

# Trust Board

Minutes of a meeting of the Board of Directors  
held at 10.30 am on **Wednesday 3<sup>rd</sup> June 2020**,  
via Microsoft Teams



**Gateshead Health**  
NHS Foundation Trust

<b>Present:</b>	
Mrs A Marshall	Chair
Mr A Beeby	Medical Director
Mrs J Bilcliff	Group Director of Finance
Dr R Bonnington	Non-Executive Director
Mr S Bowron	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
Mrs Y Ormston	Chief Executive
Mr J Robinson	Non-Executive Director
Mr M Robson	Non-Executive Director
Mr D Shilton	Non-Executive Director
<b>In Attendance:</b>	
Mrs D Atkinson	Trust Secretary
Mr L Atkinson	Deputy Director of Strategy and Performance
Mrs J Williamson	Membership Co-ordinator
<b>Governors and Members of the Public:</b>	
Mrs E Adams	Public Governor – Central
Mrs J Coleman	Staff Governor
Mrs C Ellison	Staff Governor
Reverend J Gill	Public Governor – Western
Mrs G Henderson	Public Governor – Western
Mr M Loomes	Staff Governor
Ms K Marley	Staff Governor
Mr A Rabin	Public Governor – Central
Mrs K Tanriverdi	Public Governor – Central
Mrs J Todd	Public Governor – Western
	4 x members of the public
<b>Apologies:</b>	
Cllr M Gannon	Non-Executive Director

<b>Agenda Item</b>	<b>Discussion and Action Points</b>	<b>Action By</b>
20/47	<p><b><u>CHAIR'S BUSINESS:</u></b></p> <p>The meeting being quorate, Mrs A Marshall declared the meeting open at 10.30 am and confirmed that the meeting had been convened</p>	

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	<p>in accordance with the Trust’s Constitution and Standing Orders.</p> <p>She welcomed the Trust governors to the meeting, along with staff members and members of the public.</p>																
20/48	<p><b><u>DECLARATIONS OF INTEREST:</u></b></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>																
20/49	<p><b><u>APOLOGIES FOR ABSENCE:</u></b></p> <p>Apologies were received from Cllr M Gannon.</p>																
20/50	<p><b><u>MINUTES OF THE PREVIOUS MEETING:</u></b></p> <p>The minutes of the meeting of the Board of Directors held on Wednesday 29<sup>th</sup> January 2020 were approved as a correct record, subject to three slight amendments.</p>																
20/51	<p><b><u>MATTERS ARISING FROM THE MINUTES:</u></b></p> <p>The Board Action Plan was updated accordingly to reflect matters arising from the minutes.</p>																
20/52	<p><b><u>ANNUAL DECLARATIONS OF INTEREST:</u></b></p> <p>Mrs D Atkinson, Trust Secretary, presented the Declaration of Board Members’ Interests and the Fit and Proper Persons Declaration.</p> <p>All Board members have satisfactorily completed the Fit and Proper Persons Declaration and the declared interests are shown below:</p> <table><tr><th>Name</th><th>Position</th><th>Interest</th><th>Interest of Spouse</th><th>Category</th></tr><tr><td>Mr Andrew Beeby</td><td>Medical Director</td><td>Director of Medicolegal reporting firm (Private company)</td><td>Rebecca Beeby – Director of same company)</td><td>A</td></tr><tr><td>Mrs Jackie Bilcliff</td><td>Group Director of Finance</td><td>None</td><td>None</td><td></td></tr></table>	Name	Position	Interest	Interest of Spouse	Category	Mr Andrew Beeby	Medical Director	Director of Medicolegal reporting firm (Private company)	Rebecca Beeby – Director of same company)	A	Mrs Jackie Bilcliff	Group Director of Finance	None	None		
Name	Position	Interest	Interest of Spouse	Category													
Mr Andrew Beeby	Medical Director	Director of Medicolegal reporting firm (Private company)	Rebecca Beeby – Director of same company)	A													
Mrs Jackie Bilcliff	Group Director of Finance	None	None														

