MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

Gateshead Health NHS Foundation Trust

Date: Wednesday 29th March 2023
Time: 9:30 am
Venue: Rooms 9&10, Education Centre/Teams

AGENDA

	TIME	ITEM	STATUS	PAPER
1.	9:30 am	**Welcome and Chair's Business**		
2.	9:33 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 Company Secretary on receipt of agenda, prior to the meeting*	Declaration	Verbal
3.	9:34 am	**Apologies for Absence** *Quoracy check: (s3.3.31 SOs: No business shall be transacted at a meeting unless a minimum of **4** members of the Board (including at least **one** Non-Executive and **one** Executive Member of the Board are present)*	Agree	Verbal
4.	9:35 am	**Minutes of the meeting held on 25 January 2023** To be agreed as an accurate record	Agree	Enclosure 4
5.	9:40 am	**Matters Arising / Action Log**	Update	Enclosure 5
6.	9:45 am	**Patient & Staff Story** • Maternity Voices	Assurance	Presentation
		ITEMS FOR DECISION		
7.	10:00 am	**Constitutional Amendment:** To approve the amendment presented by The Company Secretary	Approval	Enclosure 7
8.	10:05 am	**Annual Declarations of Interest** To approve the declarations presented by The Company Secretary	Approval	Enclosure 8
9.	10:10 am	**Trust Strategic Aims & Objectives** To approve the aims and objectives presented by The Company Secretary	Approval	Enclosure 9
10.	10:20 am	**Enabling Strategies** To approve the Quality, People, Communications and Equality, Diversity and Inclusion strategies presented by the Company Secretary	Approval	Enclosure 10
11.	10:35 am	**Board Assurance Framework 2022/23 and 2023/24** To approve the closing and opening position presented by The Company Secretary	Approval	Enclosure 11
		ITEMS FOR ASSURANCE		
12.	10:45 am	**Assurance from Board Committees** i. Finance and Performance Committee – 24 January, 28 February & 28 March ii. Quality Governance Committee – 15 February 2023 iii. Digital Committee – 8 February 2023 iv. POD Committee – 14 March 2023 v. Audit Committee – 6 March 2023	Assurance	Enclosure 12
13.	11:00 am	**Chief Executive's Update Report** To receive a briefing report from the Chief Executive	Assurance	Presentation

14.	11:10 am	**Governance Reports** i. **Organisational Risk Register** ii. **Well Led Peer Review Action Plan** To receive the reports presented by the Chief Nurse (i) and Company Secretary (ii)	Assurance	Enclosure 14
15.	11:20 am	**Annual Staff Survey Results** To receive the annual results from the Executive Director of People & OD	Assurance	Presentation
16.	11:35 am	**Finance Update** To receive the report, presented by the Group Director of Finance and Digital	Assurance	Enclosure 16
17.	11:45 am	**Integrated Oversight Report** To receive the report, presented by the Chief Operating Officer, Chief Nurse, Medical Director and Executive Director of People and Organisational Development	Assurance	Enclosure 17
18.	12:00 pm	**Nurse Staffing Monthly Exception Report** To receive the report, presented by the Chief Nurse	Assurance	Enclosure 18
19.	12:10 pm	**Maternity Update** i. **Maternity Integrated Oversight Report** To receive the report, presented by the Chief Nurse	Assurance	Enclosure 19
20.	12:20 pm	**Trust Green Plan Annual Update** To receive the report, presented by the QE Facilities Associate Director	Assurance	Enclosure 20
21.	12:30 pm	**Equality, Diversity and Inclusion 6 Monthly Update** To receive the report, presented by the Equality, Diversity and Inclusion Manager	Assurance	Enclosure 21
22.	12:40 pm	**Freedom to Speak Up Guardian Report** To receive the report presented by the Freedom To Speak Up Guardian	Assurance	Enclosure 22
		ITEMS FOR INFORMATION		
23.	12:50 pm	**Cycle of Business** To receive the cycle of business outlining forthcoming items for consideration by the Board, presented by the Company Secretary	Information	Enclosure 23
24.	12:55 pm	**Questions from Governors in Attendance** To receive any questions from governors in attendance		Verbal
25.	1:05 pm	**Date and Time of the next Meeting** The next scheduled meeting of the Board of Directors to be held in public will be Wednesday 24th May 2023 at 9:30am		Verbal
26.	1:05 pm	**Chair Declares the Meeting Closed**		Verbal
27.	1:05 pm	**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

NHS
Gateshead Health
NHS Foundation Trust

Trust Board

Minutes of a meeting of the Board of Directors
held at 9.30 am on Wednesday 25th January 2023, in
Rooms 9&10, Education Centre, Queen Elizabeth Hospital and via MS Teams

Present:	
Mrs A Marshall	Chair
Mrs J Baxter	Chief Operating Officer
Mr A Beeby	Medical Director
Mrs L Crichton-Jones	Executive Director of People & OD
Dr G Findley	Chief Nurse
Cllr M Gannon	Non-Executive Director
Mrs K Mackenzie	Group Director of Finance and Digital
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs M Pavlou	Non-Executive Director
Mr M Robson	Vice Chair / Non-Executive Director
Mrs A Stabler	Non-Executive Director
In Attendance:	
Mr N Black	Chief Digital Information Officer (observer)
Mrs J Boyle	Company Secretary
Ms A Cole	Lead Nurse for Learning Disabilities (23/06)
Ms P Fiddler	Macmillan Nurse (23/06)
Ms K Hooper	Lead Midwife for Risk, Safety & Quality (23/15)
Mrs A Muldoon	Medicine Divisional Manager (observer)
Mr D Owens	Strategic Director Integrated Adult & Social Care Services, Gateshead Council (23/17)
Ms D Waites	Corporate Services Assistant
Dr K Waterfield	Palliative Care Community Consultant (23/06)
Governors and Members of the Public:	
Mr J Bedlington	Public Governor – Central
Mr M Learmouth	Public Governor – Central
Mr G Main	Public Governor – Western
Mr G Riddell	Public Governor – Western
Apologies:	
Dr R Bonnington	Non-Executive Director
Mrs H Parker	Non-Executive Director
Mr A Robson	Managing Director QE Facilities

Agenda Item	Discussion and Action Points	Action By
23/01	**CHAIR'S BUSINESS:** The meeting being quorate, Mrs A Marshall, Chair, 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. She welcomed those present including the Trust's Governors and observers.	
23/02	**DECLARATIONS OF INTEREST:** Mrs A Marshall requested that Board members present report any revisions to their declared interests or any additional declaration of interest in any of the items on the agenda.	

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23/03	**APOLOGIES FOR ABSENCE:** Apologies for absence were received from Dr R Bonnington, Mrs H Parker and Mr A Robson.	
23/04	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Tuesday 30th November 2022 were approved as a correct record.	
23/05	**MATTERS ARISING FROM THE MINUTES:** The Board action log was updated accordingly.	
23/06	**PATIENT STORY – IMPROVING OUTCOMES/EXPERIENCES AT CRISIS POINT FOR AUTISTIC WOMEN WITH A LATER-LIFE DIAGNOSIS:** Ms A Cole, Lead Nurse for Learning Disabilities, and Dr K Waterfield, Palliative Care Community Consultant, shared Amy's story and literature piece around improving outcomes/experiences at crisis point for autistic women with a later-life diagnosis. They described Amy's journey from being misdiagnosed with a personality disorder prior to being diagnosed with autism, specifically Asperger's, and then being diagnosed with ovarian cancer. The story highlights her treatment and the reasonable adjustments made as well as a referral to the learning and disability and autism specialist nurse with an accessible information alert being added to CareFlow to ensure professionals were aware of Amy's healthcare passport to ensure a consistent approach was received. Sadly Amy passed away peacefully following a deterioration in her condition. Ms Cole and Dr Waterfield highlighted the importance in supporting the care of patients who would benefit from reasonable adjustments to their care, which are possible even in stretched and busy services. They wished to demonstrate that small acts of kindness and compassion happen every day in the organisation and can make a huge difference. Mrs Marshall thanked Ms Cole and Dr Waterfield for highlighting Amy's story and providing the Board with an excellent example of standards of care. Dr Waterfield explained that Amy's parents were extremely proud and grateful that Amy's story was being shared. The Board acknowledged the need to review current resources within the learning and disability team as Ms Cole is currently the only available nurse within the Trust and there are also training requirements to facilitate. Mrs L Crichton-Jones, Director of People & OD, suggested working with Cumbria, Northumberland, Tyne & Wear (CNTW) NHS	

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	Foundation Trust to provide support around information sharing and Mrs J Baxter, Chief Operating Officer, felt that there was a need to review this collectively and she will raise this at the Gateshead Health System Board to consider setting up a workstream. Ms Cole and Dr Waterfield left the meeting.	JMB
23/07	**ENABLING STRATEGIES - DIGITAL STRATEGY:** Mrs K Mackenzie, Group Director of Finance and Digital, presented the Digital Strategy following approval at the Digital Committee. Mrs Mackenzie thanked Mr N Black, Chief Digital Information Officer, for completing the strategy and highlighted that there have been no changes since discussions at the last Board Strategy Session. She highlighted that the Digital Strategy is one of the fundamental enabling strategies underpinning the Trust's Corporate Strategy. Following a query from Mrs M Pavlou, Non-Executive Director, in relation to plans for the enabling strategies being reviewed together, Mrs Marshall explained that the Digital Strategy has been discussed previously however all other strategies will be reviewed as planned on 9th February 2023 before ratification at the next Board. Mrs Y Ormston, Chief Executive, explained that whilst the Digital Strategy could be ratified in principle by the Board it will also be considered in context with the other strategies on 9 February 2023, reserving the ability to make any necessary changes following this. Following consideration, it was: **RESOLVED:** to ratify the strategy on the recommendation of the Digital Committee.	
23/08	**ASSURANCE FROM BOARD COMMITTEES** **Finance and Performance Committee (F&P):** Mr M Robson, Chair of the F&P Committee, noted that the Board had been appraised verbally of the key points from the November meeting at the November 2022 Board of Directors' meeting. Mr M Robson provided a verbal update on the meeting yesterday (24 January 2023) and reported that there were no items to escalate. The meeting focussed on the following areas: • Integrated Oversight Report – the Committee acknowledged that the Trust remains under severe pressure and this is reflected in performance. The Committee has identified areas where further information is required including activity profiles for emergency departments, workforce data, staff vaccinations and the review of Referral To Treatment (RTT) 78 week waiters.	

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	• Discharge Deep Dive Report – actions have been identified including some areas relating to the digital improvement plan which will be picked up by the Digital Committee. • Finance and Revenue report – the reported deficit and variation from plan has deteriorated however discussions were ongoing with the Integrated Care System (ICS) and a progress report on the cost reduction programme has been requested to discuss at the next meeting. • Supply Procurement Committee – the Committee was pleased to receive a comprehensive copy of the last minutes and positive assurance was provided. • Capital Plan – the Committee approved the projected programme and this will be discussed by the Board later in the meeting. • Audit reports and a review of financial sustainability assessment including an action plan to monitor progress. • Organisation Risk Register re. theatres ventilation. The Committee acknowledged that an overarching risk in relation to maintenance and the impact of a reduced capital plan required escalation. The QE Facilities (QEF) Team are to review and report back to the Committee however considerations should also be made in relation to the 2023/24 Capital Programme. Following a query from Mrs M Pavlou, Non-Executive Director, in relation to the maintenance backlog and current processes, Mrs Mackenzie will ensure this is reported back to the team. **Quality Governance Committee (QGC):** Mrs A Stabler, Chair of QGC, provided a brief verbal overview to accompany the narrative report following the December meeting and highlighted that there were no items for escalation. She drew attention to the following key points: • Integrated Oversight Report – two areas of concern for QGC include Duty of Candour and informal complaints. Mrs Stabler reported that there is a lot of work being undertaken around these and improvements have been recognised. • Midwifery Staffing – ongoing issue identified in relation to impact of additional beds however 8% increase in staffing acknowledged. Mr M Robson highlighted that similar discussions around staffing had taken place within the F&P Committee and the triangulation of data (escalation beds, datix reports, etc) is being considered. • Research and Development Annual Report – Mrs L Crichton-Jones, Executive Director for People & OD, felt that it would be beneficial to provide a session to Board and Mrs J Boyle, Company Secretary, will ensure this is followed up. **Digital Committee** Mr A Moffat, Chair of the Digital Committee, provided a brief verbal overview to accompany the narrative report following the December meeting and reported that there were no items for escalation. He highlighted the following key points:	Kmac to note JB

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	• Clinical Systems Strategy Outline Business Case – Mr Moffat explained that the recommended solution is not currently available as a product therefore further review is required. Next steps are to quantify the associated benefits and gain agreement of Executive Management Team (EMT) and Senior Management Team (SMT) prior to a full business case being completed for Board approval. • Service Key Performance Indicators – the report is working well. It was noted that some actions have been escalated to SMT including the compliance with the information asset owner risk management programme and Mrs J Baxter, Chief Operating Officer, felt that this could be discussed and monitored at the Compliance Group however Dr G Findley, Chief Nurse, reported that the group is still being developed and work mapped out therefore will look into this once established. **People and Organisational Development (POD) Committee** Mrs M Pavlou, Co-Chair of the POD Committee, provided a brief verbal overview to accompany the narrative report following the January meeting and reported that there were no items for escalation. She highlighted the following key points: • QE Facilities Recruitment Transfer – further discussions are being held in relation to the transition plan and a risk added to risk register • School and Local Community Supply Overview – an excellent presentation was received highlighting the work done across the community to engage young people. It was suggested that this would be a good presentation for the Governors to receive and this will be planned. • Industrial Action – this had had a minimal impact to patient care due to robust planning. • Freedom to Speak Up Report – this was deferred and a review of processes was being undertaken. It was anticipated that this report should be available for next Board meeting. • Workforce supply continues to be an issue and the Committee acknowledged the importance of keeping this on the agenda. • People & OD Metrics – the Board acknowledged the significant improvements to reporting information. **Audit Committee** Mr A Moffat, Chair of the Audit Committee, provided a brief verbal overview to accompany the narrative report following the December meeting and reported that there were no items for escalation. He highlighted the following key points: • Charitable Funds Accounts – the audit had been undertaken by Robson Laidler Accountants and an extraordinary Committee meeting took place earlier today and will recommend the approval of the Accounts by the Charitable Trust Board. It was	GF JB

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	suggested to consider moving the December Audit Committee to January 2023 to coincide with the approval of the accounts and this will be looked at as well as the cycle of business. • QE Facilities Accounts – there was an acknowledgement that the accounts had been submitted prior to formal sign off by the Committee. An extraordinary meeting is due to take place on 9th February however a review of processes will be undertaken to mitigate against a reoccurrence of this next year. • Internal Audit overdue recommendations – this remains a concern however this is now a standing item on the Senior Management Team agenda for review. • Two internal audit reports have been produced since the last meeting including procurement review and governance around capital expenditure. Following some recommendations, the Committee were assured that corrective actions have been put in place. Mrs Marshall thanked the Committee Chairs for their reports. After consideration, it was: **RESOLVED**: to receive the reports for assurance	JB
23/09	**CHIEF EXECUTIVE'S UPDATE REPORT** Mrs Y Ormston, Chief Executive, gave an update to the Board on the current issues: **Operational Performance:** • Difficult few months for the Trust due to winter pressures, covid and flu cases, and delayed discharges. Understandably this has impacted on staff and therefore sickness absence rates have increased as well as industrial action taking place. Dr G Findley, Chief Nurse, highlighted that flu and covid cases are beginning to reduce. • The Trust moved to Opel 4 and this was similar across the region resulting in no mutual aid within the system. This has also impacted on elective activity with cancellations to protect urgent care and cancer cases. • Mrs Ormston thanked Hatzola for their support to our patients and teams during these challenging times. The Executive team made time to support staff on the shop floor. • Performance levels have largely been maintained and will be reported in more detail within the Integrated Oversight Report **Executive Team Update:** • Following a number of workshops, the terms of reference for the Executive Management Team (EMT) have been newly devised and reflect the change role of EMT now that the Senior Management Team (SMT) has become more embedded and	

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	established. The Board are recommended to approve the terms of reference. **Celebrating Success:** • Mrs Ormston wished to thank staff for continued hard work going above and beyond for our patients and drew attention to some of our success stories including being ranked 12th out of 120 trusts in England for overall performance against key duties of care to its patients • The Trust has also been ranked 8th in England for maternity services in the latest CQC national survey • Dr Ruth Sharrock has been appointed as a National Health Inequalities Ambassador **Industrial Action:** • Mrs Ormston reported on the recent industrial action days and highlighted that significant planning had been undertaken to ensure that patients could continue to rely on safe and high quality care. Further action is due to take place on 18th and 19th January in the south of the region and action due to take place again in Gateshead on 6th and 7th February. • The BMA junior doctor ballot opened on 9 January and the outcome is awaited however it is expected that a positive return will be received for industrial action to take place. **Regional Developments (Provider Collaborative):** • Focussing on actions to support timely discharge of medically optimised patients • Meetings are taking place with each trust to ascertain what help and support is required in respect of elective care to inform planning for 2023/24. • Work on the Aspetics hub continues and a paper is being presented to the Board later in the meeting. • Further collaborative work proposals such as agency cost reduction and shared purchase of goods are also underway **National Developments:** • Government announcement of £200m funding for discharging patients from hospital beds into step down beds • Planning guidance released on 23 December 2022 – first activity submission due on 9 February with the financial plan draft submission due later in the month. Mrs M Pavlou, Non-Executive Director, requested whether there had been update on the discussions with the local authority in relation to supporting the discharge of medically optimised patients and Mrs Ormston highlighted that a paper is being presented later in the meeting and Mr Dale Owens, Strategic Director Integrated Adult & Social Care Services, will be joining the meeting to provide an update. A joint demand and capacity plan will also be presented to the Board at the next Board Strategy Session.	

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	Mrs A Stabler, Non-Executive Director, queried if there had been any progress with other trusts in relation to delayed transfers of care and the triangulation of harm. Mrs J Baxter, Chief Operating Officer, reported that this is being discussed and progressed within the Integrated Care System work. Following a query from Mrs Marshall in relation to whether the joint forward plans will be expected to be approved at the March Board, Mrs K Mackenzie, Group Director of Finance and Digital, explained that this will be reliant on submission dates however plans will be discussed at the Finance and Performance Committee. Following further discussion, it was: **RESOLVED:** to approve the EMT Terms of Reference and receive the update for assurance.	KMac
23/10	**GOVERNANCE REPORTS** **Corporate Objectives Delivery Update:** Mrs J Boyle, Company Secretary, provided the Board with assurance over the progress made in delivering the corporate objectives for 2022/23. She reported that there are a significant number of actions which has a target date of March 2023, therefore it is anticipated that a greater volume of actions will be completed by the next update to the Board in March 2023. Board committees will continue to monitor the delivery of the action plans. Following a query from Mrs Marshall in relation to the new objectives for 2023/24, Mrs Boyle explained that work is ongoing and an outline process will be shared with the Board in advance. After consideration, it was: **RESOLVED:** to receive the report for assurance and information. **Board Assurance Framework:** Mrs J Boyle, Company Secretary, provided the Board with the current Board Assurance Framework 2022/23 for review and assurance following scrutiny by each of the mapped Board Committees. Mrs Boyle reported that there are no summary risks that have reached their target score at this point in the year. No scores have reduced during the year, but scores have increased in relation to those summary risks linked to the achievement of quality improvement, elective recovery / the New Operating Model and financial sustainability. This is despite a number of gaps in control and assurance being identified and	JB

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	closed and is therefore indicative of the operational and financial pressures which the Trust has been under during the year. Assurance can be provided however that the Board Committees review the BAF at the end of every meeting for triangulation and the year-end BAF will be reviewed at the March Board alongside the Corporate Objectives closure report. Following discussion, it was: **RESOLVED:** to receive the report for assurance and information. **Organisational Risk Register (ORR)** Dr G Findley, Chief Nurse, presented the updated ORR to the Board, noting that it is now received at the weekly Executive Team Meeting and bi-monthly Executive Risk Management Group (ERMG). This report covers the period 16 November 2022 to 15 January 2023. She reported that there are currently 18 risks on the ORR and one new risk added following discussion at the last ERMG meeting in December. This relates to the Medicine Business Unit not being able to deliver services within current budget as a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority. There has been one escalated risk with a risk score of 15 and above relating to the industrial action which has been increased due to the potential severity of impact on patient safety. There are no closed risks within this period. **RESOLVED:** to receive the report for assurance.	
23/11	**FINANCE UPDATE:** Mrs K Mackenzie, Group Director of Finance and Digital, provided the Board with a summary of performance as at 31 December 2022 (Month 9) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). Mrs Mackenzie reported that there has been a further deterioration from the Trust's financial plan with an adverse variance of £4.2m from the Trust's planned surplus. She explained that this is expected due to the level of spend for bank and agency work however the Trust will continue to forecast a financial plan of £1.6m surplus which has been discussed and agreed by the Finance and Performance Committee. Following a query from Mrs M Pavlou, Non-Executive Director, in relation to the variance, Mrs Mackenzie highlighted that further details around plans on how this will be achieved will be provided within Part 2 of the Board however is confident that the plan will be delivered as expected.	

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	Mrs A Stabler, Non-Executive Director, raised a query in relation to the cost of escalation beds and delayed transfers of care and Mrs Mackenzie explained that associated costs have been identified and will form part of the discussions with the Local Authority. Mrs Y Ormston, Chief Executive, highlighted that the Integrated Care Board have also been made aware of this including the need to utilise escalation beds as a result of accepting diverts from other trusts within the system. This will provide evidence of costings and staffing needs to support discussions around the next financial planning phase. After further discussion, it was: **RESOLVED:** to receive the report and note partial assurance as a direct consequence of the reported year to date position.	
23/12	**INTEGRATED OVERSIGHT REPORT:** Mrs J Baxter, Chief Operating Officer, Dr G Findley, Chief Nurse, Mr A Beeby, Medical Director, and Mrs L Crichton-Jones, Executive Director of People and Organisational Development, introduced the Integrated Oversight Report (IOR) for November and December 2022. The paper has been discussed and received in-depth scrutiny by the various Board Committees. Mrs Baxter drew attention to some of the key highlights and reported that urgent and emergency care performance measures have been significantly impacted due to continued system and site pressures particular around increased activity and trolley waits. Staff availability has also been impacted due to industrial action and she thanked teams including site resilience for their hard work and support. The Trust remains one of the highest performing trusts in relation to elective recovery and diagnostic recovery targets have been met. Cancer performance remains challenging due to increased activity however the Trust is performing well and achieved its 31 day target. Mrs A Stabler, Non-Executive Director, highlighted that Duty of Candour compliance has been raised within the Quality Governance Committee and Dr G Findley, Chief Nurse, highlighted that a proposed new recording method is being considered with focussed work taking place and will discuss this further outside of the meeting. Discussion took place in relation to the level of information within the report and the need to highlight areas of focus. Mrs Baxter acknowledged that there is still further work to do around triangulation across the Board Committees particularly around escalation beds and staffing and further discussions will take place at the next Board Strategy Session. The Board recognised improvements around the people metrics and Mrs L Crichton-Jones, Executive Director for People & OD, provided assurance that the People & OD Committee continues to focus on this in line with national developments. Following a query from Mr A Moffat, Non-Executive Director, around vacancies, sickness	GF/AS JMB/JB

Agenda Item	Discussion and Action Points	Action By
	and turnover of staff, Mrs Crichton-Jones provided assurance that benchmarking data and trajectories are also reviewed by the Committee. The Board acknowledged the work being undertaken to address the pressures impacting on the Trust's performance and after consideration, it was: **RESOLVED:** to receive the report for assurance acknowledging the workforce challenges, impact on activity recovery, long waiting times and performance.	
23/13	**DATA QUALITY ASSURANCE REPORT:** Mrs J Baxter, Chief Operating Officer, presented the report following a request from NHS England for Boards to assure themselves regarding the ongoing quality of data submitted in a range of measures. Mrs Baxter highlighted that a range of checks are in place through which the Trust ensures data quality of the submissions made and ongoing assurance of external submissions will be monitored through the implementation of the Data Quality Policy, audit (internal and external) and using external validation sources. She explained that work is ongoing with the Digital Teams to align Criteria to Reside data capture and discussions have taken place at the Finance and Performance Committee around this. The Board acknowledged the key data submissions highlighted in the report and recognised the work involved by the Performance Team. Mrs Baxter reported that the team will continue to ensure all regional and national reports are submitted in a timely and accurate fashion. After consideration, it was: **RESOLVED:** to receive the report for assurance acknowledging the current set of controls and measures in place.	
23/14	**NURSE STAFFING EXCEPTION REPORT:** Dr G Findley, Chief Nurse, presented the report for December 2022 which provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls. She reported that December has demonstrated increased staffing challenges compared to November due to continued periods of increased patient activity with surge pressure resulting in escalation areas alongside managing delays in transfers of care. Staffing challenges remain due to vacancies however there is continued focussed work around the recruitment and retention of staff and	

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	managing staff attendance. The Trust also experienced two Nursing Industrial Action days during December. The report highlights that Cragside Court and Sunniside Unit have demonstrated reduced fill rates for registered nurses on days and nights due to sickness absence rates however Dr Findley reported that acuity levels differ on these units daily. Ward 22 (currently the Covid ward) has nurse vacancies however Dr Findley highlighted that the ward would not have been fully occupied due to its Covid status. She further explained that professional oversight is provided on a daily basis. The Board acknowledged that there are currently no reports available for Healthcare Assistants however Dr Findley reported that this is being looked at. Following discussion, it was: **RESOLVED:** to receive the report for assurance and note that staffing establishments are being monitored on a shift-to-shift basis.	
23/15	**MATERNITY UPDATE:** **Maternity Integrated Oversight Report:** Ms K Hooper, Lead Midwife for Risk, Safety and Quality, presented the report which provides a real time review of maternity services quality and safety risks and identified improvements. She drew attention to some of the key highlights including details around the recent midwifery staffing review. Mrs A Stabler, Non-Executive Director, highlighted that the full report was reviewed by the Quality Governance Committee however explained that it was noted that the unit is fully staffed however does not account for sickness and maternity leave and further recruitment work is taking place. The Board acknowledged that the unit is in a good position in relation to recruitment and retention and congratulated the team on the work undertaken. Discussion took place around the maternity estate and Mrs Y Ormston, Chief Executive, highlighted that a full business case is being developed and will be discussed at Integrated Care System level however caution around funding was acknowledged and will be considered within the next planning round. After consideration, it was: **RESOLVED:** to receive the report for assurance. **Maternity Incentive Scheme:** Ms K Hooper presented the report which gives an overview of the final position of the service in relation to compliance with the 10 safety	

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	actions set out by NHS Resolution in the Maternity Incentive Scheme (MIS) year 4. Ms Hooper highlighted that benchmarking and compliance against each of the 10 safety actions has been undertaken and an evidence template and repository has been completed to record all evidence to support the submission of the Board declaration to NHS Resolution by 2nd February 2023. She highlighted that once full compliance has been achieved, the Trust will receive a financial rebate to the Clinical Negligence Scheme for Trusts (CNST) maternity contributions as well a share of any unallocated funds. Any funds recovered by achieving full compliance must be ring-fenced for use in the maternity service and this has been agreed by the Board in accordance with CNST and Ockenden requirements. The Board commended the team for their hard work in achieving compliance and it was felt that this should be shared following confirmation from NHS Resolution. Following discussion, it was: **RESOLVED:** to approve the action plan and evidence listed to demonstrate the assessment of compliance with achievement of the maternity safety actions and are satisfied that these meet the required standards. **Maternity Continuity of Care (MCOC) Model:** Dr G Findley, Chief Nurse, presented the report in response to the consultation of midwives regarding Maternity Continuity of Care implementation and development of midwifery strategy following changes to the national maternity programme in the light of the continued workforce challenges. Dr Findley reported that it has been acknowledged that the Trust's maternity service is unable to provide full MCOC as planned due to critical long-term sickness in the teams. The paper highlights the option appraisal developed with support and consultation of all staff and senior leaders to ensure delivery of the safety elements of the MCOC strategy focussing on the most vulnerable groups within our geographical catchment area. The report has been discussed in detail at the Quality Governance Committee and the preferred option is Option 4 which proposes one MCOC team with a smaller enhanced community team. Following a query from Mrs K Mackenzie, Group Director of Finance and Digital, around whether this requires additional posts, Dr Findley explained that the model will use existing posts however will work in a different way. This will provide better outcomes and be undertaken using a rotational programme with a further review in 12-18 months to make adjustments if required. The Board acknowledged the changes to current working patterns and thanked the teams for their cooperation. After further discussion, it was:	

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	RESOLVED: to support the recommendation of Option 4 as a model for MCOC and community services. Ms Hooper left the meeting.	
23/16	**REGIONAL ASEPTICS PROJECT:** Dr G Findley, Chief Nurse, presented the paper which gives an overview of the proposal for the development of an aseptics pharmaceutical production hub which was approved at the Provider Leadership Board for the North East and North Cumbria Provider Collaborative to progress towards the full business case to secure the nationally allocated capital for the project. Dr Findley reported that a Project Board has been set up of which she is a member, and the outline business case is due to be submitted to NHS England in February 2023. This will aim to deliver substantial benefits improving clinical safety, delivering a reliable and affordable supply of products for patient use, freeing up capacity on hospital sites and directly releasing significant nursing time for patient care. The Board supported the project and development of the business case and felt that it is a positive step forward in the provider collaborative work. Following a query in relation to the implications on current pharmacy and nursing staff, Dr Findley explained that this is being reviewed as part of the project board and considerations will take place around a limited liability partnership approach. After further discussion, it was: **RESOLVED:** to note the content of the report, the progress being made and the target of April 2023 for production of the full business case.	
23/17	**PROPOSED LOCAL AUTHORITY FINANCIAL CUTS – IMPACT ASSESSMENT:** Mrs J Baxter, Chief Operating Officer, introduced Mr Dale Owens, Strategic Director for Integrated Adult & Social Care Services, from Gateshead Council and updated the Board on the Council's current budget proposals for 2023/24, outlining potential impacts on services provided by the Trust. Mr Owens highlighted that the Council is being asked to make significant savings and social care has a significant interface within hospital services in supporting the Trust to avoid admissions and promote early discharge. He reported that the proposals ensure minimal impact on health services however careful monitoring will be required.	

Agenda Item	Discussion and Action Points	Action By
	The Board raised concerns in relation to the potential reduction in packages of care however Mr Owens explained that following a review of the domiciliary care model, plans for extra care housing and reablement to reduce costs of ongoing packages of care has been effective and further savings are expected in relation to the increased use of technology. He also drew attention to the new Intermediate Care Centre which is due to open in July 2023. Funding is due to be replaced by grant funding however discharge monies is expected to offset against the reduction. Discussions with the Integrated Care Board (ICB) is expected to take place to discuss the change in the level of demand and ensure that the appropriate levels of funding are received. Mrs Y Ormston, Chief Executive, highlighted that Gateshead is benchmarked low in relation to intermediate care provision and queried whether there were plans in place to provide additional funding. Mr Owens reported that there is an ambition to receive further funding to protect and maintain services therefore there is a need to continue to review the situation. Mrs Ormston felt that it was important to provide a formal response to the ICB recognising that Gateshead is an outlier in relation to levels of provision to support the case for additional funding and the concerns raised around the risk for further delayed discharges. Mrs Baxter highlighted that discussions are already taking place in relation to discharge, and a series of metrics are being produced to better understand the core issues. A system response is therefore expected from the ICB, Trust and Council and a working group has been set up to incorporate workstream plans. It was agreed that a detailed presentation will be provided to the Board at the Strategy Session in February to highlight expected outcomes. Mrs L Crichton-Jones, Director of People & OD, queried whether there were any transformation opportunities to further deliver savings and Mrs Baxter explained that this was being reviewed collectively via the Gateshead System Board and Mr Owens confirmed that teams will work together to reduce the financial gap. Following a query from Mrs A Stabler, Non-Executive Director, in relation to the risks to community packages and impact to delayed transfers of care, Mrs Ormston confirmed that modelling work will need to take place, Mr A Beeby, Medical Director, queried whether the changes in demographics within Gateshead were being considered, and Mr Owens reported that there is some taking place around the metrics standard and is hopeful that this will support projected changes. Mrs Marshall thanked Mr Owens for attending and welcomed further discussions at the Board Strategy Session in February. The Board acknowledged that a formal response will be drafted and submitted by the Executive Team. Following discussion, it was:	JB YO

Agenda Item	Discussion and Action Points	Action By
	RESOLVED: to receive the report for assurance, noting the current position and risks. Mr Owens left the meeting.	
23/18	**CARE QUALITY COMMISSION (CQC) STATEMENT OF PURPOSE:** Dr G Findley, Chief Nurse, presented the updated CQC statement of purpose. Dr Findley reported that the Statement of Purpose is a CQC registration requirement document that must be regularly reviewed and updated to reflect changes in the organisation and the description and location of services. The statement has been updated following the removal of the four GP practices from the Trust's CQC Registration and Bensham has been added as a registered location. Mrs Marshall requested some updates to the statement in relation to the Trust's turnover and highlighted that Sunniside Unit comprises of 10 beds. Dr Findley will ensure these changes are made prior to submission. The annual review of the Statement of Purpose will also be added to the Board cycle of business to ensure that the Trust meets its regulatory requirements. After consideration, it was: **RESOLVED:** to approve the updated CQC Statement of Purpose subject to amendments above.	GF JB
23/19	**CYCLE OF BUSINESS:** Mrs J Boyle, Company Secretary, presented the cycle of business which outlines forthcoming items for consideration by the Board. This will provide advanced notice and greater visibility in relation to forward planning. Therefore the Board were encouraged to review the cycle of business ahead of the next meeting in March 2023 and it was: **RESOLVED:** to receive the cycle of business for information.	
23/20	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** There were no questions received from Governors.	

Agenda Item	Discussion and Action Points	Action By
23/21	**DATE AND TIME OF THE NEXT MEETING:** The next meeting of the Board of Directors will be held at 9:30am on Wednesday 29th March 2023.	
23/22	**CLOSURE OF THE MEETING:** Mrs Marshall declared the meeting closed and highlighted that this will be Mrs Ormston's last public Board meeting before her retirement. The Board expressed their sincere thanks for her hard work, dedication and commitment to the Trust over the years and Mrs Ormston thanked everyone commenting that it has been a privilege to work for the Trust with its people and patients at the forefront.	
23/23	**EXCLUSION OF THE PRESS AND PUBLIC:** **RESOLVED:** to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed	

PUBLIC BOARD ACTION TRACKER

Gateshead Health NHS Foundation Trust

	Not yet started
	Started and on track no risks to delivery
	Plan in place with some risks to delivery
	Off track, risks to delivery and or no plan/timescales and or objective not achievable
	Complete

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
22/63	25/05/2022	Well Led Action Plan	To be monitored via SMT with a closure report to September Board	31/03/2023	JB	Closure report deferred to March 2023. March 23 - on March Board agenda. Action recommended for closure.	
22/137	27/09/2022	Quality Governance Committee	To escalate the need to obtain a copy of the CCG review of the Looked After Children's Health Team to the ICB and Gateshead System Board.	30/11/2022	GF	Escalated to ICB - they have asked the Designated Nurse for the ICB to review the findings of the report. To feedback at January 2023 meeting. Discussions taking place with ICB re. job roles. To be monitored via QGC March 23 update - Complete – ICB have asked their safeguarding lead to review and requires no further action for us. Action recommended for closure.	
22/139	27/09/2022	Risk Management Strategy	To come back to Board for approval at future meeting	31/12/2022	GF	To be reviewed with enabling strategies in February. It was felt that the risk management policy should sit above this and will be discussed at Audit Committee. March 23 – a draft risk management strategy has been developed and is currently being consulted on. This included being shared with Audit Committee. This will be presented to Board following the consultation process.	
22/176	30/11/2022	Quality Account Priorities	To arrange a training session for the Board re: the new Patient	25/01/2023	GF/JB	Included on forward plan for Board strategy sessions.	

Agenda Item Number	Date of Meeting	Agenda Item Name	Action	Deadline	Lead	Progress	RAG-rating
			Safety Incident Response Framework			March 23 – session held in Feb 23 – action recommended for closure.	
22/181	30/11/2022	Maternity Update	To consider staff and patient story	29/03/2023	GF/JB	March 23 - Maternity story planned for March ’23 Board. Action recommended for closure.	
23/06	25/01/2023	Patient Story	Resourcing development required and discussions with CNTW required. To discuss at Gateshead System Board.	29/03/2023	JMB	March 23 - Added to System Board agenda – team are attending to present Action recommended for closure.	
23/08	25/01/2023	Quality Governance Committee	Research and development session to be arranged for future Board Strategy Session	29/03/2023	JB	March 23 – added to planner for forthcoming Board Strategy Sessions.	
23/08	25/01/2023	Digital Committee	To consider the inclusion of information asset owner risk management programme KPIs in the newly created Compliance Group	29/03/2023	GF	March 23 – this is included on the agenda for the next Compliance Group meeting. Action recommended for closure.	
23/10	25/01/2023	Corporate Objectives	Closure of 22/23 and new objectives for 23/24 to come back to Board. Outline process to be shared	29/03/2023	JB	March 23 – closure report on the March Board agenda. This also includes draft objectives for 23/24 and a plan for Board engagement and approval. Action recommended for closure.	
23/12	25/01/2023	Integrated Oversight Report	Duty of candour compliance – proposed new recording method being considered with focussed work taking place. To discuss outside of meeting	29/03/2023	GF/AS	March 23 – this is in progress and will be changing with the implementation of the new incident reporting system to replace our current provider.	

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 7

Report Title:	**Constitutional Amendment**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29 March 2023			
Author:	Jennifer Boyle, Company Secretary			
Executive Sponsor:	Alison Marshall, Chair of the Council and Board			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	To seek Board approval for a constitutional amendment to adjust the out-of-area constituency to be coterminous with the North East and North Cumbria Integrated Care System.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Council of Governors – February 2023			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• It is proposed to make an adjustment to the out-of-area constituency to align this fully to the North East and North Cumbria Integrated Care System (NENC ICS). • This fits with the role of the Board and Council of Governors to now consider the public at large across the entire ICS when decisions are made. • It enables the public within the ICS area to become members of the Trust, governors and also to apply for Non-Executive Director posts. • In this regard it would therefore increase the opportunities to secure high calibre and diverse candidates as part of any forthcoming Non-Executive Director recruitment. • The recommendation was approved by the Council of Governors at its recent meeting on 15 February 2023.			

<table>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board of Directors is requested to approve the amendment to Annex 1 (d) to make the out-of-area constituency coterminous with the NENC ICS area.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☐</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
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<tr><td>Aim 5
☒</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population

SA5.1 We will look to utilise our skills and expertise beyond Gateshead</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td>Safe
☐</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">-</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

Constitutional Amendment

1. Introduction

1.1. The Constitution is one of the fundamental governing documents of the Trust and sets out key requirements for how the Board of Directors and Council of Governors should operate.

1.2. Any amendment to the Constitution requires approval by both the Council of Governors and Board of Directors. Amendments require more than half of the Governors voting to approve the amendment and more than half of the Board of Directors voting to approve the amendment.

1.3. This paper proposes an amendment in respect of the geographical coverage of the out-of-area membership constituency, noting that this was approved by the Council of Governors on 15th February 2023.

2. Key issues / findings

2.1. In the current version of the Constitution the out-of-area constituency for members covers most of the North East region, with the exception of aspects of the south, for example Teesside.

2.2. It is proposed that the out-of-area constituency should be coterminous with the North East and North Cumbria Integrated Care System (NENC ICS). This would accurately reflect the principles that providers in the ICS should operate for the greatest benefit of the people living within the ICS area, i.e. for the people at large.

2.3. It would therefore seem appropriate to ensure that those living within the boundaries of the ICS can become Foundation Trust members, as decisions are made with their interests in mind and they could access Trust services from time to time.

2.4. Another key benefit is that it enables candidates from a wider area who wish to apply to be a Non-Executive Director to be eligible to do so (as Non-Executive Directors must be members of the Trust). This was an identified barrier within a previous recruitment round, where a strong candidate within a commutable distance was ineligible to continue in the process due to living just outside of the membership boundaries.

2.5. Making this constitutional change will maximise the opportunities for the Trust to attract high calibre, diverse candidates in any forthcoming Non-Executive Director recruitment.

2.6. Making this change would only impact on the definition of ‘out-of-area’ as outlined in Annex 1 (d) which would change from

County Durham, Newcastle upon Tyne, North Tyneside, Northumberland, South Tyneside and Sunderland other than any areas noted above and users of Trust services living outwith the areas (a) (b) (c) and (d)

To

The geographical area covered by the North East and North Cumbria Integrated Care System other than any areas noted above and users of Trust services living outwith the areas (a) (b) (c) and (d)

2.7. This would not impact upon the definition of any other constituency or prevent patients or carers from outside of the region who have received Trust services within the last 7 years from being eligible to become a member in the out-of-area constituency. It would also not impact upon any current Governors.

2.8. By keeping the terminology focussed on the ICS itself rather than listing out each geography, it would enable the membership boundary to flex should an additional area be subsumed into the ICS (or equally if an area became part of a different ICS).

3. Solutions / recommendations

3.1. The Board of Directors is requested to approve the amendment to Annex 1 (d) as outlined above and shown in the following extract from the Constitution:

Annex 1

Public Constituencies Of The Trust

Name of Constituency	Area	Minimum number of Members	Number of Governors
(a) Western Gateshead	The Western area will consist of Prudhoe, Crawcrook & Greenside, Chopwell & Rowlands Gill, Winlaton & High Spen, Blaydon, Ryton, Crookhill & Stella, Whickham North, Whickham South & Sunniside, Dunston & Teams, Dunston Hill & Whickham East.	600	6
(b) Central Gateshead	The Central area will consist of Lamesley, Birtley, Lobley Hill & Bensham, Bridges, Saltwell, Deckham, Low Fell, Chowdene, High Fell Chester-Le-Street, Ouston and Pelton, Washington.	700	7
(c) Eastern Gateshead	The Eastern area will consist of Felling, Windy Nook & Whitehills, Pelaw & Heworth, Wardley and Leam Lane and parts of Jarrow & Hebburn.	300	3
(d) Out of Area	~~County Durham, Newcastle upon Tyne, North Tyneside, Northumberland,South Tyneside and Sunderland~~ The geographical area covered by the North East and North Cumbria Integrated Care System other than any areas noted above and users of Trust services living outwith the areas (a) (b) (c) and (d)	100	1

3.2. Should the Board of Directors approve the amendment, then this will be enacted with immediate effect, given that approval has already been granted by the Council of Governors.

3.3. The amendment will require retrospective consideration at the Annual General Meeting by Foundation Trust Members who will be asked to vote on the amendment, given that it indirectly impacts upon the Council of Governors. It therefore must be understood that there is a risk that should members vote against the change, then the out of area constituency would be required to revert to its previous definition.

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 8

Report Title:	**Annual Declaration of Board Members Interests, Gifts and Hospitality**			
Name of Meeting:	Board of Directors			
Date of Meeting:	Wednesday 29th March 2023			
Author:	Diane Waites, Corporate Services Assistant			
Executive Sponsor:	Alison Marshall, Chair of the Board of Directors Trudie Davies, Chief Executive			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	In accordance with section 20 of Schedule 1 of the Health & Social Care (Community Health and Standards) Act 2003 NHS Foundation Trusts are required to maintain a register of Directors' and Governors' interests. This requirement is also enshrined in section 10 of the Trust's Constitution. The register for Gateshead Health NHS Foundation Trust is held at Trust Headquarters and is available to the public through the Company Secretary.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	-			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• Interests have been declared in accordance with the Trust's Managing Conflicts of Interest Policy. • This is aligned to the model policy issued by NHS England. • All Board Members must make an annual declaration and are required to make subsequent in-year declarations to record any changes in interests.			

Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board is asked to: • Approve and record in the Board minutes the declared interests • Note that the next annual review of the declaration of Board members' interests will take place in March 2024.				
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Declarations of interests enable the early identification of any potential conflicts which may in turn impact upon the ability to achieve the strategic aims and objectives.				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	-				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Forename	Surname	Position	Interest	From	To	Comments
Joanne	Baxter	Chief Operating Officer	None			
Andrew	Beeby	Medical Director	None			
Ruth	Bonnington	Non-Executive Director	Partner in Gateshead General Practice (Bewick Road Surgery)			
			Director of R&M Bonnington Ltd			
			Spouse - Co-Director of R&M Bonnington Ltd			
Lisa	Crichton-Jones	Executive Director of People & OD	Trustee - Museums Northumberland	08/08/2021	10/03/2022	Unpaid voluntary role
			Fellow CIPD (professional body membership)	08/08/2021		
Trudie	Davies	Chief Executive	None	01/03/2023	31/03/2023	Started in post on 1 March 2023
Gill	Findley	Chief Nurse	None			
Martin	Gannon	Non-Executive Director	Leader of Gateshead Council	01/05/2016		
			Board Member of Newcastle Airport Local Authority Holding Company	01/05/2016		
			Employed by Ian Mearns MP	01/05/2016		
Kris	Mackenzie	Group Director of Finance and Digital	None			
Alison	Marshall	Chair	Non-Executive Director of Northern Powergrid plc (North East and Yorkshire)	2014		
			Ambassador for North Northumberland Hospice Care	2015		
			Spouse - NED of North East Ambulance Service NHSFT	2017		
			Spouse - NED of North East Ambulance Service Unified Solutions Ltd	2019		
			Spouse - Chair of Newcastle Gateshead Initiative	2016		
			Spouse - Chair of North East England Chamber of Commerce	2020		
			Spouse - Director of Newcastle United Foundation Projects Ltd			
			Spouse - NED of Believe Housing Ltd	2019		
			Spouse - Chair of Trustees for Newcastle United Foundation			
			Spouse - Ambassador of North Northumberland Hospice Care	2015		
			Spouse - Chair of Regional Development Committee, Prince's Trust			
Andrew	Moffat	Non-Executive Director	None			
Hilary	Parker	Non-Executive Director	Non-Executive Director of Kingston Properties Ltd (wholly owned subsidiary of Bernicia Housing)	2019		Registered housing association
			Trustee - Newcastle University Development Trust	2016		Charitable Trust
			Non-Executive Director of QE Facilities Ltd (wholly owned subsidiary of GHNHSFT	2020		
Mike	Robson	Vice Chair/Non-Executive Director	None	01/04/2022	31/03/2023	
Anna	Stabler	Non-Executive Director	Position in Family Court in Co Durham Justice area	01/02/2023		Note - this will exclude any public law cases in relation to the Trust
Maggie	Pavlou	Non-Executive Director	People Gauge - Owner / Director (software business)	2011		
			The People's Kitchen - Trustee (charitable organisation)	2020		
			The Chronicle Sunshine Fund (charitable organisation)	2020		
			York Theatre Royal - Trustee (arts)	2022		
			Spouse - Harlow Printing (printing firm)	2022		

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 9

Report Title:	**Strategic Objectives Closure Report and Development of Strategic Objectives for 2023-24**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29 March 2023			
Author:	Executive Directors Jennifer Boyle, Company Secretary Kirsty Roberton, Deputy Director of Corporate Services and Transformation			
Executive Sponsor:	Executive Directors			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide assurance over the closing position of the strategic objectives for 2022/23 and to present the draft strategic objectives for 2023/24, suggesting an approach to develop the final objectives for ratification at Trust Board in May 2023			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Board committees have considered the objectives which have been mapped to them.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The Board of Directors approved the strategic objectives in May 2022. • Strategic objective delivery action plans have been developed by the Executive Director owners of each of the objectives since this time. • They have been reviewed by the relevant Board committee. • This report presents the closure report on the delivery of the strategic objectives for 22/23. • Assurance is provided that any strategic objectives which have not been fully delivered will be carried forward into 23/24.			
Recommended actions for this meeting:	The Board is requested to review the accompanying action plans and the summary contained within this			

<table>
<tr><td>Outline what the meeting is expected to do with this paper</td><td colspan="6">report, being assured that progress has been made towards the delivery of the strategic objectives in 2022/23.

The Board is requested to agree the approach to hold a Board session in April to review the strategic objectives for 2023/24.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
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<tr><td>Aim 5
☒</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">All</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">Risks which may pose a threat to the delivery of the corporate objectives are recognised via the Board Assurance Framework.</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

Strategic Objective Delivery – Closure Report 2022/23 and Development of Strategic Objectives for 2023/24

1. Introduction

1.1. The Board of Directors approved the Trust's strategic objectives for 2022/23 at the May 2022 meeting.

1.2. It was agreed that Executive Leads would populate strategic objective action plans which would be presented to Board committees to provide frequent assurance over the progress made in delivering the identified actions which support the overall delivery of each of the 11 strategic objectives.

1.3. This report updates the Board on the closing year-end position following the last report in January 2023.

2. Summary of progress

2.1. The following table summarises the progress made towards the delivery of the actions which in turn support the delivery of the strategic objectives. **Note that actions can be both identified as 'some risk' / 'overdue' and 'work in progress', and therefore the total number of status updates can exceed the number of actions. In addition, a number of action owners have rated actions are both 'complete' and 'at risk' where an action has been completed but has not met a target KPI.** The numbers in brackets show the position reported to the Board in January 2023.

Strategic Aim	Strategic Objective	Assurance Committee	Total no of sub-actions	Overdue	Some risk	Work in progress	Action complete
1) We will continuously improve the quality and safety of our services for our patients	SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review	Quality Governance Committee	4	0 (0)	0 (1)	1 (2)	3 (2)
	SA1.2 Continuous Quality improvement plan	Quality Governance Committee	3	0 (0)	0 (3)	1 (3)	2 (0)
	SA1.3 Digital where it makes a difference	Digital Committee	6	3 (0)	2 (0)	3 (5)	3 (1)
2) We will be a great	SA2.1 Protect and understand	People & Organisational	9	3 (0)	5 (5)	4 (3)	5 (1)

Strategic Aim	Strategic Objective	Assurance Committee	Total no of sub-actions	Overdue	Some risk	Work in progress	Action complete
organisation with a highly engaged workforce	the health and well-being of our staff by looking after our workforce	Development Committee					
	SA2.2 Growing and developing our workforce	People & Organisational Development Committee	8	2 (0)	3 (3)	7 (4)	1 (1)
	SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme)	People & Organisational Development Committee	9	(0)	1 (1)	1 (7)	6 (1)
3) We will enhance our productivity and efficiency to make the best use of our resources	SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Finance and Performance Committee	3	0 (0)	0 (3)	0 (3)	3 (0)
	SA3.2 Achieving financial sustainability	Finance and Performance Committee	4	0 (0)	0 (4)	0 (4)	4 (0)
4) We will be an effective partner and be ambitious in our commitment to improving health outcomes	SA4.1 Tackle our health inequalities	Quality Governance Committee	5	0 (0)	0 (0)	1 (5)	4 (0)
	SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population	Quality Governance Committee	5	0 (0)	0 (0)	0 (1)	5 (4)

Strategic Aim	Strategic Objective	Assurance Committee	Total no of sub-actions	Overdue	Some risk	Work in progress	Action complete
5) We will look to utilise our skills and expertise beyond Gateshead	SA5.1 We will look to utilise our skills and expertise beyond Gateshead	Finance and Performance Committee	1	1 (1)	0 (0)	0 (1)	0 (0)
	TOTALS		**57**	**9 (1)**	**11 (20)**	**18 (38)**	**36 (10)**

2.2. Appendix 1 of this report includes all actions which were open at the time of the last Board update in January 2023. Any actions which were agreed as being completed at this time are not replicated in the report. It therefore represents an exception report to update the Board on all remaining actions at the year-end.

2.3. In summary, whilst a number of actions remain ongoing at year-end, there are a greater volume of actions deemed to be complete which reflects continued progress.

2.4. On reflection a number of actions were assigned an end date of March 2023 when it was clear that they reflected longer-term pieces of work, which would continue into the next financial year (e.g. the implementation of Ockenden recommendations). This learning will be taken forwards to ensure that the actions identified to support the delivery of the strategic objectives in 23/24 are assigned a realistic timescale for completion.

2.5. Any actions which remain in progress / at risk / overdue at year-end will be continued into 23/24, either as business as usual, or incorporated into the action plans to support the delivery of the strategic objectives for 23/24.

3. Strategic Objectives 2023/24

3.1. Executive Team members reviewed the 11 strategic objectives and propose that they remain relevant for 2023/24 and align to the Corporate and enabling strategies.

3.2. The executive directors responsible for each Board committee have carried out a review exercise of their strategic objectives action plan to identify priority actions against each objective to be monitored via each Board committee to provide assurance against delivery throughout the financial year.

3.3 Draft action plans are presented in Appendix 2 of this report. To ensure the actions and outcome measures fully align across all objectives and Board committees it is proposed that a Board session is held in April 2023 to allow the final draft of the strategic objectives to be developed.

4. Recommendations

4.1. The Board is requested to review the accompanying action plans and the summary contained within this report, approving the year-end closing position for the strategic objectives and being assured that remaining actions will continue to be progressed.

4.2. The Board is requested to agree the approach to hold a Board session in April to review the strategic objectives for 2023/24.

