also mentioned in the NHS Improvement quality review letter and shows that the Trust is now making good progress against the four standards; two of which are being consistently met.</p> <p>The internal audit report on openness and honesty was rated as amber due to two areas of medium priority and one area of low priority. These areas will be monitored through the HR</p>	

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	Committee and are planned to be resolved in the next two or three months.	
19/230	<p><u>QUESTIONS FROM GOVERNORS IN ATTENDANCE:</u></p> <p>There were no questions from governors in attendance.</p>	
19/231	<p><u>DATE AND TIME OF THE NEXT MEETING:</u></p> <p>RESOLVED: that the next meeting of the Board of Directors will be held at 9.30am on Wednesday 29th January 2020 in Room 3, Education Centre, Queen Elizabeth Hospital</p>	
19/232	<p><u>EXCLUSION OF THE PRESS AND PUBLIC:</u></p> <p>RESOLVED: to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed</p>	