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	Dr Ruth Bonnington	Non-Executive Director	(i) a partnership in General Practice, Bewick Road, Gateshead (ii) a partner in a private company R&M Bonnington	(ii)M Bonnington – Partner in same company	B	
	Mr Shaun Bowron	Non-Executive Director	Non Executive Director of QE Facilities`	None	A	
	Cllr Martin Gannon	Non-Executive Director	Newcastle Airport Local Authority Holding Company Limited  Leader of Gateshead Council	None  None	A  F	
	Mr Neil Halford	Deputy Medical Director	None	None		
	Mr Peter Harding	Commercial Director	Managing Director QE Facilities	None	A	
	Mr Paul Hopkinson	Non-Executive Director	Partner PL Law LLP  Trustee – FACT – Fighting All Cancers Together	Partner PL Law LLP	B  D	
	Mr Michael Laing	Associate Director	None	None		
	Mrs Hilary Lloyd	Director	Trustee of Health Committee (A Committee which gives awards to student nurses on qualifying)	None	D	
	Mrs Kris Mackenzie	Deputy Director of Finance	None	None		
	Mrs Alison Marshall	Chair	NED of Northern Powergrid (Northeast Ltd) and Northern Powergrid (Yorkshire PLC)	NED of North East Ambulance Service NHS Foundation Trust  NED of North East Ambulance Service Unified Solutions Ltd  NED of Newcastle Gateshead Initiative (Chair)  NED of NGI Events Ltd  NED of North East England Chamber of Commerce	A	

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				Director of Newcastle United Foundation Projects Ltd		
				NED of Believe Housing Ltd		
				Chair of Trustees – Newcastle United Foundation	D	
			Ambassador for North Northumberland Hospice Care	Ambassador for North Northumberland Hospice Care	E	
	Mrs Y Ormston	Chief Executive	None	None		
	Mr J Robinson	Non-Executive Director	NED of QE Facilities	None	A	
	Mr Mike Robson	Non-Executive Director	Vice-President St Oswald’s Hospice	None	D	
	Mr David Shilton	Non-Executive Director	Director Meadow Lodge Care Ltd	None	A	
			Member Meadow Lodge Homecare Services LLP		B	
<p>She confirmed that the annual check had also been carried out which included a check against the disqualified director records.</p> <p>Following discussion, it was:</p> <p><b>RESOLVED:</b> i) to approve the declared interests and Fit and Proper Persons Declaration</p> <p>ii) to note the next full routine review of the declaration of Board members interests will take place in April 2021</p>						
20/53	<b><u>AMENDMENTS TO THE CONSTITUTION:</u></b>					
<p>Mrs A Marshall presented the proposed amendments to the Trust’s Constitution for approval.</p> <p>She noted that the document had previously been presented to and approved by the Covid Committee and the Council of Governors.</p> <p>Mrs Marshall outlined the proposed amendment which is to appoint two new Non-Executive Directors as Associate NEDs for a three month period. They will have access to Board and Committee meetings but</p>						

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	<p>will not have voting rights. When Mr Bowron and Mr Robinson leave the Board at the end of September 2020, the Associate NEDs will then become full Non-Executive Directors. This amendment would also give the Trust the opportunity to appoint Associate NEDs at another point in the future if suitable candidates were found.</p> <p>She noted that the Council of Governors requested assurance moving forward that if the Trust wants to appoint other Associate NEDs, a correct process would be followed.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> to approve the change to the Trust's Constitution to add a new class of Associate NED</p>	
20/54	<p><b><u>PERFORMANCE UPDATE:</u></b></p> <p>Mr L Atkinson 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> <p>Mr Atkinson noted the ultimate change in demand due to the pandemic, adding that the Trust closed the Walk In Centre in late March/early April and A&amp;E attendance fell by 50% at the QE. He stated that this is a similar position to other Trusts.</p> <p>He stated that from a reporting point of view, this fundamentally changed the denominator against which percentage performance is reported. He noted that the sickest patients continue to attend hospital but the relatively minor patients will not attend. In light of this the performance figures are not historically the same but nevertheless the Trust has seen an improvement in A&amp;E four hour target.</p> <p>Mr Atkinson stated that the Trust continues to report against all constitutional standards, noting that there has not been particular interest from the regulator to date.</p> <p>Mrs Y Ormston noted that the ICS is starting to pick up projections against recovery to see how this can be progressed to get activity back to improving waiting times and lists.</p> <p>Mr Atkinson stated that planning guidance is expected shortly which will hopefully give further guidance for recovery and the clearer ask around measures going forward.</p> <p>Mr Atkinson reported that the Trust had a reduction in two week wait</p>	