					Quantity		3	5	7	9			
Strategic Aim	Strategic Objective	Summary of Actions	How	Action Owner	Start Date	End Date	Overdue	Some Risk	Work in Progress	Action Complete	Completion Date	Expected Outcomes/measures	Comments/progress
1) We will continuously improve the quality and safety of our services for our patients	SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review Executive Lead - Chief Nurse Assurance Committee: Quality Governance Committee	Implement the IEAs in the second Ockenden report	monitor implementation of IEAs at the SafeCare, Risk and Patient Safety Council	GF	Apr-22	Mar-23						Delivery of the 19 safety priorities and improvement in the maternity metrics outlined and reported in the IOP	Frequent monitoring occurring throughout the governance structures which will continue into 2023/24 as the recommendation due dates span the year-end.
		Monitor the midwifery and support staffing levels within the service	Use Birth Rate plus to establish the number of midwives required to provide safe services	LH	Apr-22	Mar-23					31/12/2022		This work has been completed and was reported to the Quality Governance Committee in December 2022
	SA1.2 Continuous Quality improvement plan Executive Lead - Chief Nurse Assurance Committee: Quality Governance Committee	Implement the Quality Account Priorities	Develop a Quality Account implementation action plan	GF	Apr-22	Mar-23						Quality Account Priorities achieved	Implementation action plan developed and progress is being tracked. Feb 23 - Latest Q3 report to the Quality Governance Committee in March 2023. Monitoring will continue with a Q4 report planned to reflect on the annual progress. Note that most actions have been completed, but some of the actions are longer term actions which would not be expected to be completed at year-end - e.g. the implementation of the Patient Safety Incident Response Framework.
		Monitor Quality Account Priorities implementation	Monitor the implementation plan for the Quality Account Priorities at SafeCare, risk and Patient Safety Council	GF	Apr-22	Mar-23					31/12/2022		Report to SafeCare Risk and Safety Council in Nov 22, followed by report to QGC in Dec 22.
		Governors are involved in the assessment of the Quality Account for 2022/23	Invite the governors to comment about progress towards the delivery of the quality account priorities	GF	Mar-23	Mar-23					30/01/2023		Meeting held with one of the public Governors to obtain feedback on the current process and discuss suggestions for 22/23. Quality priorities discussions planned for Governor workshop on 30 January 23. Feb 23 - workshop with Governors held and all Governors invited to complete a survey.
	SA1.3 Digital where it makes a difference Assurance Committee: Digital Committee	Increasing digitisation of our services where it adds value, increases safety and improves the patient experience	Manage the digital delivery plan to support the Trust's transformation programme	AC	Apr-22	Mar-23					14/03/2023	Achievement of the Digital Strategy	Key digital representation has been identified to attend elective care and outpatient boards. This work will feed in to planning, DTG to review and oversee.
		Investing in the skills our people and patients need to use these tools	Develop a digital service workforce development plan	AC / AM	Dec-22	Mar-23							Talent management discussions have started in Dec 22, with a view to implement Scope for Growth talent management as part of the Trusts pilot. Training for this was completed on 23/01/23. Pilot will run after March 23. Digital workforce development plan is currently in draft with NB to review. Some risk – due to management capacity in digital and cancellation of meetings due to strike action
		Investing in the skills our people and patients need to use these tools	Develop a digital skills and inclusion plan for staff and patients	NB	Dec-22	Mar-23							Discussions were due to commence in January 2023. Some risk has been identified due to management capacity in Digital / POD and the cancellation of meetings due to strike action
		Make the best use of the systems and data to continuously improve the clinical care provided	Develop a data quality plan and indicators that provide assurance on clinical systems use	DT	Apr-22	Mar-23					22/03/2023		Some digital indicators developed and built into DAG reporting. This will be shared with service representatives to support an increase in this area. The plan is due to be submitted to the Digital Assurance Group on 22 March and action therefore considered complete at year-end.
		Make the best use of the systems and data to continuously improve the clinical care provided	Make the best use of the systems and data to continuously improve the clinical care provided	DT	Nov-22	Mar-23							The draft plan was due to be reviewed by the Digital Transformation Group in March 23, but this was stood down due to the strike action. This will therefore be presented at the next meeting.
	SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce Executive Lead - Executive Director of People and OD Assurance Committee: People and OD Committee		Review and assess the HWB responses in the staff survey: My organisation takes positive action on health and well-being from 60.2% to 65% My immediate manager takes a positive interest in my health and well-being from 67% to 71% My organisation is committed to helping me balance work and home life from 44.7% to 50%	DJ	Aug-22	Jan-24						Delivery of the Health and Wellbeing Strategy and Future Priorities	Target figures have been selected to be ambitious, achievable and ultimately take Gateshead from above the national average in scoring to a leading organisation. The new health and wellbeing strategy creates action and commitment towards positive action. Managing Well provides an in-road into standardising management approach, while a new policy on promoting attendance is in place to support work/life balance. Progress has been made towards the target figures but this only met in one area - "My immediate manager takes a positive interest in my health and well-being". The other two areas have seen positive improvements, but have not met the target set. Intention to carry forwards into 2023/24.
			Support and promote seven campaigns annually: #BeatTheBlues (January), International Women's Day (March), Stress Awareness Month (April), Mental Health Awareness Week (May), Walking Month (May), World Menopause Day (October), International Men's Day (November)	DJ	Jan-22	Jan-23							At the start of each year the health and wellbeing team confirms key campaigns for the year ahead, before meeting monthly to agree on support/coverage of other relevant events. Further campaigns may also be added reactive to arising needs or in order to help obtain other objectives - such as the Better Health at Work Award. 2022 campaigns now complete. Calendar confirmed for 2023. Includes new financial wellbeing campaign set to launch imminently in response to developing needs of colleagues. System and process developed to plan for the year ahead. Action completed
			Relaunch HWB conversations and monitor uptake via appraisal returns and increase returns from 49% in staff survey to 85%	DJ	Aug-22	Aug-23							Updated Appraisal Form includes a question within the final checklist asking appraisees to confirm that a HWB Conversation has taken place. This will be captured within ESR, which will allow central monitoring although this is unlikely to be rolled out in time to see a direct correlation within the Staff Survey data. It is hoped the continued communication surrounding HWB Conversations and the guidance offered at Managing Well will result in an reported increase within the 2022 Staff Survey A substantial increase has been noted in the amount of individuals who have reported having an appraisal in the past 12 months in the 2022 staff survey. However this did not meet the target set. There are positive results staff reporting that they feel their immediate line manager takes an interest in their HWB. Plan to develop work undertaken to date to shift the focus towards quality of appraisals and carry forward the action into 2023/24.
			Launch and promote listening space, monitor usage and seek feedback from users on their experience reports from ID system on usage for baseline	DJ	Jul-22	Dec-22							Listening Space launched August 2022, with an events calendar currently in development. Health and wellbeing team now receiving weekly usage reports to help monitor general figures of usage. Staff Networks using space monthly for meetings. Citizens Advice on-site weekly to provide financial advice. Gateshead College providing free treatments in Listening Space Weekly. Space has also been used in response to major incidents. Action complete.

					Quantity	3	5	7	9			
Strategic Aim	**Strategic Objective**	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
2) We will be a great organisation with a highly engaged workforce		Delivery of the HWB strategy	Ensure KPIs for waiting times for occupational health services are met and strive to exceed these: Counselling (Contact made within 5 days) MSK clinics (10 working days) Physiotherapy (10 working days)	CH	Oct-22	Oct-23							MSK Clinics continue to achieve a 10 working day target. Currently the physiotherapist offers an appointment within 1 working day, the service has not yet officially been launched. Counselling services, we no longer use Talk Works for staff to access counselling, we have the equivalent of 1 WTE counsellor in post. We are not yet achieving contact made in 5 days. We are currently putting together a letter of acknowledgement, to send to staff who refer into counselling to advise of all support available. Systems and processes are in place to monitor and report on KPIs through the monthly Quality Meeting. A RPIW was conducted in March 2023, which has made significant changes to key processes within the Occupational Health referral and triage process and these will be monitored through SMT for the next 90 days. Action to be refocussed and carried forwards
			Deliver a successful campaign and ensure 85% of staff are vaccinated	CH	Oct-22	Jan-23							The Trust Flu and COVID booster campaign is now complete. 54.4% of frontline HCW were vaccinated against flu and 29.70% off staff vaccinated with a COVID19 booster. Our uptake is reflective of the other Trusts in the region as well as nationally. Vaccination campaigns now complete, although targets set not met. This action will be carried forward to reflect the annual vaccination campaigns.
			Grow and support the network of HWB ambassadors audit action	DJ	Jul-22	Jan-23			3				Work underway to review and continue to develop this support offer. Audit action regarding promotion of health and wellbeing ambassadors through a dedicated area on the health and wellbeing website now complete. Health and wellbeing team continuing to engage with its ambassadors through dedicated monthly meetings, regular digital communication and group chat. Mental Health First Aider training being delivered to colleagues throughout the organisation starting February 2023. Further work is required to embed this and therefore there is an intention to continue this action into 23/24.
			Reduction in sickness absence new suite of metrics for managers differentiate between covid and non covid absence review new policy in 6 months time Roll out training for managers	CS	Apr-22	Dec-22			3				Policy implemented 1st June 2022. Policy refresh from 1st July 2022 – agreed and effective from 1st October 2022. Collective leadership approach and engagement piece of work throughout October with Business Units. Focused piece of work on short term absence began 1st November 2022 and runs until 31 January 2023 and will be review February 2023. Monthly LTS Clinics set up for 12 month period with target setting approach via Case Reviews. Early indication Absence variance is reducing. Professional training for managers delivered by capsticks and is ongoing. Bespoke sessions designed for Matrons and SLMs and to be delivered from end of February 2023. A number of actions taken - evidence of long term, sustainable impact on the reduction of absence is yet to be seen, although early indications show this is moving in a positive direction. Bespoke sessions still to be delivered. Action to be continued into 23/24.
	SA2.2 Growing and developing our workforce **Executive Lead - Executive Director of People and OD** **Assurance Committee: People and OD Committee**	Improvements in the WRES/WDES for delivering improved staff experience	To be inserted from WRES/DRES action plan	KS	Apr-22	Mar-23			3			**Development of a People strategy; Reduced workforce gaps; Improved responses to staff survey**	Specific staff survey analysis relating to this action yet to be reviewed to determine specific actions that need to be taken. Specific actions will be developed based on the analysis and delivered in 23/24.
		A reduction in vacancy rates and staff turnover	Improve understanding of why people leave	LH	Jul-22	Oct-22			3				People Analyst in post. Analysis took place and presented in September 2022 reviewing 12 months to 31 August 022. Dashboard in development to include this as a metric regularly reported on. Some initial analysis taken place, but this requires further development. Also a review of the exit interview process has taken place which needs to be rolled out. This action will be continued into 23/24.
			Develop retention plans	NB	Oct-22	Mar-23			3				Retire and Return Process under review Nurse Rotation Programme being scoped Work in its infancy and needs further development and therefore actions will be continued into 23/24
			Develop a comprehensive strategic workforce plan	NB	Apr-22	Mar-23			3				Data shared with WSP Deep Dive into ECC completed Meetings scheduled throughout January 2023 to gather further intelligence from Business Units Roll out across the trust to be scoped Stakeholder event held with WSP in February 2023 which brought together previous work, generated further discussion and assessed readiness around strategic workforce planning. The action will be continued into 23/24.
			Roll out of E-Rostering for Medical Workforce	FC	Apr-22	Mar-23			3				New end user view implemented based on feedback Project Manager (with Medical Staffing experience) assigned by Zebra who will work alongside Medical Staffing Manager to support the role out of Zebra across the trust. Zebra Roadshow to increase engagement: Junior Doctor Forum 26th January 2022 + another date TBC Implementation plan to be revisited ahead of next Programme board for discussion and agreement of next steps. This action will be continued into 23/24.
		Increase in annual staff survey % of staff experiencing opportunities for career and skills development.	Achieve 85% compliance for Appraisal and core skills	SMT	Apr-22	Sep-22			3				As at 15/12/2022 overall appraisal compliance rate sat at 69.59% and core skills at 79.64%. This is reported on and reviewed monthly by SMT. Compliance standards are not being met, however systems and processes have been introduced to monitor and report on KPI's via SMT.
			Maximise Apprenticeship levy. and reduce expiring funds	SN	Apr-22	Mar-23			3				Significant reduction in expiring funds. Apprenticeship strategy will be incorporated into People Strategy. Apprenticeship strategy in draft and action will be continued into 23/24.
	SA2.3 Development and Implementation of a	Programme Plan to be developed and ratified at Transformation Board	Align with the NHSE Culture & Leadership Programme Plan, complete Stage 1 (Scoping) and Stage 2 (Diagnostic) by 31 March 2023.	LF	Jun-22	Jun-23						**Programme Plan to be developed and ratified at**	Revised approach. Culture Programme overview agreed, with 6 key workstreams. Programme Managers in place, SRO recruitment underway. Action completed.

					Quantity		3	5	7	9			
Strategic Aim	**Strategic Objective**	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
3) We will enhance our productivity and efficiency to make the best use of our resources	Culture Programme (2-3 year Programme) Executive Lead - Executive Director of People and OD Assurance Committee: People and OD Committee	Board	Provide assurance to the Transformation Board via monthly Highlight Reports outlining the work of the Culture Team.	LF	Jun-22	Jun-23			3			Transformation Board Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans, recruitment Improvement in annual/pulse survey results – particularly in the area of psychological safety measures	Underway and being incorporated into the wider plan. Action closed - business as usual.
		Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans	Embed the values and new behavioural framework within the revised Appraisal process, ensuring they also feature within development and talent conversations.	LF/SN	Jun-22	Jun-23			3				Underway and being incorporated into the wider plan. Action to be continued into 23/24 to enable this to be embedded.
			Introduce value-based recruitment across all roles within the organisation.	NB	May-22	Jun-23							VBR pilot led by Sandra Burrell. Wider roll out now underway across the organisation. Action closed - now business as usual.
		Improvement in annual/pulse survey results – particularly in the area of physiological safety measures	Launch the Leading Well development programme and deliver to a new cohort each month	SG	Sep-22	Jun-23							Leading Well programme well established and embedded. Action now closed.
			Pilot the TED Engagement Tool, with 30 teams across the Trust, bringing focus to improving team engagement.	SC	Aug-22	Aug-23							10 Team Facilitators trained by LTHT in Sept. TED tool launched in Oct 2022. 35 team leaders trained in Oct / Nov & Dec. More cohorts planned from Feb. Piloting 1 to 1 team leader training with 2 teams. 6 current live TED surveys. TED pilot now rolled out. Action closed.
			Engagement score within the Annual Staff Survey to be within the top 20% of our benchmark group.	LF	Apr-22	Apr-23							To be confirmed once the national results are published. Trust achieved 51% completion of the 2022 survey, the highest recorded to-date. 2022 Staff Survey now closed. Engagement score and Trust position to be confirmed. Action closed and a new action will be developed for next year's survey.
			Increase the 2022 Annual Staff Survey response rate by at least 8 percentage points, which would equate to a 55% response rate and align with the 2021 increase in engagement.	LF	Sep-22	Nov-22							Increased by 4 percentage points representing highest responses rate for the Trust and in acknowledgement of a number of challenges faced during the survey window. 2022 Staff Survey now closed. Uptake increased however percentage point increase target not met. Action closed and a new action will be developed for next year's survey.
	SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans Executive Lead - Chief Operating Officer Assurance Committee: Finance and Performance Committee	The associated New operating Model transformation programmes will be delivered demonstrating an impact on key performance indicators	monitored through the New Operating Model (NOM) programme board and Trust Transformation Board. KPI's to be monitored through the IOR	JMB	Apr-22	Mar-23					16/03/2023	Improvement in the Responsive indicators in the Integrated Oversight Report	The programme is a 2-3 year programme however timescales for delivery of each element available Update paper was presented to the Board in September 2022 Detailed update to Transformation Board in January 2023. NOM is on track with some risk due to capital slippage (outwit Trust control) and unprecedented operational pressures over winter. Benefits realisation assessment is in place. Key metrics on track include - reduction in emergency admissions; reduction in length of stay; improved discharge process; reduction in waiting lists; theatre utilisation greater than 85% and delivery of the elective recovery programme. Action closed on the following basis - full benefits report detailing achievement, patient and people benefits and delivery will be presented to the April 23 Transformation Board and subsequently to Finance and Performance Committee
		Ensure estates changes relating to the new operating model are realised	working collaboratively with QEF and Business units to realise plans	JMB	Apr-22	Mar-23					16/03/2023		Update paper was presented to the Board in September 2022. Detailed update to Transformation Board in January 2023. As outlined in above action, there is a risk of slippage on capital due to factors outwit our control - increasing costs and shortage of materials. Action closed on the following basis - full benefits report detailing achievement, patient and people benefits and delivery will be presented to the April 23 Transformation Board and subsequently to Finance and Performance Committee
		Realising the recruitment to the new operating model	working collaboratively with POD and Business units to realise plans	JMB	Apr-22	Mar-23					16/03/2023		Workforce challenges have been referred to People and OD Committee by F&P and being discussed at Sept Committee Agreed that this is a Board priority area and presentation on workforce supply scheduled for January Board Circa 62 vacancies remain in Medicine, noting that a number of previous vacancies have been filled. Continued vacancies means some risk remains and also increases the risks associated with the use of bank and agency. Action closed on the following basis - full benefits report detailing achievement, patient and people benefits and delivery will be presented to the April 23 Transformation Board and subsequently to Finance and Performance Committee
	SA3.2 Achieving financial sustainability Executive Lead - Group Director of Finance and Digital Assurance Committee: Finance and Performance Committee	Development of a 3 year financial strategy for Gateshead	Through internal and external discussion and assessment of the environment. To be drafted and then consulted on by the senior finance team.	KM	Aug-22	~~01/12/2022~~ Jan 23					16/03/2023	Achievement of the annual financial plans The development of the longer term strategy to manage recurrent position	Development of the financial strategy ongoing with intention to bring to December committee meeting. Jan 23 - Draft financial strategy is being presented to January's committee meeting and will be considered with all other enabling strategies at the Board Strategy session on the 9th Feb 2023. Revised date approved by the Board in Sept 22. Action completed - financial strategy has been drafted and featured within the Board strategy day in Feb 23. Awaiting Board ratification at the May 23 meeting, but action considered complete.
		Full assessment of the underlying recurrent position to inform the financial strategy	Review of current spending patterns and recurrent / non recurrent forecast	JF	Aug-22	01/10/2022 although this is a continuous process					16/03/2023		Ongoing work as part of the North ICP network. Jan 23 - Working closely with our partners in the system in responding to the annual planning guidance that has been issued. This covers a 12 month period. Working internally on the underlying financial position as part of the financial strategy rolling project. SMT workshop taking place on the 26th January which is focussing on longer term financial sustainability of Gateshead. Action complete - work undertaken to inform both the financial strategy and the annual plan for 2023/24.
		In year actions to achieve / meet the financial plan for 2022/23 in both revenue and capital	Financial accountability framework, robust budgetary monitoring and reporting to F&P. Robust assessment of capital priorities (financially) and in CRP	KM	Apr-22	Mar-23					16/03/2023		Financial accountability framework in place. CRP workshop scheduled for 6th October. Work underway to assess and strengthen offer of support from financial reporting. Jan 23 - Additional finance workshop taking place on 26th Jan to address underlying position and financial sustainability of organisation. Robust forecasting is no reducing the parameters of the year end forecast position and this has enabled discussion to take place with system partners. Negotiations are taking place with the ICB regarding potential to revise forecast outturn but also receive further income via distribution of additional system funding. Action complete - financial outturn is anticipated to be in line with the ICB expectations. The accountability framework has been in place during the year with exception reporting to Finance and Performance Committee.
		Full financial assessment of capital priorities to inform the financial strategy	Dependent on the completion of the strategic estates plan	KM	Apr-22	Ongoing					16/03/2023		ICS wide estates working group commenced in support of collaborative working. Trust clinically led estates strategy in development. Jan 23 - Awaiting clinically led estates strategy but also the development of a non-clinical estates strategy to inform capital priorities. This will enable more robust capital planning t support delivery of operational objectives. Action completed as part of the financial strategy and annual planning processes.

					Quantity		3	5	7	9			
Strategic Aim	Strategic Objective	Summary of Actions	How	Action Owner	Start Date	End Date	Overdue	Some Risk	Work in Progress	Action Complete	Completion Date	Expected Outcomes/measures	Comments/progress
4) We will be an effective partner and be ambitious in our commitment to improving health outcomes	SA4.1 Tackle our health inequalities Executive Lead - Medical Director Assurance Committee: Quality Governance Committee	Restoring NHS services inclusively: where performance reports will be broken down by patient ethnicity and index of multiple disadvantage quintile, focussing on unwarranted variation in referral rates, waiting lists for assessment, diagnostic and treatment pathways, immunisation, screening and late cancer presentations.	Scoping exercise to look at available data through current collection on careflow and nerve centre.	AB	Apr-22	Mar-23					30/01/2023	The delivery of an agreed health inequalities action plan	Initial scoping reported to the Health Inequalities Board. Health Inequalities workshop planned for 11 October 2022. Regular updates provided by the Performance and Planning team at the Health Inequality Board
		Mitigating against 'digital exclusion' ensuring providers offer face to face care to patients who cannot use remote services and ensure more complete data collection to identify who is accessing face to face /telephone/video consultations is broken down by patient age, ethnicity, disability status	Included in the data scoping will be to review DNA and link with the learning disability team and also the MECC community teams.	AB	Apr-22	Mar-23							A significant piece of work on DNAs is being undertaken as part of the wider system work under the People@the Heart workstream. Reports on demographics on DNAs are routinely run. Work remains ongoing and will continue given this is a longer term piece of work
		Ensuring data sets are complete and timely - to continue to improve data collection on ethnicity and other protected characteristics, across primary care/ outpatients, A&E, mental health, community services, waiting list minimum dataset (WLMDS)	Ensure data collection for ethnicity and protected characteristics are recorded	AB	Apr-22	Mar-23					30/01/2023		Currently recorded.
		Accelerating preventative programmes, covering flu and covid 19 vaccinations, annual health checks for people with severe mental illness and learning disabilities. Supporting the continuity of maternity carers and targeting long term health condition diagnosis and management. Focus on Acute tobacco Service, Alcohol navigation posts, healthy weight including foodbanks	Introduction of the acute tobacco service for acute and maternity patients. Working with the community and acute learning disability teams to introduce the diamond pathway.	AB	Apr-22	Mar-23					30/01/2023		Acute tobacco service in place and significant improvements seen in reduction of smoking for patients and maternity patients
		Strengthening leadership and accountability - Supporting our workforce to access training and wider support offer including MECC, health inequalities framework,	MECC training for staff including, mental health, smoking cessation, alcohol, healthy weight, cancer and 5 ways to wellbeing.	AB	Apr-22	Mar-23					30/02/2023		Ongoing training delivered to staff and therefore sub-objective achieved. Now delivered as business as usual.
	SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population Executive Lead - Chief Operating Officer Assurance Committee: Quality Governance Committee	Establish governance and reporting on the delivery of system priorities to the Trusts Management team and Board	work with Trust secretary to agree governance and reporting of system priority delivery to Board	JMB/JB	Sep-22	Mar-23					30/01/2023	Delivery of Gateshead Cares priorities and action plans	Wider governance of the ICB and system working at place is being discussed and a proposal will be available before submission to the Sept Board for agreement. Featured as part of Board strategy workshops Feb 23 - updates from external meetings now built into EMT and SMT cycles of business to ensure appropriate discussion
5) We will look to utilise our skills and expertise beyond Gateshead	SA5.1 We will look to utilise our skills and expertise beyond Gateshead Executive Lead - QE Facilities Director Assurance Committee: Finance and Performance Committee	Development of a robust commercial strategy	A task and finish group from SMT is being established to bring together key stakeholders to develop the commercial strategy, bringing together the clinical strategies and QEF commercial opportunities	QEF	Aug-22	Jan-23						Development and delivery of a Commercial Strategy	Workshop held with SMT on 2 September to inform development of the commercial strategy Strategy partially drafted and work continues, recognising this is behind plan. Action not delivered in-year due to capacity constraints. This will be carried forward into 23/24 as part of a wider strategic piece.

					Quantity		0	0	0	0			
Strategic Aim	Strategic Objective	Summary of Actions	How	Action Owner	Start Date	End Date	Overdue	Some Risk	Work in Progress	Action Complete	Completion Date	Expected Outcomes/measures	Comments/progress
1) We will continuously improve the quality and safety of our services for our patients	SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review Executive Lead - Chief Nurse Assurance Committee: Quality Governance Committee	Implement the actions in the second Ockenden report	action plan to be implemented	LH	Apr-23	Mar-24						Delivery of the 19 safety priorities and improvement in the maternity metrics outlined and reported in the IOP	
		Monitor the midwifery and support staffing levels within the service	Use Birth Rate plus to establish the number of midwives required to provide safe services and report 6 monthly to Trust Board	LH	Apr-23	Mar-24							
		Implement the agreed plan for maternity Continuity of Carer	maternity team to be reconfigured to meet actions outlined in the MCOC plan	LH	Apr-23	Dec-23							
		Implement any actions from the maternity CQC inspection 2023	develop and implement action plan once final report is received	GF/LH	Apr-23	Mar-24							
	SA1.2 Continuous Quality improvement plan Executive Lead - Chief Nurse Assurance Committee: Quality Governance Committee	Implement the Quality Account Priorities	implement the Quality Account implementation action plan	GF	Apr-23	Mar-24						Quality Account Priorities achieved	
		Monitor Quality Account Priorities implementation	Monitor the implementation plan for the Quality Account Priorities at SafeCare, risk and Patient Safety Council	GF	Apr-23	Mar-24							
		Governors are involved in the assessment of the Quality Account for 2023/24	Invite the governors to comment about progress towards the delivery of the quality account priorities	GF	Mar-23	Mar-24							
	SA1.3 Digital where it makes a difference Assurance Committee: Digital Committee	Increasing digitisation of our services where it adds value, increases safety and improves the patient experience	Complete the procurement specification to support the clinical systems outline business case	NB	Mar-23	Dec-23							
		Increasing digitisation of our services where it adds value, increases safety and improves the patient experience	Complete the full business case for the modular EPR.	NB	Apr-22	Mar-24							
		Investing in the skills our people and patients need to use these tools	Undertake a digital service workforce survey and develop a business case to address the gaps	AC	Dec-22	Mar-24							Talent management discussions have started in Dec 22, with a view to implement Scope for Growth talent management as part of the Trusts pilot.
		Investing in the skills our people and patients need to use these tools	Implement the digital skills and inclusion plan for staff and patients completing a business case if required	AC	Dec-22	Mar-24							
		Make the best use of the systems and data to continuously improve the clinical care provided	Work with performance & information to implement the data quality strategy and produce indicators that provide assurance on clinical systems use	DT	Apr-22	Sep-23							Some digital indicators developed and built into DAG reporting. This will be shared with service representatives to support an increase in this area.
		Make the best use of the systems and data to continuously improve the clinical care provided	Develop a systems exploitation plan for the core systems	DT	Nov-22	Sep-23							not started
	SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce Executive Lead - Executive Director of People and OD Assurance Committee: People and OD Committee	Delivery of the HWB strategy	Review and assess the HWB responses in the 2022 staff survey, adapting and agreeing areas of focus.	DJ	Aug-22							Delivery of the Health and Wellbeing Strategy and Future Priorities	Roll Forward
			Equip managers to conduct high quality Health and Wellbeing conversations which leave their teams feeling valued and cared for.	DJ	Aug-22								Roll Forward
			Ensure out of hours catering provision and access to hot food meets national standards and supports colleague experience at Gateshead.	DJ	Oct-22	Jul-23							Roll Forward
			Ensure KPIs for waiting times for occupational health services are met and strive to exceed these: Counselling (Contact made within 5 days) MSK clinics (10 working days) Physiotherapy (10 working days)	CH	Mar-23	Jun-23							Roll Forward

					Quantity		0	0	0	0			
Strategic Aim	**Strategic Objective**	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
2) We will be a great organisation with a highly engaged workforce			Deliver a successful vaccination campaign and ensure 85% of staff are vaccinated.	CH	Oct-22								Roll Forward
			Grow, support and embed the network of HWB ambassadors.	DJ	Jul-22								Roll Forward
			Embedding new absence management policy, policy training and robust absence management practice. Reduction in sickness absence. New suite of metrics for managers. Differentiate between covid and non covid absence. Review new policy in 6 months time. Roll out training for managers. Monitor impact over 2023/24.	CS	Apr-22								Roll Forward
		Offering a rounded, responsive 24/7 occupational health and wellbeing services that aligns with the needs of colleagues at Gateshead Health.	Establish a permanent Health & wellbeing service within the POD Directorate.	DJ	Mar-23	Jul-23							New
			Analyse all available data to understand the root cause of referrals and implement a schedule of preventative support pathways.	CH	Mar-23	Sep-23							New
			Review all current systems and processes to improve efficiency and customer experience.	CH	Feb-23	Mar-24							New
			Renewed focus on Client Feedback, including the introduction of virtual forms and feedback stations.	CH	Mar-23	Dec-23							New
		Providing a working environment where all basic needs are met for all colleagues working within the organisation.	Agree several safe, designated rest areas for all colleagues, with facilities that promote rest and recovery.	DJ	Mar-23	Dec-23							New
	SA2.2 Growing and developing our workforce **Executive Lead - Executive Director of People and OD** **Assurance Committee: People and OD Committee**	Improvements in the WRES/WDES for delivering improved staff experience	Review and include appropriate actions from the WRES/WDES action plan.	KS	Apr-22							**Development of a People strategy; Reduced workforce gaps; Improved responses to staff survey**	Roll Forward
		A reduction in vacancy rates and staff turnover	Improve understanding of why people leave by ensuring that there is a robust process for capturing leavers conversations as well as routinely reviewing and reporting on the data.	LH	Jul-22								Roll Forward
			Trust wide retention strategy which includes a customisable range of high impact, effective tools that are deployed at a local level, depending on service need.	NB	Oct-22								Roll Forward
			Develop a programme of work that supports the development and implementation of a comprehensive strategic workforce plan.	NB	Apr-22								Roll Forward
			Further development of people metrics including BU dashboards, nursing dashboard to be further developed and medical staffing and AHP dashboards to be designed and tested.	LH	Jul-22								New
			Roll out of E-Rostering for Medical Workforce	FC	Apr-22								Roll Forward
			Develop work experience programmes for local schools working in collaboration with the ICB, Gateshead Cares Workforce Board and Health Education England. Establishing solid networks with local schools with underrepresented learners and their educators.	SN	Mar-23								New
			Develop career in Medicine" taster days in liaison with local schools and medical schools involving simulated skills workshops, meet and greets with current medical students, doctors in training and senior clinical staff.	SN	Mar-23								New
			Develop a Heath and Care Academy Approach	SN	Mar-23								New
			Work collaboratively with Gateshead at place for regular joint recruitment fairs.	SB	Mar-23								New
			Develop an online pre-induction process to better manage the transition into the Trust to provide a gold standard induction.	LS/JK	Mar-23								New
		Increase in annual staff survey % of staff experiencing opportunities for career and skills development.	Develop an apprenticeship strategy. Maximise Apprenticeship levy. and reduce expiring funds	SN	Apr-22								Roll Forward
			Develop a comprehensive Trust Wide learning need analysis which aligns to Trust prospectus/offer and broader Trust objectives.	JK	Mar-23								New
	SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme) **Executive Lead - Executive Director of People and OD** **Assurance Committee: People and OD Committee**	Programme Plan to be developed and ratified at Transformation Board	Engagement approach for the culture programme to be defined. With Culture Programme approach agreed, with a structure built around 6 workstream SRO's and supporting Programme Managers.	LF	Mar-23							**Programme Plan to be developed and ratified at Transformation Board** **Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans, recruitment** **Improvement in**	New
		Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans	Embed the values and new behavioural framework within the revised Appraisal process, ensuring they also feature within development and talent conversations.	LF/SN	Jun-22								Roll Forward
		Improvement in annual/pulse survey results – particularly in the area of physiological safety measures	Engagement score within the Annual Staff Survey to be within the top 20% of our benchmark group.	LF	Apr-22								Roll Forward
			Increase the 2023 Annual Staff Survey response rate by 5 percentage points, which would equate to a 56% response rate, which would see a 1pp increase on the increase we saw for 2022.	LF	Sep-22								Roll Forward
	SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans **Executive Lead - Chief Operating Officer** **Assurance Committee: Finance and Performance Committee**	The associated New operating Model transformation programmes will be delivered demonstrating an impact on key performance indicators	monitored through the New Operating Model (NOM) programme board and Trust Transformation Board. KPIs to be monitored through the IOR	JMB	Apr-23	Mar-24						**Improvement in the Responsive indicators in the Integrated Oversight Report**	
		Ensure estates changes relating to the new operating model are realised	working collaboratively with QEF and Business units to realise plans	JMB	Apr-23	Mar-24							

					Quantity		0	0	0	0			
Strategic Aim	Strategic Objective	Summary of Actions	How	Action Owner	Start Date	End Date	Overdue	Some Risk	Work in Progress	Action Complete	Completion Date	Expected Outcomes/measures	Comments/progress
3) We will enhance our productivity and efficiency to make the best use of our resources	SA3.2 Achieving financial sustainability Executive Lead - Group Director of Finance and Digital Assurance Committee: Finance and Performance Committee	In year activity to deliver against the financial plan.	Use of financial accountability framework and internal focus on delivery of cost improvement programme. Supported by robust budget monitoring and reporting to F&PC - capital and revenue.	KM	Apr-23	Mar-24							
		Ongoing focus on financial sustainability to improve the underlying financial position.	Ongoing assessment of underlying run rate, increase in effective organisational communication and engagement, use of benchmarking information and HFMA checklist.	KM	Apr-23	Mar-24							
		Automation of transactional processes.	Work collaboratively with digital and transformation teams to utilise RPA function.	KM	Apr-23	Mar-24							
		Enhance capacity and capability of the finance team.	Complete recruitment to new structure and supporting organisational development programme of work.	KM	Apr-23	Mar-24							
4) We will be an effective partner and be ambitious in our commitment to improving health outcomes	SA4.1 Tackle our health inequalities Executive Lead - Medical Director Assurance Committee: Quality Governance Committee	Mitigating against 'digital exclusion' ensuring providers offer face to face care to patients who cannot use remote services and ensure more complete data collection to identify who is accessing face to face /telephone/video consultations is broken down by patient age, ethnicity, disability status	Included in the data scoping will be to review DNA and link with the learning disability team and also the MECC community teams.	AB	Apr-23	Mar-24						The delivery of an agreed health inequalities action plan and implementation of the Health Inequalities Strategy	
		A framework for action across the NHS: Core20plus5 is NHS England's new approach to tackling health inequalities. It focuses on improvements for the most deprived 20 per cent of the population (core20), reducing inequalities for population groups identified locally (plus) and accelerating improvements in five clinical areas (5).	A gap analysis to be completed across the 5 clinical areas. Maternity, severe mental health, chronic respiratory disease, early detection of cancer and hypertension.	AB	Apr-23	Mar-24							Continued from 22/23
	SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population Executive Lead - Chief Operating Officer Assurance Committee: Quality Governance Committee	To be discussed											
5) We will look to utilise our skills and expertise beyond Gateshead	SA5.1 We will look to utilise our skills and expertise beyond Gateshead Executive Lead - QE Facilities Director Assurance Committee: Finance and Performance Committee	Develop Commercial Strategy to be discussed (C/F from 22/23)											

Gateshead Health
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Report Cover Sheet Agenda Item: 10

Report Title:	**Enabling Strategy Update**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29th March 2023			
Author:	Kirsty Roberton, Deputy Director Corporate Services and Transformation			
Executive Sponsor:	Executive Directors			
Report presented by:	Jennifer Boyle Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	The Trust launched its corporate strategy in 2022. There are a number of enabling strategies that have subsequently been developed through staff engagement. The list of enabling strategies for Board ratification are as follows: • Communication • People • Quality • Equality, Diversity and Inclusion • Clinical • Estates (Clinically led strategy) • Finance A Board strategy session was held on the 9th February 2023 which included Senior Management Team colleagues where the strategies were discussed, reviewed and commented on. These comments and suggested changes have now been included in the final versions of the strategies and the following enabling strategies are presented for final ratification. • Communication – Attachment 1 • Quality – Attachment 2 • People – Attachment 3 The remaining strategies, EDI, Clinical, Estates and Finance are currently being updated and will be presented to the May Board for ratification.			

<table>
<tr><td>Proposed level of assurance – <u>to be completed by paper sponsor</u>:</td><td>Fully assured
☐
No gaps in assurance</td><td>Partially assured
☐
Some gaps identified</td><td>Not assured
☐
Significant assurance gaps</td><td>Not applicable
☒</td></tr>
<tr><td>Paper previously considered by:
State where this paper (or a version of it) has been considered prior to this point if applicable</td><td colspan="4">All strategies were reviewed at the Board Strategy Session held on the 9th February 2023 and final drafts reviewed by SMT on the 16th March 2023</td></tr>
<tr><td>Key issues:
Briefly outline what the top 3-5 key points are from the paper in bullet point format</td><td colspan="4">The feedback from the group work held on the 9th February 2023 was written up and sent to and discussed with the authors of each of the enabling strategies.

Key updates have been made to each strategy and are attached for review which covered:

• Increasing the references to the patient and how these strategies link to the impact on our patients and the delivery of the care
• Strengthening the references to people and public and patient engagement and involvement
• Simplifying the strategies to ensure they are easily digestible.
• Strategic statements of intent being displayed on a page.
• Ensuring consistent approaches to the measurability of the strategies, particularly in respect of KPIs
• Incorporating a greater external focus within the communications strategy and including more details on strategic communications
• Ensuring that managers are equipped to deliver the asks contained within the strategies
• Ensuring that clinical leadership and quality improvement flow through the quality strategy.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="4">Members are asked to accept the changes to the strategies presented and approve with agreement that these can be launched.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="3">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="3">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="3">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="3">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td colspan="3">We will develop and expand our services within and beyond Gateshead</td></tr>
</table>

Trust corporate objectives that the report relates to:	Enabling strategies should support the delivery of all corporate objectives				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	n/a				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐		**No** ☐		**Not applicable** ☒

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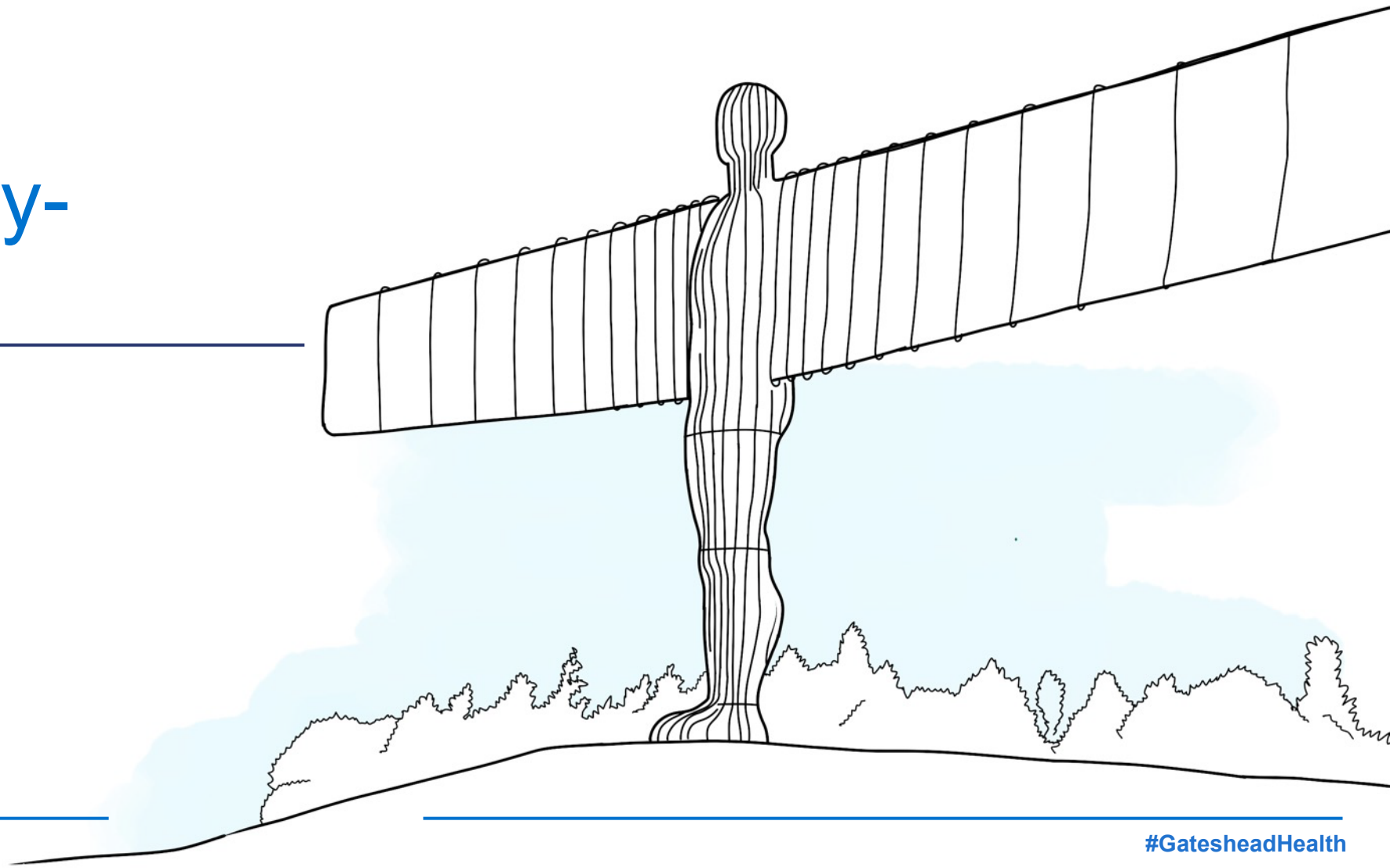
Quality Strategy- 2023-2025

Gill Findley, Chief Nurse



Gateshead Health
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#GatesheadHealth, proud to deliver outstanding and compassionate care to our patients and communities.

The Quality Strategy is linked to the Corporate Strategic aims

Gateshead Health NHS Foundation Trust

We will continuously improve the quality and safety of our services for patients

We will be a great organisation with a highly engaged workforce

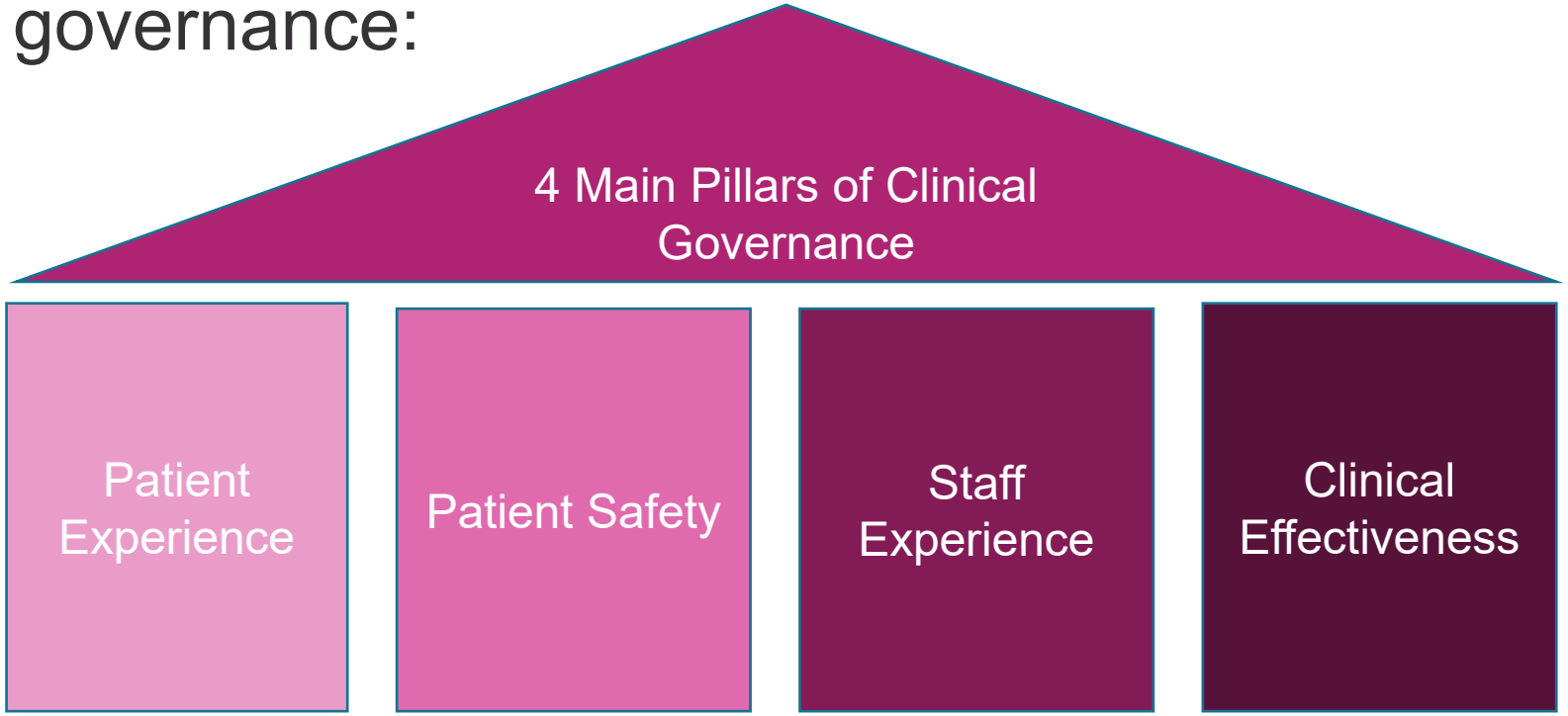
We will enhance our productivity and efficiency to make the best use of our resources

We will be an effective partner and be ambitious in our commitment to improving health outcomes

We will develop and expand our services within and beyond Gateshead

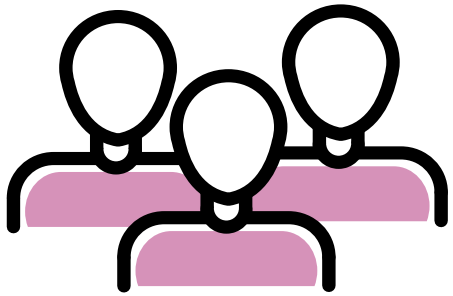
Key themes

- Delivery of safe, high quality services is as important to the Trust as delivery of other strategic aims
- Good clinical leadership is central to the delivery of our Quality Strategy
- The Quality Strategy outlines the direction for the 4 main pillars of clinical governance:



Engagement

- In developing this strategy there has been engagement with:
  - Business units
  - Corporate services
    - Nursing and quality
    - Medical director
    - People and OD
  - Governors



- As much of the strategy is based upon national directives, key themes are also included within our Quality Accounts, which undergo substantial engagement and review by statutory partners and stakeholders.

Links to other areas and strategies

- There are many interlinked and supporting internal and external strategies that have been taken into account while preparing this document including:
  - Clinical Strategy
  - Digital Strategy
  - People Strategy
  - Health & Well Being Strategy
  - Equality Diversity and Inclusion Strategy
  - Communications Strategy
  - Research Strategy
  - Nursing Strategy
  - Allied Health Professionals Strategy
  - Midwifery Strategy
  - The National Patient Safety (NHS England » The NHS Patient Safety Strategy)

Quality – Supporting the Trust Strategy

NHS Gateshead Health

#GatesheadHealth Corporate Strategy				quality			
5 Strategic Aims		Strategic areas	Strategic focus areas	Patient Experience	Patient Safety	Staff Experience	Clinical Effectiveness
Productivity and efficiency / Growing services beyond Gateshead	Improving service quality and safety	Patients	Caring for all our patient communities	●	●		●
			Providing safe, high quality care	●	●		●
			Offering increasingly integrated care				●
			Making every contact compassionate and caring	●	●	●	●
	Highly engaged workforce	People	Supporting the health and wellbeing of our people	●		●	●
			Being a great place to work	●	●	●	
			Ensuring a diverse, inclusive and equitable culture	●	●	●	●
			Working in new and collaborative ways as “one team”	●	●	●	●
	Partnerships and outcomes	Partners	Being a force for good			●	
			Acting as a key partner	●		●	
			Working with further and higher education providers			●	●

Business Unit Safecare Arrangements

- Quality is everyone's business and therefore, it is important that this strategy is supported and delivered through the business units within the Trust.
- Each of the 4 Trust Business Units has a unique arrangement for managing their clinical governance and quality improvement matters. These arrangements provide assurance that clinical governance is embedded within the structure of the business unit and that each business unit has a mechanism to escalate concerns to the highest level.
- Previously in Gateshead, meetings where elements of clinical governance were discussed have been referred to as Safecare meetings. We have maintained the use of the Safecare terminology where it makes sense to staff to continue to do so and where staff understand it's use within this strategy, but it is not mandated.
- The next 4 slides give a summary of the arrangements within each of the business units. We will review each of these arrangements with the business units and strengthen where necessary.
- There will be a directed piece of work within the strategy to ensure that all business units are covering the same aspects of governance within their Safecare agendas going forward whilst still enabling them to meet specific requirements individually.

Community Safecare Arrangements

- Weekly operational managers meeting – to discuss complaints and incidents
- Monthly Quality Governance meeting – includes incidents, risks and medication report
- Monthly bulletin for staff highlighting any quality improvement initiatives and learning
- Dedicated notice boards for staff relating to quality and safety matters
- Safety triangulation group reported to Executives
- Quality and safety issues discussed at the quarterly oversight meeting

Surgery Safecare Arrangements

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- Designated safecare leads in each specialty and an overall safecare lead
- Dedicated safecare session x10 per year in each specialty attended by all disciplines
- Monthly business unit safecare meeting chaired by the safecare lead
- Safety triangulation group reported to the Executives
- Specific time limited groups where appropriate e.g. the robotic assisted surgery governance group
- Quality and safety issues discussed at the quarterly oversight meeting

Medicine Safecare Arrangements

Gateshead Health NHS Foundation Trust

- Weekly business unit meetings – to discuss quality and safety
- Monthly safecare meeting open to all disciplines
- Working towards a dedicated safecare lead within medicine
- Safety triangulation group
- Quality and safety issues discussed at the quarterly oversight meeting

Clinical Support and Screening Safecare Arrangements

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The governance arrangements are by nature, complex within CSS because of multiple mandated and regulatory obligations for governance reporting in most areas. They are summarised below:

- Pharmacy- due to the statutory and regulatory requirements for medicines management, the pharmacy governance structure reports through mandated trust wide committees to the Trust Board via Trust Safecare committee. The chief pharmacist also holds specific and direct regulatory responsibilities on behalf of the organisation.
- Pathology- due to national quality assurance obligations, report monthly to CSS Ops Board via both risk and quality management committees within the pathology service
- Screening- have regular reporting arrangements externally via NHS England Quality Assurance services and internally via the relevant service Safecare meetings to CSS operational board. This includes endoscopy services
- Breast screening and surgery- regular reporting governance arrangements through the service line to both the CSS ops board and also linking into the Surgical BU Safecare meeting due to the co-managed nature of the service.
- Therapy services / Radiology / outpatients- individual professional services report through service line governance meeting monthly to monthly CSS Operational Board

. Quality and safety issues discussed at the quarterly oversight meeting

Quality Strategy for 2023-2026

- The aims of the quality strategy will be linked where possible to national indicators such as;
  - System Oversight Framework
  - CQUIN
  - NHSE NQB guidance
  - NICE guidance
  - National Patient Safety Incident Response Framework

As these initiatives change on a regular basis the Quality Strategy is designed to be flexible and adaptable to external influences.

In linking the strategy to the above indicators, there will be clear monitoring of progress and achievement, where appropriate against the indicators available. The strategy will be delivered via an action plan monitored at the Quality Governance Committee

Patient Experience

- A good patient experience is central to good quality of care
- Gateshead Health NHS Foundation Trust has a good track record of providing a good patient experience
- We aim to enhance patient experience within this quality strategy by:
  - Understanding the patients' experiences within our care
  - Coproducing services with our service users
  - Learning when things go wrong and implementing improvements

The following slide has details of patient experience projects that will be undertaken as part of our strategy

Gateshead Health NHS Foundation Trust

To improve patient experience, we will:

- Develop and strengthen the volunteer service (in collaboration with the People Strategy) by evaluating the current volunteer programme and developing plans for mobilising volunteers
- Understand and improve the experiences of patients with learning disabilities and mental health conditions (in collaboration with our EDI and Clinical strategies) by listening to our patients and improving our services. This includes service users accessing physical health services.
- Look for opportunities to co-produce quality improvements with our patients and members of the public, specifically considering the national and regional initiatives around local health inequalities
- Improve the provision of easy read leaflets and how we flag patients who need reasonable adjustments
- Review our complaints process with frontline staff to improve our responsiveness, the quality of resolution, complainant satisfaction and learning for the trust.
- Develop our Maternity Continuity of Carer programme in line with our agreed plan
- Aim for Unicef accreditation at stage 1 SCBU and stage 2 maternity

Patient Safety

- Keeping our patients safe while in our care is fundamental to all our roles and aligns to our corporate strategic aim 1.
- To keep our patients safe we need to facilitate learning by having a just and restorative approach to managing when things do go wrong. This way our people will feel safe to report incidents without fear of retribution
- We aim to improve patient safety within this quality strategy by:
  - having safe levels of staffing across all our disciplines
  - implementing the new national Patient Safety Incident Response Framework
  - Improve how we are learning from mistakes

The following slide has details of patient safety programmes that will be undertaken as part of our strategy

Gateshead Health NHS Foundation Trust

To improve patient safety we will:

- Provide safe staffing levels by
  - undertaking 6 monthly reviews of staffing levels including for the first time allied health professionals
  - reviewing the headroom calculations for nursing staff to ensure we have maximum productivity
  - gaining a baseline calculation for AHP staffing levels and benchmark regionally
  - accelerating international recruitment, where appropriate, including relevant AHP groups
- Implement the Patient Safety Incident Response Framework and associated processes
- Implement a replacement for DATIX
- Raise awareness of the importance of civility at work, with a dedicated campaign
- Improve how we manage clinical results
- Improve learning from clinical incidents, complaints & never events using a consistent approach to sharing and spreading quality improvements, triangulating learning where appropriate
- Collaborate with the trust digital and clinical strategies to ensure patient safety is sustained and improved through the use of technology and electronic documentation, ensuring that any digital systems have been reviewed and assessed for clinical risk by the clinical information officers

Staff Experience

- To provide a good, safe patient experience we need a competent, capable and happy workforce
- There is significant crossover with our People Strategy and EDI Strategy within this section of the Quality Strategy and it links to our second corporate strategic aim.
- We aim to improve the experience of our people within this strategy by:
  - Focussing on the health and wellbeing of all our people
  - Making Gateshead a great place to work whatever your background
  - Ensuring that all our people have opportunities to flourish in their careers
  - Ensuring that all our clinical leaders have development opportunities tailored to their needs

The following slide has details of the programmes of work related to the experiences of our workforce

Gateshead Health NHS Foundation Trust

To improve the experience of our people we will:

Focus on the health and wellbeing of staff including
- Health & Well Being (H&WB) check ins
- Strengthen occupational health offer
- Increase the uptake of appropriate vaccines
- Continue to roll out H&WB initiatives across the Trust in line with the H&WB strategy

Advocate for diversity and inclusion for all staff by:
- Demonstrating progress in the WDES and WRES standards in line with our action plan
- Holding conferences for nursing and AHPs
- Increasing the number of professional development opportunities for staff

Implement a Just and Restorative Culture

Ensure opportunities for staff growth and development by:
- Ensuring inclusion for all groups of staff in the development of new clinical services
- Being involved in the Gateshead Health and Care Academy
- Developing our strategy for advanced working practices including the development of our ACP strategy
- Developing a range of clinical leadership development opportunities for people to access

Clinical Effectiveness

- Clinical Effectiveness is the fourth pillar of our Quality Strategy and is necessary to ensure that our services are operating line with best practice and benchmark well with other Trusts.
- Clinical effectiveness links to our fourth strategic corporate aim.
- We aim to ensure our services are effective by:
  - Auditing the effectiveness of our services against available clinical outcomes
  - Engaging in research studies where possible
  - Ensuring that our practitioners are supported to participate in research and audit
  - Implementing quality improvement initiatives where our clinical effectiveness work shows we can make improvements

The following slide has details of our planned clinical effectiveness programmes

Gateshead Health NHS Foundation Trust

To ensure our clinical effectiveness we will:

- Review and improve fundamental standards of care for our services by engaging in audit programmes
- Review our clinical outcomes against national standards
- Review our approach to advanced practice dovetailing with the operational needs of the organisation
- Develop and implement a strategy for advanced practice with associated processes for recruitment, training and supervision
- Improve access to research studies for our patients and encourage our people to participate in appropriate research by identifying and supporting research & audit champions within each professional group
- Work with our digital team, to improve our documentation for all disciplines ensuring clinical input at all levels.
- Extend the Learning from Deaths programme into the community and extend the community Medical Examiner pilot in line with national deadline
- Continue to work with the “Get it Right First Time” programme (GIRFT) by
    - Extending the lung work to develop the QI initiatives around pulmonary nodule management and lab time.
    - Considering the outcomes from the MSK / orthopaedic review and implementation of appropriate recommendations.

Triangulation and Learning

- Learning from when things go wrong is an essential part of our strategy. Over the last year we have introduced a Safety Triangulation Group (STG).
- STG is where we bring together information and learning from complaints, incidents, legal services (such as coronial processes, claims and litigation), safeguarding and any local intelligence
- STG allows is to share information and help us to notice patterns and trends that may be emerging.
- Once we have identified themes and trends it is important that we share the learning across the organisation
- We will focus on how we can strengthen our collective learning by:
  - Developing a learning library
  - Looking for innovative ways to share learning
  - Bring our learning into focussed events such as our conferences and training events

Next steps

- The Quality Governance Committee is responsible for the implementation of this Quality Strategy
- A Quality Strategy Action Plan will be developed to support this
- The Quality Strategy will be shared with the ICB and will form part of our governance reporting arrangements

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#GatesheadHealth Communications and Involvement Strategy

2023/24 – 2025/2026

Helen Fox, Head of Communications and Engagement

Draft 0.4

Last updated March 2023

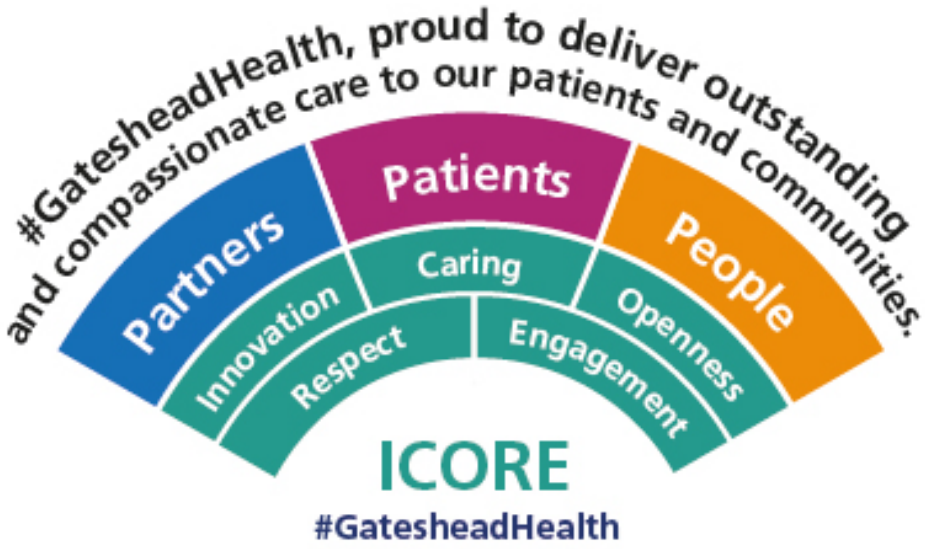
How we developed this strategy

- Informal discussions with staff members from across the trust
- Independent communications audit by an external company
- Work from Hatching Ideas
- Delivered a focus group with hard-to-reach staff (night-shift domestics)
- Board development session
- Incorporated previous work from last year (focus groups, questionnaire and 1-2-1 interviews)
- Draft strategy shared with the Senior Management Team for comments (December 2022)
- Board development day where overall enabling strategies discussed

Communications and involvement is an enabling function

Gateshead Health NHS Foundation Trust

- The #GatesheadHealth corporate strategy prioritises the need to:
  - Identify and use new channels for communication.
  - Making sure our values are visible in all we say and do



The communications service is a strategic, fully inclusive and supported service, enabling the Trust to deliver on its values

Associated plans

This strategy	The rolling three-month action and delivery plan for communications	Ongoing evaluation and continuous improvement approach	Human rights, equality, diversity and inclusion strategy

How communications supports other strategies

Gateshead Health NHS Foundation Trust

The trust's communication function plays a **vital role in the way the following strategies** are brought to life within the organisation.

Communication is not only vital to promote the trust's strategy and objectives, but also fundamental to each strategy delivery plan by connecting with audiences and encouraging two-way engagement while creating all this under the Gateshead Health brand

How this strategy supports the Trust strategy

NHS Gateshead Health NHS Foundation Trust

#GateshedHealth Corporate Strategy				Communications and engagement project areas						
Five strategic aims		Strategic areas	Strategic focus areas	New operating model	Sustainability	Cultural programme	Working regionally	Getting basics right	Community involvement	Business as usual
Productivity and efficiency / Growing services beyond Gateshead	Improving service quality and safety	Patients	Caring for all our patient communities		•	•	•	•		•
			Providing safe, high quality care	•	•		•	•	•	•
			Offering increasingly integrated care	•	•	•		•		•
			Making every contact compassionate and caring	•		•		•	•	•
	Highly engaged workforce	People	Supporting the health and wellbeing of our people	•	•			•		•
			Being a great place to work	•	•		•	•		•
			Ensuring a diverse, inclusive and equitable culture		•	•	•	•		•
			Working in new and collaborative ways as “one team”	•	•	•	•	•		•
	Partnerships and outcomes	Partners	Being a force for good			•	•	•	•	•
			Acting as a key partner		•	•	•	•	•	•
			Working with further and higher education providers				•			

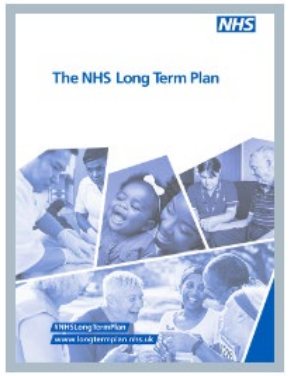
Gateshead Health NHS Foundation Trust

Strategic context

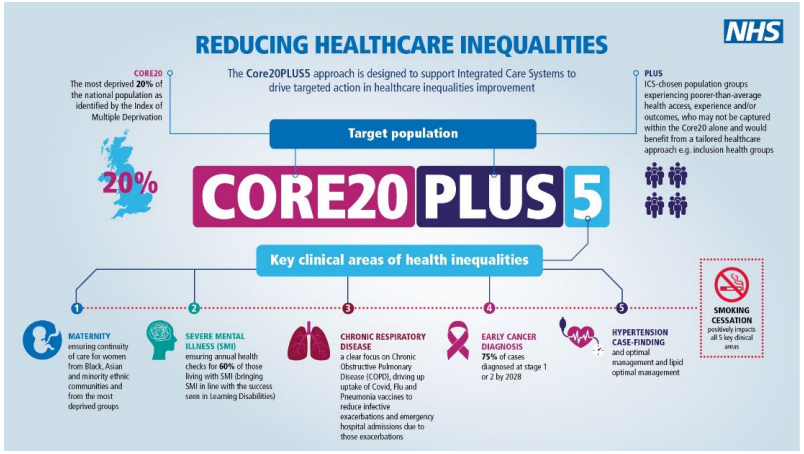
Gateshead Health, like many NHS organisations needs to operate within a strategic, national and legislative content.

THE NHS CONSTITUTION
the NHS belongs to us all

In England, the fundamental beliefs and ethics of the NHS are outlined in the NHS Constitution. This document outlines the entitlements of patients, staff, and the general public, as well as the obligations we have towards one another to ensure that the NHS operates fairly and efficiently.



The priorities for NHS organisations are outlined in the NHS Long Term Plan and the annual operating framework. These documents detail both multi-year and in-year goals, emphasising the need for collaboration between providers and systems. The focus is on improving efficiency, recovering services, and transforming health and care services for the better.



The differences in health outcomes between different groups of people, known as health inequalities, are both unfair and avoidable. These inequalities are deeply ingrained in our society and are becoming more pronounced, resulting in premature deaths, decreased quality of life, and generational trauma. These disparities also have a significant economic impact on society. The Core20plus5 initiative by NHS England aims to address health inequalities by focusing on improving healthcare for the most deprived 20% of the population and targeting five key clinical areas: maternity care, annual health checks for severe mental illness, chronic respiratory disease management with a focus on COPD and vaccine uptake, early cancer diagnosis, and hypertension screening.

Communications and involvement aims

Gateshead Health NHS Foundation Trust

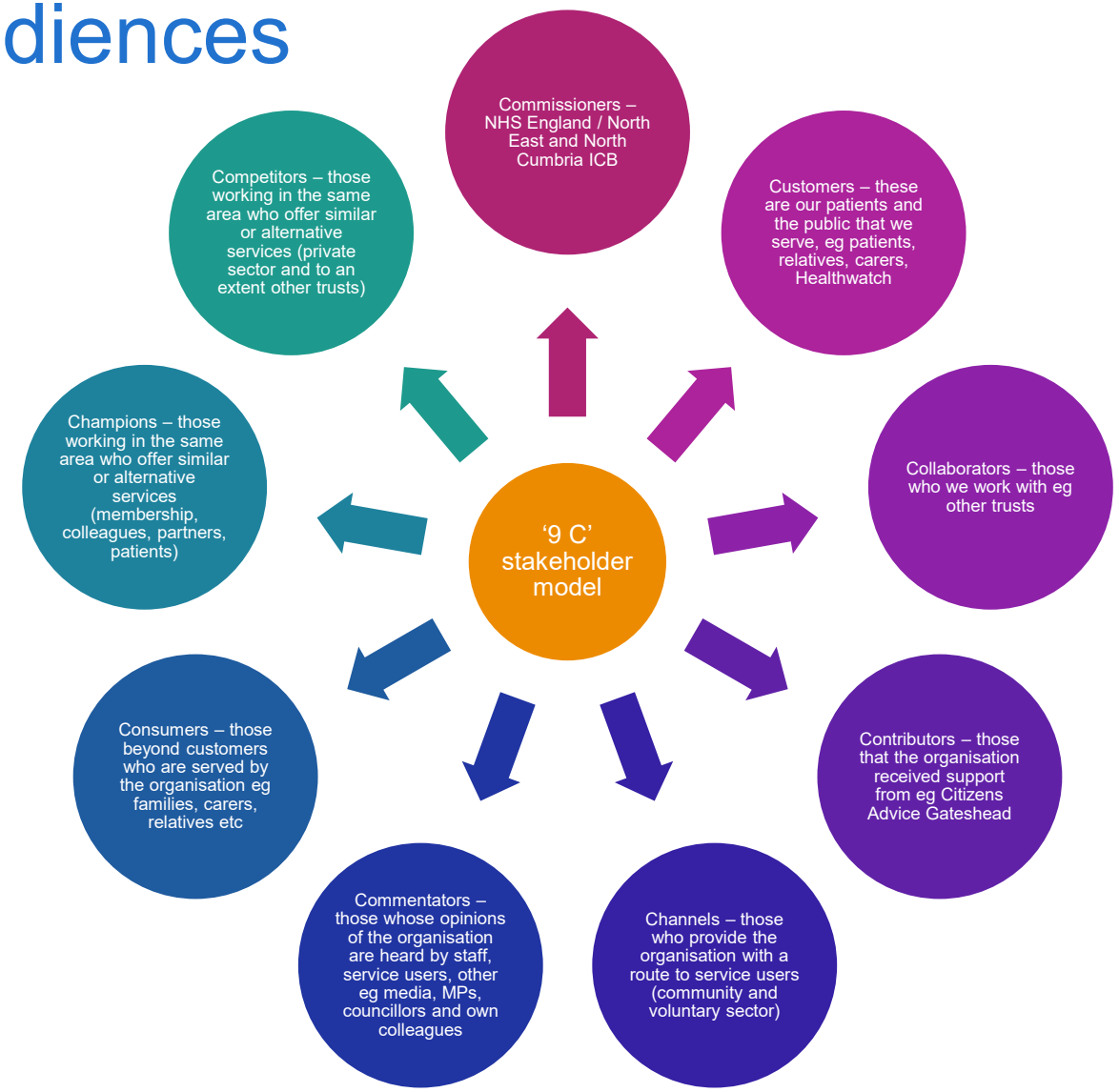
Trust aims:

- We will continuously improve the quality and safety of our services for our patients.
- We will be a great organisation with a highly engaged workforce.
- We will enhance our productivity and efficiency to make the best use of our resources .
- We will be an effective partner and be ambitious in our commitment to improving health outcomes.
- We will develop and expand our services within and beyond Gateshead.

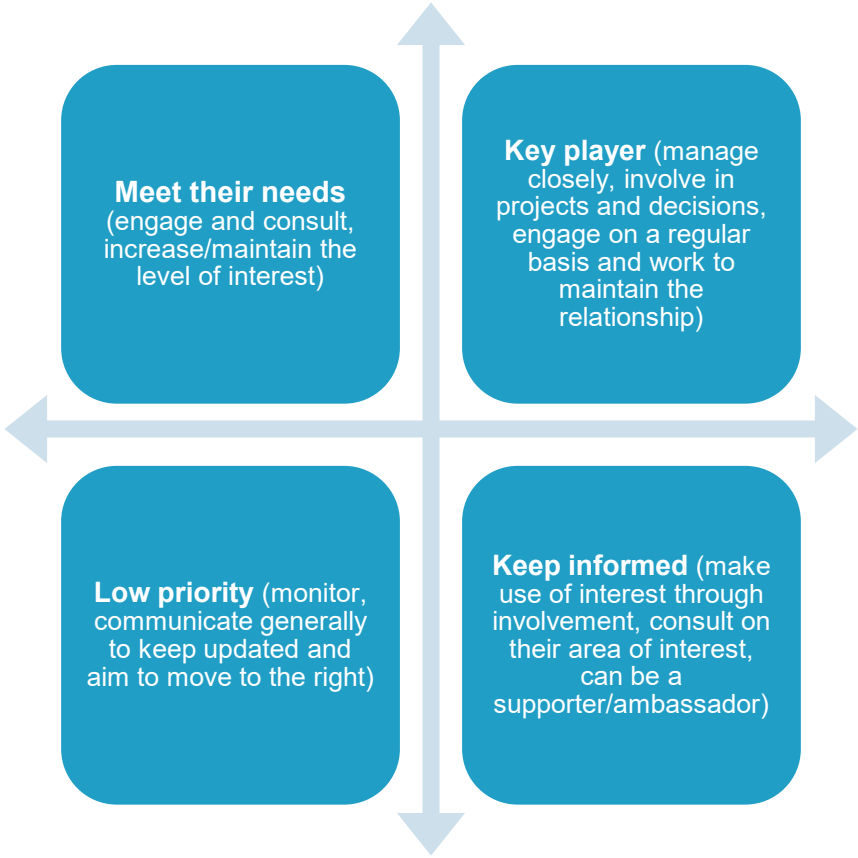
Communications and involvement aims:

- Maintain positive and effective communication with trust colleagues
- Raise the profile of the trust and proactively promote its work, performance and reputation
- Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion
- Share proactive and positive stories about patient care that highlight the quality and safety of our services
- Support and empower senior leaders across the organisation to communicate and engage effectively
- Work in partnership with communication professionals to support our patients across Gateshead and wider within the North East and North Cumbria area and beyond

Audiences



Tool to map stakeholders



Approach to communications and involvement

- Good quality and effective communications can be defined as:
  - Clear, timely, accurate and accountable
  - Two-way
  - Targeted and relevant to the audience's needs
  - Planned, consistent and professional
  - Shared via channels and using methods that are appropriate to the audience

> **"Communication is a powerful force for good in public service, when practised effectively it can help save, improve and enhance lives."**
>
> Government Communication Service

Principles for communications and involvement

Gateshead Health NHS Foundation Trust

Clear, timely, accurate and accountable

- Use clear language, written in Plain English, (avoid jargon and acronyms) and explain the reasons for what we do
- Responding to requests for information promptly and fully
- Check facts and use credible sources
- Sharing messages in a timely way to suit the needs of our audiences
- Maintaining the trust's corporate brand
- Providing internal communications that support our staff to engage effectively with our patients, partners and the public
- Build credibility and trust in our services and care through the sharing of staff achievements and organisational successes
- Engaging with local and national media in a collaborative and facilitative way

Two-way

- Encouraging feedback across all services and demonstrating the changes made as a result
- Promoting our desire to be a listening and learning organisation
- Using channels that make it easier for our audiences to engage with us

Targeted and relevant to the audience's needs

- Adopt a 'staff first' approach to all our communications so that staff are informed of our plans in advance of external stakeholders where possible
- Making sure we reach the right audiences
- Ensuring our communications are accessible and inclusive to our intended audience
- Always being mindful of the diversity within our communities
- Promote equality and diversity and respect different beliefs and opinions

Planned, consistent and professional

- Ensuring our work supports the trust's vision, values and strategic objectives
- Communications and the trust's reputation are the responsibility of all staff, not just the corporate communications team
- Working with partner health and care organisations to plan and coordinate communications
- Continue to build partnership relationships
- Ensuring the Communications Team has the appropriate resource, skills and expertise to deliver
- Adhering to Trust style in the use of language and templates

Shared via channels and using methods that are appropriate to the audience

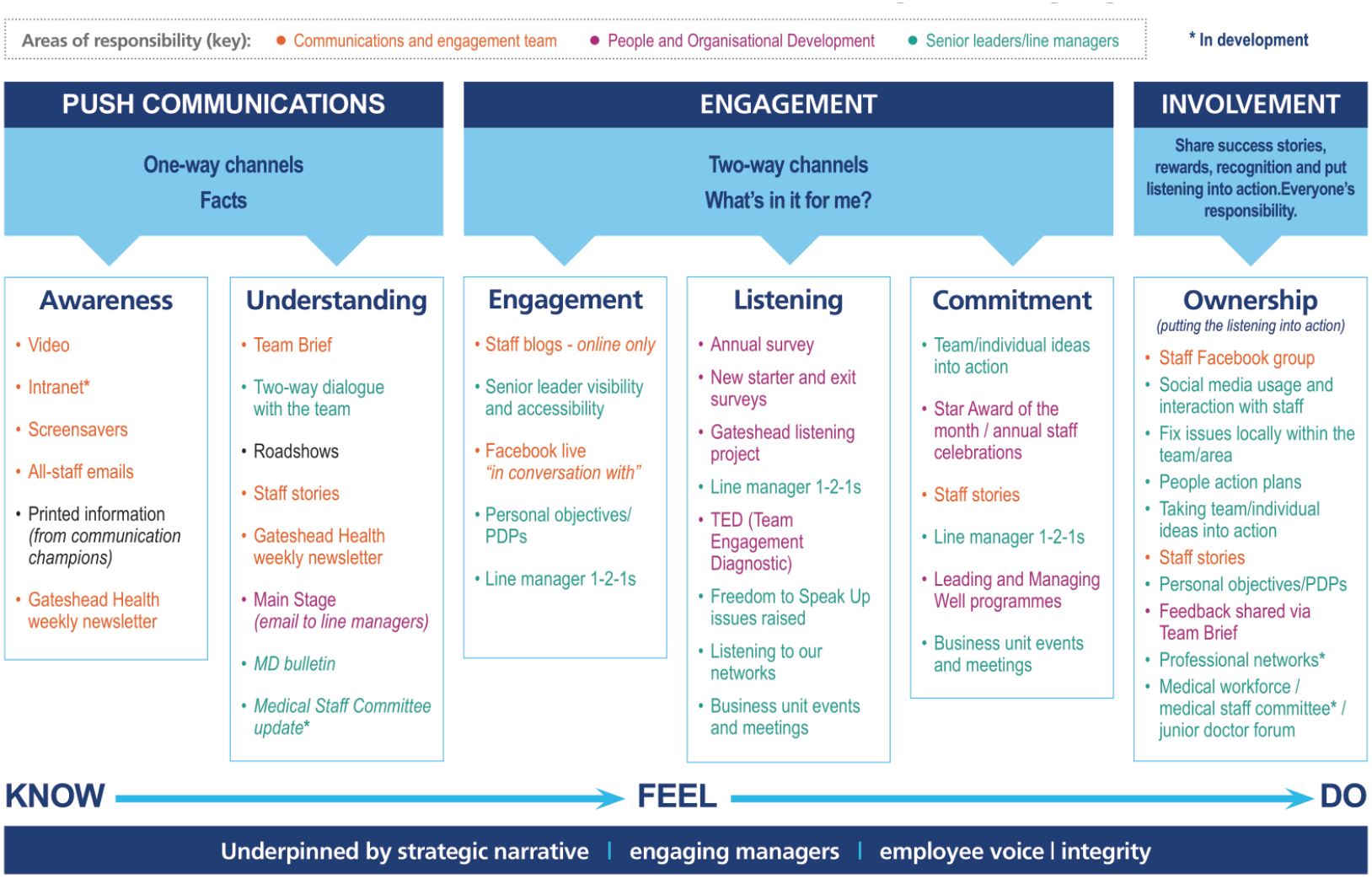
- Regularly reviewing the use of our channels to determine the effectiveness
- Increasing the use of newer, digital forms of engagement, such as short videos, vlogs, blogs etc for certain audiences as appropriate
- Innovating and adapting new technologies as they emerge to strengthen our communications and engagement

Overarching approach to internal communications

Gateshead Health NHS Foundation Trust

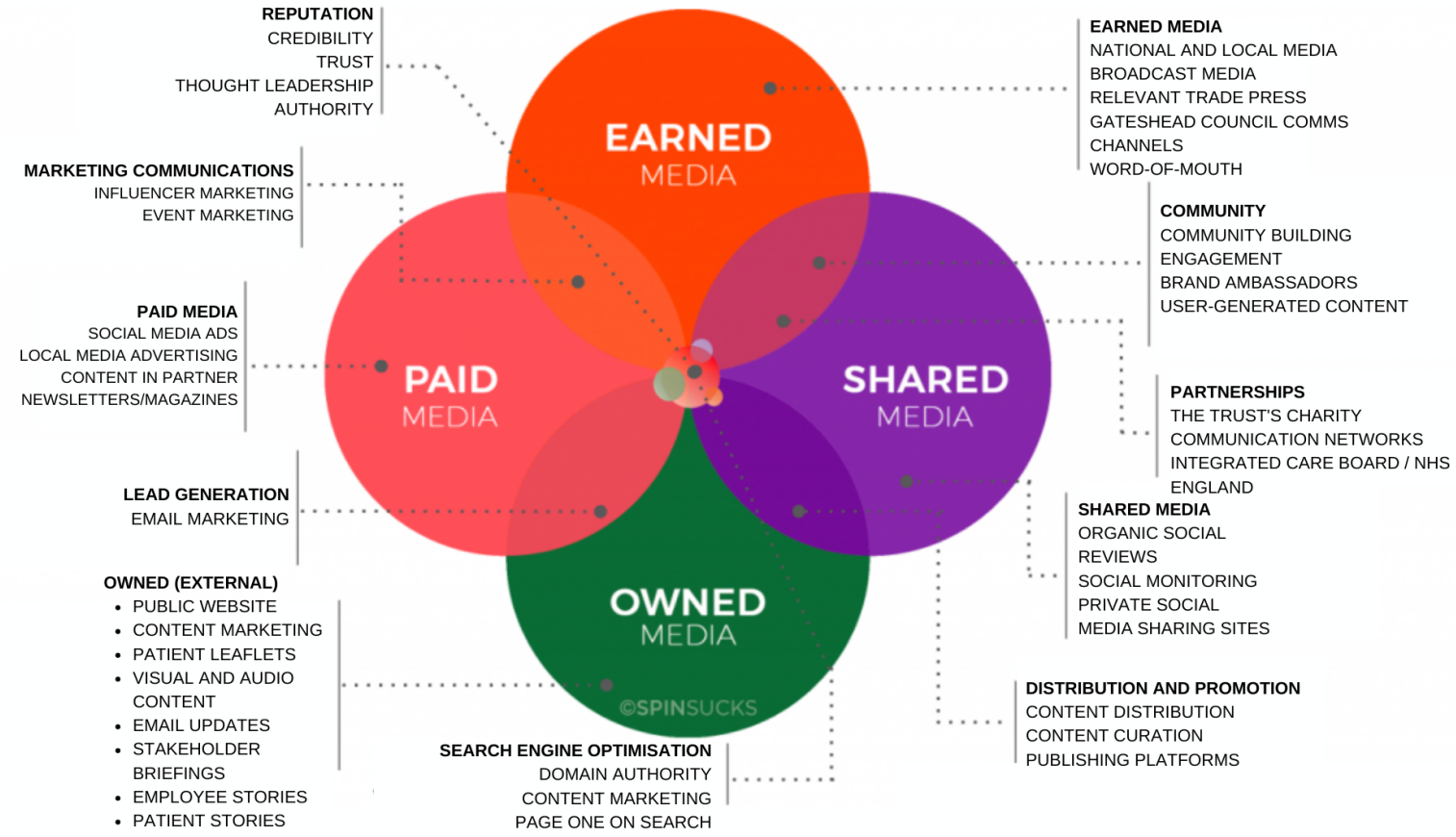
This model will evolve as part of a continuous improvement approach for colleague engagement to enable more conversations/two-way engagement/involvement and will be developed as part of the culture programme.

Please note that senior leaders and line managers have an essential role in all elements with a particular emphasis on how the organisation engages and involves.



External communication approach

We use a range of communication tactics dependent on the target audience and the topic area.



Adapted from Spin Sucks, 2020

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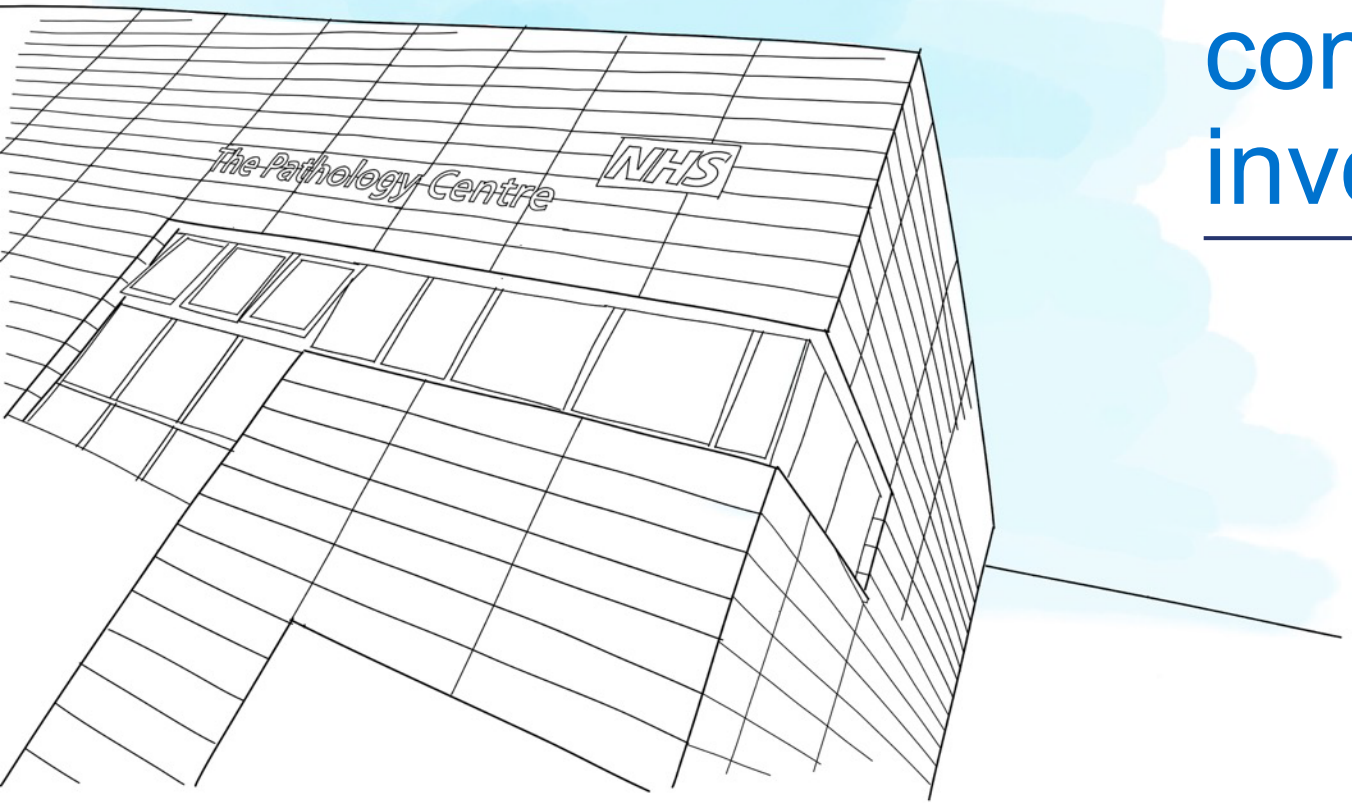


Priorities for communications and involvement

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1 Y2 Y3
Culture programme	We will be a great organisation with a highly engaged workforce	Maintain positive and effective communication with trust colleagues Support and empower senior leaders across the organisation to communicate and engage effectively Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion	Increase staff engagement in partnership with POD from 69% to 72%	• Links to people and organisational development • Work with Engagement Champions to look at roles, remit and work with the Team and business units to enable effective communication. • Continuous improvement approach to work • Support the organisational development team in the cultural programme • Establishment of a leadership forum (lead by POD) • Series of staff engagement events with focus on staff conversations • Training programme	Internal	

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1	Y2	Y3
Financial sustainability (efficiency, waste reduction)	We will enhance our productivity and efficiency to make the best use of our resources	Support and empower senior leaders across the organisation to communicate and engage effectively Maintain positive and effective communication with trust colleagues Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion	Support the financial sustainability agenda	• Development of narrative • Support the finance team and other teams • Generating transparency amongst colleagues • Further outputs will be included following the establishment of the programme board	Internal	←	—	→

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1	Y2	Y3
New operating model	We will enhance our productivity and efficiency to make the best use of our resources	Maintain positive and effective communication with trust colleagues Raise the profile of the trust and proactively promote its work, performance and reputation Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion	Increase staff engagement in partnership with POD from 69% to 72%	• Developed 'what's in it for me' type approach • Information shared on main internal channels • Additional activity has been scoped as part of the programme in the supporting detailed communications action plan	Internal	⟷		

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1	Y2	Y3
Continuing to get the basics right	We will continuously improve the quality and safety of our services for our patients We will be a great organisation with a highly engaged workforce	Maintain positive and effective communication with trust colleagues Raise the profile of the trust and proactively promote its work, performance and reputation Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion	Influence 70% of media coverage Establish an engagement rate for all external corporate communication at 2%	• Redevelopment of the intranet which will significantly improve our ability to engage with colleagues. Once launched this platform will have the ability to reach more colleagues with staff and governors able to login from a personal device • Continued evolvement around colleague engagement to introduce more two-way communication, encouraging feedback and participation • Utilisation of channels above and beyond email • Continue to strengthen internal communications through the adopted continuous improvement approach • Continue to strengthen external communications through the adopted continuous improvement approach • Establish pipeline of patient stories • Investment in software eg email platform and mobile communications • Establish lunch and learn	Internal and external	⟷		

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1 Y2 Y3
Community involvement and engagement	We will continuously improve the quality and safety of our services for our patients We will be an effective partner and be ambitious in our commitment to improving health outcomes	Maintain positive and effective communication with trust colleagues Raise the profile of the trust and proactively promote its work, performance and reputation Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion Work in partnership with communication professionals across Gateshead and wider within the North East and North Cumbria area and beyond	Establish an engagement rate for all external corporate communication at 2% Maintain 80% of positive sentiment across all external channels	• Links with the patient experience team and HREDI strategy • Links to health inequalities • Engage and involve our partners and communities in what we do • Develop programme approach of meetings within the community • As a trust fulfil our public involvement and consultation duty • Provide guidance/training to business unit leads on how to involve our key stakeholders • Lead the annual engagement event for the trust	External	⟷

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe
Working regionally within North ICP, ICS area and Gateshead	We will be an effective partner and be ambitious in our commitment to improving health outcomes We will develop and expand our services within and beyond Gateshead	Raise the profile of the trust and proactively promote its work, performance and reputation Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion Work in partnership with communication professionals across Gateshead and wider within the North East and North Cumbria area and beyond	Influence 70% of media coverage	• Ensure that Gateshead Health is represented locally and regionally • Continue to work at a regional communications network • Continue to work with at ICP level for communications • Continue to work with partners in Gateshead • Actively participate in any local and regional campaigns • Continue to maintain relationships with key partners	External	⟷

Priorities for communications and involvement

Gateshead Health NHS Foundation Trust

Key priority	Trust strategic aim	Communication aim	Communication KPIs	Key outputs	Internal or external focus	Timeframe Y1 Y2 Y3
Business as usual activity	We will continuously improve the quality and safety of our services for our patients We will be a great organisation with a highly engaged workforce We will enhance our productivity and efficiency to make the best use of our resources We will be an effective partner and be ambitious in our commitment to improving health outcomes	Maintain positive and effective communication with trust colleagues Raise the profile of the trust and proactively promote its work, performance and reputation Demonstrate the trust's development as an organisation in regard to equality, diversity and inclusion Share proactive and positive stories about patient care that highlight the quality and safety of our services Support and empower senior leaders across the organisation to communicate and engage effectively Work in partnership with communication professionals across Gateshead and wider within the North East and North Cumbria area and beyond	Influence 70% if media coverage Establish an engagement rate for all external corporate communication at 2% Increase staff engagement in partnership with POD from 69% to 72% Maintain 80% of positive sentiment across all external channels	• Develop trust core narrative • Continue with core channels maintenance • Continue to strengthen external communications through the adopted continuous improvement approach • Develop pipeline of patient stories • Share the trust's success stories on owned channels and with media • Support staff to share staff blogs • Continue building relationships with business units • Core trust awareness days with EDI theme – Pride, Black History Month, D-Ability Month – with anything beyond department led via awareness day support pack • Proactive media management and continued pipeline of patient stories • Support of the staff survey • Maintaining trust brand • Develop packages of support for self-service to increase communication team capacity • Provide guidance/training to business unit leads on how to become great communicators	Internal and external	⟷

Gateshead Health
NHS Foundation Trust

Evaluation and measurement

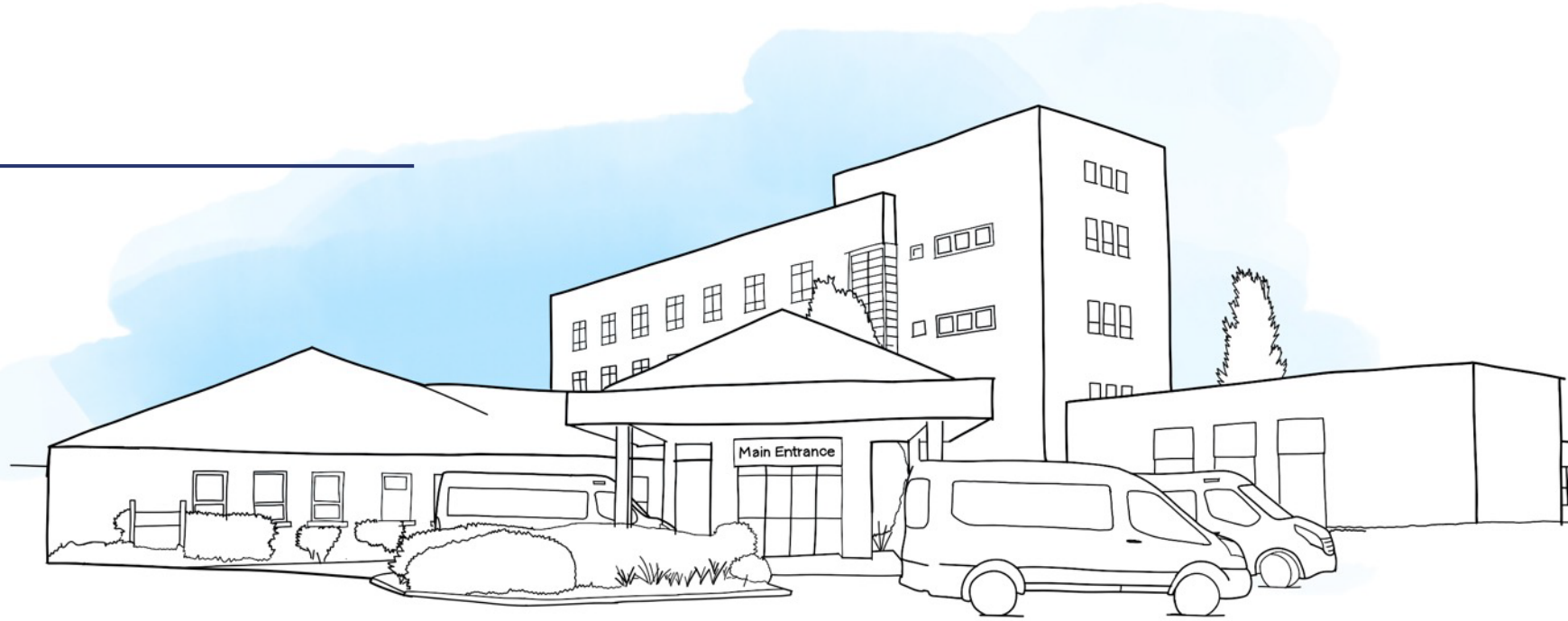
Evaluation and measurement

Evaluation will focus on the four KPIs for communication and involvement that covers all the project areas. This will be monitored through the weekly, monthly, quarterly and annual evaluations. In summary, the KPIs include:

- Influence 70% of media coverage
- Establish an engagement rate for all external corporate communication at 2%
- Increase staff engagement (in partnership with POD) from 69% to 72%
- Maintain 80% of positive sentiment across all external channels

Gateshead Health NHS Foundation Trust

Appendices



Communications and engagement team: services we offer

Gateshead Health NHS Foundation Trust

We are one of the enabling functions that supports our corporate strategy

- Providing strategic communications advice and support
- Delivering a strategic communications function for Gateshead Health
- Strategic communications alignment across the region and within Gateshead
- Creating and implementing an annual communications plan
- Managing the website and social media, including posting regular social media updates and engaging with people
- Handling crisis communications
- Finding opportunities for advertising, whether in print, on TV or online
- Managing content – this includes incorporation of key messages, blogs and liaising with teams and departments , including writing articles to create content.
- Overseeing media relations, including writing and distributing news releases, responding to media inquiries
- Managing and developing marketing campaigns – this includes managing marketing materials, including brochures, newsletters, mailers and digital content.
- Overseeing internal communications, including the management of internal announcements, Gateshead Health weekly and the all staff email
- Leading and developing the EDI agenda
- Manage and develop specific expertise and stakeholder relationships in the EDI space, internal and external to the organisation
- Engaging and involving our partners and communities
- Overall operational management of the charity, proactively managing events to fundraise and provide advice to fund managers, fundraisers and donors

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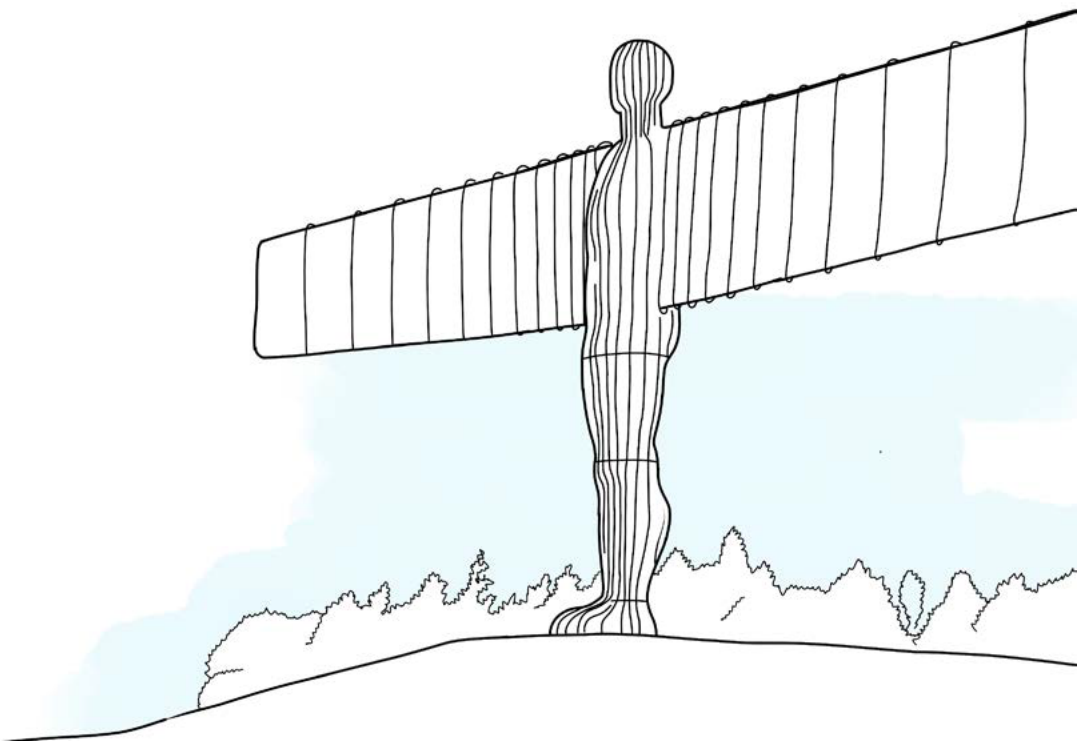
People Strategy

2023-2025

March 2023



NHS
Gateshead Health
NHS Foundation Trust

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Gateshead Health
NHS Foundation Trust

Introduction

Welcome to the Gateshead Health People Strategy – our vision to 2025 and beyond.

This is a strategy for our people at Gateshead who are amazing, a true family and every day we are proud of each and every one of them. Across all professions, in all areas and departments the Gateshead team is one like no other. Supporting, inspiring and caring for each other is what we do at Gateshead.

It has been a challenging time to work in the NHS over the last few years and our experiences will shape the way we continue to do the jobs we love.

The world of work has changed at a pace we'd never imagined, and we've all had the opportunity to really think about what matters to us. We know that the future of health services is also changing – there is rising demand, services need to be integrated, focus needs to shift to prevention and health inequalities need to be addressed. We simply cannot keep doing the same things and hope that it will be enough, we know already that this is not working, we need positive change.

Our partners in social care have faced even greater challenges and we must look to a future where we work collaboratively, celebrating Gateshead as a place to live and work, supporting each other, our communities and our health and care workforce.

In order for us to deliver outstanding and compassionate care to our patients and communities, we must first focus on our people. With over 4,500 colleagues, we are a large, talented and diverse team with a true and dedicated focus on our patients.

We feel so many emotions when we think about work; pride, compassion and dedication sit alongside challenge and frustration and that is because we truly care about the work we do, our patients and our colleagues. We must keep striving to achieve great things and continue to provide outstanding and compassionate care to our patients and communities.

We've developed this strategy collaboratively by drawing on the huge wealth of information relating to People that we have access to, both within the Trust, across the wider NHS and within our people profession. Taking the opportunity to talk to colleagues about the draft has enabled us to produce a strategy that means something to all of us at Gateshead, as managers and members of staff.

We've intentionally focused this strategy to 2025 as the ever-evolving nature of health and care services makes it difficult to see beyond the next 3 years. It gives us the advantage then to refresh and update the strategy in a shorter period to ensure its relevance and focus.

While this strategy is for our Trust people, we must acknowledge our trusted colleagues and friends in QE Facilities. We hope the aspirations and sentiments of this strategy will apply similarly across both Gateshead Health and the subsidiary company as we work together to deliver outstanding and compassionate care to our patients and communities.

Lisa Crichton Jones
Executive Director of People & OD

Trudie Davies
Chief Executive

Gateshead Health
NHS Foundation Trust

National Context

As part of the National Health Service we work in a vast and complex system where the Department of Health sets the overall strategy and funds the service, and works with arm's-length bodies such as NHS England and the Care Quality Commission to drive and support the work we do in provider organisations on a daily basis.

We face a number of national pressures that fit under the banner of supply. Huge numbers of vacancies, high levels of turnover, increased burnout, decreased staff engagement, public dissatisfaction and high absence rates coupled with increases to the cost of living, increased attendances at hospital and more acutely unwell patients.

The King's Fund state in their report *NHS Workforce: Our Position* dated 23 February 2022 – 'Unfilled vacancies increase the pressure on staff, leading to high levels of stress and absenteeism, and high staff turnover. The Covid-19 pandemic has also exacerbated long-term issues such as chronic excessive workload, burnout and inequalities experienced by staff from ethnic minority backgrounds. While there are signs that shortages have started to improve, levels of nursing and allied health professional vacancies remain high, recruiting and retaining GPs continues to be difficult and there are significant shortages in some specialties, such as Radiology. As such, there is still an urgent need to increase the numbers of people in training'.

NHS People Plan

The NHS People Plan was published on 30 July 2020 and sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and Health Education England throughout the coming months and year.

The plan also includes Our People Promise, which outlines behaviors and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.
We need to make the People Promise a reality so that the NHS becomes the best place to work for us all, where we are one team, bringing out the very best in each other.
The plan has four pillars;

- Looking after our people
- Belonging in the NHS
- Growing for the future
- New ways of working and delivering care

Each of these areas contain a large number of actions and recommendations for providers and systems that are needed to embed good practice and enhance the work we are doing. There are strict expectations around delivery of certain key deliverables, and this has already increased the workload in the team.
The 2021/22 priorities and operational planning guidance was published on 25 March 2021 and this contains a number of priorities for the year ahead, with a focus on health and wellbeing and overhauling recruitment & retention at the top of the list. Workforce capacity and the need for strategic workforce planning were also detailed in the guidance.

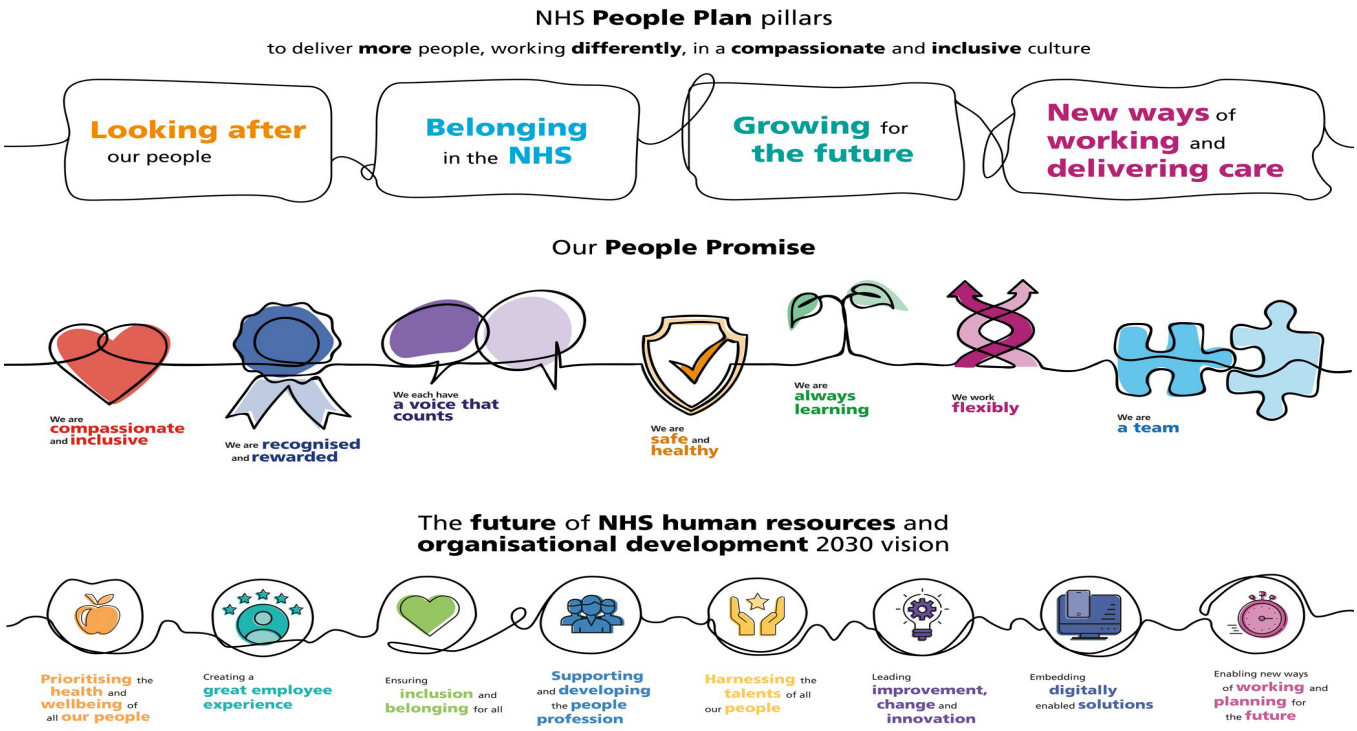
The People Plan operating guidance was published in April 2021, and People priorities were incorporated in the 2021/22 (H2) and 2022/23 priorities and operational guidance, ensuring that we are reporting back to NHS England, via our Integrated Care Partnerships (ICP) and Integrated Care Body (ICB), on progress towards these priorities, usually twice in each year.

Gateshead Health
NHS Foundation Trust

The Future of NHS human resources and organisational development report

Following extensive engagement with the People & OD community, with thousands of people working in the profession contributing to its content, the report was published in November 2021. The report outlines a vision, contains actions that support the delivery of the four pillars of the people plan and embeds the seven elements of our People promise.

The vision has 8 themes beginning with a focus on how the profession itself will evolve over time, looking at health and wellbeing, employee experience, inclusion and development. It then sets out wider, strategic themes where the people profession needs to focus to support the rest of the system – looking at talent, change, innovation, digital solutions and workforce planning for the future.
The report champions the work we do as a People profession to create more strategic capacity and capability to meet the challenges and opportunities of work and healthcare in the future. This means spreading innovative practice to create a consistently compassionate, inclusive, values-driven culture.



Care Quality Commission

The CQC is our main regulator and assesses all health and care providers against 5 regulatory standards – Safe, Effective, Responsive, Caring and Well Led.

The Well Led domain has a number of Key lines of Enquiry (KLOE) including leadership capacity and capability; clear vision and credible strategy; culture of high quality sustainable care; clear responsibilities, roles and systems of accountability; clear and effective processes for managing risks, issues and performance; appropriate and accurate information being effectively processed; engagement and involvement and robust systems and processes for learning, continuous improvement and innovation.

It is important for our work to be focused on delivery of these standards and we know there is more to be done with regards to these being more widely understood with some of our team leaders.

NHS
Gateshead Health
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Regional Context

Integrated Care Systems (ICS) were established as statutory bodies in July 2022 and are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Across the North East and North Cumbria our ICS is the largest in the UK. Within the ICS the Integrated Care Board (ICB) is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. There are also four Integrated Care Partnerships, based around our main population centres. Our ICP is the 'North' and we work towards developing a strategic picture of health and care needs working with a wide range of partners and local communities.

Within the ICB there is a People team, led by an ICB Chief People Officer and alongside the North East and Yorkshire NHS England People teams we work together to share learning and share good practice whilst seeking support and guidance when needed.

NHS
North East and North Cumbria

We recognise that this change to infrastructure is new and will take some time to embed, however we continue to build on existing relationships and explore opportunities for collaboration wherever possible.

Across the North East and North Cumbria we have a number of active networks that work to collaborate and reduce duplication where possible.
An HR Directors' Network and Provider Collaborative Network (Deputy HR Directors) meet regularly to discuss shared People issues within the NHS.

We already understand that collaboration around issues such as digital, scaling services and staff experience will lead to better outcomes for both patients and staff.

We have a huge opportunity to use our collective strengths in the North East and North Cumbria to work together to attract people into the region and more effectively use the wealth of national and regional benchmarking information to better understand trends and opportunities. Other partners we work with both nationally and regionally include Health Education England and the North East and Yorkshire Leadership Academy, two arm's-length bodies that provide services and support to the NHS.

Gateshead, our community

We have an important role to play in the Gateshead community as the largest employer as well as a health and care provider. Often referred to as 'Anchor Institutions' our size and scale means we can and will create new opportunities for local people to enter employment by expanding apprenticeships, providing routes into employment for volunteers and working more closely with schools, colleges and universities.

We are already working with other partners across the local authority and voluntary sector to encourage people into employment with the skills and support they need to make the first steps into a career in health and care. These new opportunities for local employment will bring benefits for people most at risk of the negative health effects of long-term unemployment while also helping health and care organisations in Gateshead address workforce shortages.

Gateshead Health
NHS Foundation Trust

Local Context

#GatesheadHealth

The new Trust strategy was agreed in the summer of 2022 after an extensive engagement exercise Our Vision #GatesheadHealth, proud to deliver outstanding and compassionate care to our patients and communities.

Appendix 2 demonstrates how the People Strategy will enable and support the delivery of the Trust strategy.

Our values

Our values are the golden thread that runs through everything we do.

Following a Trust-wide consultation with our people, they remain unchanged as the feedback was that our values continue to resonate and remain important

Our five values can easily be remembered by the simple acronym ICORE.

These values are a golden thread that run through all our work within People & OD and the behavioural framework that was produced has given us a great opportunity to build these behaviours into our management and leadership offers, as well as in our policies, procedures and other supporting documentation.

Delivering Excellence in People Practice

Within the People & OD directorate, we recently reviewed the services we provided to you, our customers. Looking at good practice and benchmarking nationally and regionally we have been able to compare our services with others and made some positive changes.

Focusing on 4 service areas as below we can now give dedicated focus to each area ensuring balance between the competing operational and strategic issues;

- People Services;
- Leadership, OD & Staff Experience;
- Education, Learning & Development; and
- Planning, Performance & Quality.

We called this work Delivering Excellence in People Practice because that is our goal as a People & OD team – to be the experts in our field and ensure that the things *we* need to do *we* need to do well.

We need to support our managers and teams to not only deal with the day to day, but to have the skills and courage to pause, take a step back and think about the longer term, more strategic challenges that will make lasting impacts for our colleagues.

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Developing Capacity and Capability

Underpinning all the work we do in People & OD is the aim of developing capacity and capability within our managers and colleagues. Providing expert advice and guidance enables us to upskill and train managers to ensure they have the confidence and capability to be great people managers.

This will allow them to lead their teams compassionately ensuring direction, supporting alignment and nurturing commitment, which will lead to better patient outcomes and more motivated colleagues.

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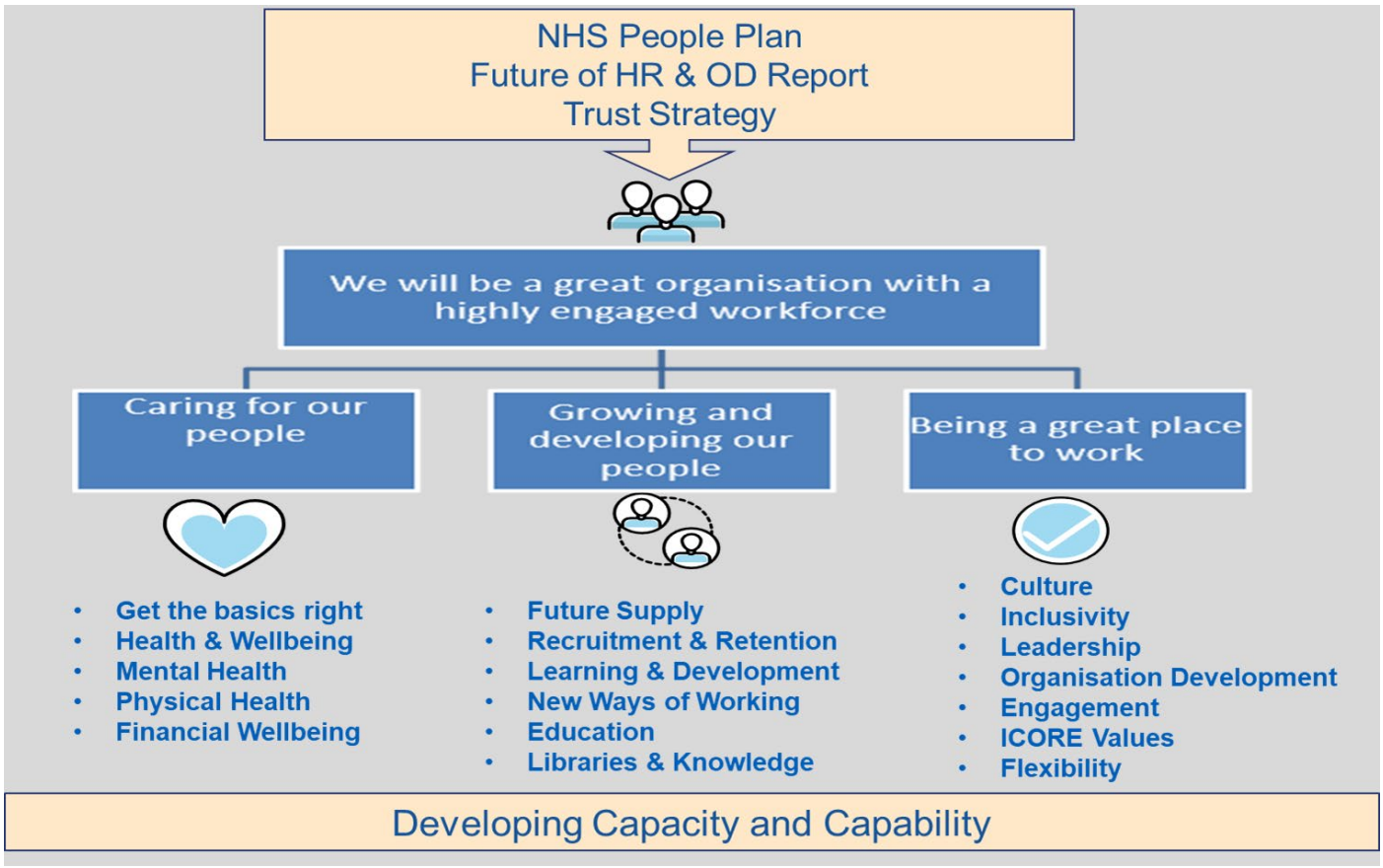
Our People Strategy

Our People are key to achieving our vision for our patients and communities and this People strategy will enable us to meet our strategic aim to **Be a great place to work with a highly engaged workforce.**



We will meet our strategic aim through three key People Priorities that are the overarching areas that will enable our strategy to succeed:

	Caring for our people Getting the basics right and looking after you in every way we can
	Growing and Developing our People Grow our workforce and help you be the best you can be
	Being a great place to work Values led organisation with compassionate & inclusive leadership, where people have long, lasting, and valuable careers

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Caring for our people

We want to get the basics right for you and build on those basics to care for you in every way we can, achieving balance and helping you to thrive.

To deliver outstanding and compassionate care we must first care for our people.

The last few years have given us all experiences we will never forget and moving on and growing from these will be a challenge for us all. Caring for our people is a priority for us as the pandemic has taught us that the wellbeing of our colleagues is one of the most important and one of the most fragile aspects of our work.

Our recently merged Occupational Health and Wellbeing team will continue to focus on keeping people well and at work as well as supporting colleagues back to work who have been unwell. Working collaboratively, the teams provide a holistic approach to overall wellbeing and a seamless service for colleagues.