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	<p>cancer patient referrals at the beginning of the pandemic, and the overall numbers continue to be low. The Trust has moved to virtual appointments where appropriate, with clinical conversations with individual patients. This has varied on a patient by patient basis.</p> <p>The cancer performance metrics are not good at tracking performance at a time like this as they only reflect the patients who have undergone treatment rather than those who are still waiting. Performance overall in April and May was in line with normal but numbers of treatments have been significantly lower.</p> <p>Mr Atkinson stated that the Trust will be clearing a backlog of patients who have chosen to wait more than 62 days, so therefore the performance will decline as that backlog is cleared. He noted the cancer recovery cell which is tracking incomplete patents and decisions are being made on a clinical priority basis.</p> <p>Routine elective performance at start of the pandemic saw a cessation of routine referrals from GPs. The waiting lists have not increased but very few patients have been seen in this time. The same number of patients are waiting but they are all waiting on average notably longer. The number of outstanding patients at the end of a month has seen a continuous decline to around 60%. He reported there are some 52 week waiters but this is not unusual. Services are prioritising patients on clinical need as services are resumed.</p> <p>Mr S Bowron noted the publicity around the reduction in numbers attending A&amp;E. He stated that in light of this he would have expected to see a higher performance against the four hour target.</p> <p>Mr Atkinson stated that the key to the metric is the aggregation of attendance at the Walk In Centres, noting that Blaydon normally achieve 100%. He stated that all patients that have a relatively quick waiting time are no longer arriving at A&amp;E but the more complex patients continue to arrive. When the Trust's 95% performance is based on overall normal case mix, there is space for patients who can take longer than four hours to be seen. He added that some other Trusts have reported a much higher admittance rate but the Trust is continuing to carry out front of house work without the need to admit. Mr Atkinson noted the slight improvement on last year but agreed that this is not as dramatic as expected given the current situation.</p> <p>Mr J Robinson asked if the Trust is providing any reassurance to patients about attending hospital for treatment. Mr A Beeby stated that the Trust is currently developing information that will be sent to patients prior to their appointment, explaining social distancing</p>	

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	<p>requirements and explaining for them not to come to hospital if they have any symptoms. He noted that on attendance at OPD patients will immediately see evidence of social distancing measures that have been put in place.</p> <p>Mr J Robinson asked if there have been any issues for patients on their transport to hospital, especially if they have no private transport. Mr P Harding noted that at the beginning of the pandemic, North East Ambulance Service were experiencing difficulties in emergency calls so patient transport was passed over to QE Facilities. QE Facilities have now been providing that service to a significant volume of patients but are only able to transport one patient per journey. He noted that this service could continue going forward and that rapid patient discharge is also an important part of the journey.</p> <p>Following further discussion, it was:</p> <p><b>RESOLVED:</b> to receive the update as assurance against the management of governance indicators in the Single Oversight Framework and local supporting measures of performance management</p>	
20/55	<p><b><u>CAPITAL UPDATE:</u></b></p> <p>Mr P Harding provided an update on the Trust's capital plan.</p> <p>He noted that the Trust had clear priorities prior to the pandemic, but due to this situation a number of major schemes have needed to be suspended or halted. The Trust needed to respond quickly to Covid requirements and make preparations and carry out any required work.</p> <p>Mr Harding reported that NHSI/E introduced a protocol system of approvals based on business cases. He noted that the business case for Tranwell was retrospectively submitted, along with a business case to upgrade and extend Ward 21. This extends the number of beds on this ward and future proofs this area as compatible for ITU. Mr Harding noted that the Trust was told by NHSI/E that there would be a quick turnaround but approval is still awaited for both business cases. He added that at this stage it is unknown whether the funding will be reimbursed.</p> <p>He reported that a new guidance and process has been introduced for capital, involving approvals across the ICS. The ICS has decided to reduce the normal capital allocation by 15% to go into a central fund to allocate across the ICS. Discussions have taken place with Northumbria Healthcare and they have tried to help the Trust by</p>	

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	<p>giving back the 15% to the Trust.</p> <p>Mr Harding noted that the concern now is around the Trust trying to bring services back but not in same format as before e.g. social distancing. These concerns are being worked through and there are currently 62 current requests for accommodation changes which are being prioritised.</p> <p>He noted that the Trust has gone ahead with the areas needed e.g. equipment replacement, but with a limited resource and an uncertain demand.</p> <p>Mr Harding noted that work continues on a number of schemes as part of the recovery plan, for example the chemo day unit was relocated into the Tranwell Unit which left accommodation in scheme 3 for Ward 10 to be able to convert back into beds in readiness for winter.</p> <p>Mr S Bowron asked if the delay in retrospective approval could put a hold on any capital projects that the Trust would like to carry out. Mr Harding stated that the delay adds to the uncertainty and it was unknown how much money was actually going to be spent on Covid.</p> <p>Mrs J Bilcliff noted that the Trust financial returns have assumed that the projects will be funded, with a fully committed programme for the rest of the year. Mr S Bowron stated that he hopes that the Board will endorse this going forward.</p> <p>Mr M Robson asked for clarification on the reduction of capital funding by 15% by the ICS. Mrs Bilcliff stated that the ICS are trying to risk assess the capital programme and stating that they are worried that a lot of capital bids will not be funded.</p> <p>Mr P Harding noted the intention to create an ICS fund to redirect to what might be needed this year. Mrs Bilcliff added that capital funding is now managed at an ICS level.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> receive the update for assurance</p>	
20/56	<p><b><u>COVID UPDATE:</u></b></p> <p>Dr H Lloyd provided an update to the Board on the work being carried out due to new Covid requirements.</p> <p>She noted that a new operating model is now in place in response to</p>	