With a focus on *physical health,* our new occupational physiotherapist post will provide rapid access to physiotherapy assessment and treatment to support the growing number of colleagues with musculoskeletal challenges. Working with the established clinical ergonomics team, this enhanced service will provide much needed support for staff across the Trust – many of whom have extremely physically demanding roles.

With a focus on *mental health,* we have an enhanced in-house counselling provision for colleagues, which supports mental health challenges and provides a supportive recovery focus. Working closely with the regional wellbeing services we can sign post colleagues to more intensive services as required.

With a person-centred approach to occupational health support and case conferences, the team will continue to support colleagues to stay in work or guide colleagues on their return to work involving key people that are essential to any agreements. Working in partnership with staffside colleagues will ensure that supportive expectations are made of all those involved.

Our experienced Advisory team will continue their strive for excellence in the promotion and support of attendance. Working with managers they will support and encourage colleagues on their absence journey, ensuring transparency and compassion with the aim of keeping us all well and at work.

We will strive to ensure that our services are driven and informed by data and we will maximise the systems we use, automating processes wherever possible.

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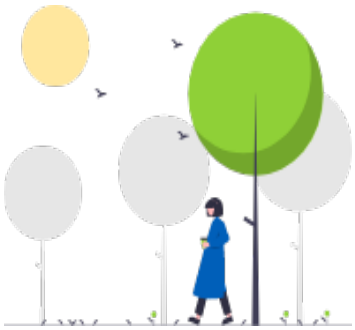
Balance



Balance is the official *health and wellbeing* brand for Gateshead Health and is led by the Trust's dedicated health and wellbeing team.
Our fantastic new website Home - NHS Gateshead Health (balancegateshead.com) provides a go-to place for advice, guidance and signposting across mental, physical, financial, social and environmental wellbeing along with self care support.

Our Health and Wellbeing strategy was published in September 2022 and is closely aligned with the NHS England health and wellbeing framework. The NHS England framework is a model with seven domains that make up a holistic approach to health and wellbeing and our strategy highlights the importance of these three key priorities for Gateshead:

1. Psychological Support
2. Getting the Basics Right
3. Listening to our People

The strategy is clear that health and wellbeing doesn't belong to the Occupational Health and Wellbeing team – it's everyone's business, across all job roles and all areas of the organisation

With a focus on *financial wellbeing*, we will continue our partnership with the Citizens Advice from Gateshead offering drop in sessions every month and the ability to contact them direct via priority access.
We have collaborated with a number of trusted partners to offer discounts for colleagues and have a partnership with Salary Finance who offer information and guidance on personal finance and understanding your money better.

The team will continue to strive to *get the basics right* on issues such as hot food provision, break areas, listening, health and wellbeing conversations and support. The team will continue its excellent work around raising the profile of health and wellbeing, working tirelessly to remove the stigma around issues such as mental health, menopause and men's health and championing the views and concerns of our broad range of colleagues.

Our active Health and Wellbeing Programme Board will ensure that colleagues' views are represented and heard when agreeing priority areas for focus.

We recognise a time may come where we explore collaborative working on Health and Wellbeing, building on the work of the ICB regional hub, where we work together, sharing expertise and resources.

There is a vast amount of amazing work underway in this area, and this underpins the Trust approach to recovery - not only recovery of our services, but also holistic recovery for our people.

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Our Commitment to Caring for our People

- We will get the basics right so that you can concentrate on delivering outstanding and compassionate care, including access to hot food, access to modern facilities and out of hours provision.
- Holistic, flexible and responsive Occupational Health and Wellbeing support that understands the challenges you face
- Timely physical health provision to keep you well
- Excellent mental health support when you need it
- Financial Wellbeing resources to assist in challenging times

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Growing and Developing our People

We will grow our workforce and make sure you have all the skills and experience to be the best you can be.

With a focus on *supply*, we will build on our work to increase our workforce by filling vacant and new posts and ensure that we are exploring all routes into the Trust. We will continue to improve our data so we can monitor and predict the areas that need specific focus, resulting in a more proactive approach to supply and a more comprehensive understanding of the Trust position. We will aim to have the right people with the right skills in the right place at the right time and drive a co-ordinated approach to all the elements of supply.

With the ongoing levels of vacancies, we have become reliant on bank and agency staff. We will strive to drive down agency usage to ensure that we can continue to provide high quality care that is consistent and provided by colleagues, we know and trust. As we fill our vacant posts and grow our workforce, we will also be able to reduce the amount of bank shifts, leading to better work life balance for colleagues.

Seeking to understand the opportunities within education from schools and colleges we will maximise our use of the apprenticeship levy, coupled with a robust and progressive apprenticeship policy that is clear on the need for apprenticeship roles within the Trust. Building a committed and sustainable workforce supply from our community will not only enable us to provide excellent patient care but will also support our communities with opportunities for 'good' work and rewarding careers in health and care.

We are committed to collaboration with our local colleges and higher education institutions to ensure our people have the best development opportunities available to them, whilst also providing opportunities for the people within Gateshead.

We are committed to ensuring that you have the skills and knowledge to be the best you can be. We know that the last few years has meant many colleagues haven't had the opportunity to access education and learning opportunities as we all would have liked and our enhanced person-centred approach, working in partnership with clinical teams, will look to move focus onto high quality learning experiences.

With a focus on *Recruitment*, we will continue the work with our in house recruitment team to build on their business unit focused working, ensuring a timely service and support for recruiting managers and candidates where needed. Our improvement workshop earlier in 2022 gave us the tools to improve our service and we are reaping the benefits of this work as the timescales continue to reduce. Ensuring a timely and seamless candidate experience will be key in a recruitment market that is ever challenging.

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Starting Gateshead's first International Recruitment programme this year has enabled us to successfully welcome a large number of new colleagues into our nursing teams with first class pastoral and educational support. We will also be seeking to recruit internationally educated Allied Health Professional colleagues over the next 1-5 years to support both a regional and national shortage in specific professional groups.

We hope to continue this approach as a longer term strategy to build our supply of high quality, valuable clinical colleagues.

With a focus on *Retention,* we know we need to do more to engage and retain our amazing colleagues – we want you all to stay with us and get a sense of achievement from all that you do. We will build on our existing work with initiatives such as; retire & return, stay conversations, management and leadership programmes, Professional Nurse Advocacy and rotational posts. We will also ensure that we seek to really understand the challenges you face and what we can do to keep you as part of the Gateshead team.

With a focus on *new ways of working* we will continue to pioneer new roles such as trainee nurse associates, advanced practitioners and apprenticeships.

Our strategic workforce planning approach will enable us to develop integrated workforce plans over 1, 3 and 5 years. We will build internal skills on workforce planning and work with professional leads to plan across health and care ensuring we recognise the impact of digital advancements and automation. Robust workforce plans will ensure we take a more proactive, informed approach to our wider work, such as recruitment and retention, and ensure we can make informed decisions about future workforce needs.

The Gateshead Health and Care Academy is making great progress in ensuring we are fully utilising the apprenticeship levy and will give us great opportunities to work with the local authority and other partners in our community. Ensuring we have a resilient supply pipeline that is providing good work for the people of Gateshead is a key driver for the Academy.

With a focus on *Education*, we start from a recognised position of strength with our education offer and want to continue to build on this by further strengthening consistency in practice and continuing to work closely with Health Education England, Higher Education Institutions and other partners to ensure a future focused approach for Gateshead.

Our *Library and Knowledge Services* will continue to provide first class support to our learners striving to engage with more colleagues and communicate across the Trust about the services, such as literature searches, that are available.

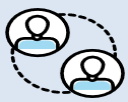
The aim of *learning & development* is to standardise the trust approach to the full training cycle, with standard work developed by learning and development experts for identifying learning needs, planning, developing, delivering and evaluating learning and development. You need the right skills and development to do the best job you can, and our expert team will support with every step, from induction

to core training, appraisals and a full management development offer, including Managing Well. Facilitating clinical training will remain a priority for the team to ensure our subject matter experts, such as the Resuscitation team can continue to deliver first class training. The team will secure external funding that is available to ensure we provide the best service for all our learners. We want to be a learning organisation and will support the organisation to identify learning needs to ensure we have the best possible people providing services for our patients.

Working with staffside partners we can better understand the needs and motivations of colleagues, supporting their development and careers for a modern, system enabled NHS.

Our Commitment to Growing & Developing our People

- Improve our understanding of the strategic supply context and local challenges
- Address supply issues by exploring all available opportunities
- Offer a first-class responsive and customer focused recruitment service using automation wherever possible
- Explore, promote and support new ways of working, being bold and willing to design and try new workforce solutions
- Continue to support and promote education as a vital way to bring new colleagues in to Gateshead
- Grow our Library and Knowledge service by increasing engagement across the Trust
- Provide an excellent, learner centred Learning & Development service
- Continuously provide accurate and timely data to inform decision making



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Being a great place to work

We will be a values led organisation that promotes and supports compassionate & inclusive leadership, where people have long, lasting and valuable careers

The People Plan clearly set out the importance of leadership, OD and staff experience, repositioning these areas of work across HR Directorates in NHS trusts and the wider health service. There was a clear recognition as to the criticality of looking after people and the need to do more in terms of ensuring the time we spend at work is valuable and meaningful.

Caring for others is an intrinsically compassionate behaviour, so for those of us that work in health and care we start from a position of compassion; however, the culture we work in is not always one that is truly compassionate.

Our work on *Culture* here at Gateshead is anchored in our new Trust strategy, and aims to build an inclusive culture that is built on civility and respect, where everyone's voice is heard, and our people feel proud to be part of the Gateshead team. The programme is made up of six themes; Vision, Values & Behaviour, Just & Restorative Culture, Compassionate & Inclusive Leadership, Psychological Safety, Colleague Experience and Colleague Engagement.

Our *Leadership* journey at Gateshead is now underway with the launch of a number of exciting projects this year. Our flagship Leading Well programme is already receiving excellent feedback giving colleagues an understanding of what is expected of Leaders at Gateshead as well as their own areas for development and insight into the impact of not getting leadership right. As well as a face to face course the programme involves 360 degree feedback, coaching, work on home teams and many other resources.

We are developing a bespoke leadership programme to support our triumvirate leadership teams (Nursing lead, Clinical lead and Management lead) to enable them to work in a way that informs and supports joint decision making across the Trust.

We are also developing a forward-thinking clinical leadership programme to give our clinical leaders the time, skills and experience to build on their existing approaches. This programme will support them as they move into leadership roles, giving them the tools they need to succeed.

Our newly formed *Organisational Development* team have embedded themselves with business units and are engaged in a wide range of supportive work to support and encourage teams and individuals reach their full potential. Truly understanding the challenges faced in services will ensure timely and appropriate interventions are made to support individuals, teams and professional groups to understand the context, reality and opportunities they face.

How we *Engage* with colleagues remains a focus for us and we are using vehicles such as the staff and pulse surveys to do this, as well as the newly opened listening space. This space was opened by the Chief Executive in August 2022 and has been a popular place for colleagues to access our Health & Wellbeing services. Building further engagement with the annual staff survey and quarterly pulse surveys will allow us to understand the challenges faced by colleagues, working with business units and corporate colleagues to enable local and Trust wide actions to be taken in a timely manner.

We are in the process of establishing our new Engagement approach, which is a key strand of the Culture programme mentioned above. A process involving awareness, understanding, engagement, listening, commitment and ownership will allow us to improve engagement and provide more opportunities for conversations and developing understanding.
With more visible senior leaders, corporate notice boards and communication champions we are passionate about truly engaging with as many colleagues as possible.

The Trust ICORE *Values* remained constant throughout the pandemic and throughout the development of the Trust strategy and underpin everything we do. We will continue to work with the behavioural framework ensuring it is applied to all our policies, procedures and approaches enabling us to live the values every day.

Working flexibly is a theme of the People Promise and the People Plan states that '*to become a modern and model employer we must build on flexible working. This is crucial for retaining the talent we have across the NHS.'*

We will look to build an approach of *flexibility* by default with role modelling from the top and supportive systems and practices in place. This will be a strategically significant programme of work for us and an important cultural shift that will need to be supported and facilitated across the Trust. Flexibility is a key component in our retention approach as well as a priority in the People Plan so we must embrace it fully, supporting our colleagues to embed it in their practices.

The People Plan states '*the NHS must welcome all, with a culture of belonging and trust. We must understand, encourage, and celebrate diversity in all its forms. Discrimination, violence and bullying have no place.'*

Equality Diversity and Inclusion is a key priority as we know that inclusive teams and organisations are more productive and innovative. Working with our EDI and Engagement lead we are collaborating on an equality action plan that looks to understand and address the areas where we have improvements to make. Recruitment, promotion and employee relations are just three areas where we have identified that change is needed and are working together with our staff networks, trade union colleagues and others to co-produce sustainable solutions.

Our new Trust Inclusion strategy states that within provision of any care the Trust will:

- Take account of individual needs and backgrounds.
- Actively advocate and champion the case for equality.
- Ensure that everyone we come into contact with receives the best standard of treatment and support, as well as ensuring Health Inequalities are addressed.

The Inclusion strategy says that to really address the core principles of Equality, Diversity and Inclusivity the Trust will engage and support all of our staff in channelling their own potential on an individual basis. We must understand some of the basic issues that can affect each protected group so that support provided is more targeted.

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Ensuring we work to improve the outcomes across the numerous benchmarking systems; Workplace Race Equality Standard, Workplace Disability Equality Standard, Equality Delivery system, Gender Pay Gap reporting and Public Sector Equality Duty, will ensure we are clear on where there are areas for improvement. Working collaboratively across our staff networks with staff side colleagues and across the system we can ensure that any actions and recommendations are understood and appropriately acted on.

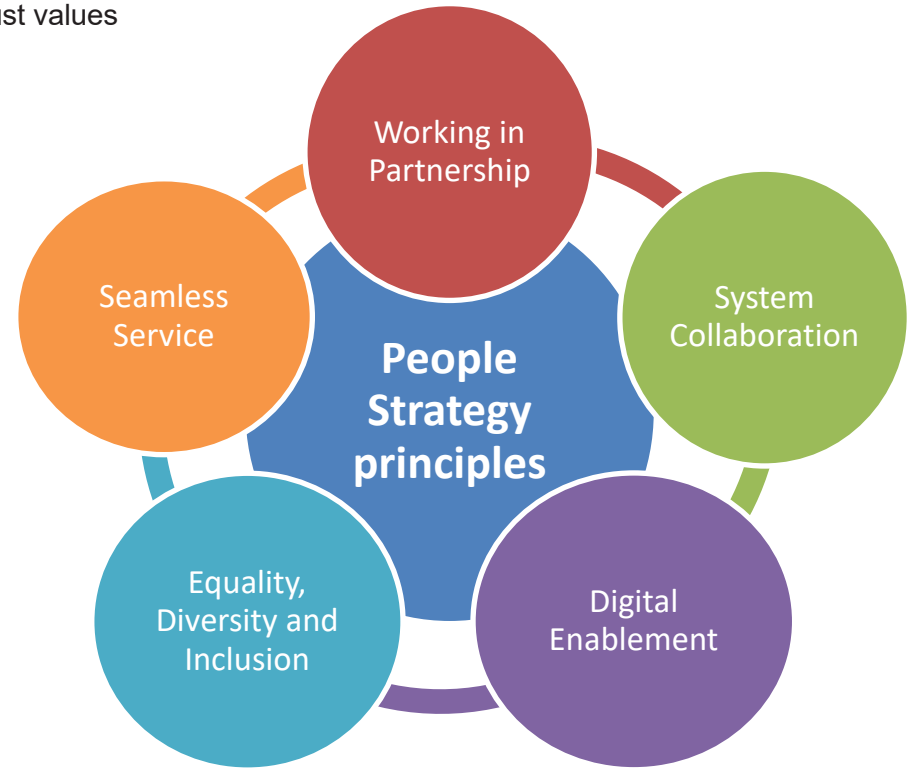
We will continue to work closely with our Freedom to Speak up Guardian, enabling and supporting colleagues to raise concerns where they need to. Building on our culture and engagement work, we must encourage and facilitate a working environment where we can all speak up and speak out about issues that concern us.

Our Commitment to Being a Great Place to Work

- Foster an inclusive culture that is built on civility and respect, where everyone's voice is heard, and our people feel proud to be part of the Gateshead team
- We will be leaders, allies and role models and understand our roles in bringing change to Equality, Diversity and Inclusion
- Support compassionate and collective leadership at all levels
- Expert organisational development provision at the point of need
- Increase engagement in all staff surveys and embed the action planning approach that follows
- Be a values led organisation, ensuring everything we do in People and Organisational Development is aligned to the values
- Really understand what flexibility means for you and how we can embed this in our working practices

Our principles

A number of important principles, which will underpin not only 'what' we do but also 'how' we do it, will guide our work. As a People and OD directorate, we will be role models for this strategy, the people plan and the Trust values



Working in partnership with staffside colleagues

With the Trust Joint Consultative Committee and Local Negotiating Committee as the formal forums we will also use our informal opportunities to work closely with staffside colleagues on key People related issues. We know the huge benefits that come from working in partnership and truly value the input, challenge and guidance provided by staff side colleagues. Recent joint industrial action planning has proved that even the most complex and emotive issues can be pragmatically and sympathetically supported at a local level. We have a proven track record of strong partnership working and we look forward to this continuing.

Championing Equality, Diversity and Inclusion

We have a commitment to place EDI at the heart of our work and the People and Organisational Development team have a responsibility to drive and embed this work across the Trust, keep learning and be great allies. We will work closely with the Trust EDI and engagement lead to provide support, experience and opportunities to promote, embed and champion the Inclusion agenda and new Trust strategy.

Digital Enablement

We will strive to maximise the use of our systems to ensure that they are efficient and providing us, and our customers, what is required. We will seek the views of specialists and experts where necessary to challenge and progress this agenda, along with automating as many of our transactional processes as possible.

Seamless Services

We will endeavour to join up our teams across People and OD so that colleagues receive a seamless service. We will fully embed our matrix teams approach where various key contacts from across People

and Organisational Development work together to support the business units, understanding their challenges and formulating joined up solutions. Providing excellent customer service and a more flexible, reactive and also proactive provision of expert advice and guidance. With key points of contact, FAQs, stronger communication and improved intranet resources we will ensure that all those contacting us for advice and support receive what they need when they need it.

Collaboration with partners and ICP/ICS

The North East and North Cumbria ICS was formed on 1st July 2022 and from a People perspective we are active members of a number of regional collaborative groups. These include the Provider Collaborative, System Workforce Board, Regional HR Directors group and regional Deputy HR Directors Group. Using these networks we are striving to understand and act on the opportunities presented to us in the People Plan and NHS Futures report

Delivering excellence in People & OD

Our team of People & OD professionals will be the guardians of this strategy and will themselves continue to strive for excellence and be driven by the following principles;

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Enabling strategies

This strategy is an overarching document that explains our vision and objectives across the whole remit of People & OD.

There are a number of enabling and more specific strategies that underpin this within People and OD:

- Health and Wellbeing;
- Apprenticeship; and
- Learning & Development.

It also forms part of a suite of Trust wide enabling strategies that it must align with. These include;

• Clinical	• Nursing
• Finance	• Quality
• EDI	• Digital
• Estates	• Transformation
• Allied Health Professionals	• Communication

Summary

We are confident that this strategy will mean something to all our People at Gateshead, providing a framework for us to concentrate on our people priorities, supporting the delivery of care to our local population. We know there will be challenges ahead but also know that our People can rise to these, with our support, guidance, and long-lasting gratitude.
It's a privilege to work at Gateshead, caring for both our patients and each other, but at times we know it's tough, demanding and tiring. This strategy outlines how the Trust will care for you, provide opportunities for your development and growth, and continue to make Gateshead a great place to work.

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Gateshead Health NHS Foundation Trust

Appendix 1

Caring for our People

What will we be doing in 2025	What actions will we need to take to move from today to 2025	How will we measure success and impact
Offering a rounded, responsive 24/7 occupational health and wellbeing services that aligns with the needs of colleagues at Gateshead Health.	• Establish a permanent Health & Wellbeing service within the POD Directorate. • Analyse all available data to understand the root cause of referrals and implement a schedule of preventative support pathways. • Review all current systems and processes to improve efficiency and customer experience. • Renewed focus on Client Feedback, including the introduction of virtual forms and feedback stations. • Develop a virtual offer that can be accessed by staff 24/7.	• Permanent Health and Wellbeing team in post by July 2023. • COHORT System update complete by March 2023. • Revised offer, with a focus on prevention, in place by September 2023, monitoring referral rates to evidence impact. • Series of continuous improvement events beginning with Management Referrals in February 2023 with changes made from March 2023. • 50% increase in client feedback rates by December 2023. • An online offer for all aspects of the service that provides 24/7 advice, guidance and support to colleagues.
Providing a working environment where all basic needs are met for all colleagues working within the organisation.	• Work with QE Facilities to establish a reliable catering provision that provides 24/7 access to food and drink. • Agree several safe, designated rest areas for all colleagues, with facilities that promote rest and recovery.	• A reliable catering provision is in place, with regular feedback sought from service users and customer satisfaction levels exceeding 80%. • Designated rest and recovery areas in place across the hospital estate that are protected and regularly used by colleagues. • 50 % decrease in environment cited as reason to leave the organisation.
Working in partnership with managers to support the needs of our people.	• Develop people managers with the knowledge and skills needed to effectively support the needs of their teams. • Focus on enabling managers to fulfil their duty of care to their teams.	• Decrease of 40% in employee relations cases. • Increase of 10% in Staff Survey responses relating to line management support.

Organisational wellbeing culture embedded and aligned to the national Health & Wellbeing Framework.	• Continue to deliver on the Health & Wellbeing strategy. • Promote a consultancy-style approach to health and wellbeing • Optimise data collection and analysis to allow impact to be measured.	• Monitor HWB metrics through monthly quality reporting • Optimise data analysis to identify trends which will inform approach
Working in partnership with people managers to support the effective management of people at Gateshead.	• Delivery of management development programmes that focus on skill development. • Targeted work with business units to clarify roles and responsibilities. • Adopt a consultancy approach across POD when, with a focus on enabling managers to manage effectively. • Create comprehensive and accessible manager guides and standard operating procedures.	• 40% decrease in employee relations cases. • 60% reduction in general queries received to the POD Advisory mailbox. • Upward trending data in Staff Survey in relation to line manager competence
Target driven, efficient and effective approach to promoting and supporting attendance and a coaching approach to supporting managers.	• Policy refreshed • Collective Leadership approach communicated and adopted • Delivery model agreed and embedded • Training and support for colleagues and managers to create capacity and capability • Promote and further embed H&W Agenda	• 2% reduction is sickness absence as a result of an increase in colleagues able to stay well and at work • Robust management system in place • People and Organisational Development /Business units united taking a collective leadership approach.
Compliant & efficient medical rotas, medical absence, study leave and annual leave all managed and recorded correctly /electronically.	• Embed the new Electronic rostering system, ensuring all stakeholders are informed, engaged and well trained in its use. • Building relationships with Department Rota Coordinators, Clinical Leads and Doctors to provide assurance on what we can provide and how we will keep them informed and involved	• GMC Surveys, staff survey, Junior Doctor Forum, JDCI and LNC all provide forums for feedback • 30% reduction in complaints and zero non-compliant rotas • Engaged medical workforce • Positive feedback from the Lead Employer Trust • 60% reduction in queries into the team

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Growing and Developing our People

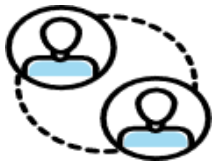
What will we be doing in 2025	What actions will we need to take to move from today to 2025	How will we measure success and impact
Excellent, digitised and streamlined recruitment process for managers and candidates Proactive recruitment to limit vacancies and reduction in timescales Successful International Recruitment programme embedded across the trust for key professional groups.	• Ongoing review of workloads to ensure robust support • Continue to automate where we can • Continually review best practice and benchmark our service • Work closely with business units to continually understand the need • Work collaboratively with Gateshead at place for regular joint recruitment fairs • Approval to extend funding for the international recruitment team • Use intel from the workforce plans to understand the needs of the trust • Educate and upskill colleagues across the trust on the international Recruitment pathway for each professional group • Pastoral support to continue	• Achieve all KPIs • Reduction in Bank and Agency spend • Improve the WRES metrics in relation to recruitment • Reduction in recruitment timescales and reduction in vacancies • Attendance at job fairs with positive outcomes • Reduced unemployment in Gateshead • Network of Internationally educated colleagues
Using robotic automation to provide timely, accurate, valid and responsive data to key stakeholders.	• Work closely with stakeholders to improve data flow, quality, and integration with RPA. • Monitor and respond to WoVen report for ESR. • Internal data quality checks and data cleanse within the systems • ESR fully optimised • Utilise functionality within our digital systems to support engagement and productivity.	• Cost saving reduction achieved through automation. • Trusted, quality data reports produced as standard, resulting in a 60% reduction in queries and requests. • Ability to make more informed Business decisions to support transformation across the Trust. • Work structures and employees aligned to correct service areas. • >90% accuracy with reporting and data intelligence
Provide a professional and comprehensive customer focused Education, Learning	• Work with teams and business units to identify performance and development gaps utilising a comprehensive Learning Needs analysis.	• LNA a working document (electronic) which is regularly updated and used by a wide range of people providing improved commissioning of educational requirements.

and Development service to the organisation, working with services to ensure our people have the appropriate learning and professional development alongside a well-established core skills training programme.	• Appropriate training/development opportunities to close identified gaps planned/delivered and evaluated • Trust prospectus/ offer reviewed to ensure alignment with LNA process and broader Trust objectives. • Review mapping to ensure statutory/ mandatory / regulatory requirements met. • Online pre-induction process to better manage the transition into the Trust to provide a gold standard induction. • Learning environment developed – dedicated appropriate space in the Trust for development.	• Full utilisation of CPD and WD monies along with full engagement in the process • Increased use of the apprenticeship levy including a zero target for expiring levy • A trust prospectus that is updated monthly to ensure live information for people re development opportunities. • Improved and sustained compliance within core skills, at the target of 85%. • Improved and sustained compliance with appraisal, at the target of 85% • Increased engagement with online onboarding for our medical trainees- with 100% satisfaction with the process • A further 75% reduction in people not attending or cancelling training places (DNA) • Automate study leave processes to ensure easier applications for our people
A Library Knowledge Service (LKS) that provides, as standard, specialised LKS training including Health literacy and statistics training, Outreach librarian service, Synthesised evidence reviews, Critical appraisal training including journal clubs and reflective reading sessions to professions through revalidation and Preceptorship Programme.	• Build clearer LKS vision • Wider sector engagement through meetings, lists, social media, events and conferences • Development of agile governance structure via LKS Committee to enable efficient decision-making • Work collaboratively and adopt Health Education England and other sector leading tools and methodologies required to deliver success with visibility into lean processes • Publication of Annual report including quarterly (or half yearly) • Ensuring robust assessment and IT/digital transformation expertise is brought in at each relevant stage and that LKS and People and Organisational Development is involved as appropriate	• Metrics framework that addresses impact in relevant domains including quality, experience, efficiency, productivity and costs; qual and quant measures through before and after approach to identify what, where and why something has worked (or not worked). • Customer feedback surveys, including the LKS annual survey – people telling us how and why they value a service • Improvements in Health Education England QIOF performance outcomes • Increases in numbers of compliments • 100% Positive feedback via stakeholder engagement • Long term financial savings. • Increased LKS usage, Trust wide with a target of 25% improvement in usage.

We will have a consistent flow of recruits into the organisation from domestic and international recruitment, as well as an established pipeline of staff through to roles via the apprenticeship levy and the Health and Care Academy. The Health and Care Academy will establish both internal progression routes for existing people, as well as providing collaborative opportunities within the area of Gateshead.	• Work collaboratively with Gateshead Cares Workforce Board to ensure reduction in duplication of work. • Work across the organisation to support any development pipelines for difficult to recruit to posts. • Increase collaboration with our local colleges and Higher Education Institutions to ensure bespoke development opportunities are created. • Work experience for students looking at different careers within the NHS to improve supply across a range of area. • Career in Medicine" taster days in liaison with local schools and medical schools involving simulated skills workshops, meet and greets with current medical students, doctors in training and senior clinical staff. • Work experience programmes for local schools working in collaboration with the ICB, Gateshead Cares Workforce Board and Health Education England. • Establish solid networks with local schools with underrepresented learners and their educators. • Provide Practice Placement Facilitators and Teaching Fellows for all groups of students within the organisation to ensure support is available.	• High quality education spaces for people of Gateshead • Improved routes into the NHS and care sector for the people of Gateshead • Established career development opportunities for all people • Improve utilisation of apprenticeship levy by 25% • Reduce expiring funds to zero • Create question within VCF process as to whether roles can be apprenticeships to improve awareness of the programmes available.
We will openly explore all available opportunities for new ways of working, using newly developed job roles and training, aligned with	• Explore all available funding opportunities and programmes available to Gateshead • Utilise workforce plans to highlight skills required and which roles are able to provide them • Work collaboratively with Gateshead Cares Workforce Board to jointly recruit to new roles	• High quality care provided to patients by the right people at the right time • Reduced vacancies and improved recruitment in hard to fill vacancies • 25% Increased utilisation of apprenticeship levy with a reduction of expiring funds to zero.

workforce planning data to provide care to our patients.	• Explore all hard to recruit vacancies to establish alternative ways of working	
We will maintain and develop a responsive Resuscitation service that provides specialist training, knowledge and clinical support with regards to resuscitation and deteriorating patients.	• Create a development post to grow our own paediatric specialist resuscitation officer • Develop a formal pathway to enable staff to access a cold debrief following CA / sudden death • Robustly interrogating a minimum of 10% of all cardiac arrests to identify clinical trends causing cardiac arrests • To ensure that the standards of documentation relating to DNACPR / end of life decision making are to a standard that would survive external legal interrogation. • Increase and maintain compliance with core resuscitation training	• Provide internal development opportunities for clinical staff to develop and learn to provide specialist training • Reduction in the number of cardiac arrests • Increase in the number of calls for deteriorating patients • Provide advice and guidance on medical inductions with regards to DNACPR and audit medical notes and forms to ensure compliance with an decrease of inappropriate resuscitations of 5%. • Increase and maintain training compliance to 85% target.
We will have developed a Trust wide strategic approach to workforce planning that is informed by population health needs, local and national strategy. With an ability to forecast and horizon scan. This will be documented in a workforce plan which is reviewed and refreshed on an annual basis.	• Utilise the Whole System Partnership SWIPE framework to agree an overarching Trust Wide workforce plan for the next 1, 3 and 5 years. • Reframing thinking to consider skill set needed to fulfil a role rather than traditional job title. • Engage with services to then translate this into “what it means for me” at a local level – ensuring it is accessible and user friendly. • Build a review and refresh into the annual cycle of business.	• Ability to build in check and challenge when considering recruitment requests to ensure that these are aligned to the strategic workforce direction. • Introduction of new roles across the organisation. • Reduction in the number of vacancies. • Services staffed based on all available skills in the workforce. • Ability to effectively succession plan.
We will have an agreed Trust wide retention strategy which includes a customisable range of high impact, effective tools that are deployed at a local level, depending on service need.	• Review current retention offer, evaluating the impact and effectiveness of this. • Consideration of new and/or innovative retention initiatives; piloting and evaluating in high turnover areas initially.	• 5% reduction in turnover by 2025. • 2% reduction in sickness absence rates by 2025. • 90% bank fill rate by 2025. • Reduction in the number of vacancies. • Consistent year-on-year increases in scores across all the people promises in the annual NHS staff survey.

We will be providing accessible, digital, self-service platforms that offer 24/7, 365 day a year access to key up-to-date, accurate people data.	• Full scale process review to consider and maximise opportunities for automation of people processes. • Develop a rolling people data quality assurance review process. • Build a dashboard suite which is fit for purpose, easy to use and informed by customer needs.	• Customers are able to quickly and easily access data and filter this in a way which is useful for them, supporting evidence-based decision making and planning. • Reduction in the number of routine data requests that are made to the people team. • Customers across the organisation accessing people reports on a routine basis.



Gateshead Health NHS Foundation Trust

Being a great place to work

What will we be doing in 2025	What actions will we need to take to move from today to 2025	How will we measure success and impact
Leaders will role model compassionate, inclusive and collective leadership in all of their interactions, aligning with our ICORE Values and the national Our Leadership Way Framework.	• Ensure all managers attend Managing and Leading Well, as appropriate. • Introduce leadership questions, built around Our Leadership way, into all management interviews. • Inclusion of Compassionate and Inclusive Leadership within our Culture Programme, with a dedicated programme of work focused on its promotion. • Support managers to use the behavioural framework to effectively manage performance within their team through quality performance management conversations.	• Upward trending data in Staff Survey in relation to line manager competence. • 85% of people managers will have attended Managing Well. • Spot checks on all management level interviews showing that >95% are using leadership questions linked to Our Leadership Way. • 70% decrease in reports of management capability issues. • 40% decrease in employee relations cases.
Engaging with our people, actively responding to their feedback and supporting our managers to feel comfortable taking ownership for the feedback they receive.	• Develop skills and capabilities in line managers to encourage engagement and to facilitate on-going, sometimes challenging, conversations. • Seek out employee's views, ensuring they are listened to, and they can see that their opinions count and make a difference. • Support managers to take ownership and act upon colleague feedback, developing robust people action plans.	• Year-on-Year increase in Annual and Pulse survey engagement. • 80% of teams have a People Action Plan. • 5% reduction in turnover by 2025 • 2% reduction in absence by 2025
The Scope for Growth talent management approach will be embedded, and actively used by managers to develop, retain and engage their teams.	• Clear delivery plan with agreed timescales that ensure integration into existing people manager check-in processes • Upskilling people managers to understand the value and appropriate use of talent management approaches	• >90% of staff has had a career conversation and understands their career pathway. • 20% increase in internal recruitment for B7 roles and above. • Positively trending results relating to career progression within Annual Staff Survey. • 30% reduction in 'lack of career progression opportunities' cited at exit interview.

Flexible working practices will be commonplace across all staffing groups.	• Supporting managers to feel confident exploring flexible working options. • Working with senior leaders to ensure they understand what is possible and can actively support the approach. • Openly sharing what flexible working could look like, so people understand what options they have • Understand and address the cultural barriers to flexible working that exists in some areas	• Reduce turnover by 5% by 2025 • 20% increase in flexible working requests from all business units • Increase in the number of colleagues recommending Gateshead as a good place to work within the Annual Staff Survey.
Specialist OD support available when needed to support team development and change.	• Appropriate point-of-service contracting that supports local ownership. • Evaluation of all interventions, ensuring value-add and impact.	• >95% of all change process supported by OD • OD advice sought from the early stages of employee relations cases. • Full utilisation of OD Practitioner time allocated to Business Unit support.
An embedded Trust Inclusion strategy, understood and acted upon by all	• Work closely with the Trust EDI and Engagement Lead to communicate and 'live' the Trust strategy	• Better understanding of the Trust strategy • More visibility on our commitment to Inclusion
Our people teams will be leaders, allies and role models in fostering and creating an inclusive culture in all customer interactions.	• Supporting our teams to develop an increased understanding, via the networks primarily, of those with the relevant lived experience. • Support the staff networks to raise their profiles and increase engagement. • Using a values-based approach when recruiting to people team roles. • Completing high quality Equality Impact Assessments, involving wider stakeholders as appropriate when considering any service, process or policy changes.	• Patterns and trends in WRES, WDES, Gender Pay Gap and EDS2 data. • Increasing membership of the networks. • Consistent year-on-year increases in scores across the "we are compassionate" and "we each have a voice that counts" promises in the annual NHS staff survey.

NHS
Gateshead Health
NHS Foundation Trust

Appendix 2

People & OD – Supporting the Trust Strategy

#GateshеadHealth Corporate Strategy				People & OD Strategy		
5 Strategic Aims		Strategic areas	Strategic focus areas	Caring for You	Growing & Developing our Workforce	Being a Great place to Work
Productivity and efficiency / Growing services beyond Gateshead	Improving service quality and safety	Patients	Caring for all our patient communities		●	
			Providing safe, high quality care		●	●
			Offering increasingly integrated care		●	
			Making every contact compassionate and caring	●	●	●
	Highly engaged workforce	People	Supporting the health and wellbeing of our people	●		●
			Being a great place to work	●	●	●
			Ensuring a diverse, inclusive and equitable culture			●
			Working in new and collaborative ways as “one team”		●	●
	Partnerships and outcomes	Partners	Being a force for good			●
			Acting as a key partner		●	
			Working with further and higher education providers		●	

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 11

Report Title:	**Board Assurance Framework 2022/23 and 2023/24**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29 March 2023			
Author:	Jennifer Boyle, Company Secretary Executive Directors			
Executive Sponsor:	Gillian Findley, Chief Nurse			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	This report provides the Board with the Board Assurance Framework (BAF) 2022/23 for review at the year-end, following scrutiny by each of the mapped Board committees. It also provides a proposed plan for the development and review of the BAF for 2023/24.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Executive Directors Board Committees			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• BAF extracts relating to the strategic objectives within each committee's remit have been presented to committee meetings for review and triangulation against the controls and assurances considered as part of the business of the committee. • The current contents of the BAF should be triangulated against the assurance, risks and issues discussed during the Board meeting to determine whether its content remain accurate. • The BAF key is as follows:			

Key	Description
	Not yet started
	Started and on track no risks to delivery
	Plan in place with some risks to delivery

		Off track, risks to delivery and or no plan/timescales and or objective not achievable
		Complete
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board is requested to review and approve the closing position of the BAF for 2022/23, noting that it has been under continuous review and update at the relevant Board committees. The Board is requested to approve the planned approach for the BAF development and review for 2023/24.	
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead
Trust corporate objectives that the report relates to:	This relates to all corporate objectives, assisting in the management and mitigation of risks which may pose a risk to delivery.	

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

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	Risks identified on the BAF itself.		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Board Assurance Framework 2022/23 – Closure Report

1. Introduction

1.1. This report presents the closing position of the Board Assurance Framework (BAF) for 2022/23, following a review of the extracts at assigned Board committees.

1.2. It also outlines the planned approach for the development of the BAF for 2023/24.

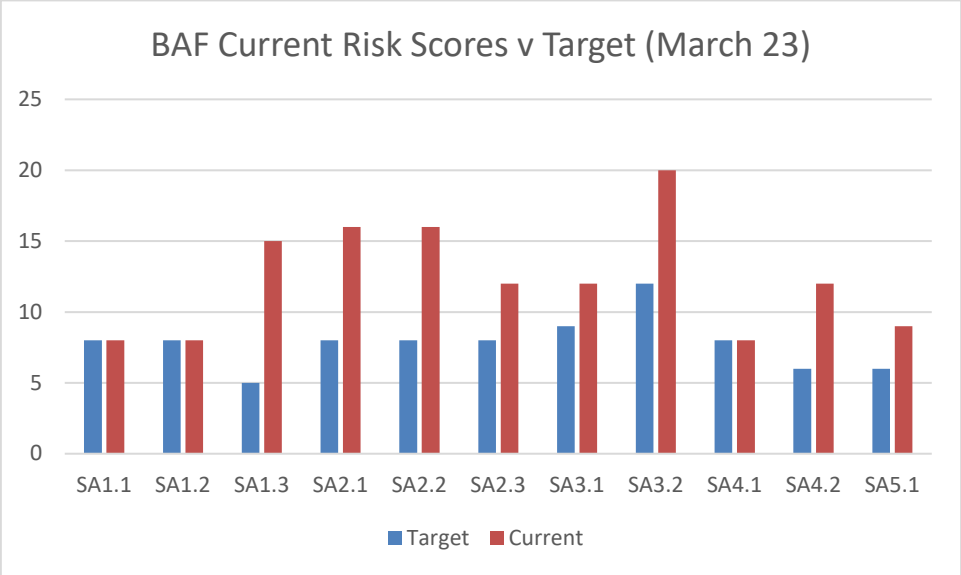
2. Closing Position

2.1. The closing position of the BAF demonstrates that there has been active utilisation and update of the BAF throughout the year, as indicated by the identified and completed actions during the year. Corresponding controls and assurances have been reflected in the controls and assurances columns as gaps have been addressed and actions closed.

2.2. It is noted that BAF extracts for SA3.1, SA3.2 and SA5.1 will be reviewed by the Finance and Performance Committee on 28 March and a verbal update will be provided should this result in any material changes to the BAF, including current risk scores.

2.3. At the beginning of the year the Board of Directors approved the target risk scores for each of the 11 summary risks linked to the 11 strategic objectives. The graphs on each BAF extract have tracked the movements in the current risk scores during the year.

2.4. The following closing position is noted in respect of whether the target risks for each area have been achieved:



2.5. This demonstrates that target risk scores have been met in respect of SA1.1, SA1.2 and SA4.1, meaning that risks have been mitigated to accepted levels, in part through the strengthening of controls and assurances. There is good correlation between the BAF and the achievement of the strategic objectives for these three areas – i.e. the majority of the actions to deliver the strategic objectives have been able to be delivered in-year.

2.6. For the remaining 8 areas, the target scores have not been reached, although the BAF itself demonstrates active work around the strengthening of controls and assurances in most areas. In some areas aspects of risk mitigation sit out-with the direct control of the Trust (e.g. in respect of some system or finance-related pressures), which means that there isn't always a direct correlation between the strengthening of controls and assurances and the reduction in risk scores.

3. Opening position for the Board Assurance Framework 2023/24

3.1. It is not proposed to amend the format of the BAF for 2023/24 following positive feedback from the Good Governance Institute and AuditOne on its format.

3.2. As outlined in Item 9, it is proposed that the strategic objectives for 2023/24 remain consistent with the 2022/23, with the actions and outcome measures being reviewed and revised to support delivery. Should this proposal be accepted, it will be further discussed as part of the Board strategy and development session in April 2023.

3.3. On the assumption that the strategic objectives remain broadly consistent with those of 2022/23, the opening position of the BAF will be consistent with the closing position for 2022/23. As at 1 April 2023 the Company Secretary will remove any actions agreed as completed from the BAF (and verify that a corresponding control or assurance has been added).

3.4. It is recommended that the Board revisits the summary risks and target scores for each risk during the Board session in April, as part of the discussion on the strategic objectives and action plans. This will ensure appropriate alignment with the Trust's risk appetite. Until this time, current summary risks and target scores will remain.

4. Recommendations

4.1. The Board is requested to review and approve the closing position of the BAF for 2022/23, noting that it has been under continuous review and update at the relevant Board committees.

4.2. The Board is requested to approve the planned approach for the BAF development and review for 2023/24.

Quality Governance Committee BAF (SA1.1, SA1.2, SA4.1, SA4.2)

Strategic objective:	SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review
Executive Owner:	Chief Nurse
Board Committee Oversight:	**Quality Governance Committee**
Date of Last Review:	February 2023 Quality Governance Committee meeting
Summary risk	

This is a risk that the Trust is unable to implement the recommendations and improvement actions outlined in the Ockenden reviews due to resource capacity, impacting upon the quality of maternity services and a decline in performance against the maternity metrics in the IOR.

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
2	4	8	2	4	8

Links to risks on the ORR (scores as at Feb 23):	COO 2868 - New Operating Model - Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (20) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Maternity workforce plans developed, with some specialist roles already appointed to	Vacancies in midwifery posts remain, although recruitment is ongoing	Chief Nurse	October 2022	In the process of recruiting students due to quality in September 2022 Recruitment complete and midwives are currently going through preceptorship.	**Complete**
Face to face training in place	Maternity and neonatal records not yet fully integrated and digitised	Chief Nurse	March 2023	Neonatal Badger implementation has begun Feb 23 – implementation has now been completed.	**Complete**

					Agreed that action can be closed.	
Estates strategy in place and work commenced on maternity estates improvements						
Action plans in place for Maternity Incentive Scheme and Ockenden have been developed						
Gap analysis undertaken against Ockenden reports						
Neonatal Badger implementation complete resulting in improved integrated and digitisation of records.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Performance is monitored within the department at governance meetings						
Maternity forms part of the Surgery Quality Oversight Meetings where performance is overseen by the exec team						
Action plan for Ockenden monitored at Maternity and SBU Safecare						
Action plan completed for Maternity Incentive Scheme						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Ockenden assurance report to Board in March – Ockenden one year on						
Maternity Integrated Oversight Report now in place and presented to the Quality Governance Committee and the Board of Directors. It will continue to evolve.						
Maternity assurance report presented at every Quality Governance Committee meeting						
Ockenden assurance report to Board in May 2022						
Patient safety walkabouts with Executive Directors and Non- Executive Director held monthly						

Assurance (Level 3 – external)						
Feedback received from regional team regarding Ockenden evidence submission						
Maternity Voices Partnership provide regular feedback to the unit on patient experience						
Friends and Family test score results are positive and provide good assurance over the quality of care						
Chief Midwifery Officer visit to the Trust. Awards presented to colleagues in Maternity for the provision of excellent care, leadership and inspiration to colleagues and patients.						
CQC maternity survey ranked the Trust as 8th in England for its maternity services						

Strategic objective:	SA1.2 Continuous Quality improvement Plan
Executive Owner:	Chief Nurse
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	February 2023 Quality Governance Committee meeting
Summary risk	

Pressures on performance, people and finance, coupled with changes in the local and national health economy and structures may place significant risk on the ability of the Trust to achieve national quality standards and deliver the Quality requirements

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
2	4	8	2	4	8

Links to risks on the ORR (scores as at Feb 23):	MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Gap analysis undertaken against CQC standards	Quality strategy in development	Chief Nurse	December 2022	Feb 23 – Quality Strategy to be presented at the Enabling Strategy workshop on 9 Feb and to March Board for ratification.	On track
Core standards action plan has been developed	Nursing strategy in development	Chief Nurse	September 2022	As per the Enabling Strategy paper to Board this is due at QGC for approval in October.	Complete

					Oct 22 - Strategy now drafted and in the process of being formatted Dec 22 – complete and ready for circulation. Action agreed for closure	
Clinical audit programme in place						
Quality Governance Committee and sub-groups in place						
Equality and Quality Impact Assessment (EQIA) programme in place						
Transformation and Quality Improvement Programme in place						
Datix and incident reporting systems in place to record risks and incidents and capture learnings						
Nursing strategy in place						
Good Governance Institute work commissioned and underway to support assessment of compliance and controls regarding well-led.						
CQC task and finish group established						
New Compliance Group established						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
SafeCare meetings in each operational business unit		A need to verify that SafeCare meetings are in place for each operational business unit – a review of business unit governance is ongoing	J Boyle	October 2022	Review is underway, with draft findings to be collated in September 22. Dec 22 – review findings drafted and shared with Ops Directors. Feb 23 – Business Units are reviewing and implementing recommendations. A	**Complete**

					model terms of reference and cycle of business has been developed for SafeCare. Committee approved closure of action.	
Quality is a key component of the Quarterly Oversight meetings		Identified gap in respect of mechanisms for monitoring the CQC action plan	G Findley	December 2022	Nov 22 – action plan presented to SMT and CQC monitoring group being established with first meeting in December 22 Feb 23 – CQC task and finish group being established	**On track**
Compliance Manager is in post and has action plan for compliance						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
IOR includes quality metrics mapped to the key lines of enquiry – reviewed by the Quality Governance Committee and Board bi-monthly						
Patient and staff stories presented to Board at every meeting						
Clinical audit outcomes reported to Quality Governance Committee						
Complaint triangulation report presented to Quality Governance Committee						
Assurance (Level 3 – external)						
CQC process audit by AuditOne – outcome awaited						
AuditOne audits from 2021/22 – NICE Guidance (good) and Duty of Candour (good)						
Medicines optimisation service received 'good' rating from CQC						
Screening Quality Assurance Service (SQAS) visit to colposcopy with positive feedback						

Strategic objective:	SA4.1 Tackle our health inequalities
Executive Owner:	Medical Director
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	February 2023 Quality Governance Committee meeting
Summary risk	

There is a risk that due to competing pressures (such as financial constraints and the need to meet national operational targets) the Trust does not deliver on its health inequalities action plan, resulting in continued decline in health within the local population

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	2	8	4	2	8

Links to risks on the ORR (scores as at Feb 23):	POD 2759 - We are not able to appropriately support the health and wellbeing needs of our workforce (12) CEOL2 2880 - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities. (9)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Health Inequalities Lead and SRO identified	Health Inequalities action plan in development	Deputy Director of Corporate Services and Transformation	November 2022	Priority areas identified to support production of action plan Workshop taking place 11 October with Public Health in attendance to identify action plan requirements in respect of partnership working. As such new date of November is suggested for the full development of the plan, noting that	Complete

					health inequalities workstreams continue to be progressed Feb 23 – health inequalities action plan was shared at Dec QGC. Monitored at the Health Inequalities Board.	
Health Inequalities Board established with members including the Director of Public Health for Gateshead		Embed role of Chief Operating Officer as a key member of the Gateshead Cares System Board	Chief Operating Officer	December 2022	COO is regular member of the Gateshead Cares System Board	**Complete**
Waiting lists record deprivation score index and data sets also record ethnicity		Lack of knowledge and expertise. Maintain strong links with ICS team and Gateshead Director of Public Health	Medical Director	December 22		**On track**
Trust engagement in Making Every Contact Count						
Engagement in Gateshead Cares System Board						
Engagement with Gateshead Citizens' Advice to provide support to patients and staff						
Quality Governance Committee established as the reporting line for Health Inequalities Board						
Health Inequalities action plan in place						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
		IOR does not yet include health inequalities metrics	Deputy Director of Performance and Planning	September 22	Health inequalities metrics now included in the IOR. Action closed and transferred to assurance Level 2.	**Complete**
		Health Inequalities Board reporting to SMT not yet fully established	Deputy Director of Corporate	August 22	Formal reporting to start following next meeting.	**Complete**

			Services and Transformation		Feb 23 – agreed to close this action as the Board is now well-established and reports to QGC via quarterly updates.	
		Reports to Board on agreements and collaborations required as a result of partnership working with Gateshead system	Chief Operating Officer	September 2022	New governance of ICB shared at Board-level and updates will continue to be shared as and when they arise.	**Complete**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)		To amend QGC cycle of business to incorporate health inequalities reporting	Deputy Director of Corporate Services & Transformation / Company Secretary	October 2022	Quarterly reporting to be incorporated into cycle of business Dec – now included on cycle of business with first report due in Feb 23. Action closed.	**Complete**
Presentations to the Board of Directors on health inequalities by the Trust lead, ICS lead and Director of Public Health for Gateshead – provides assurance over commitment and progress to-date						
Reports to Board on the Citizens' Advice collaboration and outcomes – last report November 2021						
Health inequalities metrics included in the IOR.						
Board consideration of place-based governance and working arrangements proposal which outlines proposed next steps for Gateshead Cares.						
Quarterly reporting on health inequalities presented to Quality Governance Committee.						