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	<p>the pandemic. She added that staff have been outstanding and have gone above and beyond and very patient centred.</p> <p>Dr Lloyd reported that the Trust is now reporting a reduction in number of patients with Covid, with four currently in the hospital. She added that regionally there is a huge variation so it is anticipated that this number could increase at any time.</p> <p>She reported that Phase 2 is now a main priority which is the recovery and management of services post Covid, as well as continuing with contingency plans for a potential wave 2.</p> <p>Dr Lloyd stated that there is a different normal now in place with expectations that the Trust will continue to see the affects for another 12 to 18 months.</p> <p>She stated that the Trust has developed a robust system for collecting lessons learned and capturing this information. She noted that the Trust interviewed as many staff as possible and it clear that the focus on patients has very been important. There have been a lot of lessons learned but the key highlights include how the Trust has enabled the digital and technologies to move faster and further, and the 'can do' attitude of the staff who have been moved around and how they have coped with this.</p> <p>Dr Lloyd noted that improvements could be made around communication, but the fast pace of change meant the Trust had to make decisions and keep everyone informed. She noted that there was also a challenge around keeping up with national guidance which sometimes changed on daily basis from a national point of view.</p> <p>A Phase 2 steering group has been set up with various cells and workstreams, including the remodelling of critical care to cope with Covid, and the redesign of wards and clinical pathways. The Trust is also testing every patient as they come in but there is an inevitable delay in getting that test result back.</p> <p>Some services have been restarted including cancer services, but the other groups are diagnostics, elective surgery, outpatients, same day emergency care, community, and mental health.</p> <p>There has been a strong focus on staff wellbeing and the Trust has followed the national guidance on risk assessments for all staff. There have been some really nice acts of kindness, along with Project Wingman which has been accepted very well by staff. A Safer Working Practices Group has been set up to work to enable staff to return to work safely.</p>	

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	<p>Dr Lloyd reported that the Trust continues to test the antigen test for all admissions and for staff when required, as well as care homes within Gateshead. The antibodies test for staff has commenced with around 200 tests per day being carried out. There are also no current issues with PPE and none anticipated.</p> <p>From a governance point of view, quality and safety meetings have now recommenced.</p> <p>Dr Lloyd stated that the plans for the short, medium and long terms need to continue to allow the Trust to lock in any beneficial changes.</p> <p>Mr P Hopkinson commented on the performance figures for Gateshead for Covid which look good comparatively. He noted a story in the local press where the Head of Nursing at North Tees has written open letter to the public because their figures have remained high. He queried that as part of the Trust's lessons learned, is the Trust understanding what other Trusts have also learned.</p> <p>Mr A Beeby noted that there has been excellent cooperation across the local system. There is a transfer of learning across, noting that the issue at North Tees is a localised increase. However, communication continues with other organisations.</p> <p>Mr J Robinson stated that now is the time to look at plans for dealing with the virus on a local basis as risks of outbreaks increase. He noted it would be helpful for the Board to have an insight into how those local issues will be tackled as we move into the next phase and the need to manage this in the overall national framework.</p> <p>Mrs Y Ormston commented that the testing has developed, and the Test and Trace Service has been launched with an emphasis on Local Authorities to coordinate their public health surveillance. She added that the Director of Public Health has asked for a nomination from the Trust in terms of infection prevention and control, and this will be Dr H Lloyd. The Trust's response has always been to have a close working relationship with the Local Authority, principally through Mr M Laing and community services and to consider what support the Trust can provide.</p> <p>Mrs Ormston added that infection rates are reliant of the quality of statistics collected. She noted that in Gateshead the Trust has the Roche lab on site so this is processing lots of samples along with a national testing site nearby. This better access to testing could have led to a higher infection rate in Gateshead and it is important that the Local Authority are aware of this.</p> <p>Mr L Atkinson commented that, as part of the Trust's planning</p>	