Health inequalities action plan monitored at the Health Inequalities Board meeting						
Assurance (Level 3 – external)						
Feedback from ICB and Place Based Partners on Health Inequalities work and outcomes						

Strategic objective:	SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population
Executive Owner:	Chief Operating Officer
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	December 2022 QGC meeting
Summary risk	

There is a risk that health and care outcomes for the population of Gateshead are not improved, so the Gateshead Care priorities and action plan fail to collectively deliver (noting the Trust's ability to influence but not fully control the outcomes)

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	3	12	2	3	6

Links to risks on the ORR:	CEOL2 2880 - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities. (9) MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Joint session planned with the system to review priorities and set objectives for 22/23	Membership of Gateshead Cares Board does not include representatives from areas such as education and housing, which contribute towards health outcomes. Note this is not in control of the Trust	N/a	N/a	N/a	N/a
Senior representation secured at Gateshead Cares meetings	Greater visibility of GHFT's new strategy required within Gateshead System. The Chief Operating Officer will seek to ensure this is considered as part of the agenda	COO / Deputy Director of Corporate Services & Transformation	September 2022	On September 2022 agenda Presentation to HWB on 9th September to show case our strategy and links to HWB	**Complete**
Trust developed strong relationships with key					

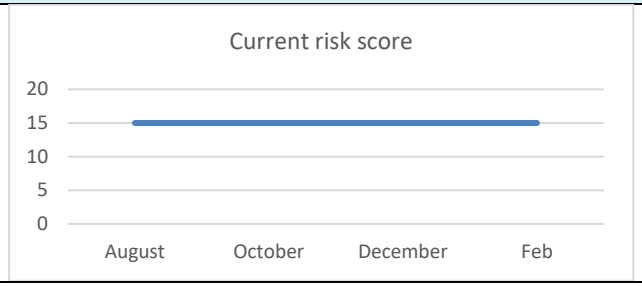
stakeholders and can influence the agenda						
New strategy shared at Health and Wellbeing Board in September 2022 to help support alignment across Gateshead system.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
		A requirement to include updates on partnership working on the SMT and Exec Team cycles of business	COO / Co Sec	September 2022	On SMT 8cycle of business. Exec team cycle of business being developed Exec team cycle of business continues to develop Dec – presentation to Exec team on 19 December to include new cycle of business Feb 23 – now featured on cycle of business. Propose to close this action.	**Complete**
		To identify reports to include health outcomes to go to committee and Board	Medical Director	~~October 2022~~ November 2022	Working to include patient outcomes in the IOR. November 2022 is a more realistic target as this is a significant piece of work	**On track**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						

Partnership working updates on cycle of business for SMT and EMT.						
Assurance (Level 3 – external)						

Digital Committee (SA1.3)

Strategic objective:	SA1.3 Digital where it makes a difference
Executive Owner:	Group Director of Finance and Digital
Board Committee Oversight:	Digital Committee
Date of Last Review:	February 2023 Digital Committee meeting
Summary risk	

There is a risk that the Trust is not able to access / utilise digital technologies to greatest effect impacting upon the ability to drive improvements in service provision and patient care and increasing the risk of critical system failure.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	5	15	1	5	5

Links to risks on the ORR:	COO 2945 - Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely BI. (12)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Digital re-prioritisation and engagement exercise to ensure digital work plan is realistic based on current resource.	Digital strategy to reflect the updated Trust strategy – complete. Awaiting Trust Board approval. Board review / approval of supporting strategies incl. Digital scheduled for February.	Chief Digital Information Officer	Feb 2023	Digital strategy refresh complete. Dec 22 update – strategy agreed in principle at Board strategy day on 14 Dec. To be formally signed off at Trust Board. Feb 23 – Digital Strategy ratified at Jan 23 Board meeting.	Complete
Digital Transformation and Digital Assurance Groups in place.	Digital workforce capacity tracker to inform planned delivery of digital initiatives – in place.	Chief Digital Information Officer	October 2022	Current digital delivery work plan continues to be	Complete

				monitored and will be updated on an ongoing basis as new priorities are agreed. This is reviewed against the digital capacity available to deliver and reported through DTG.	
Significant stakeholder engagement to seek views on digital aspirations and challenges within the Trust to inform future developments.	Digital Communications and Engagement strategy to be refreshed.	Chief Digital Information Officer	February 2023	Comms and Engagement Strategy was developed to support GDEFF programme, this will be revisited and socialised to ensure stakeholders are able to inform future developments March 23 – action related to GDE Fast Follower. No longer relevant.	**No longer relevant action**
Engagement of Channel 3 Consulting to lead options appraisal and the outline business case development for further development of the electronic patient record (EPR).	Clinical safety resource and refreshed best practice process not yet fully in place – currently supported by temporary resource until business case is approved.	Chief Digital Information Officer/Nominated Exec Lead (Clinical)	April 2023	Draft outline business case developed to highlight resource need submitted into business case process – meeting 23rd Aug. Safehands commissioned to support review of best practice process. Dec 22 update – BC submitted to SMT. Temporary resource due to start in Jan 23	**Complete**

				Feb 23 – clinical safety officer business case approved at SMT.	
Clinical Safety resource in place to oversee and manage best practice process.	KPIs - unplanned system downtime not reported. DAG to investigate the possibility and value of reporting this.	Chief Digital Information Officer	March 2023	Dec 22 update – No automated way to deliver this. DAG to review if essential to monitor – if so, each individual Information Asset Owners would need to manually report downtime. Feb 23 – discussed and agreed remove this KPI – low amount of unplanned downtime doesn't indicate additional resource would be value for money.	**Action no longer relevant**
Digital strategy now live					
Cyber security specialist in place					

Assurance (Level 1: Operational Oversight)	**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Review of outline business case for EPR to be undertaken by Clinical Policy Group and Senior Management Team to ensure full clinical ownership and technical assurance.	CPG and SMT supportive of OBC, needs approval through business case process.	Chief Digital Information Officer	August 2022	Complete – OBC shared with CPG and SMT	Complete
Approval to proceed with Clinical Systems OBC	Identification of EPR solution in place, but its method of procurement has changed. This modification has to be communicated with Clinical Stakeholders who participated in the Channel 3 option appraisal work. Source of funding for the EPR project unclear. Full business case including fully costed benefits for the identified EPR	Group Director of Finance & Digital/ Chief Digital Information Officer	October 2022	Awaiting outcome from business case process Oct 22 – Committee noted assurance gap relating to the lack of funding and progress	**Behind**

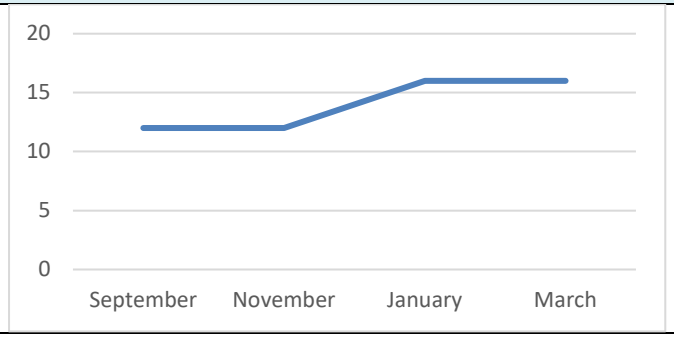
		solution is required to ensure the Trust is ready to benefit from funding should / when it becomes available.			since development of OBC. Dec 22 update – OBC currently with Execs. Gaps remain in respect of the financial implications and engaging with clinicians on the impact of the current solution. The Committee is keeping this under review. Clinical review scheduled for CPG in February 2023 and benefits review by Execs in March 2023.	
Assurance (Level 2: Reports / metrics seen by Board / committee etc)		Digital Delivery Plan doesn't detail the number of revisions and explanation for changes. This detail should be added to this report to provide greater assurance over progress made.	Chief Digital Information Officer	March 2023	Dec 22 update – original go live dates and revisions included in report	Complete
Digital roadmap reviewed by Digital Committee at each meeting		Committee identified that greater assurance over data quality would be beneficial to see at Digital Committee. Work is being progressed through the Digital Assurance Group to expand the data quality reporting and will be reported to Digital Committee following this.	Chief Digital Information Officer	June 2023		On track
Digital & Data Strategic objectives update report reviewed by Digital Committee		KPIs: Committee requests further assurance in the form of narrative explanations for the items RAG-rated as red in the Digital Service KPI report	Chief Digital Information Officer	Feb 2023	March 23 – this remains a work in progress	**Overdue**
Digital & Data KPIs reported to Digital Committee		KPIs: Risk Management Programme with IAOs at 22% compliance vs 100% target. Improvement plan and interim targets requested.	SIRO	June 2023	March 23 – work has commenced	**Started and on track**
SIRO report presented to Board						
AuditOne outstanding actions – progress report presented to Digital Committee						

Digital workforce capacity tracker reviewed at Digital Transformation Group						
Digital Committee receives tracking report on open audit actions to monitor implementation						
Assurance (Level 3 – external)						
AuditOne reports – Docstore IT General Controls (reasonable), Cyber Incident Response Planning (reasonable), Health Information Exchange (good), Outpatient Digital Programme (substantial), DSP Toolkit follow-up (moderate), IT Change Management (limited)						
Global Digital Exemplar Fast Follower accreditation						

People and OD Committee BAF (SA2.1, SA2.2, SA2.3)

Strategic objective:	SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	March 2023
Summary risk	

There is a risk that the Trust is unable to provide appropriate levels of support to staff from a health and wellbeing perspective due to resource and capacity constraints and an increase in demand post-pandemic.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	2	4	8

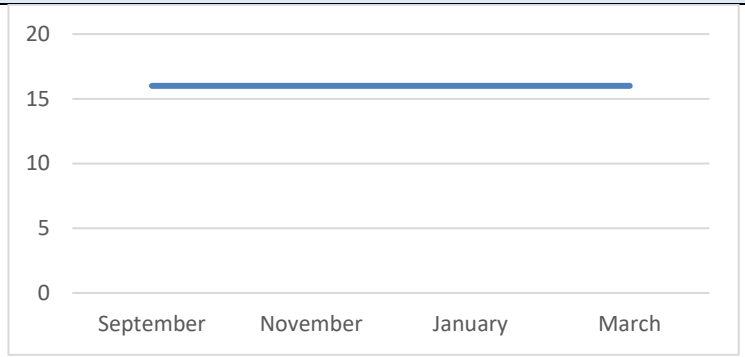
Links to risks on the ORR:	POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Health and wellbeing programme Board.	Delivery of the HWB Strategy.	AV	Mar 23		On track
Health and wellbeing team established (funding expires June 23).	Deliver a sustainable annual vaccination campaign that improves vaccination uptake, ensuring 85% of staff are vaccinated.	LF	Oct 23		Not Started
Health and wellbeing conversations launched for all staff.	Reduction in sickness absence – training to be rolled out and new absence management approach embedded.	CS	Feb 23	Training is being organised for managers but has been delayed due to operational pressures	Overdue

Partnership with Gateshead Citizen's Advice to provide additional support to staff.	Health and wellbeing team funding due to expire in June 23 and finance to extend not yet agreed. Charitable funds currently being explored.	LF	Jun 23		**Started with some risks to delivery**
Listening Space now launched and in operation.					
Plans in place to prepare and mitigate risks as much as possible in respect of forthcoming industrial action.					
Flu and Covid vaccination programme delivered to colleagues.					
Health and Wellbeing ambassador network established.					
Improved catering provision in place, with medium term actions on track.					
Positive impact of focused sickness absence management approach from both management and POD teams in Theatres.					
Assurance (Level 1: Operational Oversight)	**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
POD Quality Meeting, Management Meeting and People Portfolio Board.	Compliance with health and wellbeing conversations unknown.	DJ	Dec 22 To be reviewed Feb 23	Check incorporated within newly designed Appraisal Form, which will allow ESR reporting on completion. Launch planned for Nov 2022.	**Started with some risks to delivery**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)	Further assurance required re: how the Trust is supporting financial wellbeing of colleagues (as opposed to physical and mental health and wellbeing).	LCJ	Jan 23	Some information on financial HWB included in Jan 23 POD Committee and more detailed information on intranet.	**Complete**
Health and wellbeing metrics reported to POD Committee, including vaccination uptake and actions to support financial wellbeing					
Health and wellbeing metrics reported in IOR at Board.					

Assurance (Level 3 – external)	[redacted]					
Staff feedback on HWB in 2022 survey results.	[redacted]					
	[redacted]					

Strategic objective:	SA2.2 Growing and developing our workforce
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	March 2023
Summary risk	

Risk of not having the right people in right place at the right time with the right skills due to lack of workforce capacity, resources and expertise across the organisation		**CURRENT RISK SCORE**			**TARGET RISK SCORE**		
		Likelihood	Impact	Score	Likelihood	Impact	Score
		4	4	16	2	4	8

Links to risks on the ORR:	2764 - Risk of not having the right people in right place at the right time with the right skills (16) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

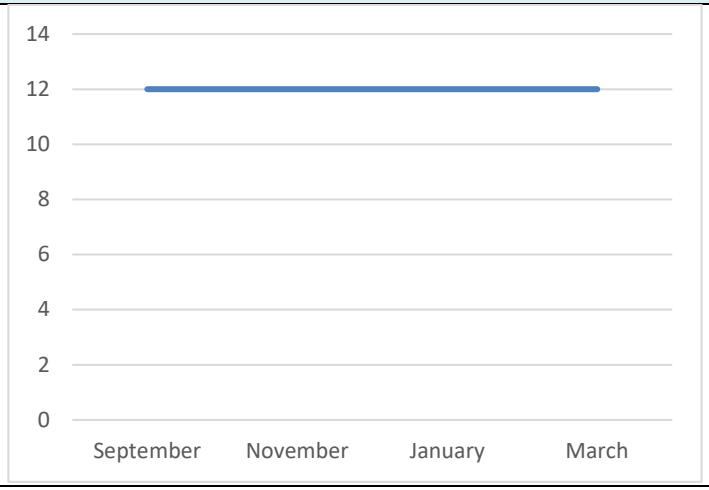
Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Task and finish group well established and phase 1 of work complete. Phase 2 implemented to coordinate recruitment and retention activity, inc reporting and agency controls.	People Strategy has been developed and is due to be presented at March Board.	AV	~~Dec 22~~ New approved timescale – March 23	People Strategy timeline in Trac. Jan 23 – People Strategy to be presented at 9 Feb Board strategy day with ratification planned for March Board.	**On track and in progress**
International recruitment – 49 international recruits arrived, programme established.	Further development of people metrics; nursing dashboard further developed, medical staffing and AHP designed and tested. People Analyst to look to triangulate bank and agency spend, sickness absence and vacancy rates and include in the narrative.	LH	Feb 23	People analyst in post, Metrics developed month on month and shared at PODC.	**On track and in progress**

Recruitment process streamlined (RPIW).		Comprehensive Workforce Plans – paper to be brought back to May Committee, writing up work to date, next actions and potential risks.	NB	Mar 23	Meetings scheduled throughout January 2023 with Business units and The Whole System Partnership to gather intelligence to support workforce planning looking at skill requirements.	**On track with some risk**
Managing Well and Leading Well programmes fully operational.		E-Rostering for Medical Workforce.	PM	Mar 23	Zebra Project manager in post regular meetings in diary with Medical Staffing Manager. Implementation plan under review.	**On track with some risk**
New absence management policy in place.		Embedding new absence management policy, policy training and robust absence management practice.	DB	Dec 22	Training underway, policy agreed, guidance for managers agreed, refreshed case review approach in place. Policy reflected as a control.	**Complete**
People analyst in post and initial reports developed; nursing dashboard in place with benchmarking and trajectories.		Exit interview process to be embedded.	NB	Mar 23		**On track**
Retention initiatives in place to support and encourage colleagues to remain with the Trust.		Securing funding to progress the RDN apprenticeship programme.	SN	May 23	Presented to SMT but further work required.	**On track with some risk**
School and local community supply initiatives in place to attract the Trust's future workforce.						
Agency group in place to provide greater controls over the usage of agency staff.						

Healthcare Academy Approach in Development supporting Health Care Careers across Gateshead.						
KPI report developed around Theatre's initiatives and progress reports provided.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Staffing Task and Finish Group.		BU Dashboard.	LH	Feb 23	In draft currently.	**Overdue**
Nursing Workforce Group (People Portfolio Board approach).		Medical Staffing Dashboard.	LH	Feb 23	In draft currently – Agreed format to be agreed with Operational colleagues.	**Overdue**
POD Management Meeting and SMT.		Nurse/HCSW Dashboard.	LH	Oct 22	Format agreed and updated monthly.	**Complete**
		Further POD metrics being developed.	LH	Mar 23		**On track**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
POD Metrics to POD Committee.						
POD Portfolio Board.						
Nurse/HCSW Dashboard now in place to monitor vacancies.						
Assurance (Level 3 – external)						
Returns to NHSE.						

Strategic objective:	SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme)
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	March 2023
Summary risk	

There is a risk that the Trust's culture does not reflect the organisational values.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	4	12	2	4	8

Links to risks on the ORR:	POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Trust-wide engagement programme that resulted in the launch of a new vision and behaviour framework.	Engagement approach for the culture programme not yet fully defined.	LF	March 23		On track
Trust values have been reviewed as part of the wider engagement programme and remain the same.	Culture Programme approach agreed, with a structure built around 6 workstream SRO's and supporting Programme Managers.	LF	March 2023	Programme Managers confirmed. 1 Workstream SRO identified.	On track with some risk

Culture Programme has been established overseen by the Transformation Board and sponsored by the CEO.	Engagement plan for EDS2.	KS	May 2023		**Not Started**
Overarching Programme SRO agreed and confirmed.	Freedom to Speak Up – more information to be included on themes, trends and closing dates. People analyst to support future developments of the report.	GR	July 2023		**Not Started**
~~Agreement to deliver the NHSE Culture & Leadership Programme.~~					
Existing team of Cultural Ambassadors that can support the programme.					
2022 Staff Survey results received, analysed and communication campaign underway.					
EDS2 update received.					
Freedom to Speak Up report received.					
Assurance (Level 1: Operational Oversight)	**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
POD Management Team.					
Assurance (Level 2: Reports / metrics seen by Board / committee etc)					
Transformation Board.					
POD Portfolio Board.					
Assurance (Level 3 – external)					
Staff survey provides good assurance (more detail to be added when embargo lifted).					

Finance and Performance Committee BAF (SA3.1, SA3.2, SA5.1)

Strategic objective:	SA3.1 – Improve the productivity and efficiency of our operational services through the delivery of the new operating model and associated transformation plans
Executive Owner:	Chief Operating Officer
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	February 2023
Summary risk	

There is a risk that the Trust is unable to deliver to the require standards against the responsive indicators within the Integrated Oversight Report due to capacity and demand and workforce pressures, lack of progress with associated transformation plans and the response to Covid

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	4	12	3	3	9

Links to risks on the ORR:	MEDIC 2982 – risk of delayed transfers of care and increased hospital lengths of stay (16) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16) COO 2868 - New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (12) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
PMO team in place and supporting operational business units in the delivery of the transformation projects	Cross-referral to People and OD Committee re: workforce plans in line with the gap in assurance	Chief Operating Officer to cross-refer	October 22	Cross-referral made to POD Committee	Complete
as above	Formal outcome of referral to POD committee on workforce gaps still outstanding	Chair	January 23	Committee agreed to close this in	Complete

					December, as per action log.	
New operating model (NOM) programme board in place to oversee the delivery and benefits realisation of the NOM delivery – receives updates from Elective and planned care project board and Unscheduled Care project board – The NOM board reports into the Trusts Transformation board and Executive Capital group		Further work required to develop robust workforce plans to address vacancies in Business units	Executive Director of People and OD	March 2023	March 23 – business units engaged in the annual planning process to develop the workforce plans.	**On track**
Winter Plan in place and signed off by Board and submitted to ICB for winter 22/23		Clinically led estates strategy to be developed to inform 23-25 estates plans	QEF MD / Chief Operating Officer	~~December 22~~ Proposed: ~~March 22~~ May 2023	Clinically led estates strategy now complete – to be reported to board Jan/Feb Jan 23 – scheduled for discussion at Board strategy day in Feb with formal Board sign-off in March Feb 23 – discussion held at Board strategy day and estates strategy to be ratified at May 2023 Board.	**Completed**
Estates plan for the New Operating Model in place and being delivered		NO workforce or Quality data in the IOR that enables triangulation with performance information	Chief Operating Officer	March 23	Work with CN and POD Director to develop and refine workforce and quality information to allow for better triangulation through the IOR	**On track**

Demand and capacity work underway with LA to ensure adequate availability of discharge pathways to improve flow in the hospital to improve U&EC metrics						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Chief Operating Officer meets with senior team on a weekly basis to oversee performance delivery		Operational business unit governance structures in place but query whether there is consistency – review underway	Company Secretary / Head of Quality & Patient Exp.	September 22	Review ongoing with draft findings due in September 2022 Update – findings are partially documented with the aim to complete the write-up by the end of October. Nov and Dec update – findings still being drafted. Jan 23 – findings report shared with business units in draft in Dec 22. Feb 23 – business units implementing report recommendations. Agreed to close.	**Complete**
Escalation into BU monthly monitoring outcome of Q2 QOM re: Assurance Framework.		Workforce and patient outcome metrics not included in the IOR. Action – future inclusion and a referral to People and OD Committee: the workforce gap.	Chief Operating Officer	~~October 22~~ November 22	Referral to POD made and the metrics to be included in the IOR. The Executive Director of People and OD to be invited to the next meeting	**On track**

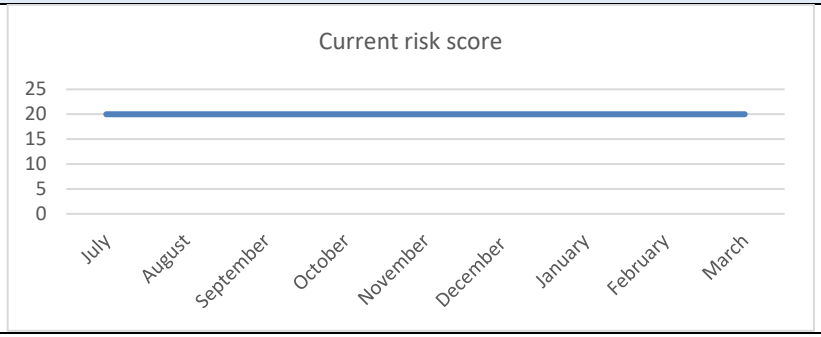
Elective and Planned Care Recovery project Board in place to monitor delivery of the transformation programme		Gap identified in respect of the information available relating to discharges – agreed to provide the Committee with a deep dive on this in November (as per action log)	Deputy Director of Planning and Performance	November 22	Present at Jan Committee. Action closed.	**Completed**
Unscheduled Care Programme Board in place to monitor oversight and delivery of the transformation programme		In respect of discharges there remains a gap in respect of LA capacity plans which are outstanding and the joint meeting scheduled for December was stood down. There are also issues in respect of digital capacity to deliver to required data. Collaborative work continues with the goal of presenting to the Board strategy session in February 2023.	Chief Operating Officer	February 23	COO and LA meeting is being scheduled. Digital issues escalated. March 23 – joint session delivered as part of Board strategy day. Work continues.	**On track**
		Benefits realisation process for elective and scheduled care transformation programmes not clear. Outcomes to be clearly defined so that they can be measured.	Chief Operating Officer	December 2022	Dec 22 – agreed to keep this action open Jan 23 – detailed paper being presented to the Transformation Board – Agreed these would be high level aligned to the benefits set out in the business case, these will be highlighted in the IOR	**Completed**
		Notes from quarterly oversight meetings to be shared to provide assurance	Deputy Director of Planning and Performance	January 2023	Jan – notes to be shared with the Committee Feb 23 – notes shared and on cycle of business. Action recommended for closure.	**Completed**

Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Quarterly Oversight Meetings in place -Executive led to meet on performance of all business units chaired by the CEO						
Integrated Oversight Report reviewed at Board and Board committees, and undertaking deep dives where required for extra assurance e.g. discharges.						
Transformation Board meets monthly with a suite of project update reports to provide assurance over key related workstreams feed into F&P Committee						
Operational Business Unit governance review completed and shared with the OBUs and Chief Operating Officer. Model documents developed to aid implementation.						
Quarterly Oversight meeting outputs on F&P cycle of business to provide assurance bi-monthly						
Assurance (Level 3 – external)						
External review of discharges underway – outcome not yet available						
ECIST review undertaken – confirmed all transformation plans appropriate and identified areas of good practice						
External review of waiting list integrity provided good assurance						

Monthly regional performance report – benchmarking provided as part of IOR	[redacted]					

Strategic objective:	SA3.2 Achieving financial sustainability
Executive Owner:	Group Director of Finance and Digital
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	February 2023 Finance and Performance Committee
Summary risk	

There is a risk that the Trust does not achieve its financial and capital plans due to the challenging level of CRP, increasing inflation and risk around achievement of ERF.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	3	3	12

Links to risks on the ORR: FIN 3128 - Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. (12)
FIN 3103 - operational pressures result in non-achievement of CRP (20)

Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Agreed budgets in place for each business unit reconciled to balanced position and agreed financial plan.	Finance team not yet fully established and therefore support is prioritised to 'core business' – recruitment underway	Group Director of Finance	~~December 2022~~ March 2023	Dec – recruitment is progressing but a number of posts are filled fixed term with support from NECS. Further recruitment programme planned for early January. Jan – recruitment is ongoing with key posts now filled - start dates for some in next couple of months.	**On track**

					Difficulty in recruiting to the lower banded roles. Vacancy at Assistant Director role, and upcoming maternity leave in key business partner role. Change in focus from recruitment to culture and strengthening offer to clinical services. Feb – recruitment is continuing but significant gaps in the structure remain. Interviews for the assistant director due to take place in the next month. March 23 – the team are now more established and no longer focussed on core business only. Two key posts will be recruited to in late March 2023.	
Financial accountability framework in place		Cost reduction programme in development but plans not yet fully formulated	Group Director of Finance	~~August 2022~~ October 2022	Workshop held with SMT on 30/06 Further workshop held in October with a targeted plan being developed for delivery by SMT. Revised date proposed – October 2022.	**Complete**

					Dec – agreed at SMT to focus efforts on main areas of concern, namely agency controls. Specific piece of work undertaken and documented in finance revenue report. Jan – progress made on agency controls with small reduction in costs evident in Decembers reporting. Unlikely to achieve full delivery of CRP in this financial year. Planning is underway to formulate next year's plan, with a further SMT focus day on 26th Jan. Feb 23 – half day away day held with SMT to discuss financial sustainability and generate actions has taken place. Discussion concentrated on what the organisation needed to become sustainable. More focussed work needed on deliver of short term efficiency. Mar 23 – CRP for 22/23 not fully	

					achieved but risk has been mitigated, therefore action considered complete. CRP framework presented to SMT and plans for 23/24 being presented and reviewed at SMT.	
Regular meetings with ICS to discuss system position, required actions and inflationary pressures		New business case process is still embedding	Group Director of Finance	September 2022	Keep under review with regular feedback from SMT to business case owners to enhance quality and scrutiny prior to SMT presentation Dec – process in place and effective.	**Complete**
Target CRPs agreed for all business units and included in agreed budgets		SFIs and scheme of delegation require updating to reflect changes in the governance structure and decision-making	Group Director of Finance / Company Secretary	~~September 2022~~ ~~December 2022~~ ~~February 2023~~ ~~March 2023~~ 2023/24	Revised timescale of December 2022 to deliver this update – approval sought to amend timescale accordingly Due to ongoing work approval sought to amend timescale accordingly and to present an interim report. Jan – this has become a much wider piece of work than initially intended. Progress being made on updating internal governance processes that will feed into and inform the SFIs and	**Overdue**

					Scheme of Delegation. Still on track for completion in Feb 2023. Feb – work has commenced with expected completion date now March 2023. March 23 – note this work will now take place in 23/24.	
New business case process launched in April 22.		Increased use of waivers during the pandemic. A review is being undertaken by the Operational Director of Finance to strengthen controls.	Group Director of Finance	September 2022	Dec 22 – links into review of QEF governance and work being undertaken in Jan/Feb. Improved reporting to return to FPC in Jan SPC reporting in Jan committee papers. Background work undertaken with terms of reference and improved documentation of governance process. This is feeding into the updating of SFIs referred to above. Feb 23 – improved reporting information received at Jan committee. Revised terms of reference to be ratified at Feb committee. This action completed but will continue to be	**Complete**

					strengthened by the action above.	
Oversight meetings in place with each business unit to hold to account, CRP and accountability framework key item						
Close monitoring of activity information and assessment of ERF achievement						
Capital plan in place with monthly reporting to F&P						
Close monitoring of the Elective recovery programme to ensure delivery of ERF						
CRP risk mitigations in place for 22/23						
CRP framework in place in preparation for 23/24						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Month end finance closure and related procedures		ICS regional DOF meetings not happening – therefore regional position is unknown	Group Director of Finance	March 23	Dependent upon external developments – will be kept under review Dec – ICS meetings in place 4 times per month. Regional position discussed in great depth at organisational and system level. Information shared monthly with FPC.	**Complete**
Monthly budget meetings held between business units and assigned financial management support leads		System Oversight Framework external monitoring and assurance arrangements not yet defined	Group Director of Finance	March 23	Dependent upon external developments – will be kept under review Jan – the forecasting protocol document	**Not yet started**

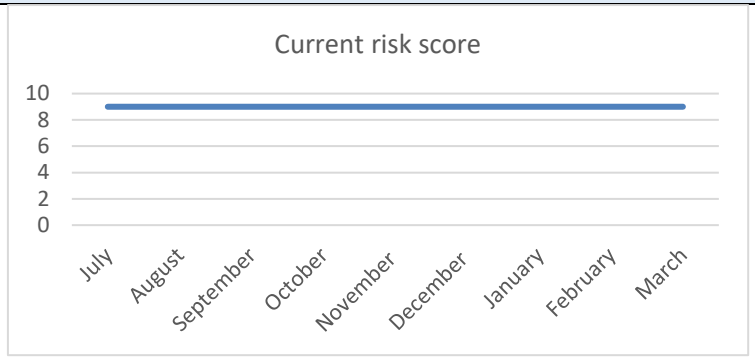
					has previously been presented to committee. SOF reporting and monitoring still to be confirmed. Feb 23 – no change March 23 – monitoring by NHSE has not yet restarted. The monitoring arrangements for 23/24 are yet to be communicated.	
Oversight / hold to account meetings		Specific reporting line for CRP achievement / assurance not identified.	Group Director of Finance	August 2022	Discussions underway re: role of Transformation Board. Discussions remain underway to finalise CRP reporting lines Dec – CRP delivery currently reporting into FPC via SMT and transformation board. Focussed discussions in oversight meetings. Jan – this is being picked up as part of the SMT finance focused session on Jan 26th. One of the intended outcomes is to identify ownership, commitment, accountability and reporting and management lines.	**Complete**

					Feb 23 – reporting line is currently via committee. Proposed framework being presented to SMT in March 23. Mar 23 – CRP framework presented to SMT and plans for 23/24 being presented and reviewed at SMT. Reporting lines confirmed as being SMT to Transformation Board through to F&P Committee.	
Regional DoF ICS meetings now happening 4 times per month, accompanied by a monthly triangulation meeting between the Trust, the ICB and NHSE.		Finance report doesn't include workforce spend breakdown – action is to amend report to include this	Group Director of Finance	November 2022	Dec 22 – ongoing improvement of financial reporting into FPC Jan – agency information included in Jan reporting. Feb 23 – agency spend is extracted in finance report. Additional breakdown relating to workforce is included.	**Complete**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)		Financial forecast doesn't show the CRP detail – action is to amend the report to include this	Group Director of Finance	November 2022	Dec 22 – ongoing improvement of financial reporting into FPC Jan – CRP reporting included in Jan reporting	**Complete**

					Feb 23 – action completed	
Achievement against revenue and capital plan reviewed for assurance at Finance and Performance Committee, including agency spend, CRP detail and forecasting.		HFMA action plan not yet developed. Develop and share with the Committee to provide assurance over controls	Group Director of Finance	February 2023	Jan – action plan to committee in January Feb – action agreed for closure.	**Complete**
Revenue and capital report received for assurance at Board of Directors						
HFMA action plan in place and presented to the Committee.						
Assurance paper received on CRP plans and delivery						
CRP reporting and assurance defined as via SMT, Transformation Board and then Finance and Performance Committee.						
Supply and Procurement Committee oversight routinely reported to Finance and Performance Committee						
QEF Finance Report routinely presented to Finance and Performance Committee for assurance						
Assurance (Level 3 – external)						
Internal audits provide assurance over financial systems and controls – accounts receivable (good), accounts payable (reasonable), capital planning and monitoring (good), waivers (reasonable).						
ICS monitoring framework						

Strategic objective:	SA5.1 We will look to utilise our skills and expertise beyond Gateshead
Executive Owner:	QEF Managing Director
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	February 2023 Finance and Performance Committee
Summary risk	

There is a risk that the Group will miss opportunities to utilise skills and expertise to generate income for reinvestment in patient care and staff wellbeing, resulting in increased pressures on existing funding.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	3	9	2	3	6

Links to risks on the ORR:	POD 2759 - Workforce health & wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12)

Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Regular meetings in place with external partners to discuss opportunities	Trust commercial strategy in development	QEF MD	~~October 2022~~ Jan 2023	Workshop held with SMT in early September In Sept the Board approved plan to develop strategy and bring to Jan 23 Board for ratification. Jan 23 – draft strategy in development but delayed due to capacity constraints. March 23 – this work will now take place in 23/24 due to capacity	**Overdue**

Monthly strategy meeting in place in QEF to discuss opportunities						
QEF commercial strategy in place						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Weekly senior management meetings in QEF with reporting to QEF Board						
Commercial divisions within QEF report to QEF Board on progress made						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
QEF quarterly reporting to F&P Committee						
QEF reporting to Board twice per year						
Assurance (Level 3 – external)						

Finance and Performance Committee

Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 12i

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Finance and Performance Committee			
Name of Meeting:	Board of Directors			
Date of Meeting:	Tuesday 28 February 2023			
Author:	Mrs K Mackenzie, Group Director of Finance & Digital			
Executive Lead:	Mrs K Mackenzie and Mrs J Baxter			
Report presented by:	Mr M Robson, Chair of Committee			
Matters to be escalated to the Board:	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	Integrated Oversight Report Context was given in relation to activity for December 2022 and January 2023. Headlines were provided by the Chief Operating Officer. Significant pressure experienced for December affecting all U&EC Metrics. An increase in nosocomial spread of infections for the period was noted likely to be linked to increased activity and overcrowding both in the ED and extra beds open in ward areas along with an increase of covid and flu for this period. The Trust has also seen an increase in medication errors, noting severe harms and mortality indicators are within range. Discharge delays remain on an upward trajectory and are at their highest in January 2023 in comparison to the previous 12 months. Elective recovery has been impacted due to urgent and emergency care pressures and the need to close some beds as a result of IPC in December - seeing slight recovery in January. Diagnostics have met and continue to meet the 121% target and the 6-week wait has improved again with the highest delivery of 86.2%. For cancers the volume of activity against 19/20 levels are significant and the Trust is still struggling with the 2ww due to volume. The 28-day standard has been met at 77.3% over			

	the 75% target, 31-day target has been met, 96.5% over the 95% standard however the 62-day target remains a struggle but continues to improve. Same Day Emergency Care (SDEC) Focus Report Report requested following last F&P Committee to understand the impact of the introduction of SDEC as part of the NOM and the forthcoming urgent and emergency care activity mandate and asses over-all the activity levels in urgent and emergency care. The report provided the committee with in-depth review of activity levels across urgent and emergency care from 2019 to the present day. The aim of the report was to socialize the change in how the Trust counts and records the SDEC activity and what the impact was across urgent and emergency care. Assurance was provided to the Committee Financial Revenue Reports - Month 10 Context was given to the committee that the plan has not changed and the Trust continues to report against a plan of a surplus £1.6m. The Trust has at the end of January a deficit of approximately £2.5m however is forecasting a breakeven position in line with recent agreements with the ICB and system. CRP has not been achieved recurrently and remains an underlying risk to the organisation, however there is a plan in place for performance management of this. Supply Procurement Committee/Terms of Reference The Committee accepted the SPC report and thanked Mrs K Mackenzie for the hard work that went into improving this information. Capital Plan. Context was given in relation to additional CDEL funding being made available by the system and the plans by the Organisation to utilise this money by the end of the financial year. QE Facilities Financial Report Reporting to the end of January 2023 against the 6+6 flex budget. Small profit of £95k against the target of £350k with the main reason for the variance being the mask production, obsolete stock, and previous iterations of mask production. Internal transfer price margin has reduced to 3.3% however work continues to increase this back to 4.5%. Liquidity has reduced slightly however is still on par with last financial year. Asset Management Strategy

	Paper to go to March Trust Board to accompany the Bensham retraction paper to address the backlog maintenance costs. <u>Organisational Risk Register Extract Review</u> The Committee reviewed the extract and asked that the following actions were carried out. • Risks 3057 and 3063 to be removed from the ORR and added to the COO risk register <u>Board Assurance Framework (BAF)</u> The Board Assurance Framework was updated accordingly. <u>Finance and Performance Committee Cycle of Business 2022/23</u> The Cycle of Business was updated accordingly.	
Recommended actions for Board	The Board is requested to note the assurances and risks identified by the Committee and be mindful of this when reviewing and discussing related agenda items.	
Trust Strategic Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☐	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead
Financial Implications:	As outlined in the Finance Report paper on the agenda.	
Links to Risks (identify significant risks and DATIX reference)	Three risks from the BAF/ ORR are reflected with a high score of 20: • 3057-(Surgery) Risk of ventilation failure to multiple theatres due to ventilation system for theatres being at end of life resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience. CRR 20 – This has now been reduced and transferred back to the COO risk register • 3063 (Medicine)- Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority. CRR 20 – this risk was transferred back to the COO risk register	

<table>
<tr><td></td><td colspan="5">

- 3103 (Finance) Efficiency requirements cannot be achieved due to ongoing operational pressures resulting from COVID and demand on unscheduled care. CRR 20

Two further risks are reflected:

- 2982- (Medicine) Risk of delay in transfer to community due to lack of social care provision and intermediate care beds, due to there is currently increased numbers of patients awaiting POC up to 30 patients in medical wards. CRR 16
- 3128 –(Finance) Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. CRR 12

</td></tr>
<tr><td>People and OD Implications:</td><td colspan="5">Workforce planning assumptions will form part of the annual plan submission.</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td>Safe
☒</td></tr>
<tr><td rowspan="3">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
☐</td><td colspan="4">The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments</td></tr>
<tr><td>Obj. 2
☒</td><td colspan="4">All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers</td></tr>
<tr><td>Obj. 3
☐</td><td colspan="4">Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve</td></tr>
</table>

Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 12ii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☒
Committee Reporting Assurance:	Quality Governance Committee February 2023			
Name of Meeting:	Trust Board			
Date of Meeting:	29 March 2023			
Author:	Mrs A Stabler, Non-Executive Director			
Executive Lead:	Dr G Findley, Chief Nurse			
Report presented by:	Mrs A Stabler, Non-Executive Director			
Matters to be escalated to the Board:	No escalation required			
Executive Summary:	**Items received for assurance:** **Colposcopy Annual Report** The report was presented informing the Trust had the Screening Quality Assurance Service (SQAS) on site on 25 January with excellent feedback received. There has been a number of issues raised to the Committee including the Colposcopy Estate, workforce planning and increased capacity in Colposcopy. It was agreed for the Executive Team to review and discuss increasing the risk score of the Colposcopy Estate. **Medicines Quarterly Report** The report was presented informing that the pharmacist independent prescribers prescribed on average 13.3% of all adult in-patient medicine's items. Prescription turnaround times in dispensary are running well with an average of 67 minutes for discharge prescriptions. The Committee have asked for assurance re VTE assessment in areas that currently do not have the electronic prescription facility in the following areas: medicines in critical care, front of house A&E and pregnancy assessment. **Integrated Oversight Report** The report was presented informing we had six serious incidents in the reporting period and the report had been previously received at the Trust Board in January. This timing issue will be rectified going forward with a change to the dates of QGC. **Maternity Oversight Report** The report was presented informing the declaration of compliance with the Maternity Incentive Scheme (MIS) has been submitted and the action plan for compliance with the			

	first seven Ockenden IEAs were reviewed in June 2022 following the regional assurance visit. It was also highlighted that the Chief Midwifery Officer visit took place with positive feedback received. **Maternity Continuity of Carer (MCOC)** The report was presented informing the Committee of the final arrangements for MCOC. The strategy for MCOC has been coproduced with staff and the report has been previously received at the Trust Board in January. **Serious Incidents Update** The quarterly report was presented informing there was fourteen serious incidents reported noting the majority were related to falls with Harm (10), scald, maternity and delays to treatment. Assurance was received that there was work streams underway in relation to falls, this includes the 'the think yellow initiative' and the falls assessment tool being moved from paper into the Nervecentre in near future. **Safer Staffing Reporting** The report was presented giving assurance of the fill rates for registered nurses and midwifery, the daytime rate was 85.6% and the nigh time rate was 96.3%. The safer nursing care staffing tool (SNCT) has been completed during the month of January and the narrative behind each of the areas is mostly due to sickness and maternity leave. The full SNCT report will be presented at the next QGC. **Duty of Candour Compliance Report** The report was presented informing this report has been to the SafeCare Council for quarter three and shows a decrease in incidents reported in comparison of the previous quarter. It was also highlighted that whilst we are compliant for November, December and January at 100% this is because there is a manual transfer of information from one system to another. A deep dive has commenced to support the monitoring in the new incident reporting system. It was agreed that a review by Internal audit would be completed. **Complaints Update and Review of Process** The report was presented informing that both Chief Matrons are taking the lead in the Business Units regarding the management of complaints with regular contact with the Complaints Team to address the backlogs. The committee noted the progress made in reducing the overdue complaints noting that there were 48 at the end of January compared to 68 in December. The Committee were assured that steps had been put in place such as deep dives into quarterly oversight meetings and medicine has monthly meetings. It was also noted a number of changes have been made such as a pilot of a hybrid model of investigation with secondment of a Band 7

<table>
<tr><td></td><td colspan="2">Nurse to the Complaints Team. The Committee noted the reopened complaints and requested an update at the next Committee.

Quality Priorities Update Report
The report was presented informing that excellent progress has been made against the quality priorities with 22 green, 27 amber and 10 red which are based on the 59 actions to support us in achieving the 12 priorities.

Corporate Objectives Delivery Report
The report was presented informing there are 17 sub-actions in which 14 are complete and 3 are work in progress. The Committee reviewed the corporate objective monitoring action plan for assurance and completeness.

Items received by the Committee for information:

• Mental Health Act Compliance Minutes – November 2022

The Committee acknowledged that the Mental Health Act Policy has been updated highlighting that we will not undertake prone restraint. It was noted that there have been some incidences of QEF staff using prone restraint in A&E. A task and finish group is being established to look at alternative methods of managing patients. The Committee requested that this be discussed at the QEF Board.</td></tr>
<tr><td>Recommended actions for Board</td><td colspan="2">Board are asked to note the work of the Committee and the assurances received and note the areas of risk identified but note the actions in place to resolve.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to: (Including reference to any specific risk)</td><td>Aim 1
☒</td><td>We will continuously improve the quality and safety of our services for our patients</td></tr>
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☐</td><td>We will be a great organisation with a highly engaged workforce</td></tr>
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<tr><td>Aim 5
☒</td><td>We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Financial Implications:</td><td colspan="2">None to Note</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="2">ORR Risks, 2879 – Maternity, 2779 CQC Compliance/ Improvement, 2868 – Further wave of Covid, 2880</td></tr>
<tr><td>People and OD Implications:</td><td colspan="2">Gaps in workforce in nursing, midwifery and mental health.</td></tr>
</table>

Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Trust Diversity & Inclusion Objective that the report relates to	**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			

Digital Committee

Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 12iii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Digital Committee			
Name of Meeting:	Board of Directors			
Date of Meeting:	Wednesday 8 February 2023			
Author:	Mrs K Mackenzie, Group Director of Finance & Digital			
Executive Lead:	Mrs K Mackenzie, Group Director of Finance & Digital			
Report presented by:	Mr A Moffat, Chair of Committee			
Matters to be escalated to the Board:	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	<u>Organisational Strategic Objectives - Digital</u> Discussion focussed upon systems exploitation plan and information risk management, with SMT approval for clinical safety office role now in place. A number of objectives are targeted for completion by 31 March, with some risk to the achievement of the milestones. <u>Digital Strategy and Digital Delivery Plan</u> Reflection on the revisions relating to end dates with direct link to external factors influencing being the only real area of concern. Detailed processes provided assurance relating to actions to be implemented. Delivery plan structure to be realigned to strategy. <u>Clinical Systems Strategy (Integrated EPR) Business Case</u> Executive Team sanctioned progress to FBC stage, with CPG review scheduled for 8 February. Committee has requested a project plan with key milestones to be presented at next committee. <u>Digital Service Key Performance Indicators</u> Discussion focussed upon progression made against KPIs. Compliance in relation to IAO and the Information Risk Management Programme raised as areas for attention to be escalated via newly formed compliance group. Explored the requirement for generating feedback on the digital service being offered across the Trust. <u>Regulatory and Governance</u>			

<table>
<tr><td></td><td colspan="6">Progress made against internal audit. Recent limited assurance Change Management report highlights two actions as high priority and one as medium. Discussion on the action plan ensued and acknowledgment that a follow up audit has been commissioned.

<u>Future Year Audit Planning</u>
The process for determining the audit plan was outlined, with it being acknowledged the more the Trust digitises the greater the requirement for audit input. Committee considered where responsibility lies for audit of those systems that are hosted e.g. payroll.

<u>Digital Transformation Group and Digital Assurance Group Assurance Reports & minutes of last meetings</u>
Received and no items of escalation.

<u>Organisational Risk Register</u>
Key risks discussed including IAO and vacancy gaps.

<u>Board Assurance Framework (BAF)</u>
The Board Assurance Framework was updated accordingly.</td></tr>
<tr><td>Recommended actions for Board</td><td colspan="6">The Board is requested to note the assurances and risks identified by the Committee and be mindful of this when reviewing and discussing related agenda items.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
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<tr><td>Financial Implications:</td><td colspan="6">None to note</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">There are no significant risks on Datix relating to the business conducted at this meeting.</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">None to note</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
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		healthy balance between working life and personal commitments
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 12iv

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	People and OD Committee – March 2023			
Name of Meeting:	Trust Board			
Date of Meeting:	29 March 2023			
Author:	Lisa Crichton-Jones, Director of People & OD			
Executive Lead:	Lisa Crichton-Jones, Director of People & OD			
Report presented by:	Dr R Bonnington, Non-Executive Director			
Matters to be escalated to the Board:	No formal points of escalation.			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	**Items received for assurance:** **People Strategy Development:** The Committee received a verbal update and noted that there are no fundamental changes proposed to the People Strategy. This strategy is due to be presented at Trust Board for formal sign off on 29 March and this would be brought back to May Committee for information. **ToR Review Follow Up Discussions:** The Committee discussed the presentation of staff stories at Committee, recognising the value of these whilst reflecting on the nature of an assurance committee. Agreement to not incorporate into the Committee but instead triangulate what is being seen and heard from colleagues across the Trust with the information that is being presented through the assurance reports. **Review of Cycle of Business for 2023/24:** This was received for information only. **Strategic Objectives Update:** The Committee received the report and noted that there are 5 overdue actions, where none had previously been reported in September 2022. These overdue actions relate to objective SA2.1 and SA 2.2: - Relaunch Health & Wellbeing Conversations; - Grow Health & Wellbeing ambassador's network; - Reduction in sickness absence; - Understand why people leave;			

- Achieve 85% appraisal and core skills compliance

As a result, it has been proposed that all but one of these overdue actions are rolled forward into the 2023/24 plan.

People Plan Update:
The report was presented informing the Committee that there are 42 actions for employers in the NHS People Plan with 35 having been achieved, and there are 7 actions which have not yet been fully achieved, however, progress has been made and these relate to longer term, strategic pieces of work. It was agreed that the People Plan would cease to be a stand alone item at the Committee and remaining actions will now be incorporated into business as usual plans and reporting.

POD Portfolio Board Update:
The Committee acknowledged the work underway and progress being made within each programme of work. It was reported that a review of the POD Portfolio Board structure had begun with potential priorities identified moving forward as being around:

- Development of strategic workforce plan
- Workforce supply
- Data and intelligence

It was agreed this item would be removed from the agenda going forward and work will be reported via the strategic objectives report.

Health and Care Academy:
The Committee received a presentation from the Head of Education, Learning and Development with regards to the development of the a Health and Care Academy including principles, and future plans for development. The Committee noted the recent Gateshead recruitment event which had attracted over 400 members of the public. The Trust are also looking to expand the Apprenticeship programme. Further work will continue to develop the approach and strengthen links to future workforce supply.

Growing the Workforce – Absence & Supply:
The Committee received the presentation document and noted the current supply position across the Trust, with a focus on vacancies and absence levels.

Theatres Initiatives – Impact Report:
The Committee received the report which provides an update on the impact of the recruitment and retention scheme launched in October 2022. The initiatives introduced have had a positive impact on both recruitment and retention and subsequently performance. This will be continued to be measured, and 6 month, 12 month, and 24

month reviews will be completed against the agreed KPI's to continue to measure the success of the programme.

Industrial Action Update and Report:
The Committee received a verbal update around the BMA and HCSA strikes in particular, with a continuous 72 hour period of action taking place between Monday 13 and Thursday 16 March 2023. The impact of the strikes are significant however it was noted that significant planning is required in order to ensure there is minimal disruption to patient care.

NHS Staff Survey – 2022 Results:
The Committee noted this report had been presented at a recent Trust Board Development Day therefore this was not discussed in detail. The Staff Survey results were well received by the Trust Board and congratulations were given to everyone who completed the survey in order to achieve the response rate of 51%. Work will now be taken forwards across business units with corporate actions overseen by the OD Team.

People & OD Metrics – IOR:
The Committee received a presentation that highlighted the key areas of focus across a number of areas. It was noted that there is further work to do in regards to the development of employee relation metrics, with a review of the triage process for arising cases. Work is ongoing to further develop people metrics within the IOR and reduce additional reporting.

People and OD Policy Schedule Update:
Following discussion with the Trust secretary, the Committee accepted a recommendation to remove this agenda item from future meetings as there is now a robust trust wide policy group reporting to SMT.

The Committee noted that there are 38 People and OD Policies the status of which is summarised below:

- 9 policies are out of date
- 2 expired and extension requested
- 1 due to expire in next 90 days
- 2 to be reviewed.

Policy authors are aware and plans are in place for expired policies.

EDS2:
The Committee received the report, which outlined the current position against each of the three Domains based on evidence collected and self-assessment. The Committee noted the following:

- Domain 1 – we have focused on Learning Disabilities. Evidence has been provided by the Lead Nurse for Disabilities
- Domain 2 – we have focussed on two aspects, one being around Health and Well Being and the other concentrating on workforce information gathered by the POD team.
- Domain 3 – our focus has been on Board and Leadership commitment.

A plan around stakeholder engagement has been requested for May Committee in order to seek further assurance on more comprehensive engagement during 23/24.

Gender Pay Gap:
The Committee were advised the figures in the report required further review prior to the report being published by 31 March 2023. It was agreed that the Committee delegate responsibility for this to be signed off by the Executive Team in order to meet the required deadline, sharing the final report with NED Committee members.

Freedom to Speak Up Report:
The report was presented to the Committee and noted that the report provides an update of FTSU activity from September 2022 (Q4) and current Q1 report. This report will also be submitted to Trust Board at the end of March. The Committee noted that 15 concerns were raised in the current recording period (September 2022 to March 2023). In Q3 9 concerns had been raised, and so far in Q4 6 concerns have been raised. The themes were discussed along with some of the additional work to further develop FTSU work across the trust.

Clinical Excellence Awards:
The Committee received the report and noted that a paper has been submitted to the Local Negotiating Committee which highlighted that there were 182 Consultants eligible for these awards and 168 awards approved.

People and OD Organisational Risk Register:
The Committee received the report and noted the following risks:

- 2764 Workforce Capacity & Capability – the risk of not having the right people in right place at the right time with the right skills due to lack of workforce capacity.

- 2759 Workforce Health & Wellbeing – risk of adverse impact to staff health and wellbeing due to internal working conditions and pressures as well.

<table>
<tr><td></td><td colspan="5">It was noted that the risk scoring around industrial action had been uplifted and this should be reflected in the Board assurance framework.</td></tr>
<tr><td>Recommended actions for Board</td><td colspan="5">Note main assurances against the strategic People and OD themes detailed and key associated risks.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to: (Including reference to any specific risk)</td><td>Aim 1
☐</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
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☐</td><td colspan="4">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Financial Implications:</td><td colspan="5">No significant new financial implications to highlight to the Board.</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="5">Three risks from the organisational risk register were reviewed:
2764 – Right People, Right place, Right skills – 16
2765 – Leadership and OD – 12
2759 – Health & Wellbeing – 12</td></tr>
<tr><td>People and OD Implications:</td><td colspan="5">As set out</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
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Gateshead Health NHS Foundation Trust

Assurance Report

Agenda Item: 12v

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Audit Committee Assurance Report from Meeting held on 6 March 2023			
Name of Meeting:	Audit Committee			
Date of Meeting:	6 March 2023			
Author:	Mrs K Mackenzie, Group Director of Finance and Digital			
Executive Lead:	Mrs K Mackenzie, Group Director of Finance and Digital			
Report presented by:	Mr A Moffat, Non – Executive Director			
Matters to be escalated to the Board of Directors:	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	<u>2021-22 National Cost Collection Assurance Report</u> Committee received the report which sought to provide assurance on the process followed for submission of the financial costing return information. One high risk rated compliance issue was identified related to the capacity within the Finance team. Detailed action plan provided outlined that the highlighted medium and low risks are being addressed. No 'mandatory' validations affecting data integrity were identified, with eight non-mandatory validations identified which will improve quality and design submission. Supplementary evidence demonstrated continued strengthening of process with committee receiving assurance that the current processes are considered sufficient for the 2023 submission. The Committee also agreed to receive this report annually unless by exception. <u>Accounts and Reporting Timetable – revised year end timetable</u> The committee received the report and noted the key dates as outlined in the report. <u>Schedule of Losses and Special Payments – full analysis</u> The Committee received the report for assurance and information. <u>Executive Risk Management Group (ERMG) Update Report</u>			

	The Committee received this update for assurance noting that the EMRG continues to meet monthly and that the Business units present in turn on a rolling programme. The Committee acknowledged that at each meeting the Organisational Risk Register (ORR) is reviewed, as well as the 15+ non-organisational risks across the Trust. The draft Risk Management Strategy was received by the Committee as part of the consultation process for development and comments were fed-back to Mrs G Findley. <u>Freedom to Speak up Guardian Report</u> Discussion focussed upon assurance regarding the processes that exist to enable concerns to be raised via FTSU. Noting this was the first time the report had been received committee heard about the process for raising concerns and how the cases, themes and trends are reported onwards within the organisation. <u>Internal Audit Plan</u> The Committee received the Internal Audit plan for approval. Discussion focused on the increased number of days required and the committee delegated authority to Mrs G Findley and Mrs K Mackenzie to review as part of Executive Team, adjusting the plan as required. <u>Internal Audit Progress Report</u> The Committee were informed that there are eight recommendations noted as overdue within revised target dates. There remains one medium priority where a revised target date has not been provided. The Committee noted receipt and the findings of two additional pieces of audit work relating to a procurement review and governance of capital and pay expenditure. Mr A Moffat noted that there has been a considerable piece of work carried out in relation to Internal Audits and thanked the team for their hard work. <u>Counter Fraud Progress Report</u> An update report from the Counter Fraud team was presented to the Committee. The Committee acknowledged that three new referrals remain open following the closure of one referral within the reporting period. Eight outstanding recommendations remain with a revised target date. Committee discussed recent limited engagement of Counter Fraud Team.

<table>
<tr><td></td><td colspan="6"><u>External Audit Progress Report</u>
The Committee were assured that work continues with the External Audit Team and noted that the Audit Strategy Memorandum will be presented at the June Audit Committee ahead of the 30 June 2023 deadline.

The following items were received for information:

- Audit Committee Cycle of Business 2023/24
- Board Assurance Framework</td></tr>
<tr><td>Recommended actions for the Board of Directors</td><td colspan="6">The Board is requested to take assurance from the work of the Committee and note the assurances, actions and decisions of the Committee in framing related items on the Board agenda.</td></tr>
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<tr><td>Financial Implications:</td><td colspan="6">None to note</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">There are no significant risks on Datix relating to the business conducted at this meeting.</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">None to note.</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
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NHS
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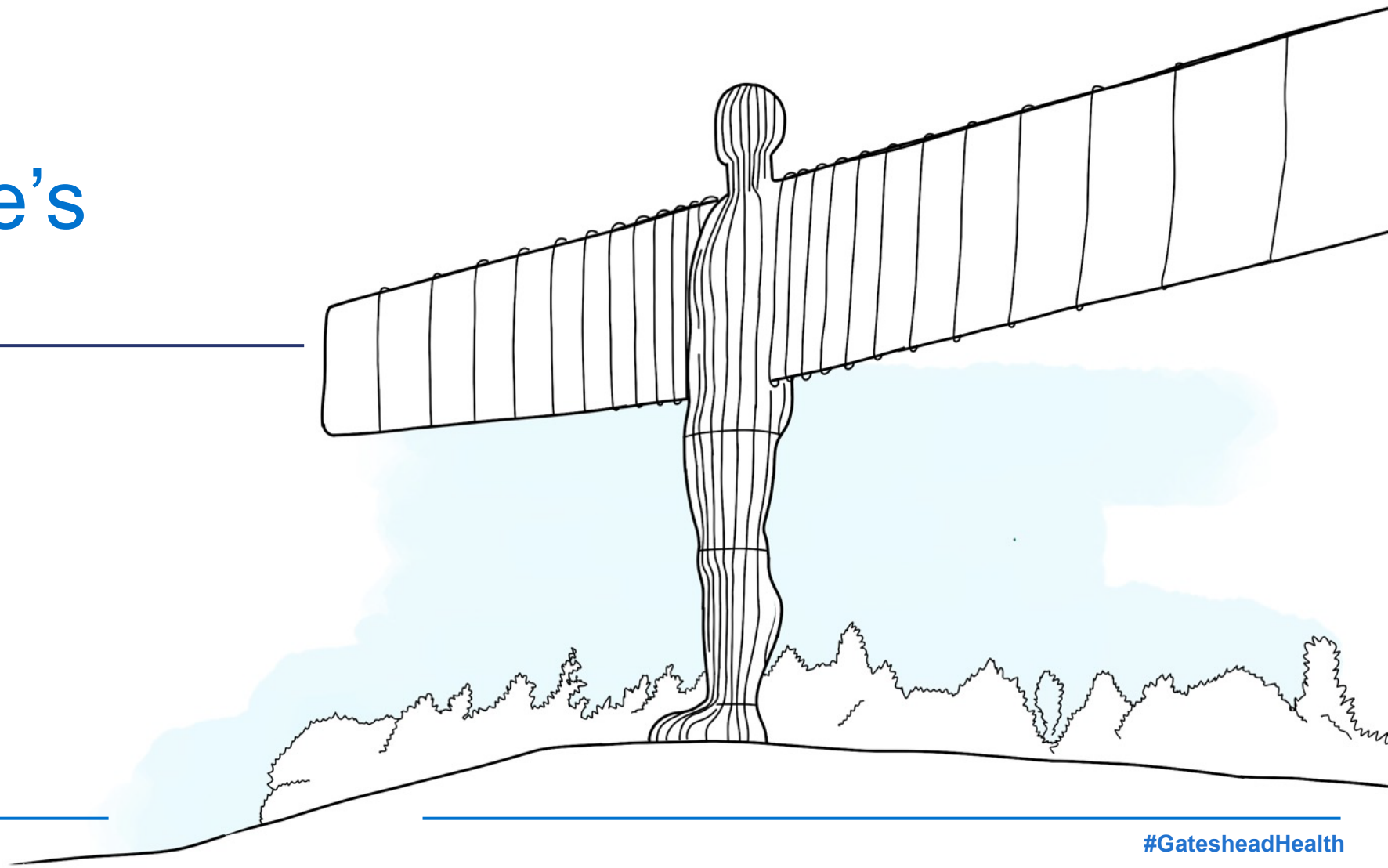
NHS Foundation Trust

Chief Executive's Update

Trudie Davies

29 March 2023



Strategic Aim 1: We will continuously improve the quality and safety of our services for our patients

Gateshead Health NHS Foundation Trust

- **CQC inspection of our maternity services** on 20 and 21 February – part of national maternity inspection programme.
  - Awaiting the report.
  - Assurance that no issues were highlighted verbally for immediate resolution.
- **Quality Strategy** 2023-25 development and launch.
- **Quality Account** development, consultation and engagement.
- Ambitious **targets to improve access and timely care** have been included in our operational plan.
- Gynaecological Oncology Centre recognised as a **centre of excellence for advanced ovarian cancer**
- Reinforced commitment to **"Smokefree NHS"** and achieve improved health outcomes for our population.
- Became the first NHS organisation in Europe to use the **Pristina Pod for breast screening** – uses 3D mammography technology, is more comfortable for patients and increases our clinic capacity.
- **National Hip Fracture Database** shows the Trust to be the **top performer nationally** for meeting best practice criteria. The Trust also benchmarks well across all other KPIs on the database.
- Exceptions:
  - **Blaydon Urgent Treatment Centre** was closed during the industrial action and is currently operating on reduced opening times (2pm – 9pm) due to staffing pressures. We are working on a plan to address the challenges and prevent future closures.
  - **Length of stay of greater than 21 days** highlighted as an exception within the Integrated Oversight Report.

Engagement, involvement and visits:

- Patient Safety Conference
- Acute stroke and rehab unit
- Older Persons' Mental Health – Sunniside & Cragside
- ED, SDEC and paediatrics ED
- Breast screening service

Strategic Aim 2: We will be a great organisation with a highly engaged workforce

Gateshead Health NHS Foundation Trust

- **Industrial action** – 72 hour action from junior doctors with significant operational impact – lots of hard work planning to minimise impact on patient care.
- Government **'offer in principle'** made in respect of pay for Agenda for Change unions with a three to four week consultation process expected. All Agenda for Change-related industrial action is suspended. Talks between the medical unions and the government continue.
- **NHS Staff Survey results** – highest ever completion rate of 51%.
- **Clinical engagement and collaboration** with colleagues through the Medical Staffing Committee and the Clinical Strategy Group.
- **Recruitment event** with Gateshead College and Gateshead Council – over 400 local people attended.
- Specialist Breast Care Nurse, Caroline Tweedie, **shortlisted for the Innovation Champion** category at the Bright Ideas in Health Awards.
- **Chief Maternity Officer awards** for colleagues.
- **Good Governance Institute** – supporting us to be the best leaders we can be.
- Celebrated **national apprenticeship week** – 153 staff currently on apprenticeship programmes.
- **Gateshead Cares Workforce meeting** held with partners.
- People performance exceptions:
  - **Appraisal and core training compliance rates** continue to improve, although remain below the 85% target.

Engagement, involvement and visits:

- Clinical Strategy Group away day
- Visit to International Women's Day event

Strategic Aim 3: We will enhance our productivity and efficiency to make the best use of resources

- Significant work undertaken to **develop the annual plan for 2023/24** ahead of submission at the end of March 2023.
- Anticipating to **achieve the financial outturn** for 2022/23 expected by the Integrated Care Board.
- Developing our **strategic objectives and enabling strategies** to guide our work in 2023/24 and beyond.
- Working with Newcastle-upon-Tyne Hospitals NHS FT to secure £20m to develop **a Community Diagnostic Centre at the Metro Centre**.
  - Will offer 145,000 appointments and create 134 jobs.
- Rapid Process Improvement Workshop (RPIW) to **improve occupational health access for colleagues**
- **Upgrades to hardware in theatres and PC upgrades** across all clinical areas to improve digital access for colleagues.
- Operational performance exceptions for February '23:
  - Continued challenges **front of house** in respect of A&E targets, with 71.6% of patients seen within 4 hours (ranking 47th out of 139 providers nationally) and 40 12-hour trolley waits following decision to admit (a reduction from 320 the previous month).
  - Challenges in respect of achieving **62 day cancer standard and two week wait** standard, with referrals remaining higher than pre-pandemic levels.
  - **Referral to treatment** performance remains below target, although above the national and Integrated Care System averages.

Strategic Aim 4: We will be an effective partner and be ambitious in our commitment to improving health outcomes

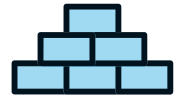
NHS Gateshead Health NHS Foundation Trust

- **Engagement in the Integrated Care System**, including Provider Collaborative and North Area Integrated Care Partnership meetings:
  - Key focus on collaborative working for the benefit of patients across our region
  - Supporting the delivery of the Provider Collaborative plan
- Working collaboratively with **Gateshead Council** to support **timely discharge** and onward care for our patients. One of our key goals will be seeking to appropriately reduce length of stay.
- Planning for our key role in the delivery of the **2023 Spring COVID-19 vaccination campaign**, including vaccination of care home residents aged 65 and over and adults aged 75 and over, as well as immunosuppressed individuals over 12 years old.
- Executive Director of People and Organisational Development supported **Gateshead College** with their Ofsted inspection as an Independent Governor on the Board of Governors.

Engagement, involvement and visits:

- Provider Collaborative meetings
- Visit to Newcastle Hospitals
- North Area ICP meeting
- Stop Smoking Service for patients and colleagues

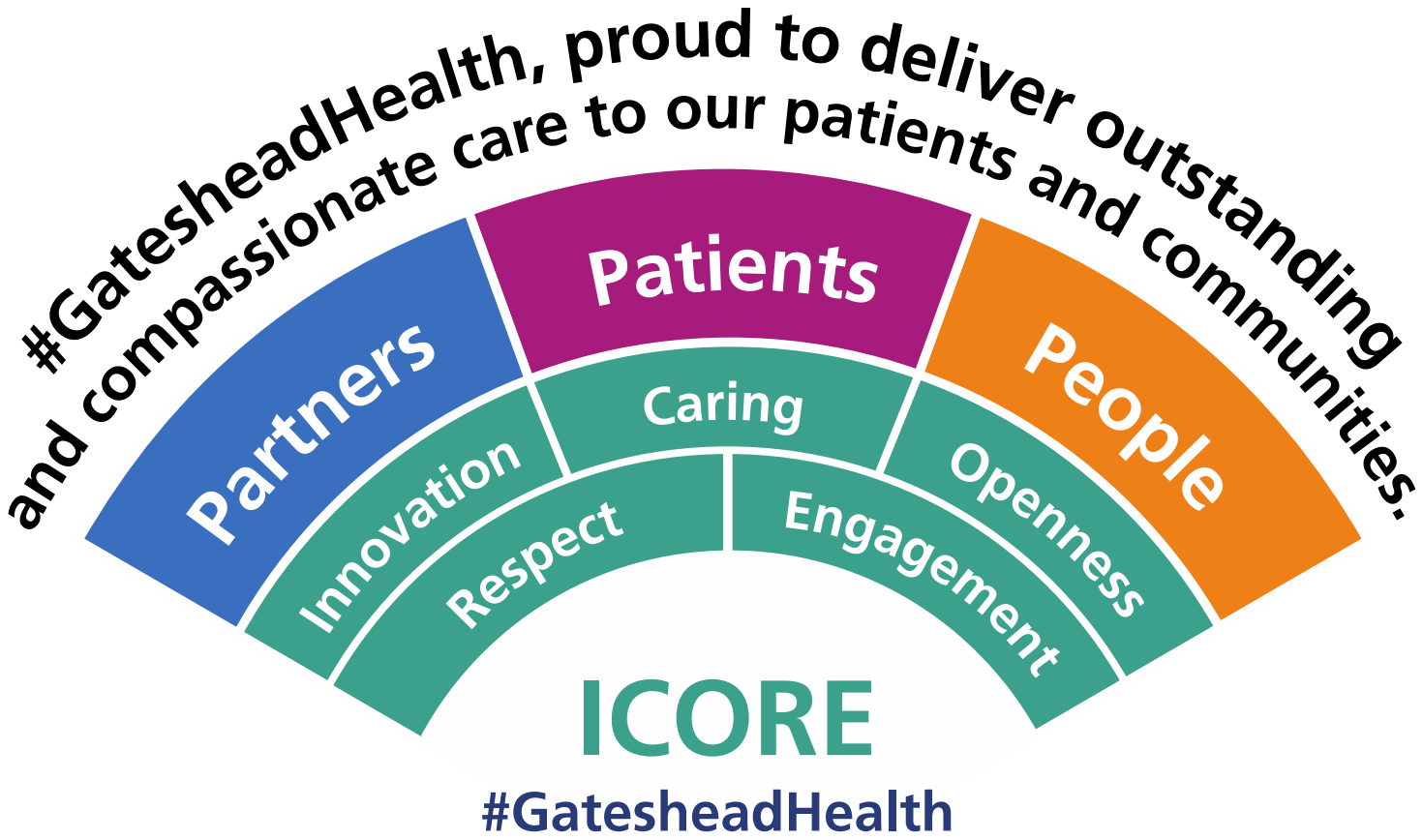
Strategic Aim 5: We will develop and expand our services within and beyond Gateshead



Gateshead Health NHS Foundation Trust

- Approval of a business case to **develop a lipids clinic** – an innovative project which will support health promotion for our patients.
- Working closely with our services **assess opportunities to grow, transform and collaborate** in order to provide the best care for our local community and beyond via formal review process internally.
- **Participation in North ICP collaborative working** to ensure we have productive partnerships that add value to our staff and patients

Gateshead Health
NHS Foundation Trust



Gateshead Health NHS Foundation Trust

Agenda Item: 14i

Report Title:	Organisational Risk Register (ORR)			
Name of Meeting:	Board of Directors			
Date of Meeting:	29th March 2023			
Author:	Marie Malone, Corporate and Clinical Risk Lead.			
Executive Sponsor:	Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Report presented by:	Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
	To ensure the Board and Committees are clearly sighted on those risks that have an organisational -wide impact, the organisational risk register is compiled by the Executive Risk Management Group of those risks that impact on the delivery of strategic aims and objectives. This includes risks included within the Board Assurance Framework (BAF) as well as risks identified by the Group for inclusion as having an organisational impact and impact on delivery of strategic aims and objectives. The supporting report shows the risk profile of the ORR, includes a full register, and provides details of review compliance, and risk movements.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The attached report is now received in the Executive Team Meeting each week, and Bi- monthly at the Executive Risk Management Group.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety*	Two risks added to the ORR in period: • **1797 (Digital)-** *Risk of failure to review appropriate information stored in health record systems and paper, due to the Trust having distributed data across a large number of systems and paper.* CRR 16			

• *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• **3186 (COO)** *There is a risk to maintaining business continuity of services and recovery plans due to the estate infrastructure, age and backlog maintenance requirements which exceed the Trusts capital allocation* CRR 12 One further risk added and increased in score: • **2993 (CEO)** *Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date.* CRR 16 Score increased from 12 One risk decreased in score: • **2868 (COO)** *New Operating Model -Risk to the delivery of the new operating model*. CRR 12. Score reduced from 20. Five risks have been removed from the ORR and no risks have been closed. Risk and action review compliance had declined, with a compliance of 56% and action compliance at 66% consecutively.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board are asked to: • Review the risks and actions and discuss and seek further information relating to risks as appropriate. • Take assurance over the ongoing management of risk.
Trust Strategic Aims that the report relates to:	**Aim 1** ☒ We will continuously improve the quality and safety of our services for our patients **Aim 2** ☒ We will be a great organisation with a highly engaged workforce **Aim 3** ☒ We will enhance our productivity and efficiency to make the best use of resources **Aim 4** ☒ We will be an effective partner and be ambitious in our commitment to improving health outcomes **Aim 5** ☒ We will develop and expand our services within and beyond Gateshead
Trust corporate objectives that the report relates to:	Each risk is linked to a corporate objective, see report.
Links to CQC KLOE	Caring ☐ Responsive ☐ Well-led ☒ Effective ☒ Safe ☐

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)	Included in report		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Organisational Risk Register

Executive Summary

To ensure the Board and Committees are clearly sighted on those risks that have an organisational -wide impact, the organisational risk register (ORR) is compiled by the Executive Risk Management Group of those risks that impact on the delivery of strategic aims and objectives.

This includes risks included within the Board Assurance Framework (BAF) as well as risks identified by the Group for inclusion as having an organisational impact and impact on delivery of strategic aims and objectives.

The supporting report shows the risk profile of the ORR, includes a full register, and provides details of review compliance, and risk movements.

This report covers the period 15th January 2023 – 15th March 2023 (extraction date for this report).

There are currently 16 risks on the ORR.

Organisational Risk Register – Movements

Following ERMG meeting in December, the following risks has been added to the ORR:

- **1797 (Digital)-** *Risk of failure to review appropriate information stored in health record systems and paper, due to the Trust having distributed data across a large number of systems and paper.* CRR 16

- **3186 (COO)** *There is a risk to maintaining business continuity of services and recovery plans due to the estate infrastructure*, *age and backlog maintenance requirements which exceed the Trusts capital allocation*. CRR 12

One risk has been added and escalated in score:

- **2993 (CEO)** *Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date. resulting in potential safety events and legislation and compliance breaches which may result in external scrutiny and reputational harm.* CRR 16
  Score increased from 12

One risk has reduced:

- **2868 (COO)** *New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans.* CRR 12
  Score reduced from 20

Five risks have been removed from the ORR:

- **2558 (Medicine***) Risk of a 12 hour A&E wait in ED from arrival due to organisational pressures resulting in sub optimal patient care and risk of patient harm.* (CRR 20)

- **3029 (CEO***) There is a risk that there will be further waves of Covid, or continued endemic Covid, which could have an effect across the whole Trust* (CRR 12)

- **3057 (Surgery)** *Risk of ventilation failure to multiple theatres Due to ventilation system (air handling units) for theatres 1 -8 being at end of life and 1 unit supporting 2 theatres resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience*. (CRR 20)

- **3063 (Medicine)** *Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority*. (CRR 20)

- **3127 (Finance)** *There is a considerable risk that the trust will not be able to meet the required forecast outturn position of 1.6m surplus. Resulting from COVID and unscheduled care activity*. (CRR 6)

Risks closed in period.

There were 0 risks closed in period.

Risk and action review compliance is currently at 56% and 66% consecutively. Review compliance shows a decline, and this is reflective of the current operational pressures faced by the organisation.

Recommendations

The Board are asked to:

- Review the risks and actions and discuss and seek further information relating to risks as appropriate.

Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Risk Profile (Current/Managed)

Resources - 1

POD 2764 - Workforce - Risk of not having the right people in the right place at the right time with the right skills. (16)

Wellbeing - 1

POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12)

Business Continuity - 3

IMT 1490 - Failure to manage Information Assets (15)

IMT 1636 - UCRF R01/R03/R20/R23 - Malware such as Ransomware Compromising Unpatched Endpoints, Servers and Equipment (10)

COO 3186 - There is a risk to ongoing business continuity of service provision due to ageing trust estate (12)

Digital - 1

COO 2945 - Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely BI. (12)

Finance - 2

FIN 3103 - operational pressures result in non achievement of CRP (20)

FIN 3128 - Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. (12)

Delivery of Objectives - 1

COO 2868 - New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (12)

Effectiveness - 2

MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16)

IMT 1797 - Multiple sources of clinical records stored in systems and paper format leading to potential patient harm (16)

Safety - 3

SURGE 2398 - Risk that MDT are delayed to a maternity emergency/delayed CCU transfers for maternity patients due to separate buildings (15)

NMQ 3089 - Quality - Risk of quality failures in patient care due to external causes such as delayed discharges and external pressures. (12)

POD 3095 - Risk of Significant, unprecidented service disruption due to industrial action (20)

Compliance - 1

CEOL2 2993 - Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date. (16)

Delivery of Objectives - 1

CEOL2 2880 - Health Outcomes - Risk that Place/ICS/ICP strategy/plans do not align with our objectives to tackle health inequalities (9)

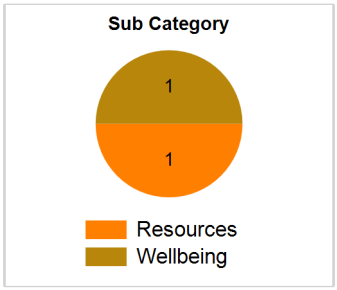
Organisational Risk Register Report

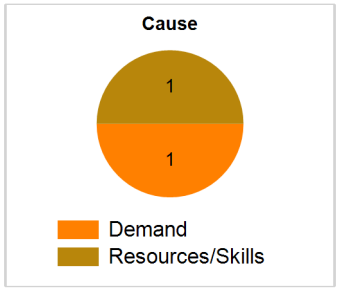
Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

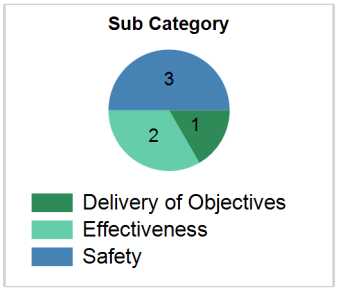
Gateshead Health NHS Foundation Trust

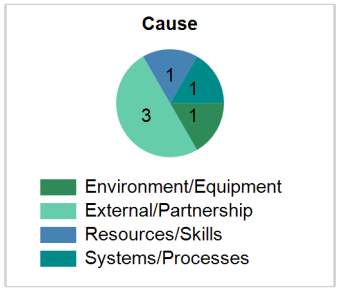
People & Resources



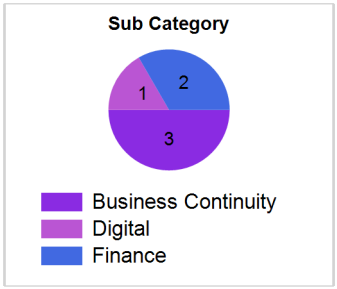


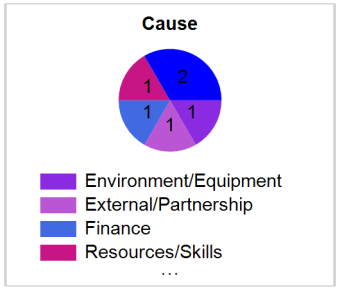
Quality Outcomes



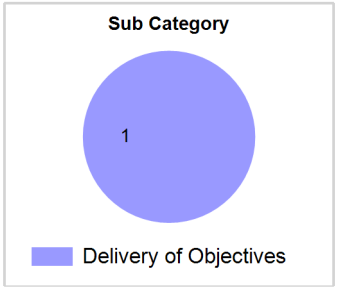


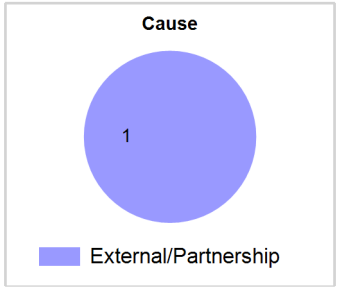
Finance & Efficiency





Regulation & Compliance





Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
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Business Intelligence

Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

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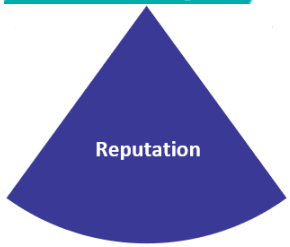
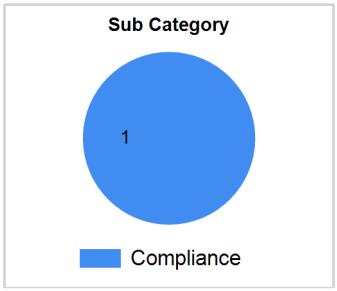
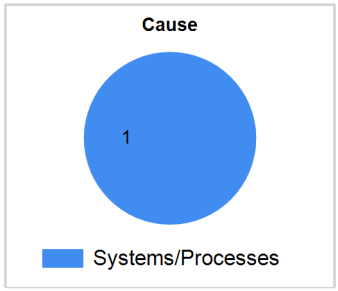
Gateshead Health NHS Foundation Trust







Organisational Risk Register Report

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Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note
3095 26/07/2022 Amanda Venner People and OD Workforce Development 24/02/2023 BU_DIR EPRR ORG HRC QGC	Risk to quality of care due to Industrial Action affecting staffing levels and potential impact on patient care, safety and quality.	20	Industrial action working group established and meeting regularly. Focussed planning sessions have taken place to explore the planning, response and recovery elements of industrial action with reasonable worse case scenarios considered. A detailed work plan has been produced with a number of actions, lead officers and timescales citrep position updated daily Business continuity planning command and control structure will recommence in the event of industrial action Current mitigation is closer partnership working and regular local discussions with staff-side and respective trade union representatives (including RCN) as part of the IA Internal Working Group and the Sub-group of the JCC set up of command and control and coordination 12th decemner local strike committee in place from friday 9th	20	Support industrial action task and finish group Implementation of JCC sub- group on industrial action	Amanda Venner 31/03/2023 Amanda Venner 31/03/2023	9	risk updated following IA working group. No change to score at present.
3103 22/08/2022 Kris MacKenzie Finance Finance 20/03/2023 BU_DIR COO FPC ORG SA3.2 Achieving financial sustainability	efficiency requirements cannot be achieved due to ongoing operational pressures resulting from COVID and demand on unscheduled care.	20	Efficiency delivery closely monitored as part of month end reporting Redirection of transformation team to support delivery of efficiency programme	20	Negotiations with ICB re: FOT Regular CRP planning and monitoring workshops	Kris MacKenzie 08/02/2023 Kris MacKenzie 28/02/2023	9	Whilst the finaincal position for 22/23 has a reduced risk, CRP delivery remains a risk to the ongoing udnerlying financial sustaianability of the organisation. Risk remains high.

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1797 19/01/2016 Mark Smith Digital Health Records 13/02/2023 BU_DIR DIGC ORG SA1.3 Digital where it makes a difference	Risk of failure to review appropriate information stored in health record systems and paper, due to the Trust having distributed data across a large number of systems and paper. The staff won't know where to look for information on the patient they are treating or won't look everywhere where there may be information [also impact for processes such as SARs/legal Services] The consequence of this is potential patient harm due clinical decisions being made on incomplete data, and the resulting financial effects + non compliance of legislative requirements	25	Systems management audit programme. Structured project management and change control procedures Standard operating procedures for each system	16	Implement single Document Store	Adam Charlton 31/03/2023	8	formal agreement at ERMG in february 23 to add to the ORR
					Develop pathway to digital health record	Mark Smith 31/03/2023		
					Develop FBC for Clinical System	Nick Black 30/09/2023		

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Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

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Gateshead Health NHS Foundation Trust

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2764 17/11/2020 Natasha Botto People and OD Human Resources 28/03/2023 BAF ORG HRC QGC	Risk of not having the right people in the right place at the right time with the right skills across the organisation. Noting regional and national supply pressures, resulting in failure to deliver current and future services that are fit for purpose.	20	Staffing Reporting Task and finish group established International recruitment on track Domestic recruitment actively pursued and monitored Over recruiting to HCSW positions Recruitment process streamlined (RPIW) Dates for reamining Workforce planning with The Whole System Partnership to commence workforce planning SMT discussions on longer term strategic supply pipelines for Registered Nurses have commenced, inc Registered Nurse degree apprentices and Trainee Nurse Associates. Absence Management - Refreshed policy, roll out of training, enhanced support from POD team Local pay arangements for hotspot and winter working.	16	Workforce planning to be scoped and future resource/ways of working identified.	Natasha Botto 31/03/2023	8	Actions reviewed and updated
					Clinical Strategy	Andrew Beeby 31/03/2023		
					Health and Care Academy	Sarah Neilson 31/03/2023		
					Transfer Window	Janet Thompson 31/03/2023		
					Robust Exit Interview process	Natasha Botto 28/04/2023		
					Forecasting workforce data	Ferne Clements (Completed 29/12/2022)		
					Review of Retire & Return Policy & Process	Ferne Clements (Completed 17/01/2023)		

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2982 06/12/2021 Amy Muldoon Medical Services Medical Services - Divisional Management 09/03/2023 BAF BU_DIR COO FPC ORG	Risk of delay in transfer to community due to lack of social care provision and intermediate care beds, due to there is currently increased numbers of patients awaiting POC up to 30 patients in medical wards. This delay adds significant pressures to acute bed availability, escalation beds being required and significant risk of problems with flow through hospital impacting A&E breach standards and risk of patients being delayed within ambulances, resulting in Risk of: patients remaining in hospital when medically optimised creating risk to these patients as well as other patients as bed capacity not able to meet demand. Due to: Resulting in: patient harm or death, patients deconditioning and increased risk of failed discharge secondary to this. Staff health and wellbeing, job dissatisfaction and poor performance due to pressures.	20	Daily meeting with LA to examine capacity in out of hospital system and match with demand for discharges. Target discharges of 40 per week to keep pace with demand. Monitoring of Delayed transfers of care twice weekly meeting Escalation of delays of care to the community BU and social services at twice weekly meetings. Monitoring of any levels of harm - Datix incidents. Monitoring of Breach levels and times. Monitoring of Ambulance delays. Monitoring increased LOS of medically optimised patients. Escalation of patients requiring social services support raised weekly at Discharge Systems group which includes Social services management and CCG representative. Medically Optimised meeting 2x week, passed to IPC/CCG ECIST work Pilot on 2 wards re improving discharges. Further social care provision for discharge purchased and in place from beginning of June 2022	16	System leadership post for discharge created and to be recruited to	Joanna Clark 31/01/2023	9	no change as discussed with AM. Work still ongoing between the local authority and us to look into challenges. There are weekly meetings and we review the position daily on patients who no longer meet the criteria to reside. New provider CHS coming online October 2022 to provide further capacity.

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2993 28/01/2022 Kirsty Roberton Chief Executive Office Corporate Services & Transformation 22/03/2023 BU_DIR ORG BAF QGC SA1.2 Continuous Quality improvement plan	Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date, resulting in potential safety events and legislation and compliance breaches which may result in external scrutiny and reputational harm.	16	Policies in place for all key areas of legislation Overall policy management sat with CS&T Department (gap in leads for this work for a period) Policy system (pandora) maintained to manage and publish policies for staff to access Policy for Policies in place to provide clear direction and requirements for policy management Policies have lead 'author' and lead 'executive' Policy Review Group (PRG) in place (from Jan 22) to streamline process and target current backlog Policies include details of legislation and guidance they relate to, and information as to how compliance is monitored. Febraury 2023- starting to Monitor compliance against policies.	16	Begin to address overdue policy backlog	Kirsty Roberton 31/03/2023	3	agreement at ERMG to increase risk to 16.
					Establish process for gaining assurance over policy compliance and embed	Kirsty Roberton 31/03/2023		
					Update of policies for policies (OP27)	Kirsty Roberton (Completed 29/12/2022)		

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Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

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Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

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1490 11/03/2014 Nick Black Digital 13/04/2023 BAF BU_DIR DIGC ORG	If Information Asset Owners e.g. System administrators across business units and corporate services fail to manage their assets (e.g. patient data, staff data, corporate data, systems, and business continuity plans), there is a risk of inappropriate access/use/updating/disclosure of data.	20	Named System Administrator and Data Manager for every system Actively managed Systems Specific Security Policy (SSSP) for all systems - reviewing user access levels, training, configuration, testing, upgrade management - including business process changes etc Service owned Business Continuity Plan should systems fail Disaster Recovery Plan - how to recover the system Signed user registration forms Formal ITIL best practice change control procedure in place Formal Business case and project acceptance route through HISG Audit programme underway, focussed on critical system	15	Getting IAOs to take responsibility of their information assets	Nick Black 30/06/2023	3	Reporting continues to SMT and compliance group

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2398 28/12/2018 Kate Hewitson Surgical Services Obstetrics 01/04/2023 BAF BU_DIR COO ORG QGC	There is a risk of delayed treatment due to maternity estate being a separate building resulting in the potential for severe harm to mothers and babies. This was highlighted by recent HSIB reports reflecting delayed attendance times of emergency multi disciplinary teams to obstetric emergencies. Rising acuity of maternity patients and more frequent use of CCU, theatre staff and Paediatric teams creates additional likelihood of the need for these teams to attend the maternity department and delays to be incurred.	20	Pre-assessment - Women deemed likely to require critical care after elective procedures have their operation in main theatre to allow swift access to critical care. This only applies to elective patients and not emergency procedures or those in spontaneous labour. Any incidents are investigated to identify potential learning.	15	2861 action re looking into estate options	Kate Hewitson 01/06/2023	5	ICU admissions from maternity now at four for this financial year (to end of December). Significantly higher than for the previous two financial years (1 and 2 in total for the entire year), which reflects increasing acuity of maternity patients.
2759 16/11/2020 Laura Farrington People and OD Workforce Development 24/03/2023 BAF ORG HRC	Workforce Health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal working conditions and pressures as well as external factors (demand, patient acuity, staffing levels, covid, civil unrest) resulting in increasing physiological and psychological harm.	16	Health and Wellbeing team established with Regional funding secured to fund the team until June 2023. Partnered with Talk Works to provide talking therapies and counselling services to reduce waiting times for counselling and psychological support services. Occupational health referral systems(self referral and management referral)and process in place. Occupation Health external review completed, with improvement plan now being implemented. Occupational Health Metrics discussed at POD Quality meeting. Physio appointed 24/7 catering/vending solution now in place and usage is positive Schwartz rounds commenced	12	Relaunch Health and wellbeing check ins Increase the number of Mental Health first aiders	Amanda Venner 30/06/2023 Amanda Venner (Completed 24/02/2023)	8	Updated actions based on updates from Dale Jones, HWB Manager.

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Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

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2868 27/04/2021 Joanne Baxter Chief Operating Officer Planning & Performance 03/03/2023 BAF COO EPRR FPC ORG QGC	New Operating Model - Risk to the delivery of the new operating model and associated transformation plans due to the increase in activity and reduced workforce capacity, resulting in an adverse impact on key performance and recovery plans.	20	EPRR incident response and OPEL plans in place to manage increase in demand Bed modelling completed and associated workforce plans developed winter plan developed, signed off by Board and in place Workforce management plans in place and monitoring of staff absences available Annual review and establishment of safe nursing staffing levels. Safe staffing report (nursing)produced and forecasting robust. Workforce bank in place (see linked risk) Expanded Agency usage (process for approval) Critical staff payment offer approved and in place. Workforce absence etc captured via ESR/ healthroster New operating model aligns staffing requirements to activity and service plans. Volunteers - recruitment and use Deployment Hub to improve use of available resources	12	triangulations of incidents and low staffing	Shelley Dyson 31/07/2022	6	review date changed in line with policy
					active recruitment to vacanices	Lisa Crichton-Jones 30/09/2022		
					international recruitment programme	Lisa Crichton-Jones 30/09/2022		
					complete capital programme to enable delivery of model	Joanne Baxter 29/09/2023		
					WLI rate for theatre staffing to be determined	Helen Routh (Completed 03/02/2023)		

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2945 14/09/2021 Debbie Renwick Chief Operating Officer Planning & Performance 27/10/2022 BU_DIR ORG	Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely business intelligence to deliver and improve services	**15**	Programme of work established to work on improving access to BI and improve board reporting along with service line access to quality performance and workforce data Project Manager appointed to lead on this work with support from NECS. Programme involves 3 projects Static reporting – Look back - this is what we achieved Live reporting – this is how we are doing now and where we need to intervene to prevent poor performance Forecasting – these are the trends to be able to plan services much more effectively to meet demand the later two points need further development Some BI available in sitreps and excel format	**12**	• Work with the BU managers looking at what is available and start to build what is needed and get rid of what is not used/helpful	Debbie Renwick 31/08/2022	**4**	no change to risk following consultation with DR
					• Improve data quality by working with teams and provide resilience to teams doing the RTT etc	Debbie Renwick 30/09/2022		
					project groups established and PID developed and plans developed for delivery	David Thompson 30/09/2022		
3089 25/07/2022 Gillian Findley Nursing, Midwifery & Quality Quality Governance 06/03/2023 BAF BU_DIR ORG QGC SA1.2 Continuous Quality improvement plan	Quality - There is a risk of quality failures in patient care (patient safety, patient experience and effectiveness) due to external causes such as delayed discharges and pressures from other Trusts resulting in patient harm, regulatory action, and reputational impact	**15**	Daily report provided detailing all delayed discharges within the Trust. regular meetings now established with social care. Discharge liaison staff available to support wards and facilitate earlier discharge.	**12**	improve flow through hospital	Joanne Baxter 15/07/2023	**6**	NO change to risk or controls

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3128 17/10/2022 Kris MacKenzie Finance Finance 28/02/2023 BAF BU_DIR FPC ORG SA3.2 Achieving financial sustainability	There is a Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications.	12	Detailed scrutiny of wider capital programme undertaken to ensure robust forecasting	12	Review of in-year costs with contractor	Paul Swansbury 31/01/2023	9	Risk remains.
3186 07/02/2023 Joanne Baxter Chief Operating Officer Planning & Performance 20/03/2023 BAF BU_DIR COO FPC ORG	There is a risk to maintaining business continuity of services and recovery plans due to the estate infrastructure, age and backlog maintenance requirements which exceed the Trusts capital allocation	12	Clinically led estates strategy developed and prioritsied on priority versus affordability	12			6	formal agreement to add to the ORR following F+P committee. this is an Overarching risk regarding estate which has replaced all other estates risks on the ORR

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1636 10/11/2014 Dianne Ridsdale Digital Digital Transformation and Assurance 11/04/2023 DIGC MDMG ORG BU_DIR	UCRF R01/R03/R20/R23 Malware such as Ransomware Compromising Unpatched Endpoints, Servers, Equipment or due to Lack of Hardened Build Standards. There is a risk of potential exposure to published critical cyber vulnerabilities. Laptops, workstations and medical devices compromised by ransomware or botnets, due to endpoints being susceptible to compromise through the use of obsolete, old, or unpatched operating systems and third party software, including Java. Endpoints often not monitored for patch status. Endpoints compromised more easily through dangerous browser plugins (such as Java, Flash), or unsupported browsers. Servers compromised by ransomware, due to servers susceptible to compromise through the use of obsolete, old, or unpatched operating systems and software. Servers often not monitored for patch status. Due to failure to maintain all Digital assets, including installing Operating system patches, AV patches or other software and hardware updates across the IT estate, including network equipment and medical devices. Resulting in potential harm to patients, data leaks, impacts on service delivery.	**25**	AV on all end points AV up to date ATP in place site wide NHSD & Microsoft group policy templates Ongoing updates routinely planned as they are released Patching regime Network fully supported and maintained	**10**	Review trust asset register for EOL hardware/Software Review trust asset register for EOL hardware/Software	Mark Bell 31/03/2023 David Thompson 31/03/2023	**5**	Progress on EOL to date and actions are also in progress IG are auditing and providing advice and IT are planning and drafting a process
2880 30/04/2021 Mr Andrew Beeby Chief Executive Office Medical Directorate 28/03/2023 BAF ORG QGC	Health Outcomes - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities due to different approaches resulting in slow or no progress against health inequalities.	**12**	Being involved with ICS / ICP / Place in the development of work (co-production) Health Inequalities Board established.	**9**			**6**	Awaiting further information from ICS

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Changes in CRR - Current/Managed Risks

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2993 28/01/2022 Kirsty Roberton Chief Executive Office Corporate Services & Transformation 22/03/2023 BU_DIR ORG BAF QGC SA1.2 Continuous Quality improvement plan	Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date.	16	Policies in place for all key areas of legislation Overall policy management sat with CS&T Department (gap in leads for this work for a period) Policy system (pandora) maintained to manage and publish policies for staff to access Policy for Policies in place to provide clear direction and requirements for policy management Policies have lead 'author' and lead 'executive' Policy Review Group (PRG) in place (from Jan 22) to streamline process and target current backlog Policies include details of legislation and guidance they relate to, and information as to how compliance is monitored. Febraury 2023- starting to Monitor compliance against policies.	16	Begin to address overdue policy backlog	Kirsty Roberton 31/03/2023	3	agreement at ERMG to increase risk to 16.	12
					Establish process for gaining assurance over policy compliance and embed	Kirsty Roberton 31/03/2023			
					Update of policies for policies (OP27)	Kirsty Roberton (Completed 29/12/2022)			

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Changes in CRR - Current/Managed Risks

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					active recruitment to vacanices	Lisa Crichton-Jones 30/09/2022			
					international recruitment programme	Lisa Crichton-Jones 30/09/2022			
					complete capital programme to enable delivery of model	Joanne Baxter 29/09/2023			
					WLI rate for theatre staffing to be determined	Helen Routh (Completed 03/02/2023)			
									2

Risks Moved to Managed in Period

Risk ID / Date Identified	Risk Description	IRR	Current Controls	CRR	Action	Action Owner	TRR

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Handler BU Service Line Next Review Date BAF / Risk Register Objectives						Action Due	
							0

Risks Closed in Period

Risk ID / Date Identified Handler BU Service Line Next Review Date BAF / Risk Register Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner Action Due (Open Actions)	TRR	Closure Details	PRR
									0

Risks Added in Period

Risk ID / Date Identified Handler BU Service Line Next Review Date BAF / Risk Register Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner Action Due	TRR	Latest Progress Note Date Added to ORR
1797 19/01/2016 Mark Smith Digital Health Records 13/02/2023 BU_DIR DIGC ORG SA1.3 Digital where it makes a difference	Risk of failure to review appropriate information stored in health record systems and paper, due to the Trust having distributed data across a large number of systems and paper. The staff won't know where to look for information on the patient they are treating or won't look everywhere where there may be information [also impact for processes such as SARs/legal Services] The consequence of this is potential patient harm due clinical decisions being made on incomplete data, and the resulting financial effects + non compliance of legislative requirements	25	Systems management audit programme. Structured project management and change control procedures Standard operating procedures for each system	16	Implement single Document Store	Adam Charlton 31/03/2023	8	formal agreement at ERMG in february 23 to add to the ORR 08-02-2023
					Develop pathway to digital health record	Mark Smith 31/03/2023		
					Develop FBC for Clinical System	Nick Black 30/09/2023		

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
IRR - Initial Risk Rating **TRR** - Target Risk Rating

Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Risks Added in Period

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note / Date Added to ORR
2993 28/01/2022 Kirsty Roberton Chief Executive Office Corporate Services & Transformation 22/03/2023 BU_DIR ORG BAF QGC SA1.2 Continuous Quality improvement plan	Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date, resulting in potential safety events and legislation and compliance breaches which may result in external scrutiny and reputational harm.	16	Policies in place for all key areas of legislation Overall policy management sat with CS&T Department (gap in leads for this work for a period) Policy system (pandora) maintained to manage and publish policies for staff to access Policy for Policies in place to provide clear direction and requirements for policy management Policies have lead 'author' and lead 'executive' Policy Review Group (PRG) in place (from Jan 22) to streamline process and target current backlog Policies include details of legislation and guidance they relate to, and information as to how compliance is monitored. Febraury 2023- starting to Monitor compliance against policies.	16	Begin to address overdue policy backlog Establish process for gaining assurance over policy compliance and embed Update of policies for policies (OP27)	Kirsty Roberton 31/03/2023 Kirsty Roberton 31/03/2023 Kirsty Roberton (Completed 29/12/2022)	3	agreement at ERMG to increase risk to 16. 08-02-2023
3186 07/02/2023 Joanne Baxter Chief Operating Officer Planning & Performance 20/03/2023 BAF BU_DIR COO FPC ORG	There is a risk to maintaining business continuity of services and recovery plans due to the estate infrastructure, age and backlog maintenance requirements which exceed the Trusts capital allocation	12	Clinically led estates strategy developed and prioritsied on priority versus affordability	12			6	formal agreement to add to the ORR following F+P committee. this is an Overarching risk regarding estate which has replaced all other estates risks on the ORR 06-03-2023
								3

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
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Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Risks Removed in Period

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note / Date Removed from ORR
2558 08/10/2019 Mark Dale Medical Services Med 1 10/03/2023 BU_DIR COO SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Risk of a 12 hour A&E wait in ED from arrival due to organisational pressures resulting in sub optimal patient care and risk of patient harm.	20	1. Site resilience meetings regularly and monitoring of breach times for any patients. 2. current Opel level framework to support escalation and management of breach times for patients. 3. SOP for escalation of breach times and to whom 4. Emergency Huddle	20	Transformation board Esculation process at huddles Reduction in delayed discharges	Mark Dale 31/03/2023 Mark Dale 31/03/2023 Joanna Clark 31/03/2023	4	reviewd at MED 1 meeting today. no change to score . pressures remain signifcant given current situation with industrial action on various sectors and potential medical staff, risk is expected to remain the same at present. 08-02-2023
3029 04/04/2022 Mr Andrew Beeby Chief Executive Office Medical Directorate 04/04/2023 BAF BU_DIR QGC SA1.2 Continuous Quality improvement plan	Covid - There is a risk that there will be further waves of Covid, or continued endemic Covid, which could have an effect across the whole Trust (and the wider health and social care system) leading to workforce shortages, operational pressures because of the difficulty maintaining flow of patients presenting acutely and deflection from 'business as usual' activities and development / improvement work.	20	Business continuity and EPRR governance and resilience plans Staffing resilience and backup Service delivery plans IPC planning/ escalation/ reduction of PPE/ distancing Estate flexibility and planned escalation/ covid wards	12	Monitor predictions around covid - 19	Jonathan Moore 20/03/2023	8	removed from ORR today- formal agreement at ERMG. 07-02-2023
3057 24/05/2022 Lois Lincoln Surgical Services Theatres & Anaesthetics 10/02/2023 BU_DIR COO HSC IPCC SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Risk of ventilation failure to multiple theatres Due to ventilation system (air handling units) for theatres 1 -8 being at end of life and 1 unit supporting 2 theatres resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience.	8	Estates aware of the problem and prioritise any work on these. Regular maintenance. Theatres taken out of action if incident occurs on the day.	20	Replace and update air handling units in theatres	John Adamson 31/12/2024	2	formal agreement to remove risk from ORR, and leave on COO as per F+P committee request. 06-03-2023

Key: CRR - Current Risk Rating PRR - Previous Risk Rating
IRR - Initial Risk Rating TRR - Target Risk Rating

Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Risks Removed in Period

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note / Date Removed from ORR
3063 27/05/2022 Amy Muldoon Medical Services Medical Services - Divisional Management 01/03/2023 BU_DIR COO	Risk of not being able to deliver services within current budget. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority.	16	Budget ledgers Budget Meetings	20	Review use of agency and bank for HCA's and Qualified nurses	Rachel Thompson 24/02/2023	4	formal agreemnt to remove risk from ORR following F+P committee request. 06-03-2023
					Identify any potential areas for CRP	Amy Muldoon 30/03/2023		
					Review of locum and agency medical staffing.	Amy Muldoon (Completed 23/12/2022)		
					Review of every cost centre where overspend	Amy Muldoon (Completed 23/12/2022)		
3127 17/10/2022 Kris MacKenzie Finance Finance 20/03/2023 BAF BU_DIR SA3.2 Achieving financial sustainability	There is a considerable risk that the trust will not be able to meet the required forecast outturn position of 1.6m surplus. This is impacted by achievement of ERF, delivery of CRP, impact of inflation, funding available from DHSC, realisation of mitigations and cost of ongoing service pressures resulting from COVID and unscheduled care activity.	20	Financial performance being managed in line with the financial accountability framework. Accountability for performance part of the divisional oversight meetings discussion.	6	ICB negotiation re: year end expectation	Kris MacKenzie 08/02/2023	4	The Trust will not deliver £1.6m surplus but has received a formal request to deliver a break even position. The risk of not achieving break even is minimal. The risk rating has been updated to reflect risk of not achieving break even. 16-02-2023
								5

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
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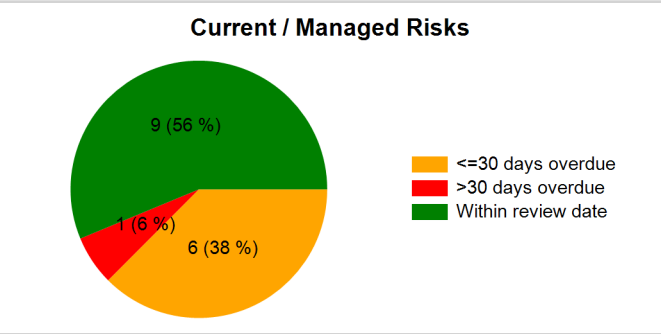
Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

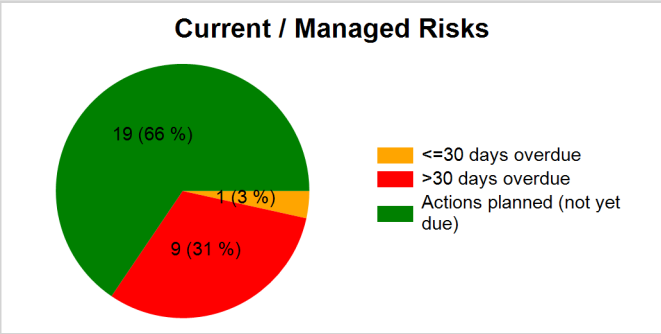
Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Risk Review Compliance



Risk Action Compliance



Movements in CRR

				CRR		
BU	Service Line	ID	Risk Description	Jan-2023	Feb-2023	Today
Chief Executive Office	Corporate Services & Transformation	2993	Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date.	12	16	16
	Medical Directorate	2880	Health Outcomes - Risk that Place/ICS/ICP strategy/plans do not align with our objectives to tackle health inequalities	9	9	9
Chief Operating Officer	Planning & Performance	2868	New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans	20	12	12
		2945	Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely BI.	12	12	12
		3186	There is a risk to ongoing business continuity of service provision due to ageing trust estate		12	12
Digital		1490	Failure to manage Information Assets	15	15	15
	Digital Transformation and Assurance	1636	UCRF R01/R03/R20/R23 - Malware such as Ransomware Compromising Unpatched Endpoints, Servers and Equipment	10	10	10

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
IRR - Initial Risk Rating **TRR** - Target Risk Rating

Organisational Risk Register Report

Reporting Period: 15-Jan-2023 to 15-Mar-2023

Comparison Date: 14-Jan-2023

Gateshead Health NHS Foundation Trust

Movements in CRR

				CRR		
BU	Service Line	ID	Risk Description	Jan-2023	Feb-2023	Today
Digital	Health Records	1797	Multiple sources of clinical records stored in systems and paper format leading to potential patient harm	16	16	16
Finance	Finance	3103	operational pressures result in non achievement of CRP	15	20	20
		3128	Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications.	12	12	12
Medical Services	Medical Services - Divisional Management	2982	Risk of delayed transfers of care and increased hospital lengths of stay	16	16	16
Nursing, Midwifery & Quality	Quality Governance	3089	Quality - Risk of quality failures in patient care due to external causes such as delayed discharges and external pressures.	12	12	12
People and OD	Human Resources	2764	Workforce - Risk of not having the right people in the right place at the right time with the right skills.	16	16	16
	Workforce Development	2759	Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures	12	12	12
		3095	Risk of Significant, unprecidented service disruption due to industrial action	20	20	20
Surgical Services	Obstetrics	2398	Risk that MDT are delayed to a maternity emergency/delayed CCU transfers for maternity patients due to separate buildings	15	15	15

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
IRR - Initial Risk Rating **TRR** - Target Risk Rating

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 14ii

Report Title:	**Well-led Peer Review Action Plan**			
Name of Meeting:	Board of Directors – Part 1			
Date of Meeting:	29 March 2023			
Author:	Jennifer Boyle, Company Secretary			
Executive Sponsor:	Trudie Davies, Chief Executive			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide the Board with an update on progress against the remaining 3 actions on the well-led action plan which was developed to support the implementation of the actions from the Well-Led Framework peer review in 2021.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Board of Directors – November 2022			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• This action plan was developed solely to support the implementation of the recommendations contained within the Well-Led Framework peer review which concluded in 2021. It sits separately to the main CQC action plans. • In summary there are an increased number of completed actions with only 2 out of 43 actions remaining outstanding. • There are 2 overdue (red-rated) actions. Assurance can be provided that there remains a commitment to complete all actions on the action plan and the 2 actions are already being picked up through the work of Board assurance committees.			

<table>
<tr><td></td><td colspan="5">• As there is an established reporting and assurance route for the two remaining actions, it is proposed to close the well-led action plan.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board of Directors is requested to review the latest action plan and consider the recommendation to close the well-led action plan on the understanding that the remaining two actions are monitored as part of the work of the Audit and Digital Committees, both of which have a clear escalation route to Board.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
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<tr><td>Aim 5
☒</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">Well-led supports the ability to deliver against the strategic objectives through improved governance and accountability, rather than linking to specific objectives.</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td>Safe
☒</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">IMT 1490 - Failure to manage Information Assets (15)</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

Well-Led Action Plan Update – March 2023

1. Executive Summary

1.1. The Board of Directors is presented with the latest version of the Well-Led action plan for review and assurance. The action plan was developed to support the Trust to implement the recommendations arising from a peer review against the Well-Led Framework, which was completed in 2021. It is noted that this is a separate action plan to the Trust's main CQC action plan, given that it was developed to respond to the peer review recommendations only.

1.2. There has been an increase in the number of complete actions, which now account for 95% of total actions, with 2 out of 43 actions still in progress.

1.3. The 2 open actions are both under the remit of Board committees – Audit Committee and Digital Committee – and factored into their cycles of business. As such it is proposed to close the well-led action plan given that there is assurance that these actions will be progressed under the work of these committees.

2. Introduction

2.1. The Well-Led action plan was last formally reviewed at the Board of Directors in November 2022, at which time there were 3 outstanding actions. The action plan has been updated and is presented to the Board for scrutiny and assurance.

2.2. Actions which were marked as complete on the last report to Board have been removed from the action plan appended to this report to assist the Board in identifying those actions which remain ongoing.

3. Key issues / findings

3.1. Following its latest update there are 2 remaining outstanding actions on the Well-Led action plan, with 1 action being completed since the last update to Board in November 2022. This is detailed in Appendix 1.

3.2. It is proposed that the 2 remaining outstanding actions are closed from the action plan, as assurance can be provided that they are covered as part of the remit of the Board committees, providing a clear line of assurance and escalation through to Board. This can be summarised as follows:

- R10 – Updating the Scheme of Delegation and Standing Financial Instructions.
    - An external review of these documents has been commissioned and is due to commence. The Audit Committee cycle of business reflects this (as the Audit Committee will undertake a first review of any proposed changes on behalf of the Board).
    - Any slippages will be reported to Audit Committee through the inclusion of the items on the cycle of business. As such, it is proposed to close the action from the Well-Led action plan given that this is being monitored via a Board assurance committee.
- R18 – ensuring appropriate accountability and responsibility for data quality:

- Compliance with the Information Asset Risk Management Plan continues to be a challenge. This has been discussed at Digital Committee and the Board in January 2023, as well as escalated to the Information Asset Owners at the Senior Management Team (SMT). The Board agreed that this issue would be escalated to the newly formed Compliance Group for further discussion.
- Whilst compliance remains challenging, this is being reported in a number of forums out-with the Well-Led action plan, with a clear escalation route to Board via the Digital Committee. It is therefore proposed to close the action from the action plan on the understanding that Digital Committee assurance reports to Board will provide regular oversight of this.

4. Solutions / recommendations

4.1. The Board of Directors is requested to review the latest action plan and consider the recommendation to close the Well-Led action plan on the understanding that the remaining two actions are monitored as part of the work of the Audit and Digital Committees with a clear assurance and escalation route to Board.

APPENDIX 1

REC REF	REC	ACTIONS	LEAD	DELEGATED SENIOR MANAGER	DUE DATE	PROGRESS UPDATE	NOV 22	MAR 23
R10	Scheme of delegation	Ensure the scheme of delegation and Standing Financial Instructions (SFIs) reflect the decision-making authority of the Executive Team and SMT meetings. Ensure that expectations are clear in respect of the responsibility of SMT members for cascading and communicating key information from SMT to their teams.	Kris Mackenzie	N/a	Sept 21	Nov 22 – external review to be commissioned to undertake wider review of Scheme of Delegation, SFIs etc following recent QEF governance review. Action remains ongoing. March 23 – review commissioned and due to commence shortly. It is anticipated that this review would be complete during in early 23/24. Recommended to close the action from here, as proposed changes to the documents would be reviewed by Audit Committee prior to Board and this is factored into the cycle of business.		
R13	Operational BU formal meetings	Undertake a review of effectiveness of the formal meetings in place across the Operational Business Units (OBUs) in six months' time. This should include comparing and contrasting the meeting structures. This will enable a more accurate assessment of Business Unit governance to be made.	Jennifer Boyle / Kirsty Roberton	N/a	Jan 22	Nov 22 – desktop review completed and in the process of being documented. Anticipated to be completed imminently. March 23 – desktop review completed in Q4 and shared with the OBUs and Chief Operating Officer. A suite of templates and model terms of reference have been circulated to support the OBUs in implementing consistent structures. OBUs to develop implementation plans from the report.		

REC REF	REC	ACTIONS	LEAD	DELEGATED SENIOR MANAGER	DUE DATE	PROGRESS UPDATE	NOV 22	MAR 23
R18	Data Quality	Identify ways in which the accountability and responsibility for data entry can be re-emphasised to staff, including education on the implications of entering inaccurate data.	Nick Black	N/a	March 22	Nov 22 – there has been further slippage against the Information Asset Risk Management Plan with regular escalation to SMT in August, October and November. Overdue returns continue to be highlighted with the IG team supporting teams to reach full compliance. March 23 – this continues to be a compliance issue and was highlighted to Board by the Chair of the Digital Committee in January 2023. The Chief Digital Information Officer has continued to escalate non-compliance to SMT. It was agreed that this would be escalated to the newly-established Compliance Group for further action.		

	NHS Gateshead Health NHS Foundation Trust
Report Cover Sheet	**Agenda Item: 15**

Report Title:	**2022 Annual Staff Survey Results**			
Name of Meeting:	Public Board			
Date of Meeting:	29 March 2023			
Author:	Sophia Grainger, OD Practitioner Laura Farrington, Head of Leadership, OD & Staff Experience			
Executive Sponsor:	Lisa Crichton-Jones, Executive Director of People & OD			
Report presented by:	Lisa Crichton-Jones, Executive Director of People & OD			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☒
	The purpose of this report is to provide the board with an overview of the 2022 Annual Staff Survey results and provide assurance around progress.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	N/A			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format*	• Staff Survey results embargo lifted on the 9 March and a link to the published results can be found here: NHS Staff Survey Benchmark report 2022 (nhsstaffsurveys.com)			

<table>
<tr><td></td><td colspan="5">

- Trusts results have been reviewed at the recent Board Development Session and have been received at People & OD Committee, with discussions noting positives surrounding improving scores in both line management and professional development and areas of focus including colleague confidence in raising concerns, appraisal quality and pay.
- Actions coming out of the 2022 survey results will feature within the Trust's People Action Plan, which will be overseen by the POD Committee and will align with the strategic objectives to grow and develop our workforce and develop and implement a culture programme that will be delivered over the next 2-3 years.
- Local results cascade through line management channels continues to be supported by the OD Team and will result in the completion of local People Action Plans that will allow teams to track progress over time.

</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board is asked to consider this year's results, note progress to date and plans surrounding key areas of focus for 2023.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☐</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
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<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">SA 2.2 Growing and developing our workforce

SA 2.3 Development and Implementation of a Culture Programme (2-3 year Programme)</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
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<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">n/a</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
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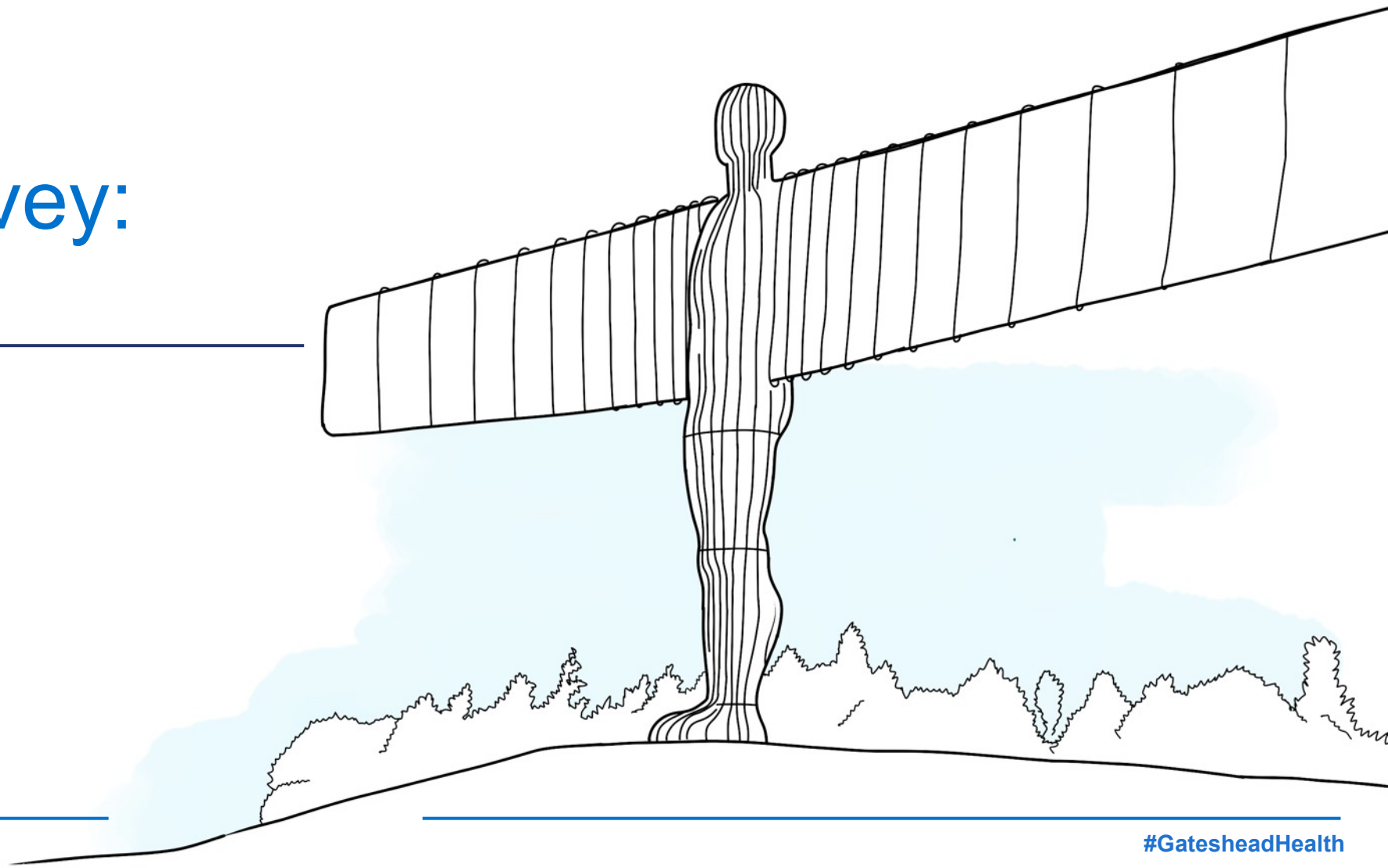
</table>

NHS
Gateshead Health
NHS Foundation Trust

2022 Staff Survey: Trust Results

Lisa Crichton-Jones

29th March 2023



Introduction to 2022 Staff Survey

The 2022 remains consistent with the 2021 survey with the new realignment to the NHS People Promise, allowing for a year on year comparison. The NHS People Promise sets out what NHS staff can expect from their leaders and from each other, and what we should all be able to say about working in the NHS by 2024.