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	<p>assumptions going forward, there will be uptake of patients and the Trust is not assuming that low rates of patients will continue. The plans have been modelled on bed demand so there are options if Covid goes up to a third of peak demand and two thirds of peak demand, and how the Trust would run. There is a wide range of uncertainty but the Trust is working on having that flexibility as and when the local situation changes.</p> <p>Mr J Robinson asked if the local response could be a feature of Board reports going forward, as it is key for everyone involved to know what the plan is for Gateshead to be able to manage as well as possible over the coming months.</p> <p>Dr R Bonnington queried if the Trust has any results on the antibody tests carried out on staff. Mrs Y Ormston stated that the information is not available specifically for the Trust, however the North East and Yorkshire region overall was a 16% positive as of Friday the previous week.</p> <p>Mr S Bowron queried how local the R number is. Mr A Beeby stated that the R number is not being broken down regionally at the moment. He noted that Track and Trace may help. Mr Beeby noted that demand has recently gone down but this might increase as lockdown is relaxed.</p> <p>Mrs A Marshall queried testing in Gateshead and the amount of tests that have been carried out may have created a higher detection of the virus, but is not affecting the infection rate itself. Mrs Ormston stated that Gateshead has had better access to testing than most other areas so therefore more detection.</p> <p>Mrs Marshall gave thanks and appreciation to all staff on behalf the Board.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> receive the update for assurance</p>	
20/57	<p><b><u>FINANCE UPDATE:</u></b></p> <p>Mrs J Bilcliff provided the Board with a summary performance against plan for activity, income and expenditure as at 30<sup>th</sup> April 2020 (Month 1) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).</p> <p>She noted that the Trust is currently under a block contract so there is currently nothing to report under income levels. Divisional control</p>	

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	<p>totals have also not been set so therefore are not being measured.</p> <p>Mrs Bilcliff reported that the Trust is reporting a break even position for Month 1. Overall the Trust spent £1.8m on Covid and the remaining £800k was Trust spend.</p> <p>She noted the expenditure on the employee side there are two peaks which are the winter period (December) and the second peak is Covid Peak in March. The average difference however is very small.</p> <p>Mrs Bilcliff reported that on operating expenses, excluding staff costs, there is huge difference and this is due to Covid. The majority is on non-pay and this has come down in April and has been reimbursed from the Centre.</p> <p>In terms of cash, and in line with the new financial framework, the Trust received Q1 cash in early April plus last years' element of FRF. The Trust is cash healthy but it is all spoken for.</p> <p>Mrs Bilcliff stated that the capital plan is draft due to the current situation and the reviewing of priorities. The capital envelope is £7.1m for this year.</p> <p>She noted the financial risks noting that the financial position is a continuing risk and it will be a focus moving forward, whilst ensuring that the relevant funding is received.</p> <p>Mrs Bilcliff stated that in terms of the forward view, the Trust is waiting for new planning guidance. She stated that initial thoughts are that the block contract arrangement will be extended to October 2020 but this has not been agreed to date.</p> <p>Mr M Robson asked if the planning guidance will make it clear around the arrangements for cashing up over the system and getting this back into balance.</p> <p>Mrs Bilcliff stated that the Trust has been cashing up every month, with £2.5m more received this month but this balanced off with the Trust's Covid spend.</p> <p>Mr Robson asked if this implies approval of the Covid spend or is there a process still to go through. Mrs Bilcliff stated that she thinks that this implies approval on the revenue side but this is different on the capital side. She noted that currently everything that is approved is caveated with the explanation that it will be part of a detailed audit later in the year. Mr Robson suggested that this should be included on the Trust's risk register.</p>	

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	<p>Mr J Robinson queried the spend on Covid over the period, stating that this seemed high in March before reducing in April. Mrs Bilcliff stated that the Trust's spend on Covid was high as expected in March as a lot of equipment needed to be bought but this tailed off quite quickly. She noted that £600k relates to spend the Trust has made on behalf of CCG to help care homes, GPs, and dentists, to get PPE equipment.</p> <p>After further discussion, it was:</p> <p><b>RESOLVED:</b> to receive the report for assurance</p>	
20/58	<p><b><u>QUESTIONS FROM GOVERNORS IN ATTENDANCE:</u></b></p> <p>Reverend J Gill gave thanks of behalf of the Council of Governors to the Trust's staff and their amazing work during the pandemic. Mrs Y Ormston agreed to ensure that this message is relayed to staff.</p>	
20/59	<p><b><u>DATE AND TIME OF THE NEXT MEETING:</u></b></p> <p><b>RESOLVED:</b> that the next meeting of the Board of Directors will be held at 9:30 am on Wednesday 29<sup>th</sup> July 2020 via Microsoft Teams</p>	
20/60	<p><b><u>EXCLUSION OF THE PRESS AND PUBLIC:</u></b></p> <p><b>RESOLVED:</b> to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed</p>	