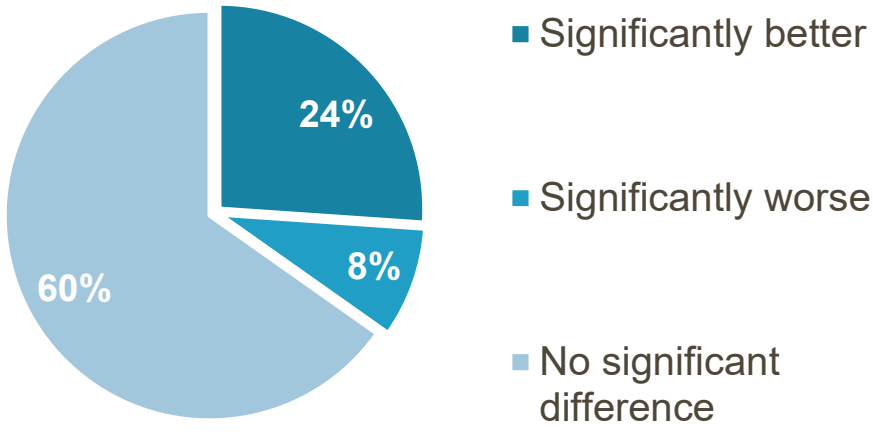
A total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021.

4094 Invited to complete the survey	4059 Eligible at the end of survey	**51%** Completed the survey (2086)	46% Average response rate for similar organisations	47% Your previous response rate	33% Bank Staff Survey Completion (Internal)

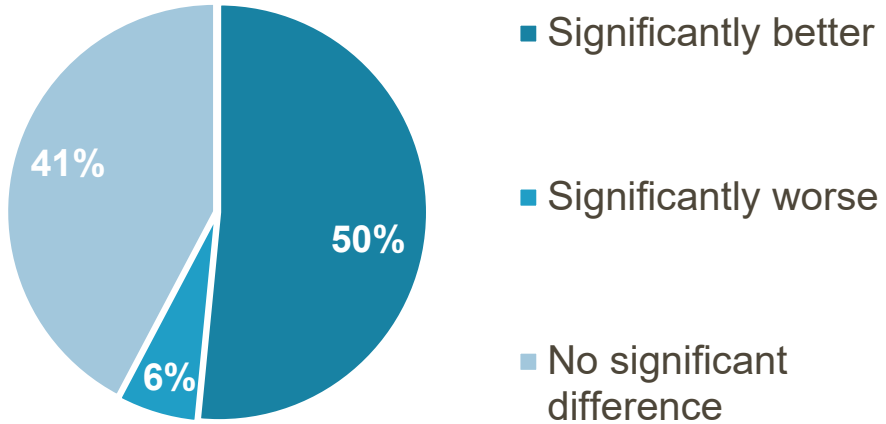
Executive Summary - Part 1

Gateshead Health NHS Foundation Trust

Gateshead Health comparison to 2021
(as a %)



Gateshead Health comparison with average
(as a %)



Executive Summary - Part 2

Top scores vs Organisation Average	Org	Picker Avg	% Point
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	73%	61%	+12
q23c. Would recommend organisation as place to work	66%	57%	+9
q23f. Feel organisation would address any concerns I raised	55%	48%	+7
q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	56%	+6

Most improved scores	Org 2022	Org 2021	% Point
q22d. Feel supported to develop my potential	60%	51%	+9
q22b. There are opportunities for me to develop my career in this organisation	57%	49%	+8
q22e. Able to access the right learning and development opportunities when I need to	62%	55%	+7
q6d. Can approach immediate manager to talk openly about flexible working	72%	65%	+7
q9h. Immediate manager cares about my concerns	74%	68%	+6

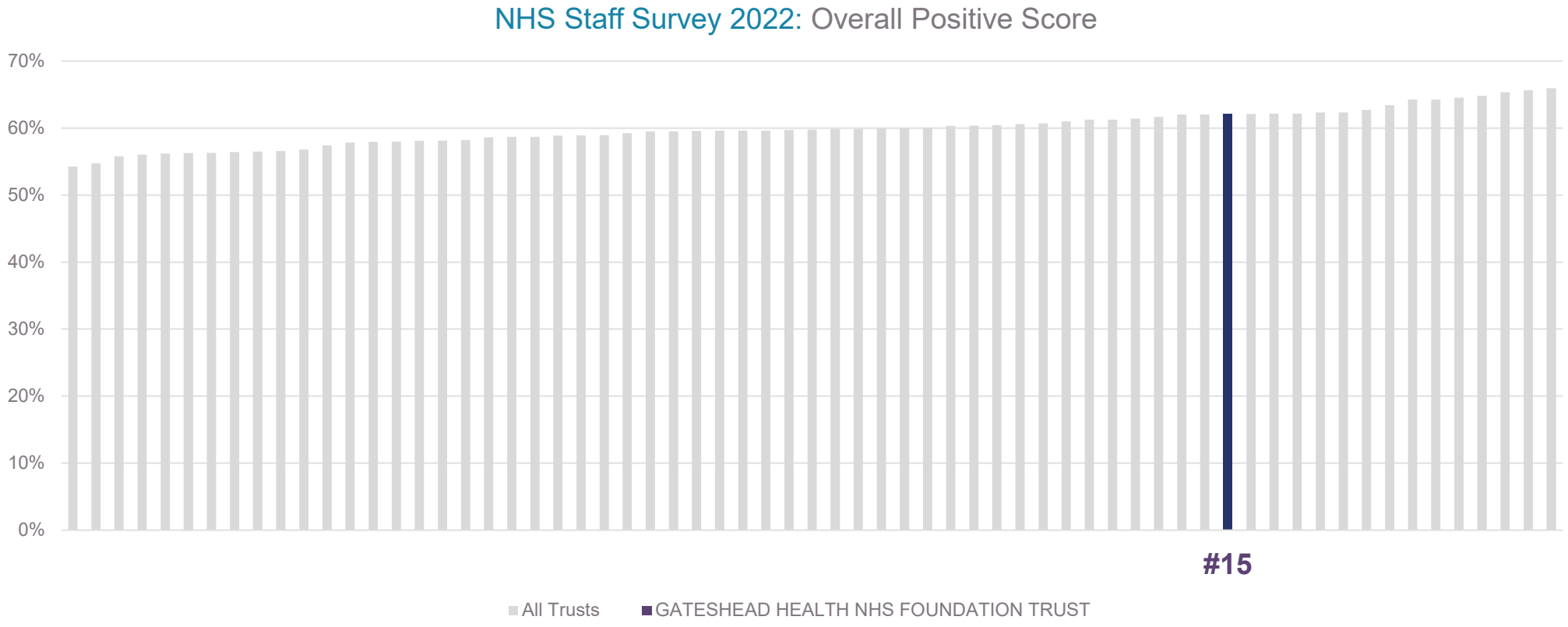
Executive Summary - Part 2

Bottom scores vs Organisation Average	Org	Picker Avg	% Point
q11d. In last 3 months, have not come to work when not well enough to perform duties	40%	44%	-4
q13d. Last experience of physical violence reported	63%	67%	-4
q14d. Last experience of harassment/bullying/abuse reported	44%	47%	-3
q3i. Enough staff at organisation to do my job properly	23%	26%	-3
q13a. Not experienced physical violence from patients/ service users, their relatives or other members of the public	83%	85%	-2

Most declined scores	Org 2022	Org 2021	% Point
q4c. Satisfied with level of pay	28%	37%	-9
q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	67%	-5
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	60%	64%	-4
q23b. Organisation acts on concerns raised by patients/service users	73%	77%	-4
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	40%	44%	-4

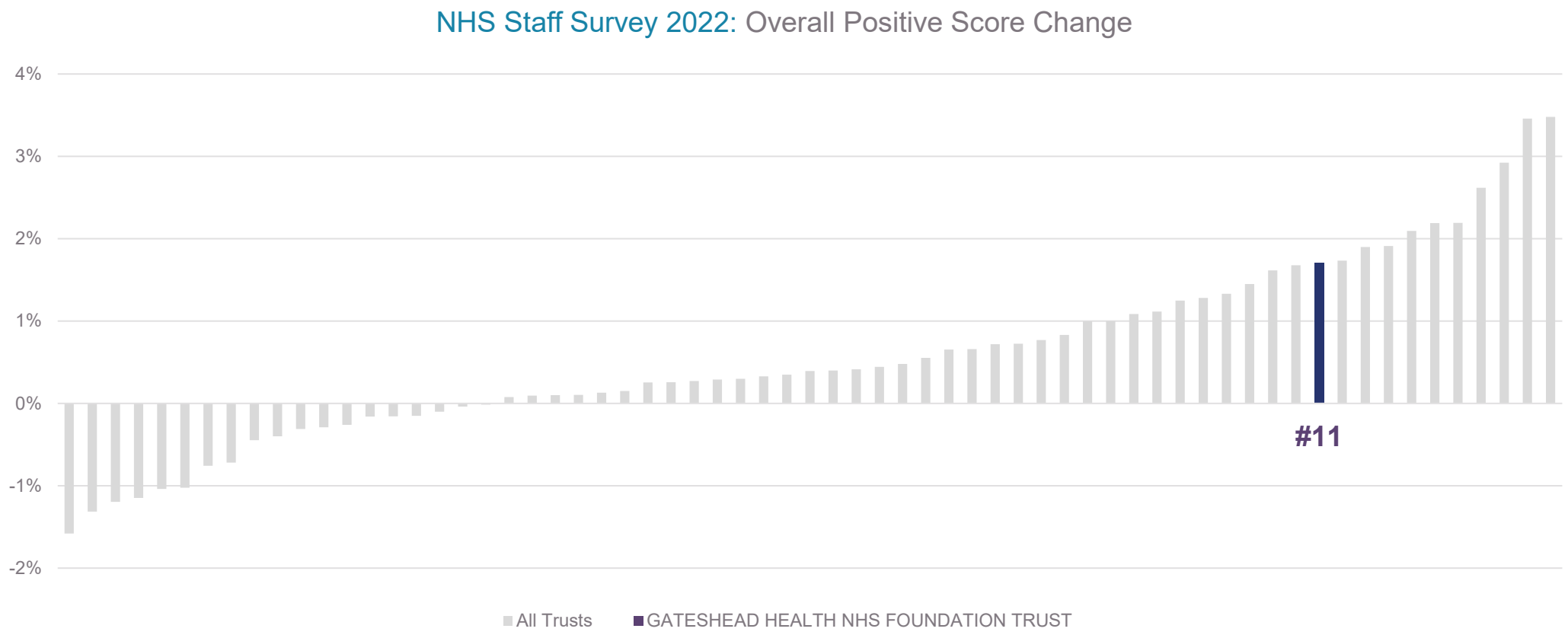
League Tables – Overall Positive Score

The league table shows how your overall positive score is ranked in comparison to the overall positive score of every other Acute and Acute Community Trusts organisation that ran the NHS Staff Survey 2022 with Picker (65 Trusts).



League Tables – Overall Positive Score Change

The historical league table shows how your overall positive score changed from the previous survey, and how this change compares to other organisations Acute and Acute Community Trusts who ran the NHS Staff Survey 2022 with Picker.



People Promise 2021 – 2022 Comparison

	Trust 2021	Trust 2022	Point change
Theme 1: We are compassionate and inclusive	7.4	7.4	0
Theme 2: We are recognised and Rewarded	5.9	5.9	0
Theme 3: We each have a voice that counts	6.8	6.8	0
Theme 4: We are safe and healthy	6	5.9	-1
Theme 5: We are always learning	5.1	5.5	+4
Theme 6: We work flexibly	5.9	6	+1
Theme 7: We are a team	6.6	6.7	+1
Staff Engagement Score	6.9	6.9	0
Morale Score	5.8	5.8	0

Areas of focus from 2021 Survey

Feedback from Quality Health in 2021 on areas to focus:

- The scores for staff saying there are opportunities to develop their careers and for coverage of appraisals are below average:
- There has been an increase in discrimination from patients / service users and physical violence from colleagues (although better than average)
- There has been an increase in the number of staff coming to work when not feeling well enough to do so and in work-related stress

Improvements made

Gateshead Health NHS Foundation Trust

Your Personal Development and Appraisal (2022 Results)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q20	Feel organisation respects individual differences				72%	**76%**	70%	**76%**
q21a	Received appraisal in the past 12 months				74%	**80%**	80%	80%
q21b	Appraisal helped me improve how I do my job				20%	21%	22%	21%
q21c	Appraisal helped me agree clear objectives for my work				33%	36%	32%	**36%**
q21d	Appraisal left me feeling organisation values my work				27%	**32%**	31%	32%
q22a	Organisation offers me challenging work				66%	**70%**	70%	70%
q22b	There are opportunities for me to develop my career in this organisation				49%	**57%**	54%	**57%**
q22c	Have opportunities to improve my knowledge and skills				66%	**72%**	68%	**72%**
q22d	Feel supported to develop my potential				51%	**60%**	55%	**60%**
q22e	Able to access the right learning and development opportunities when I need to				55%	**62%**	57%	**62%**

Improvements made

Your Managers (2022 Results)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q9a	Immediate manager encourages me at work				69%	**75%**	70%	**75%**
q9b	Immediate manager gives clear feedback on my work				61%	**65%**	63%	**65%**
q9c	Immediate manager asks for my opinion before making decisions that affect my work				57%	**61%**	58%	**61%**
q9d	Immediate manager takes a positive interest in my health & well-being				67%	**72%**	68%	**72%**
q9e	Immediate manager values my work				70%	**75%**	71%	**75%**
q9f	Immediate manager works with me to understand problems				67%	**71%**	67%	**71%**
q9g	Immediate manager listens to challenges I face				68%	**74%**	70%	**74%**
q9h	Immediate manager cares about my concerns				68%	**74%**	69%	**74%**
q9i	Immediate manager helps me with problems I face				66%	**70%**	65%	**70%**

Areas of focus from 2021

Gateshead Health NHS Foundation Trust

Discrimination from patients/service users.

*There has been **one percentage point increase** in the question relating to discrimination from patients/service users. (significantly better than sector average)*

		2021	2022
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	95%	96%

External

Average	Organisation
92%	96%

Work related stress and coming into work unwell

*There has been a **three percentage point increase** in the question relating work related stress, making us align with sector average.*
*There has been a **significant decline** in staff coming into work when not feeling well enough, as well as a significantly negative score compared to sector average.*

		2021	2022
q11c	In last 12 months, have not felt unwell due to work related stress	53%	56%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44%	40%

External

Average	Organisation
56%	56%
44%	40%

New area of focus for 2022 Results

Freedom to speak up, and acting on feedback

*There has been a **significant decline*** in questions related to raising concerns and taking action. This is still **higher than the sector average**, but is a downward trend for the Trust.

Historical

		2018	2019	2020	2021	2022
q23b	Organisation acts on concerns raised by patients/service users				77%	**73%**

External

Average	Organisation
68%	**73%**

Historical

		2018	2019	2020	2021	2022
q19a	Would feel secure raising concerns about unsafe clinical practice				80%	**76%**
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice				67%	**62%**

External

Average	Organisation
71%	**76%**
56%	**62%**

Satisfied with level of pay

q4c	Satisfied with level of pay

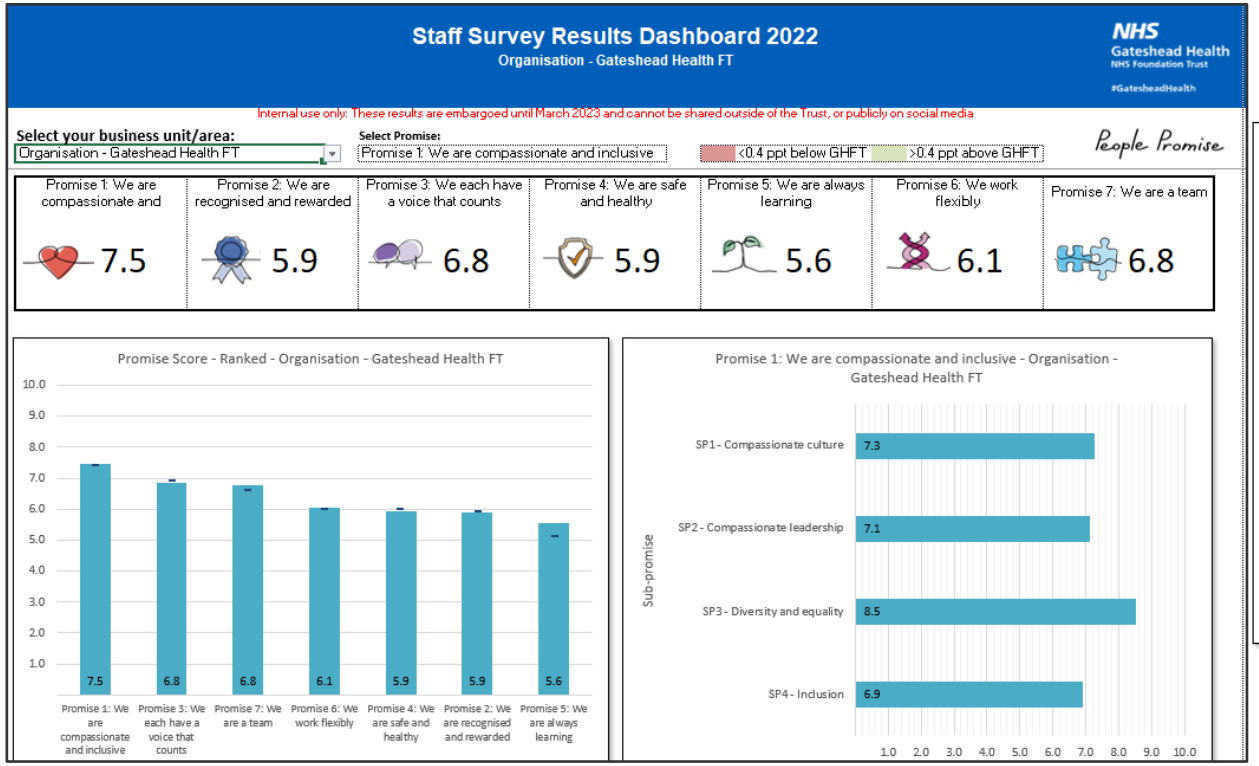
Historical

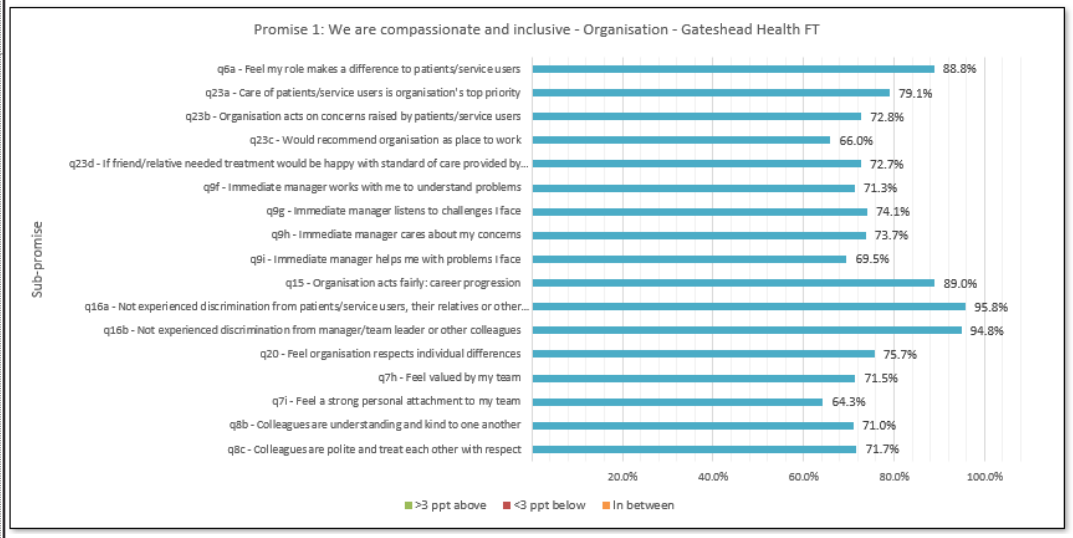
2021	2022
37%	**28%**

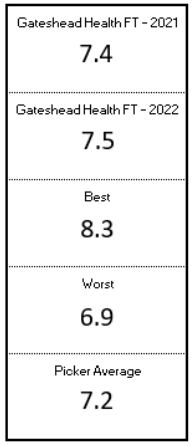
External

Average	Organisation
26%	**28%**

Interactive Dashboard







Next steps: People action plan

Our People Action Plan

Directorate/Ward/Team: _____

POD Lead: _____

Date: _____

We are compassionate and inclusive

We do not tolerate any form of discrimination, bullying or violence. We are open and inclusive. We make the NHS a place where we all feel we belong. Compassion is also critical in our response to tackling racism in the workplace. Creating inclusive organisational cultures involves connecting with people on a deeper level, listening to and understanding what it means to experience inequality, and taking action in response.

How are we doing currently?	*Where would we like to be?*	*What are the actions we need to take?*	*What is the time scale? Who is the lead?*

Check In

How are we doing now? Have the actions we've taken had a positive impact?

[Insert Text]

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 16

Report Title:	**Consolidated Finance Report – Part One**			
Name of Meeting:	Trust Board			
Date of Meeting:	29th March 2023			
Author:	Mrs Jane Fay, Deputy Director of Finance			
Executive Sponsor:	Mrs Kris Mackenzie, Group Director of Finance & Digital			
Report presented by:	Mrs Kris Mackenzie, Group Director of Finance & Digital			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	The purpose of this paper is to provide assurance against corporate objectives and address financial risks			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Not applicable			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity, and inclusion*	For the period April 22 to February 23 the Trust has reported an actual deficit of £0.095m after adjustments for donated assets and gain & losses of asset disposal. This is a year-to-date adverse variance of £1.631m from the Trust's original planned surplus. This is an adverse variance of £0.095m from the Trust's revised financial target of breakeven. For the period April to February 23 the Trust has spent £7.258m (52%) of its approved CDEL totalling £13.945m.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper.*	The recommendation to Board is to receive the report, discuss the potential implications and record assurance as a direct consequence of the reported year to date position. To note the summary of performance as of 28th February 2023 (Month 11) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).			

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Ensuring robust governance structures to enhance our productivity and efficiency to make the best use of resources				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Financial Risks				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

1. Introduction

1.1 The purpose of this report is to provide a summary of financial performance as of 28th February 2023 (month 11) for the Group (inclusive of the Trust and QE Facilities, excluding Charitable Funds).

Reporting for February is against the Trusts 2022-2023 financial plan which reports an annual surplus of £1.610m inclusive of the achievement of a £10.939m cost reduction target and achievement of elective recovery funding income (ERF) totalling £6.226m.

2 Income and Expenditure

2.1 The Trust has reported a surplus of £0.052m for the period April 22 to February 23 and a deficit of £0.095m after the adjustment for donated assets, gains / loss on disposal of assets.

2.2 This is an adverse variance of £1.536m against the Trusts financial plan as detailed on the Trust Statement of Comprehensive Income (SOCI) as presented in Table 1**.**

2.3 For the month of February 23 the Trust has reported actual income of £35.700m, and an in-month favourable movement of £6.209m. The significant in-month movement is mainly due to the recognition of £4.125m additional system support secured from the ICB to support the achievement of a breakeven position along with £2.269m for final pay award & other discrete developments and £0.191m education & training.

2.4 Total year to date income is £342.880m and a favourable variance of £18.482m against the Trusts financial plan. The year-to-date variance is mainly due to additional system support £4.125m, funding for final pay award & discrete developments £9.880m, education & training income £3.116m, pass through drugs & devices £1.007m, a one-off grant to fund the Trust de-carbonisation scheme £0.428m and other variances across other income headings £0.755m, offset by less income than planned for pathology pillar 1 testing (£0.829m).

2.5 For the month of February 2023 the Trust has reported actual operating expenditure of £32.939m and in-month adverse movement of £3.861m. The in-month movement is mainly due to an over-spend against other operating expenses £1.851m following the recognition of two new provisions, premises £0.747m, clinical supplies & services £0.528m and bank staff £0.406m.

2.6 Total year to date operating expenditure is £339.092m and an adverse variance of £20.839m against the Trusts financial plan. The year-to-date variance is mainly due to the non-achievement of the CRP target across pay and non-pay totalling £3.993m, pay overspends & impact of pay award £5.382m, over-spends against drugs £3.025m, purchase of healthcare from NHS & Non-NHS bodies £2.073m and clinical supplies & services of £1.979m.

STATEMENT OF COMPREHENSIVE INCOME

February 22-23	NHSE APRIL - MARCH 23 FINAL PLAN					VARIANCE		
	Annual Plan	Plan In Month	Actual In Month	Plan to Date	Actual to Date	Variance (Actual - Plan)	Previous Month Variance	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Operating								
Operating Income from Patient Care activities								
Income From NHS Care Contracts	(320,909)	(26,741)	(32,792)	(294,151)	(308,936)	(14,785)	(8,734)	(6,051)
Income From Local Authority Care Contracts	(90)	(7)	36	(77)	(123)	(46)	(89)	43
Private Patient Revenue	(735)	(61)	(46)	(671)	(647)	24	9	15
Injury Cost Recovery	(290)	(24)	13	(264)	(487)	(223)	(260)	37
Other non-NHS clinical revenue	(850)	(71)	(56)	(781)	(637)	144	129	15
Total Operating Income From Patient Care activities	(322,874)	(26,904)	(32,845)	(295,944)	(310,830)	(14,886)	(8,945)	(5,941)
Other Operating Income								
Education and Training Income	(7,631)	(636)	(1,072)	(6,996)	(10,112)	(3,116)	(2,680)	(436)
R&D Income	(527)	(44)	(81)	(484)	(883)	(399)	(362)	(37)
Top up Income			0		0	0	0	-
Funding outside of System Envelope	(3,910)	(326)	(179)	(3,586)	(2,757)	829	682	147
Other Income	(18,609)	(1,551)	(1,523)	(17,058)	(17,871)	(813)	(841)	28
Donations & Grants Received	(366)	(30)	0	(330)	(428)	(98)	(128)	30
Total Other Operating Income	(31,043)	(2,587)	(2,855)	(28,454)	(32,050)	(3,596)	(3,328)	(268)
Total Operating Income	(353,917)	(29,491)	(35,700)	(324,398)	(342,880)	(18,482)	(12,273)	(6,209)
Operating Expenses								
Employee Expenses - Substantive	221,172	18,686	18,600	202,466	203,528	1,062	1,111	(49)
Employee Expenses - Bank	7,150	537	943	6,639	10,109	3,470	3,064	406
Employee Expenses - Agency	3,653	244	355	3,427	8,297	4,870	4,759	111
Employee Expenses - Other	1,187	99	76	1,089	767	(322)	(262)	(60)
Total Employee Expenses	233,162	19,566	19,974	213,621	222,701	9,080	8,672	408
Purchase of Healthcare - NHS bodies	6,076	506	577	5,566	6,449	883	812	71
Purchase of Healthcare - Non NHS bodies	2,348	196	263	2,156	3,346	1,190	1,123	67
Purchase of Social Care	0	0	0	0	0	0	0	-
NED's	188	16	14	176	152	(24)	(22)	(2)
Supplies & Services - Clinical	24,096	2,008	2,536	22,091	24,070	1,979	1,451	528
Supplies & Services - General	3,225	269	224	2,959	2,794	(165)	(120)	(45)
Drugs	18,339	1,529	1,694	16,819	19,844	3,025	2,861	165
Research & Development expenses	0	0	1	0	18	18	17	1
Education & Training expenses	1,089	91	341	1,001	1,949	948	699	250
Consultancy costs	143	12	93	132	955	823	742	81
Establishment expenses	3,209	268	450	2,948	3,739	791	610	182
Premises	17,041	1,420	1,596	15,620	15,714	94	(82)	176
Transport	1,628	136	170	1,496	1,507	11	(23)	34
Clinical Negligence	7,923	660	660	7,260	7,263	3	2	0
Operating Leases	2,604	217	369	2,387	1,138	(1,249)	(1,401)	152
Other Operating expenses	3,967	331	2,182	3,641	7,809	4,168	2,318	1,851
Cost Improvement Programme	0	0	0	0	0	0	0	-
Reserves	0	0	0	0	0	0	0	-
Operating Expenses included in EBITDA	325,038	27,225	31,144	297,873	319,449	21,576	17,657	3,919
Depreciation & Amortisation - Purchased / Constructed	8,238	687	669	7,557	7,151	(406)	(388)	(18)
Depreciation & Amortisation - Donated / Granted	366	30	23	330	281	(49)	(42)	(7)
Depreciation & Amortisation - Finance Leases	13,569	1,131	1,130	12,438	12,431	(7)	(6)	(1)
Impairment & Revaluation	61	5	(28)	55	(220)	(275)	(243)	(33)
Restructuring Costs	0	0	0	0	0	0	0	-
Operating Expenses excluded from EBITDA	22,234	1,853	1,795	20,380	19,643	(737)	(679)	(58)
Total Operating Expenses	347,272	29,078	32,939	318,253	339,092	20,839	16,978	3,861
(Profit)/Loss from Operations	(6,645)	(413)	(2,761)	(6,145)	(3,788)	2,357	4,705	(2,348)
Non Operating								
Non-Operating Income								
Finance Income	(105)	(9)	(135)	(99)	(834)	(735)	(610)	(126)
Total Non-Operating Income	(105)	(9)	(135)	(99)	(834)	(735)	(610)	(126)
Non-Operating Expenses								
Finance Costs	589	49	64	539	702	163	148	15
Gains / (Losses) on Disposal of Assets	0	0	0	0	12	12	12	-
PDC dividend expense	3,156	263	310	2,893	3,126	233	187	47
Total Finance Costs (for non-financial activities)	3,745	312	374	3,432	3,840	408	347	62
Other Non-Operating Expenses								
Misc. Other Non-Operating expenses	0	0	0	0	0	0	0	
Total Non-Operating Expenses	3,745	312	374	3,432	3,840	408	347	62
(Surplus) / Deficit Before Tax	(3,005)	(110)	(2,522)	(2,812)	(782)	2,030	4,442	(2,412)
Corporation Tax	1,395	116	83	1,276	730	(546)	(513)	(33)
(Surplus) / Deficit After Tax	(1,610)	6	(2,439)	(1,536)	(52)	1,484	3,929	(2,445)
(Surplus) / Deficit After Tax from Continuing Operation	(1,610)	6	(2,439)	(1,536)	(52)	1,484	3,929	(2,445)
Remove capital donations / grants I&E impact	0	0	(11)	0	147	147	170	(23)
Adjusted Financial Performance (Surplus) / Deficit	(1,610)	6	(2,450)	(1,536)	94	1,631	4,098	(2,468)
Adjusted Financial Performance (Surplus) / Deficit	(1,610)	6	(2,450)	(1,536)	94	1,631	4,098	2,467

Table 1: Trust Statement of Comprehensive Income

3 Cost Reduction Programme (CRP)

3.1 Included in the Trusts 2022-23 financial plans is an annual CRP requirement of £10.939m with £10.156m planned to be achieved by February 23. For the period up to February 23, £6.223m has been achieved with a year-to-date adverse variance of £3.933m. On a full year effect recurring basis, a total of £1.790m has been achieved.

	22-23 Annual Target £000	22-23 YTD Target £000	22-23 YTD Achieved £000	22-23 YTD Variance £000	22-23 Annual Achieved £000	23-24 FYE Achieved £000	22-23 % FYE Achieved of Target
Chief Executive	(0.087)	(0.081)	(0.133)	0.053	(0.143)	(0.111)	163.8%
Chief Operating Officer	(0.108)	(0.100)	(0.033)	(0.067)	(0.033)	0.000	31.0%
Clinical Support & Screening	(2.627)	(2.438)	(2.572)	0.135	(2.641)	(0.348)	100.5%
Community	(0.898)	(0.833)	(0.275)	(0.558)	(0.286)	(0.121)	31.8%
Director Of Nursing	(0.399)	(0.370)	(0.109)	(0.261)	(0.115)	0.000	28.9%
Estates & Facilities	(0.134)	(0.123)	0.000	(0.123)	0.000	0.000	0.0%
Finance & Information	(0.473)	(0.441)	(0.447)	0.006	(0.473)	(0.172)	100.0%
Medical Director	(0.017)	(0.016)	(0.023)	0.007	(0.023)	0.000	134.4%
Medicine & Elderly	(2.131)	(1.977)	0.000	(1.977)	0.000	0.000	0.0%
People & Organisational Development	(0.164)	(0.152)	(0.117)	(0.035)	(0.121)	(0.036)	73.6%
Surgical Services	(2.414)	(2.240)	(1.791)	(0.449)	(1.811)	(0.241)	75.0%
Trust Financing	(1.488)	(1.387)	(0.722)	(0.665)	(0.762)	(0.762)	51.2%
Total	**(10.939)**	**(10.156)**	**(6.223)**	**(3.933)**	**(6.407)**	**(1.790)**	**58.6%**

4 Cash and Working Balances

4.1 Group cash as of 1st April 22 totalled £55.586m. The cash position of £51.990m as of 28th February is equivalent to an estimated 54.72 days operating costs (47.02 days January) and represents a £7.319m increase from January. The Trust received an additional £6.811m of system support in February as discussed in paragraph 2.4 above.

4.2 The liquidity metric has improved by 4.73 days against January to +15.16 days, this is 5.31 days better than Plan (+9.85 days).

4.3 The balance sheet is presented in Table 2.

Statement of Position - February 2023

	2022/2023 January 2023 Group	2022/2023 February 2023 Group	Movement from Prior Month	2022/2023 February 2023 QEF	2022/2023 February 2023 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	137,286	137,843	558	1,329	136,514
Trade and Other Receivables, Net	2,037	2,012	(25)	814	1,198
Finance Lease - Intragroup				42,047	0
Trade and Other Receivables - Intragroup Loan	0	0	0		11,668
Total Non Current Assets	139,403	139,936	533	44,269	166,205
Current Assets					
Inventories	4,676	4,726	50	2,522	2,204
Trade and Other Receivables - NHS	9,654	8,993	(661)	761	8,232
Trade and Other Receivables - Non NHS	4,649	5,853	1,204	1,049	4,804
Trade and Other Receivables - Other	0	0	0		0
Prepayments	5,474	4,709	(764)	759	3,950
Cash and Cash Equivalents	44,671	51,991	7,320	5,683	46,307
Other Financial Assets - PDC Dividend	0	0	0		0
Accrued Income	2,807	2,432	(375)	1,794	638
Finance Lease - Intragroup				59	0
Trade and Other Receivables - Intragroup Loan					349
Total Current Assets	80,774	78,704	6,773	12,628	66,484
Liabilities					
Current Liabilites					
Deferred Income	6,254	6,928	673	157	6,771
Provisions	1,901	1,836	(66)	320	1,516
Current Tax Payables	4,611	4,610	(1)	411	4,199
Trade and Other Payables - NHS	2,380	2,605	225	1,018	1,587
Trade and Other Payables - Other	9,882	9,064	(818)	3,219	5,845
Trade and Other Payables - Capital	(343)	(1,270)	(927)	0.000	(1,270)
Other Financial Liabilities - Accruals	31,004	33,662	2,658	8,550	25,112
Other Financial Liabilities - Borrowings FTFF	499	499	0	0.000	499
Other Financial Liabilities - PDC Dividend	1,239	1,548	310	0.000	1,548
Other Financial Liabilities - Intragroup Borrowings	0	0		349	0
Finance Lease - Intragroup	0	0		0	59
Total Current Liabilities	66,272	59,484	2,055	14,024	45,867
NET CURRENT ASSETS (LIABILITIES)	14,502	19,220	4,718	(1,396)	20,616
Non-Current Liabilities					
Deferred Income	2,018	2,023	5	1,719	304
Provisions	3,083	3,083	(1)	0	3,083
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	11,668	0
Other Financial Liabilities - Borrowings FTFF	13,011	13,011	0	0	13,011
Finance Lease - Intragroup				0	42,047
Total Non-Current Liabilities	18,112	18,116	4	13,387	58,445
TOTAL ASSETS EMPLOYED	**135,793**	**141,039**	**5,247**	**29,487**	**128,377**
Tax Payers' and Others' Equity					
PDC	145,470	145,470	0	0	145,470
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(19,572)	(14,325)	5,247	22,124	(36,449)
Other Reserves	0	0	0	0	0
Revaluation Reserve	9,795	9,795	0	0	9,795
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	135,793	141,039	5,247	38,948	118,916
TOTAL ASSETS EMPLOYED	**135,793**	**141,039**	**5,247**	**38,948**	**118,916**

Table 2 – Statement of Position

5 Capital

5.1 The Trusts 22-23 CDEL limit had been set at £8.419m, with contributions from capital grants of £0.427m and donated assets of £0.480m increasing capital resources to £9.326m. Donated asset expenditure (and therefore funding) is now forecast at £0.153m; PDC funding expected for digital maturity (£0.300m) has been withdrawn (zero spend), with cyber security PDC increased to £0.078m from £0.050m, resulting in a CDEL of £8.727m.

5.2 CDEL has been increased throughout the year from additional PDC awards of £4.218m in respect of Community Diagnostic Centre (£0.499m); Endoscopy (£0.586m); Bowel Cancer Screening (£0.562m); Breast Screening (£0.697m); Digital Diagnostics (£1.224m); Front Line Digitalisation (£0.600m); and regional Digital Programme (£0.050m).

5.3 A further increase to Gateshead's CDEL of £1.000m to be funded from cash reserves was recently agreed within the system. This £1.000m will be used to accelerate programmed 2023/2024 capital spend to mitigate capital pressure in the forthcoming financial year.

5.4 All of the above now results in a CDEL of £13.945m as summarised in the table below: -

CDEL	£000's
Net Depreciation*	7,605
Internal Cash	1,464
Donation - Decarbonisation	427
Donated assets	153
PDC	4,296
Total	13,945

* After Principal Loan Repayments

5.2 Capital spend up to the end of February was £7.258m, £2.527m below plan. Expenditure in the period was in respect of the Maternity Theatre, building maintenance, the New Operating Model, IT Infrastructure, Equipment Replacement, Health & Safety, small schemes, and schemes carried forward from the 21-22 programme.

6 Risk

6.1 Whilst there are risks that must be considered alongside the reported financial position some are now fully or partially mitigated reducing the level of risk to the achievement of the Trusts 2022-23 financial plan. However, the risk rating remains high for the 2023-24 financial year:

Risk	Status	Previous Risk Rating	Current Risk Rating
Activity is not delivered in line with planned trajectories, leading to reduced access to ERF funding	Risk for this finanical year mitigated as ICB confirm Trust can retain ERF funding irrelevant of activity delivered. Risk remains for ongoing and underlying financial position and access to ERF in 23/24.	12	16
There is a considerable risk that the trust is unable to meet the required forecast outturn positon of 1.6m surplus	The Trust will not deliver £1.6m surplus but has received a formal request to deliver a break even position. The risk of not achieving break even is minimal.	15	6
Risk that the capital cost of the new operating model continues to increase resulting in revenue implications	Risk remains as capital programme spans across financial periods. NOM Board closely monitoring and performance managing costs.	12	12
Risk that efficiency requirements cannot be achieved due to ongoing operational pressures resulting from COVID and demand on unscheduled care.	£6.407m efficiency achieved in 22-23. Current risk rating remains high as CRP achievement is a risk to the underlying recurrent position.	20	20
Financial mitigations (Trust) assumed in plan are not realised in line with expected figures	Financial mitigiations transacted - risk closed.	9	2
Cost implications associated with winter and non-funded escalation beds due to delated discharges, not yet quantifiable	22-23 forecast outurn reflects cost of winter and non-funded escalation beds	6	2
The risk of conflict between ICP plan and organisational targets	ICB and wider system discussions have led to formal request to Trust to deteriorate forecast outturn to break even. This required position contributes to delivery of a balanced system finanical position. Conflict removed for 22/23. Risk closed.	4	2
Capital schemes are not in place in a timely basis to enable capacity required to manage surge	Approved capital plan in place, being closely monitored by Capital Steering Group and Exec Capital Group.	9	4
The capital plan may be impacted by short notice, non-recurrent funding made available nationally	Risk increased. Pressures on the captal programme exist from capacity and financial perspective, leading to risk of not responding to operational pressures.	9	9

Kris Mackenzie, Group Director of Finance & Digital
March 2023

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 17

Report Title:	**Integrated Oversight Report**			
Name of Meeting:	Board of Directors – Part 1			
Date of Meeting:	29th March 2023			
Author:	Deborah Renwick & Jon Gaines and IOR Reporting Leads			
Executive Sponsor:	Joanne Baxter			
Report presented by:	Joanne Baxter, Andy Beeby, Gill Findley and Lisa-Crichton-Jones			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☐
	To summarise performance in relation to key NHS standards, requirements and KLOE's to outline the risks and recovery plans associated with COVID -19. This report covers the reporting period January and February 2023.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Chief Operating Officer's Senior Management Team Trust Senior Management Team			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	Key points highlighted in the IOR: **<u>Safe (pages 6-9 of IOR)</u>** • 2 serious incidents reported in February, open and under investigation. 0 open patient safety alert showing on the national system as not completed by deadline, as of January. No Never Events in the past 18 months. • Medication errors per 1000 FCEs returned to triggering common cause variation so removed from reporting. • 513 patient safety DATIX recorded in February 13 for moderate harm or above (2.5%) • The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and no community healthcare associated MRSA BSI in February 2023. • 34 Healthcare associated CDI cases since April 2022 (against the CDI threshold for 2022/23 of 32), 8 in February (5 hospital and 3 community). • The Trust has reported 4 Healthcare Associated and 4 Community Associated MSSA BSI during February 2023, 9 Healthcare Associated E. coli during February 2023 (7			

HOHA's and 2 COHA's). There has been 13 Community Associated E. coli.
- In February the Trust reported zero P. aeruginosa BSI and 1 Healthcare associated Klebsiella spp.

Effective (pages 10 - 14 of IOR)
- The Trust Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Indicator (SHMI) shows deaths within the expected range.
- The Long Length of stay greater than 21 days indicator has triggered special cause variation.
- There was an improvement in the average number of long stay patients (LOS 21+) from 107.3 in January to 100.1 in February.
- Both total LOS and non-elective LOS continued to move to a position of being almost identical in February, standing at 5.19 and 5.24 respectively with both averages increasing in month.
- Theatre Utilisation in February stood at 84.6%, with latest Model Hospital benchmarking placing the Trust in the Top performing quartile at 83%.

Responsive (pages 15 – 28 of IOR)

UEC: Front of house performance measures improved in February:

- 4-hour performance was 71.6% placing the Trust 47th out of 139 NHS Type 1 providers (70.5% & ranked of 50th last month)
- Attendances decreased to 8015 (lowest of the year so far), daily attendances averaged 17 per day more than February 2022 (representing an increase of 6.5%)
- Paediatrics attendances have returned to expected levels standing at 946 or around 11.8% of all attendances)
- 40 patients waited longer than 12 hours to be admitted, down from 320 in January
- 12 hour waits in department to discharge reduced to 325 or 4.05% of attendances (710/8.3% in January)
- Ambulance handover delays were 52: 30-60 minute and 39: >60 mins
- Ambulance diverts received were 7 in February, same as January, down from 26 in December, diverts from us that were supported also reduced to 0.
- Average bed occupancy was 94.4% in February (95.4% in January), highest in the ICB area since June 22

Final activity data in February – was below planned levels overall, however:
- Combined elective activity – 92%
- Day cases: 103%
- Elective inpatients: 75%
- New outpatient attendances: 102%

- Follow-up attendances: 87%
- Diagnostics 113%

RTT:

- Increase in the number of patients waiting for treatment from 12,753 in January to 12,864 in February
- 52-week waiters are above planned levels with 70 waiters in February over a plan of 5, however again reduced from January
- We have 0 78-week waiter at the end of February
- February RTT <18 weeks waiter performance 70.5% (70.2% in January)

Diagnostics: DM01 6-week performance 92.2% in February an increase from 86.2% in January. Echocardiography and Audiology continue to contribute to risk in achieving this standard, but both saw improved performance February to 85.3% and 65.2% respectively, with both tests seeing reductions in 6 week+ waiters. Trust wide the numbers waiting for a diagnostic test increased slightly from 4843 in January to 4974 in February, however the number of those waiting more than 6 weeks reduced significantly from 670 in January to 387 in February.

Cancer: Performance measures:

- 2 week wait performance 79.8% for January, 83.2% for February (indicative)
- Faster Diagnosis Standard at 76.0% for January, 78.9% for February (indicative)
- 31-day standard at 99.2% for January, 96.9% for February (indicative)
- 62-day cancer at 53.5% for January, 62.6% for February (indicative)
- 62-day waiters are 62, above planned for levels of 55
- 104-day waiters decreased to 9 at the end of February from 12 at the end of January

Duty of candour: Verbal Duty of Candour compliance is displaying common cause variation for concern for February 2023 at 100%. Notification letter compliance is displaying common cause variation for February 2023 at 49%.

Well led (pages 37 – 40 of IOR)

- The Trust has a current vacancy rate of 5.7%, equating to 247 vacant WTE. This is an improvement from January's position of 6.2% and 269, and April when the figure was 8.0% or 334 WTE.
- Sickness Absence rates decreased to 5.1%, common cause variation and slightly below the 18-month average.
- Core training performance increased to 82.1 % triggering special cause variation improvement, however the target is still not achieved.

<table>
<tr><td></td><td colspan="6">

- Appraisals continued to increase to 76.6% maintaining special cause variation improvement, however the target is still not achieved.

Benchmarking (page 10 of this report)
The Trust position in relation to the available benchmarking data has changed in February. Table in page shows a continued worsened position in relation to our benchmarked position for A&E 4-hour standards, and 52-week waiters when compared with the start of this financial year, however for the first month, in February, our cancer 62 day position has also worsened.
</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">This report seeks to provide assurance in respect of the priority objectives to 3.8 deliver operational transformation to improve productivity and efficiency.

The recommendations to the Committee are to receive this report, discuss the potential implications and record as limited/partial assurance as a direct consequence of the workforce challenges, impact on activity recovery, long waiting times and performance.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">3.8 (F&P) Deliver operational transformation to improve productivity & efficiency
3.9 (F&P) Develop smart integrated reporting framework</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">

- Activity & Elective Recovery (2560, 2884,2869)
- Emerging increase in referrals rates – Breast, T&O and urology)
- UEC performance and flow
- Ambulance Delays
- 12 Hour Trolley waits
- Cancer rising referral rates (breast) Gynae transfers
- Workforce fatigue and health and well being
- Staffing and workforce gaps in key areas (2956, 2942, 2514, 2946, 2938, 2953, 1675)
- Backlog reduction:
  Cancer – Urology, Gynaecology (2514), LGI Echocardiology (2730)
</td></tr>
</table>

	• Outpatient face to face capacity		
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

INTEGRATED OVERSIGHT REPORT

1. Introduction

1.1 This report summarises performance across key NHS standards, requirements and KLOE's outlining the risks and ongoing recovery plans associated with COVID -19. This report covers the reporting period of January and February reporting performance predominantly retrospectively where data is validated, signed off and submitted, as highlighted below. Where indicative data is provided in IOR it is identified.

IOR section	Data Item	Reporting Period	Data Quality Sign Off
Safe	SI's	February 23	***
Safe	Open Safety alerts	February 23	***
Safe	Infection, Prevention and Control	February 23	***
Effective	HMSR	Aug 20 to Dec 22	***
Effective	SHMI	Jun 20 to Oct 22	***
Effective	Discharge (Sitrep)	Jan 22 to Feb 23	*
Effective	Long Lengths of Stay	February CDS	***
Effective	Efficiency & Productivity	February & October	***
Responsive	UEC and Ambulance handovers	February 23	***
Responsive	Community	Jan final/Feb unvalidated	**
Recovery	Elective Care	February 23	***
Responsive	Diagnostics	February 23	***
Responsive	RTT	February 23	***
Responsive	Cancer	January / February (indicative)	**
Responsive	Complaints	February 23	***
Well Led	Sickness, Appraisals, Core Training, Core Training, SIP, Vacancies, Agency Spend	February 23	***
*** Signed off Unlikely to change, ** Subject to validation * snapshot position			

1.2 Trust Corporate Objectives relating to this report and overseen by the following Committees are:

Quality Governance Committee:

- 1.8 Achieve accreditation of Nursing and Midwifery excellence programme
- 1.10 Supporting the route map to CQC Outstanding

People & OD:

- 2.5 Strengthen approaches to people related quality, performance & governance measures

Finance & Performance Committee:

- 3.8 Deliver operational transformation to improve productivity & efficiency
- 3.9 Develop smart integrated reporting frameworks

2. Key issues & findings

2.1 Safe

2.1.1 **Trust level SI's and National Patient Safety Alerts (page 6):** Two Serious Incidents (SIs) have been reported in February, totalling 61 to date in this financial year. The two incidents were all categorised as severe/major harm, with 1 related to clinical system failure and 1 related to falls. There are now no open patient safety alerts showing on the national system as not completed by deadline. Previously the Trust has had one showing since March 2022.

2.1.2 **Patient Safety Incidents (DATIX) (page 7):** The volume of Patient safety incident (DATIX) are provided in the IOR for the first time covering the last 12 months, split by level of harm. Over the past 12 months an average of 545 incidents have been logged each month, with monthly figures varying between 503 and 645. The chart shows severity is predominantly recorded as 'No harm and Low harm'. Patient falls, Medication, and Pressure damage are the top 3 incident types by volume. On average 2.6% of incidents each month have been recorded as moderate harm or above, an average of 14 incidents in actual numbers. Patient falls, Delay / failure to treat / monitor, and Operations / procedures are the top 3 incident types in this group.

2.1.3 **Infection Prevention & Control (page 8-9):** The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and no community healthcare associated MRSA BSI in February 2023. 34 Healthcare associated CDI cases since April 2022 (against the CDI threshold for 2022/23 of 32), 8 in February (5 hospital and 3 community). The Trust has reported 4 Healthcare Associated and 4 Community Associated MSSA BSI during February 2023 and 9 Healthcare Associated E. coli (7 HOHA's and 2 COHA's). There has been 13 Community Associated E. coli. In February the Trust reported zero P. aeruginosa BSI and 1 Healthcare associated Klebsiella spp.

The Trust has seen an increase in community E. coli BSI, possibly associated with seasonal variation. There are now plans to have a regional hydration network meeting to discuss the rise in gram negative bacteraemia's which Gateshead will be a part of going forward.

2.2 Effective

2.2.1 **HMSR and learning from deaths (page 13-15):** The HSMR is showing deaths 'As Expected' with a score of 102.8 against the national average figure of 100. The SHMI is also showing deaths are within the expected range with the latest figure of 0.90, below the national average of 1.00. Mortality review data for the last 12 months demonstrates that 98.4% of deaths reviewed were 'Definitely not preventable' with 93.5% of cases reviewed identified as 'Good practice'.

Cases scoring more than Hogan 1 are subject to a review at Mortality Council, the majority of these cases are also patient safety incidents and would go through the Trusts Serious Incident Panel. Since the inception of the Medical Examiner Service in September 2020, all deaths are reviewed and cases may be escalated for additional investigations i.e., Mortality Council, patient safety investigation.

The new mortality review process went live on the 10th of October 2022 involving initial scrutiny and grading by the Medical Examiner's Office and subsequent referral where appropriate. Reporting is being developed to monitor the outcomes from this process and support national reporting.

Learning from recent Heart Failure cases were 1) delays in discharges as a result of delays in obtaining social care packages, 2) recognition of patient dying, 3) reduced access to obtaining ECHOs and telemetry and appropriateness of placing patients in wards where there is limited access to monitoring 4) ECGs not documented within patient notes 5) Senior decision making and handover 6) Referrals to heart failure team – completed reviews undertaken and action plan developed. A review of a further sample of heart deaths reviewed by the Mortality Council in February 2023, the following learning was identified; Good practice; heart failure outcome letter very comprehensive, involvement with family, thoughtful and proactive approach to end-of-life care, inpatient echo carried out within 48 hours of admission which allowed for timely new diagnosis, evidence of good MDT working. Learning: Number of diagnoses missing from the GP notification of death letter, no main diagnosis and a lack of detail, discharge letter not accessible on system, issue navigating careflow system – correspondence in various places which contributes to inefficiencies in the system. In response to a theme identified via the Medical Examiner's Office, a extraordinary meeting of the Mortality Council has been convened to review a sample of frailty/end of life cases. his will take place on 30th March 2023.

2.2.2 **Discharge and delays (page 11)** Discharging patients remains a challenge as average admissions continue to exceed discharge. Between Jan 22 and February 2023 during the day (on average) 128 patients don't meet the criteria to reside. We discharge on average 78 of these patients per day (61%). 53% of the discharges occur before 5pm (circa 41 patients) (10% of these discharges occur before 12 noon (4 of the 41 patients), 47% of the discharges occur after 5pm (37 patients), 39% of the remaining patients continue to occupy a hospital bed (50). Trend data for bed days lost in the period show the bed days lost since medical optimisation was on an upward trend from October to December but significantly reduced in January and remained stable in February.

In February average daily admissions were 94 per day (ranging between 58 – 125) and average daily discharges 89 per day (range 50 – 123). The average number of daily patients in the hospital who did not meet the criteria to reside was 130 per day and pathways 1-3 accounted for 53% of the patients 66% bed day delays, Internal assumed pathways zero and process and referral delays account for 47% of the patients and 34% of the bed days delayed.

The trust continued to have the highest bed occupancy levels in ICS, which has been the position since June 22. February bed occupancy averaged 94.4% (ICS average 91.5%), with a daily peak 97.7% on the 19th of February. 94.4% is lower than January at 95.4%. Bed occupancy is consistently well above 92% threshold using 7 day rolling average basis, however, did fall below 92% week of the 10th of Feb, first time since May 22 before returning to typical levels.

2.2.3 **Long Length of Stay Patients (page 12)** - There is an expectation that the daily average number of patients staying 21+ days would not exceed 59. The ECIST existing target of 59 is subject to either pass or fail based on common cause variation. The average number of patients in hospital with 21+ days LOS is currently showing special cause variation (concern). An increase since June 2022 is observed and the December 2022 position exceeds the upper control limit. The number of LLOS patients decreased slightly in February to 100.1 from 107.3 in January.

2.2.5 **Efficiency and Productivity – Length of Stay (page 13)** - National data shows day case rates in highest performing quartile (83.2%) and conversion from day case to inpatient also highest performing quartile (6.0%). Trust monthly data shows the average length of stay of elective fluctuates each month, however latest month of February has seen a continued increase to 4.7 from 4.44 in January. Both total LOS and non-elective LOS continued to move to a position of being almost identical in February, standing at 5.19 and 5.24 respectively with both averages increasing in month.

2.2.6 **Efficiency and Productivity – Theatres (page 14)** - Improving theatre productivity to drive elective activity plays a crucial role in reducing our patient waiting times and eradicating our backlogs. The Trust aims to maximise our running theatre sessions > =85% with appropriate volumes of cases per list. At the end of February, the Trust was only just below the threshold but continues to benchmark well. Utilisation in February stood at 84.6%, with latest Model Hospital benchmarking placing the Trust in the Top performing quartile at 83%. Maximising the use of the theatre suites is an area of improvement – performance has improved from a low of 53.1% in August to a high of 71.6% in November 22, however since November performance has steadily declined month on month to 59.8% in February.

National data also benchmarks well in relation to additional capacity (%) including 5% on the day cancellation rate which stands at 6%, and in the best performing quartile nationally, while the Uncapped theatre utilisation rate of 86% for touch time/planned is higher than the latest peer average (79%) and national average (81%). With Capped theatre utilisation rate of 83% for touch time/planned again higher then latest peer average (75%) and national average (76%).

2.3 Responsive

2.3.1 **Urgent and Emergency Care (page 15 - 16)** Attendances decreased in February to 8,015 from 8,522 in January, the lowest of the year so far. However daily attendances averaged 17 per day more than February 2022 (representing an increase of 6.5%). Paediatrics returned to typical levels In January and February at round 11% (previous increase was attributed largely to ‘worried well’ children, in response to media coverage of Strep A, with parents struggling to get GP appointments and so subsequently attending A&E).

Headline January performance data shows:

- 4-hour performance was 71.6% in February, an improvement from 70.5% in January
- At 71.6% this placed the Trust 47th out of 139 NHS Type 1 providers nationally, down from 50th last month.
- 40 patients waited longer than 12 hours to be admitted in February, a decrease from 320 in January
- 12 hour waits in department from arrival to discharge reduced to 325 in February from 710 in January. 325 equates to 4.05% of all attendees, down from 8.30% in January
- Ambulance delays reported in February: 52 between 30-60mins (down from 74 in January) and 39 delays >60 mins (down from 169 in January)
- In January and February, the Trust was top performing Trust in the (ICS) region for 30-60m Ambulance hand-over times, and 4th for 60+ minute delays.

- Ambulance diverts received were 7 in January and February, down from 26 in December, diverts from us that were supported also reduced to 2 from 14 in January.
- Overall time in the department continues to reduce but remains high at non-admitted 2 hours 43 minutes, admitted 8 hours 11 minutes.

2.3.3 **Community Teams (page 17):** Continue to support secondary care services by keeping patients in their own home. Community teams, including children's services saw 39,884 contacts in February, averaging 1424 per day. The Rapid Response team responded to 166 two-hour crisis response referrals in January, a slight fall from 199 in December, and achieved a validated compliance rate of 75.3% for patients seen within 2 hours. This was above the target and highest monthly performance this year. Indicative (currently being validated) performance for February is 98 referrals with a compliance rate of 61.2%, below the 70% target. Year to date validated performance stands at 64.6% (Apr-Jan).

2.3.4 **Elective activity and recovery (pages 18/19):** The expectation is to reach 104% of activity value of the 2019/20 plan. February combined **elective activity is at 92%** of 2019/20 baseline activity, which is below planned levels. Overnight elective activity decreased from 102% to 75% of baseline year. Day case treatments increased from 99% to 103% in February. Outpatient attendances were at 102% for new and 87% for follow-up attendances.

The Trust is reporting 22.62% of all outpatient attendances conducted remotely, which is slightly below the 25% expectation and 3.65% of all OP recorded as Patient Initiated Follow-Up – which is below planned levels of 4.6%.

Diagnostic activity levels were 113% in February and continue to be above planned for levels every month so far this year. Modalities achieving their activity target in February included CT (122%), non-Obstetric ultrasound (102%), flexi-sigmoidoscopy (102%), Echocardiography (154%) and Endoscopy (103%). In February percentages of activity delivered including CDC activity were 137% for MRI and 130% for CT against 19/20 baseline. Year to date 148% for MRI and 140% for CT.

2.3.5 **Diagnostics 6 week wait performance (page 20):** Performance was 92.2% in February, an increase from 86.2% in January. Overall, Trust performance remains below the 95% target however February was the highest figure so far this year. February performance was above latest NENC average of 80.3% (Jan 23) and continues to exceed the latest national average of 69.2% (Jan 23). In February 7 out of 12 specialities achieved the 95% target, a reduction from 9 in January. The overall numbers waiting for a diagnostic test increased slightly from 4843 in January 4974 in February, however the number of patients waiting >6 weeks reduced significantly from 670 to 387.

Echocardiography and Audiology continue to contribute greatest risk in achieving this standard, however both saw significant reductions in >6w waiters in February. Audiology from 299 to 208, Echo from 314 to 112.

Audiology performance improved to 65.2%, the highest since March 22. Audiology improvement trajectory plans for standards to be achieved in Summer 2023. Echo noted a significant increase in performance from 63.0% to 85.3%, again the highest of the year so far. The Echocardiography recovery plan for 22/23 aimed to recover the long waiters by February 2023, and while off trajectory at present recent months continue to show significant improvement. The improvement trajectory has been

revised for the 23/24 planning round, and now aims to achieve the 95% target by month 3 (June 23).

2.3.6 **RTT (page 21):** February performance was 70.5% a slight increase from January at 70.2%, but below the 92% target. At 70.2% the Trust performance continues to exceed latest national average 58.3% (Jan 23), and the ICB average of 69.5% (Jan 23). While most specialties are challenged in achieving the target, two specialities achieved the target in February, General Medicine at 95.5% and Rheumatology at 93.3%.

The Trusts total waiting list increased from 12,753 in January to 12,864 in February, however weekly monitoring of the 78-week cohort (as per requirements of Elective actions for the 78-week cohort letter received January 23) ensured we continue to have 0 patients waiting more than 78 weeks. The number patients waiting 52 weeks or more remained above plan levels but again reduced, from 84 in January to 70 in February. Significant reduction in Respiratory 52-week waiters seen in January was maintained, and General Surgery number are now at the lowest levels seen all year. Paediatrics remains the largest cohort of 52-week waiters, but also saw in month reduction from 42 to 33.

2.3.7 **Cancer (pages 22-25)** Continued focus on clinical prioritisation and increasing capacity to reduce patient backlogs and waiting times.

2 week waits - Indicative performance for February stands at 82.3%, a 2.5 percentage point increase from 79.8% in January. 82.3% remains below the 93% target. Latest Trust validated figure for January at 79.8% was below latest national average 81.8% (Jan 23) and latest NENC average 86.0% (Jan 23). Using validated final data for January, only Breast and Testicular exceeded the 93% target. Indicative figures for February indicate this position has continued, but expectation final figures will change once validated. Consistent pressures in all months for Lower GI, Lung and Upper GI. Activity volumes for most tumour sites in January/February are higher than 19/20 levels, with the exception of upper GI which indicates consistent lower levels, and lower GI which has fluctuated.

Faster diagnostic standard – The Trust has achieved the 75% target in all months since June 22. Indicative performance for February 78.9%, a 2.9 percentage point increase from 76.0% in January. Latest Trust final figure for January at 76.0% was above latest national average 67.0% (Jan 23) but slightly below the latest NENC average 76.2% (Jan 23). Typically, the Trust exceeds this average. While Trust wide performance achieves the standard, performance risks continue across most specialties - Particular consistently challenged specialties are Gynae, Lower GI, Urology, Haematology and Upper GI. Breast and Symptomatic Breast sites exceeding the 75% target in each of the last 11 months.

The trust is performing well in **the 31day standard** and has exceeded the standard every month this year. Trust's validated performance for January is 99.2% against the 31 Day standard, with the Surgery and Drug subsequent treatment above standard also. 99.2% continues to exceed the latest national average of 88.5% (Jan 23) and NENC average 90.1% (Jan 23). February's indicative position is 96.9%, with slight reduction in performance in Gynae and Lung. All tumour sites have achieved the target in the two fully validated months of December and January.

62-day cancer treatment – Performance improved in February (indicative) to 62.6% Final performance for January at 53.5% was slightly below the latest national average 54.4% (Jan 23) and NENC average 54.5% (Jan 23).

In February the Trust reported 62 patients waiting over 62 days on a 2ww classic pathway (8.1% of the total waiters on a 62-day 2ww classic pathway) (76 on all pathways (8.5% of total waiters)). The number of long waits (>104 days) on a 62-day (2ww) pathway at the end of January had increased to 12 patients (1.6% of total waiters on a 62-day 2ww classic pathway) (16 on all pathways (1.7% of total waiters). The number of long waits (>104 days) on a 62-day (2ww) pathway at the end of January had decreased to 9 patients (1.2% of total waiters on a 62-day 2ww classic pathway) (13 on all pathways (1.5% of total waiters).

2.3.8 **Verbal Duty of Candour (page 26):** Verbal Duty of Candour compliance is displaying common cause variation for concern for February 2023 at 100%. Notification letter compliance is displaying common cause variation for February 2023 at 49%. Compliance with the 10-day timeframe for verbal DoC is at 100%. However, there is a decrease in timely compliance for Notification letters, with two letters outstanding. One of these relates to an incident in which the patient is a minor who has been removed from the care of the parents. The second outstanding letter has been followed up by the legal team with the incident handler.

2.3.9 **Complaints (page 27-28): Informal Complaints** - Analysis of recent informal complaints (November 2022 to January 2023) and February 23 highlights the two main subjects for complaints are Communication and facilities mostly linked to Car parking issues. The tables (right) provide a breakdown of the most common issues for both themes, for the previous quarter and latest month to identify if issues remain consistent. With regards communication complaints there is no patten observed regarding specially / location for poor communication. Telephone waits feature the highest in ENT / Audiology but numbers are generally quite low. With regards facilities complaints, car parking issues continue to be the most significant issue. Complaints relating to parking charge notices were the largest category in February, but these continue to reduce over time. In February 2 complaints were recorded around inconsiderate parking in the local neighbourhood, but none in the previous 3 months.

Formal Complaints - Analysis of recent formal complaints received between November 2022 to February 2023 continues to highlight two main subjects, Communication and Clinical Treatment. All formal complaints relating to communication were listed as issues with verbal communication, with UEC teams receiving the most complaints (important to note they also deal with the largest volume of patients). However verbal communication complaints were spread across a range of areas of the hospital. Clinical Treatment complaints had *actions not carried out* complaints as the largest category and also featured strongly again with UEC receiving the highest number of complaints. These complaints tend to link to people's perceptions that something should have taken place such as an x-ray and links back to communications around rationales for care plans. Other clinical treatment complaints were spread in small numbers across a range of areas of the hospital.

2.4 Well Led

2.4.1 **Workforce (pages 29 - 33)**

Sickness (page 29) - Absence rates peaked across the Trust in December up to 7% however fell back to the mean average absence rate of 6.1% in January 2023. QEF sickness rates seen a steep incline in sickness rates from November 22 through to January 23, peaking at 6%. As a group the Trust has seen a further decline in sickness absence rates from January 2023 at 6.1% moving into February 2023 reporting at 5.11%. This is below the regional absence average for February which

is currently 5.29% but higher than the national absence average which is currently 4.96%. A focused piece of work on Absence Management was measured from 1st November 2022 – 31st January 2023 and reviewed in February/March 2023. There was a collective approach from the management teams of the Business Units and POD. The absence management work continues, and an impact review of the collective approach was presented at SMT on the 16th March 2023. Monthly sickness absence reporting continues and is shared with the Business Units. POD are continuing to support managers to engage with the refocused collective leadership approach. Monthly LTS clinics within the Business Units are now set up for a 12-month period with January and February clinics in process. The Trust SMT continue to fully support the new approach to absence management. Professional Absence Management training continues to be provided by Capsticks we have training sessions commissioned up to the end of the financial year for our line managers. We have designed and commissioned a bespoke training session for our SLM's, Matrons and Business Managers which was due to be delivered in January 2023. These sessions were postponed to March due to industrial action. Dates to be circulated in due course.

Core Training (page 30) - Another increase in compliance with a whole group compliance figure of 82.1% against an 85% target. QEF currently have a compliance level of 74.7% against the 85% target, which is a further 3% increase on the last metrics report. Managers are aware that significant work is required to improve that position, however this is a positive improvement since the last report. The additional space for QEF staff for training is available and this continues to see an increase compliance. The trust only has increased to 83.3 against an 85% target. We will continue to work with business units to increase compliance and provide support around ESR. The industrial action has increased clinical pressures and we may see impacts on face-to-face attendance. The topics that remain under compliance targets and provide a level of risk are-Moving and handling level 2, Level 2 and 3 PMVA, Safeguarding level 3 topics and Information Governance. Work on-going with the SMEs for these topics to increase compliance. PMVA training will remain a risk until further staff have completed the training. Dates have now been made available and staff are booking on to attend so there should continue to be sustained increases in compliance with this topic. Level 2 training has seen a sustained increase to compliance. Moving and Handling level 2 compliance is approximately 65% which is 20% under target however is a further 6% increase on last month. Information below details the work on-going to support an increase in compliance. The areas with lowest compliance are Medicine and Elderly, followed by Surgery. Further information to flow through SMT with regards to moving and handling training space.

Appraisals (page 31) - The target of 85% is consistently not being achieved. The data shows that there has been an increase to 76.6% for the group, which is another positive increase since last reported. There has been a sustained improvement since May 2022 prior to the slight decrease in a previous month. Both QEF and Trust have seen increases in compliance this month with the trust sitting at 75.3% and QEF at 83.1% which is just below target. There remain a number of areas of concern, with varying numbers of staff requiring an appraisal. Currently all business units are red or amber, with only People and OD green in terms of compliance, with the lowest areas of compliance being Nursing and Midwifery, Medicine SLM 3 and Surgery SLM 1 and 2, however the numbers vary for completions. The People and OD (POD) Leads are working with each business unit, directorates and teams to identify actions required to reach the required compliance levels. Additional training is being provided in areas as requested, for new appraisers and refresher training to ensure people are comfortable with the current process. The quarterly oversight reviews are making

sure that appraisal compliance remains high on the agenda, and our colleagues in POD are supporting in any way possible.

SIP, Vacancies (page 32) - The Time to hire metric used by the Trust is Advertising Start Date to Starting Letter (T19 report). The time to hire metric continues to show a decreasing trend since September 2022 although increased slightly in February 23. For information the data covers all posts that are being processed by the recruitment team, including medical posts, Non-medical posts, Volunteers and Bank staff. The only staff not included in the data are those who have been recruited by Yeovil Hospital. The Recruitment performance is monitored weekly by the Head of People Services and the Recruitment Manager. The performance metrics are then shared fortnightly with our SMT for information. We aim to reduce our time to hire metric and keep focused on this vision.

The increase in the Trust vacancy rate observed in November was the result of an increase in budgeted posts to support winter pressure, which increased from 4,175 to 4,289, subsequently increasing vacancy rate up to 6.7% from 5.3%. At the end of February, the Trust was running a vacancy rate of 5.7%, equating to 247 vacant WTE. This is an improvement from April when the figure was 8.0% or 334 vacant WTE. Pathology directorate continues to have the highest vacant WTE in February (76.7) with a vacancy rate of 17.0%, followed by Elderly (31.1) with a vacancy rate of 13.7%. Theatres vacant WTE has continued to decrease down to 18.9 with a vacancy rate of 10.2%. Directorates to note that have high vacancy rates excluding the above directorates are Occupational Therapy (22.3%), Endoscopy (18.7%) and Finance (16.5%).

Agency and Bank Spend (page 33)

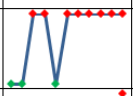
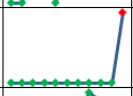
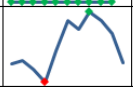
Total Agency spend has demonstrated a continual reduction since October 22. There is some fluctuation demonstrated within the different workforce groups, however, they contribute to the total agency spend reduction. Total bank spend has remained relatively consistent throughout the 11-month data set. Since April 22 there has been little fluctuation in workforce groups spend. There is a reduction in the agency fill rates likely due to the change in booking processes. Bank fill rates remain relatively consistent with slight variations demonstrated at payment incentive periods.

There was increase in bank requests in January continued in February via the system likely due to increased patient acuity and escalation areas. There was a noticeable increase in Registered nurse agency spend from December to February, coinciding with the increased requests for temporary staffing (particular areas of increase Ward 04 Winter, Ward 21 Escalation, Theatres A&R, Theatres Scrubs and Emergency Care Centre – A&E). Healthcare support worker agency use was withdrawn in June 22, however there is ongoing agency spend in this staff group due to use within Older Persons Mental Health and extenuating circumstances. Bank spend for this staff group remains consistent since August, averaging around £186k per month.

2.5 Benchmarking

2.5.1 The table below has been adapted from previous reports to give an indication of trend in the benchmarking position the Trust is achieving. The table below provides the position and indication of trajectory based on the data in the in IOR since May 22 to present:

2.5.2 The Trust position in relation to the available benchmarking data has changed in February. Table in page shows a continued worsened position in relation to our benchmarked position for A&E 4-hour standards, and 52-week waiters when compared with the start of this financial year, however for the first month, in February, our cancer 62-day position has also worsened.

	GHFT Benchmarking Position														
	Rank out of:	Rank is better if:	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	Nov IOR	Dec IOR	Jan IOR	Feb IOR	Mar IOR	Trajectory (May to Feb)	
A&E 4 hour waiting time target	139 - All Type 1 NHS Providers	Lower	23	20	19	16	29	33	38	31	25	50	47		Worsened
Latest weekly PTL: patients waiting > 104 weeks	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	1	1		No change (Best Rank)
Latest weekly PTL: patients waiting > 52 weeks	8 Providers in ICS	Lower	2	2	3	3	2	3	3	3	3	3	3		Worsened
Latest weekly PTL: patients waiting > 62 days for cancer	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	1	2		Worsened
62 day backlog as % of waiting list	139 - top 20 under NHSE/I scrutiny	Higher	73	75	69	59	83	106	99	113	106	96	74		Improved

3 Recommendations

3.1 The Committee are recommended to note the content of this report, in summary:

I. Recognise the continued pressures in the hospital including strike action, and redeploying staff into areas of greatest risk.

II. Against the significant pressures seen in December, the early signs of improvement noted in January have been continued in February of note the numbers of patients waiting more than 12hrs in A&E and 12hr DTA breaches. Ealy indications for March are these have also continued. Performance for the diagnostic long waiters has improved to the highest of the year so far.

III. Discharging patients and pressures across the Trust continued to impact on the Trust's ability to maintain patient flow in February. Beds blocked due to patients no longer meeting the criteria to reside, delayed discharges, and increasing lengths of stay continued to result in more beds open against planned levels, ultimately impacting on Trust expenditure.

IV. Activity levels have been affected by the points above; despite the pressures the Trust still manged to achieve 92% overall elective activity, 103% of day case activity, 102% new outpatient compared to 2019/20 and still benchmarks positively in the elective care metrics.

V. Complaints while not seeing significant increase in volumes, continue to correlate generally to areas of pressure with the largest number of formal complaints relating to front of house in perceived treatments. Informal complaints remain consistently lower than earlier in the year, and in the main relate to car parking.

VI. The Trust is currently running with a vacancy rate of 5.7% equating to 247 posts. Data currently available suggests areas with highest WTE vacancies and rates do not appear to necessarily directly correlate with the areas with the perceived highest pressures. However, reporting of vacancies continues to be developed

with a plan to bring vacancy rates into bank/agency spend and usage reporting for inpatient areas so this will give a stronger narrative in the future. the Trust continues to actively recruit whilst focusing on a range of retention initiatives.

Integrated Oversight Report

NHS
Gateshead Health
NHS Foundation Trust

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good
Are resources used productively?	Requires improvement

March 2023 Committees

Data: January / February 2023

THIS PACK IS BEST VIEWED ON SCREEN IN SLIDESHOW MODE

NHS Gateshead Health NHS Foundation Trust

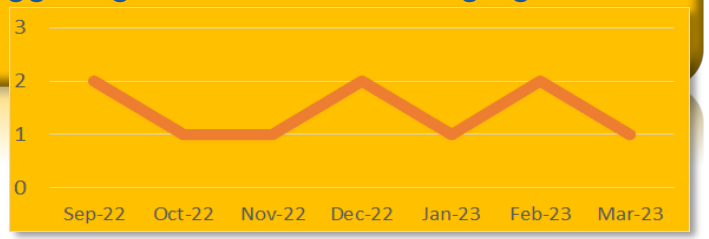
NOM = New operating model measures

KLOE Summary: Number of Indicators triggering concern or displaying Special Cause Variation

Gateshead Health NHS Foundation Trust

Safe
1 of 8 (13%)

applicable indicators triggering SPC/underachieving against targets

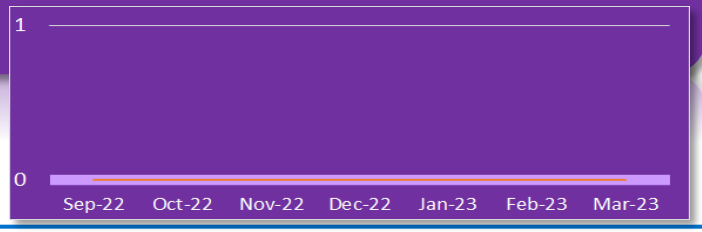


Effective
1 of 6 (17%)

applicable indicators triggering SPC/underachieving against targets

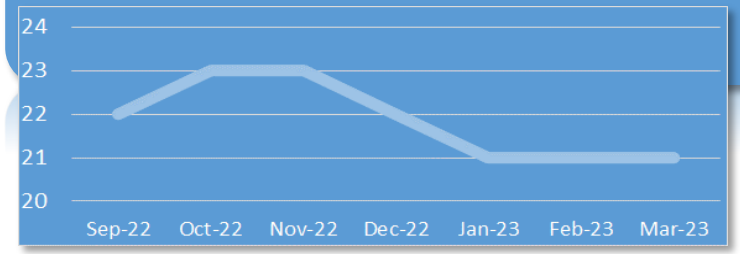
Caring
0 of 1 (0%)

applicable indicators triggering SPC/underachieving against targets



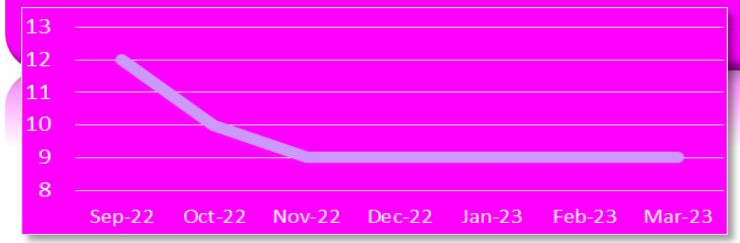
Responsive
21 of 41 (51%)

applicable indicators triggering SPC/underachieving against targets



Well Led
9 of 13 (69%)

applicable indicators triggering SPC/underachieving against targets



KLOE Summary

Safe

- Total number of **Trust reportable SI's:** 2 are reported in month, open and under investigation.
- There are **no Open Patient Safety Alerts** not completed by deadline.
- **Medication Errors** returned to common cause variation.
- **No Never Events** in the passed 18 months.

Effective

- The Trust **Hospital Standardised Mortality Ratio** (HSMR) and **Summary Hospital Level Indicator (SHMI)** shows deaths within the expected range.
- The **Long Length of stay** greater than 21 days indicator has triggered special cause variation.
- There was an improvement in the average number of **Long stay patients (LOS 21+)** from 107.3 in January to 100.1 in February.

Caring

- There are **no caring indicators triggering concern**.

Well Led

- **Core training** performance increased to 82.1 % triggering special cause variation improvement, however the target is consistently not achieved.
- **Appraisals** continued to increase to 76.6% maintaining special cause variation improvement, however the target is consistently not achieved.
- **Sickness Absence** rates decreased to 5.1%, common cause variation and slightly below the 18 month average.

Responsive

- **UEC:** February 23 Performance against the 4 hour standard is 71.62%. Overall activity remains (16.8%) below pre-covid levels. Footfall through UEC decreased to 8,015 in February from 8,552 attendances in January. February activity is on average 17 attendances per day more than last year (6.5% increase). The latest national benchmarking data places the Trust at 47th of 139 Type 1 providers. The Trust reported 52 30-60 minute and 39 over 60 minute ambulance delays in February. The Trust also reported 40, 12 hour waits from decision to admit to leaving ED and 325 (4.05%) 12 hour waits in the ED (from registration to left department).
- **RTT:** Feb 22 Performance against the 18 week standard is 70.5% with an increase of patients on the RTT waiting list from 12,753 to 12,864 and a decrease to 70 patients waiting over 52 weeks, none of which were waiting for more than 78 weeks.
- **Cancer: 2ww** Cancer referrals remain higher than pre-pandemic levels which creates challenge in achieving the 2 Week Wait Standard. The indicative Trust position against the target in February is 82.3%, below the 93% standard. In February 1271 Two week wait referrals were received which shows an increase of 19.8% in comparison to the same period last year and an increase of 38.6% on the same period in 2020.
- **Cancer: 62 day treatments** The Trusts indicative position against the 62 day standard showed a decrease in performance in January reporting performance at 53.5% with only the Haematology and other tumour sites meeting the performance standard of 85%.
- **Diagnostics:** The Trust failed the diagnostic standard in February reporting 92.2%% of patients seen with 6 weeks of referral. But this was the highest of the year so far. Echocardiography and Audiology continue to be the main challenges at 85.3% and 65.2% respectively. Again however both improved in February.
- **Duty of Candour:** Verbal Duty of Candour compliance returned to cause variation for concern for February 2022.

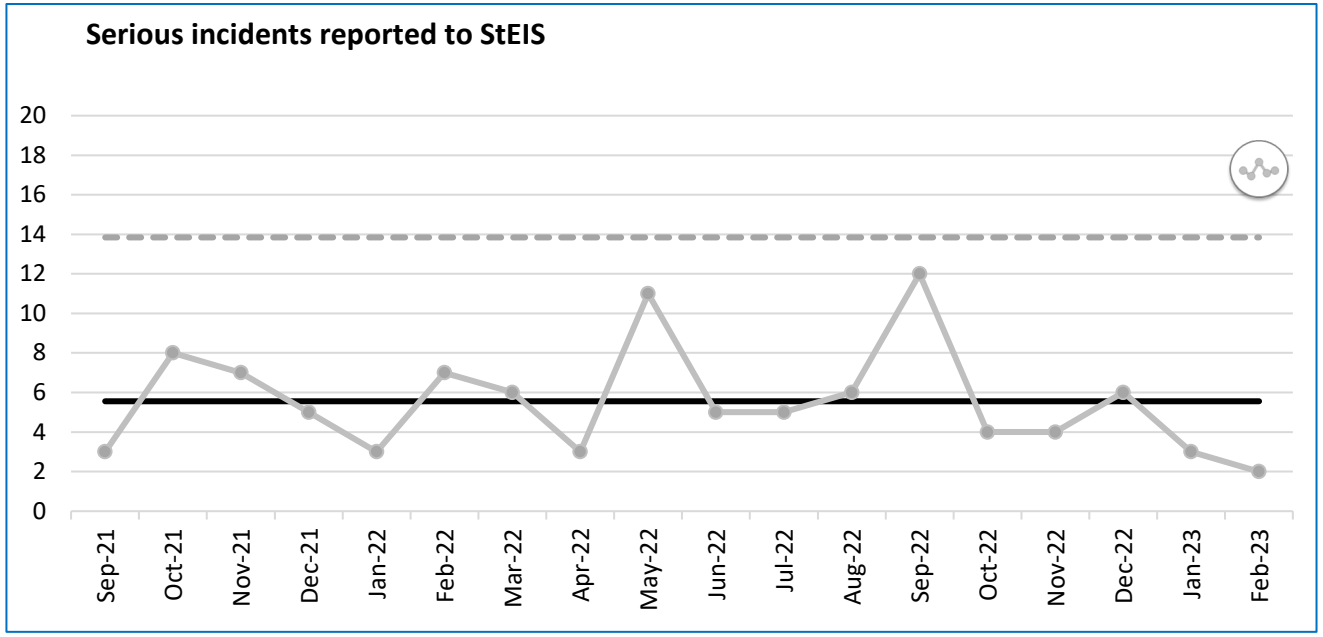
NHS
Gateshead Health
NHS Foundation Trust

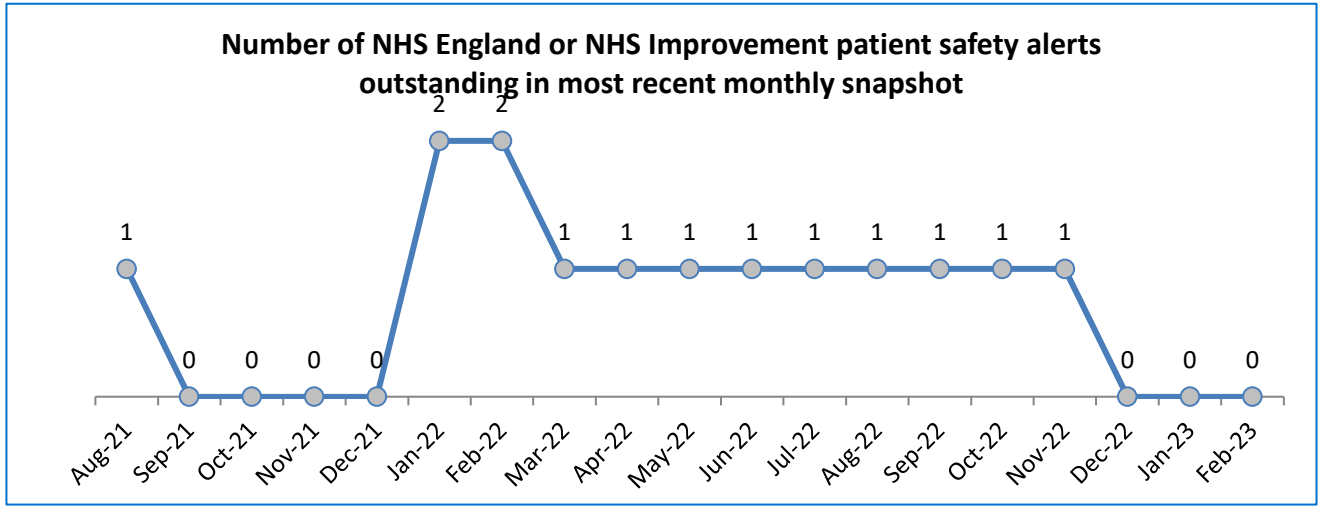
The following section includes detailed reports for a range of key measures, reported for each domain. These metrics might include indicators triggering concern or displaying Special Cause Variation and spotlights requested specifically by Committee or Board.

Serious Incidents reported to StEIS & National Patient Safety Alerts

Safe

Gateshead Health NHS Foundation Trust





Serious Incidents reported to StEIS

Aim: to ensure SI's are identified, reported and investigated appropriately. Identifying and sharing learning to prevent future occurrence.

Operational Definition: Serious Incidents and never events as defined NHS Improvement's Never Events Policy and framework (Jan 2018) reported on to STEIS.

Health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.

Consequence: of Failure: Patient safety, quality, Trust reputation, scrutiny from regulators.

There were 2 SI's declared in February 2023 – themes are listed below:

Moderate Harm
1 x Clinical System - Failure
The Keystone system that transfers electronic letters direct to EMIS GP system failed between the 15th and 17th February.

Severe Harm
1 x Fall on same level - due to wet floor

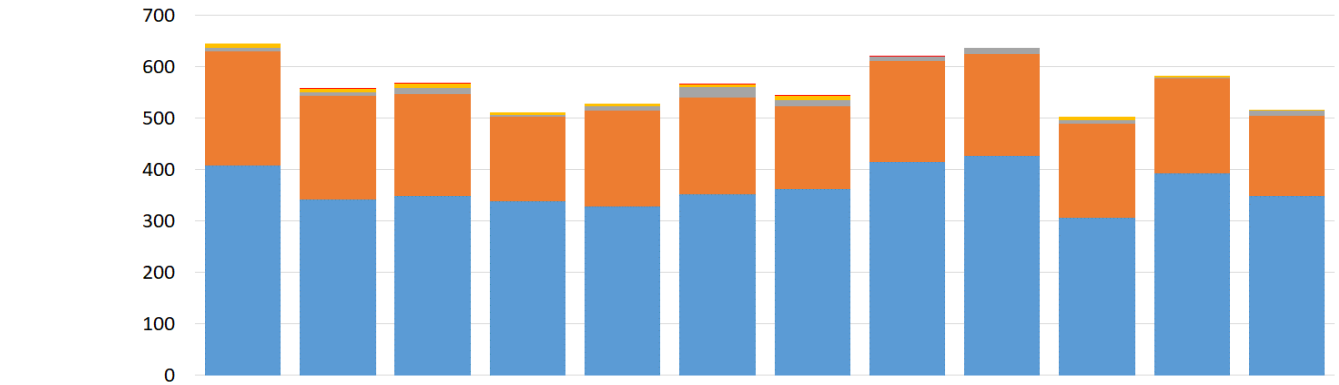
National Patient Safety Alerts

Situation:
There are currently no open National Patient Safety Alerts beyond the closed deadline date.

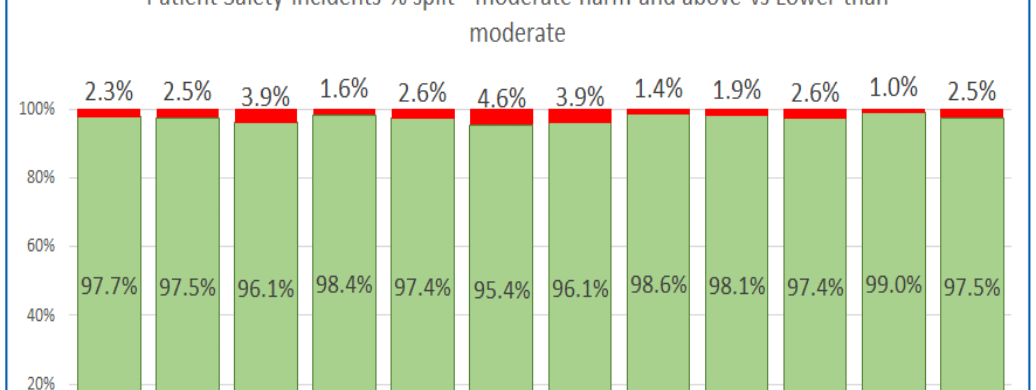
Datix - Patient Safety Incidents - included to provide high level information from Datix incidents

Safe

NHS Gateshead Health NHS Foundation Trust



	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Death / Catastrophic		1	2			1	1	1				
Severe / Major Harm	7	6	8	4	5	5	9			6	3	2
Moderate Harm	8	7	12	4	9	20	11	8	12	7	3	11
Low / Minor Harm	222	202	199	165	187	189	161	197	198	183	184	155
None/Negligible	408	342	348	338	328	352	363	415	427	307	393	349



Top 10 Reasons (all incidents) Mar-22 to Feb 23

1. Patient falls (1,628)
2. Medication (844)
3. Pressure damage (607)
4. Delay / failure to treat / monitor (556)
5. Discharge or transfer issue (516)
6. Infection prevention & control (419)
7. Communication failure (287)
8. Maternity / foetal / neonatal (286)
9. Pathology sample issues (254)
10 Staffing / resource issue (153)

- The volume of Patient safety incident (DATIX) are provided for the last 12 months, by level of harm (top left).
- Over the past 12 months an average of 545 incidents have been logged each month, with monthly figures varying between 503 and 645
- The chart shows severity is predominantly recorded as 'No harm and Low harm'.
- Patient falls, Medication, and Pressure damage are the top 3 incident types by volume (bottom left).
- On average 2.6% of incidents each month have been recorded as moderate harm or above (top right), an average of 14 incidents in actual numbers.
- Patient falls, Delay / failure to treat / monitor, and Operations / procedures are the top 3 incident types in this group (bottom right)

Top 10 Reasons (moderate & above) Sep22 – Feb 22

1. Patient falls (32)
2. Delay / failure to treat / monitor (12)
3. Operations / procedures (6)
4. Medication (6)
5. Infection prevention & control (3)
6. Safeguarding (2)
7. Results / investigations issues (e.g. scans / specimens / X-rays) (2)
8. Information technology (2)
9. Maternity / foetal / neonatal (2)
10. Discharge or transfer issue (2)

IPC – Healthcare Associated Infections

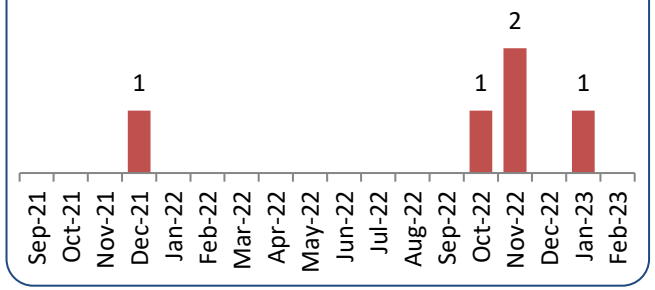
Safe

Gateshead Health NHS Foundation Trust

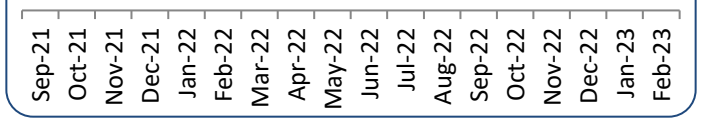
MRSA

The Trust adopts the national aspiration of a zero MRSA blood stream infections (BSI).
The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and zero community healthcare associated MRSA BSI in february 2023.

MRSA -Community Associated



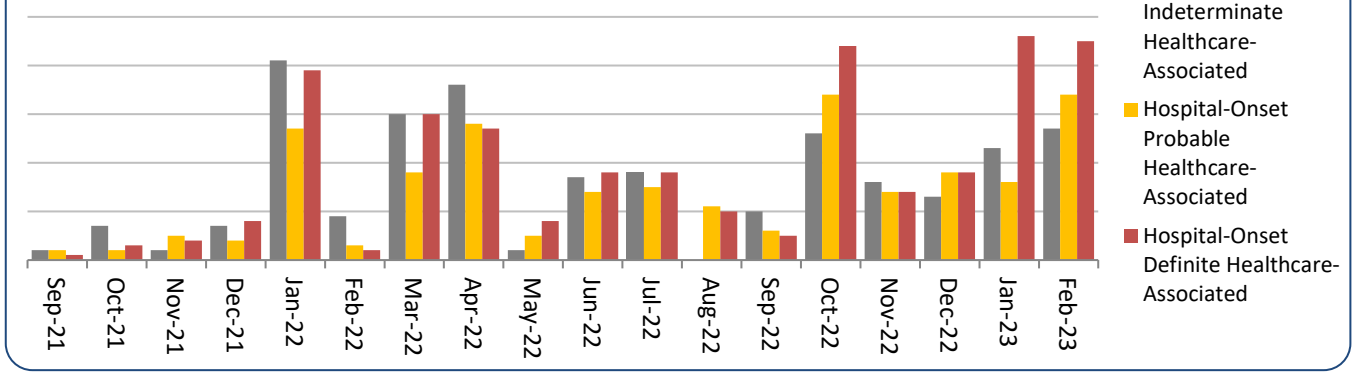
MRSA- Healthcare Associated



Nosocomial COVID 19 cases

All Healthcare associated COVID cases are reported and investigated through the DATIX system.
The incidence of nosocomial cases in February have risen in line with local prevalence. Learning from previous outbreaks advised to minimise onward transmission. We continue to operate a hybrid model to place patients if we cannot isolate on their base ward.

Nosocomial COVID-19

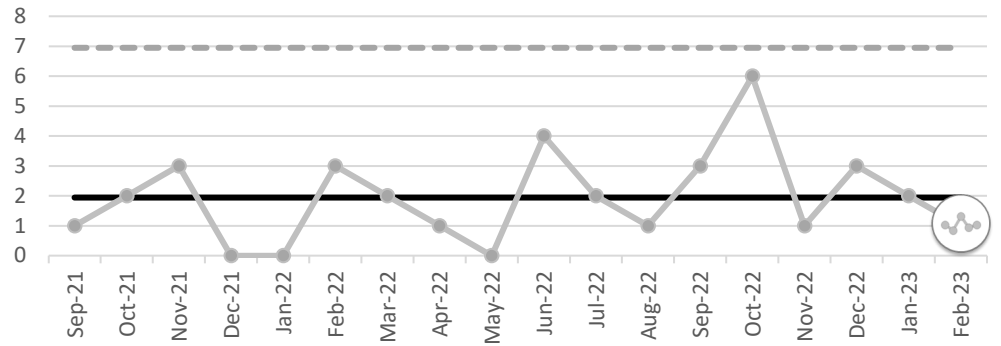


Clostridiodes Difficile Infection

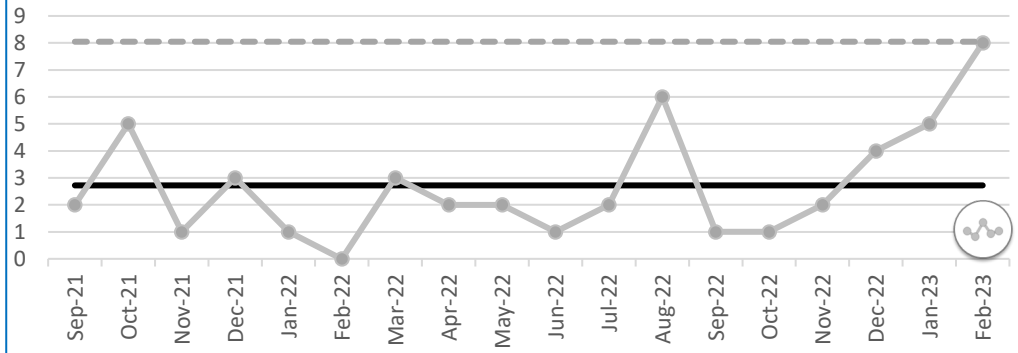
- The Trust has reported 34 Healthcare associated CDI cases since April 2022 against the CDI threshold for 2022/23 of 32.

In February 2023, the Trust had:
- 1 Community Associated CDI's and
- 8 Healthcare associated CDI's (5 Hospital Onset (HOHA) and 3 Community Onset (COHA))

Clostridiodes difficile infection - Community Associated



Clostridiodes difficile infection - Healthcare Associated



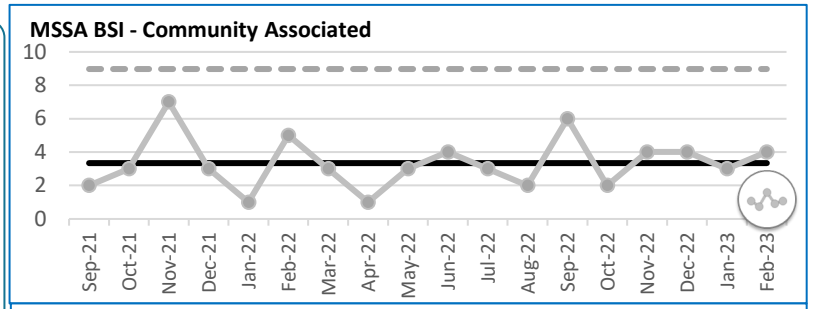
IPC – Healthcare Associated Infections

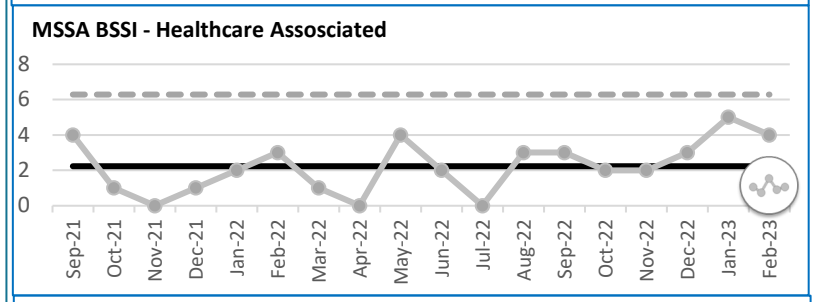
Safe

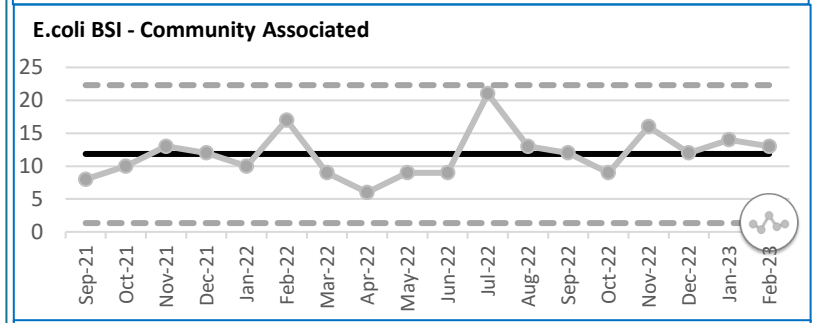
Gateshead Health NHS Foundation Trust

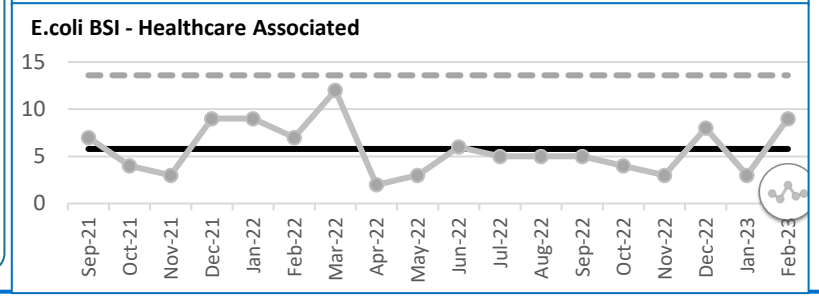
MSSA & E Coli

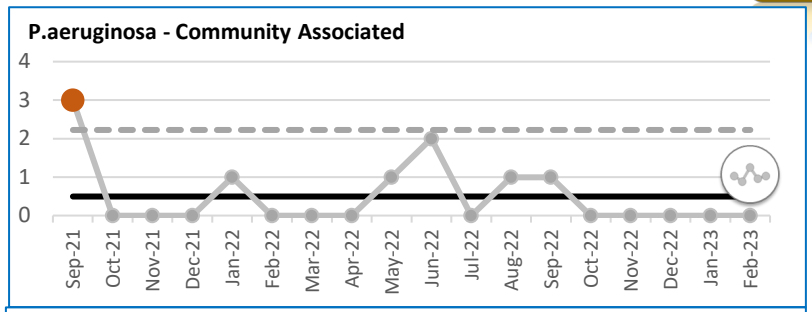
- All Healthcare associated BSI are reviewed and actions are initiated if necessary.
- NHS England has not set an Healthcare Associated MSSA BSI threshold for 2022/23
- The Trust has reported 4 Healthcare Associated and 4 Community Associated MSSA BSI during February 2023
- NHS England has set the Trust a threshold of 68 Healthcare Associated E. coli BSI for 2022/23
- The Trust has reported 9 Healthcare Associated E. coli during February 2023 – 7 HOHA's and 2 COHA's. There has been 13 Community Associated E. coli.
- We have seen an increase in community E.coli BSI, possibly associated with seasonal variation. There are now plans to have a regional hydration network meeting to discuss the rise in gram negative bacteraemia's which Gateshead will be a part of going forward.

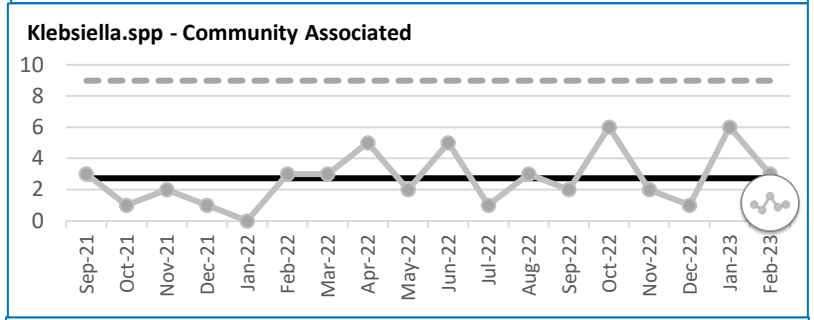


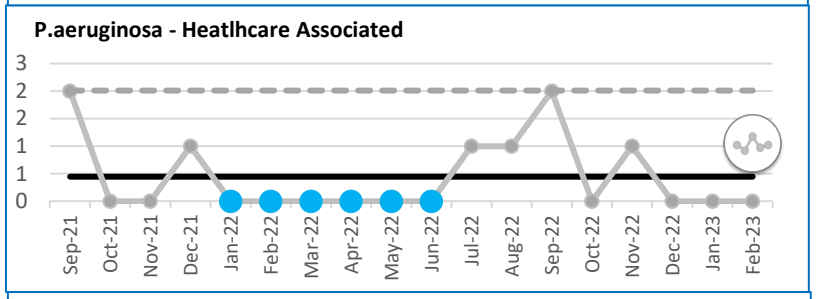


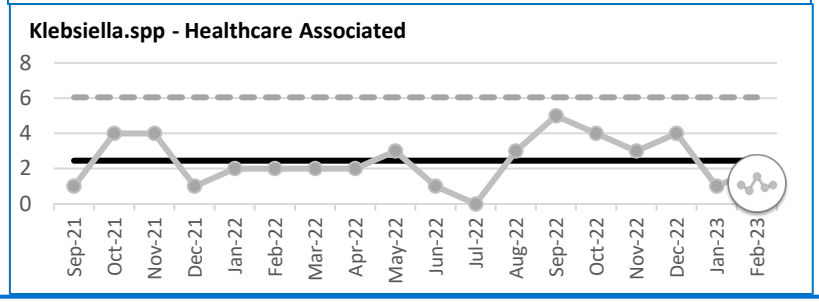












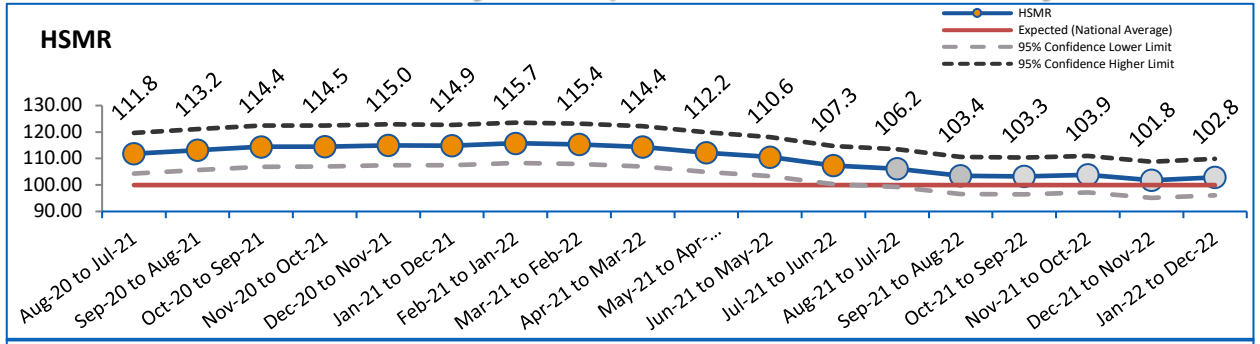
P. aeruginosa & Klebsiella spp

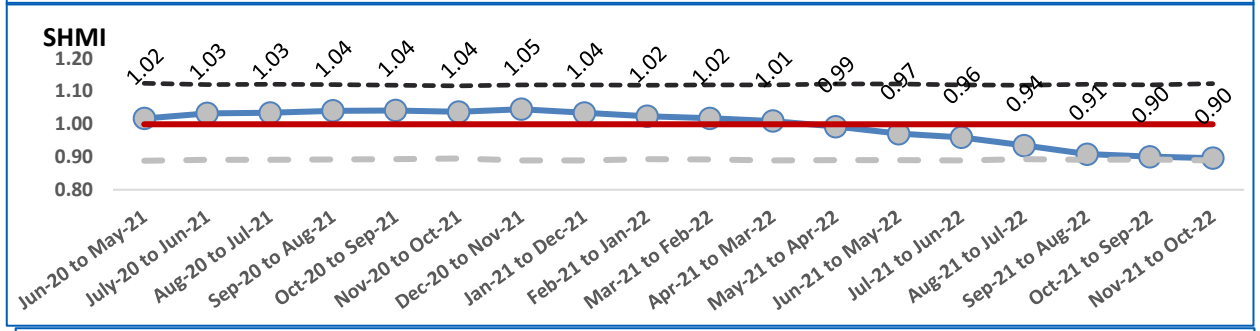
- All Healthcare associated BSI are reviewed and actions are initiated if necessary.
- NHS England has set the Trust a threshold of 8 Healthcare Associated P.aeruginosa BSI and 26 Healthcare Associated Klebsiella spp. BSI for 2022/23
- The Trust has reported zero P. aeruginosa BSI and 1 Healthcare associated Klebsiella spp during February 2023.

Report by exception: Effective – Hospital Standardised Mortality Ratio and Summary Hospital-Level Mortality Indicator

Effective

Gateshead Health NHS Foundation Trust





tality Review Data Extracted 08/03/2023
th 01/02/2022 to 31/01/2023

Deaths in period	Deaths reviewed by Medical Examiner	Learning Disability Deaths reviewed at Mortality Council	Severe Mental Illness deaths reviewed at Mortality Council	Number awaiting scoring following Ward Team and/or	Total cases fully reviewed and scored
1158	1158	7	7	44	754
Denominators	1158	8	19		
	100.0%	87.5%	36.8%		

The scores below relate to reviews undertaken by either the Medical Examiner Scrutiny, Mortality Council, or the Ward based team.
The figures below represent the outcomes of 754 cases fully reviewed and scored.

Hogan 1 - Definitely Not Preventable	Hogan 2 - Slight Evidence of Preventabilily	Hogan 3 - Possibly Preventable (Less than 50:50)	Hogan 4 - Probably preventable (more than	Hogan 5 - Strong Evidence Preventable	Hogan 6 - Definitely Preventable	Potentially avoidable deaths (Hogan 4 and above)
98.4%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%

NCEPOD Score 1 Good Practice	NCEPOD Score 2 Room for improvement - Clinical Care	NCEPOD Score 3 Room for Improvement - Organisational Care	NCEPOD Score 4 Room for Improvement Clinical and Organisational	NCEPOD Score 5 Less Than Satisfactory	NCEPOD score 6 Insuficient data
93.5%	1.1%	4.0%	1.3%	0.1%	0.0%

Figures bassed on the following priority order of scoring: Mortality Council > Ward Based Team Review > ME Scrutiny.

Background - The HSMR and SHMI are measurement tools that consider observed hospital deaths (and deaths within 30 days of discharge for the SHMI) with the an expected number of deaths based on certain risk factors identified in the patient group. The HSMR is risk adjusted on palliative care coding whereas the SHMI is not.

Assessment .

- The HSMR is showing deaths 'As Expected' with a score of 102.8 against the national average figure of 100.
- The SHMI is showing deaths are within the expected range with the latest figure of 0.90, below the national average of 1.00.
- Mortality review data for the last 12 months demonstrates that 98.4% of deaths reviewed were 'Definitely not preventable' with 93.5% of cases reviewed identified as 'Good practice'.

Cases scoring more than Hogan 1 are subject to a review at Mortality Council, the majority of these cases are also patient safety incidents and would go through the Trusts Serious Incident Panel. Since the inception of the Medical Examiner Service in September 2020, all deaths are reviewed and cases may be escalated for additional investigations i.e. Mortality Council, patient safety investigation.

Actions

- The new mortality review process went live on the 10th October 2022 involving initial scrutiny and grading by the Medical Examiners Office and subsequent referral where appropriate. Reporting is being developed to monitor the outcomes from this process and support national reporting.
- Learning from recent Heart Failure cases were 1) delays in discharges as a result of delays in obtaining social care packages, 2) recognition of patient dying, 3) reduced access to obtaining ECHOs and telemetry and appropriateness of placing patients in wards were there is limited access to monitoring 4) ECGs not documented within patient notes 5) Senior decision making and handover 6) Referrals to heart failure team – completed reviews undertaken and action plan developed. A review of a further sample of heart deaths reviewed by the Mortality Council in February 2023, the following learning was identified; Good practice; heart failure outcome letter very comprehensive, involvement with family, thoughtful and proactive approach to end of life care, inpatient echo carried out within 48 hours of admission which allowed for timely new diagnosis, evidence of good MDT working. Learning; Number of diagnoses missing from the GP notification of death letter, no main diagnosis and a lack of detail, discharge letter not accessible on system, issue navigating careflow system – correspondence in various places which contributes to inefficiencies in the system.
- In response to a theme identified via the Medical Examiners Office, a extraordinary meeting of the Mortality Council has been convened to review a sample of frailty/end of life cases. his will take place on 30th March 2023.
- The process for reviewing deaths were patients had a serious mental illness diagnosis. The process is embedded for those over 65, however the process to review under 65s relies on input from CNTW which has not yet been finalised, hence the backlog of those cases.

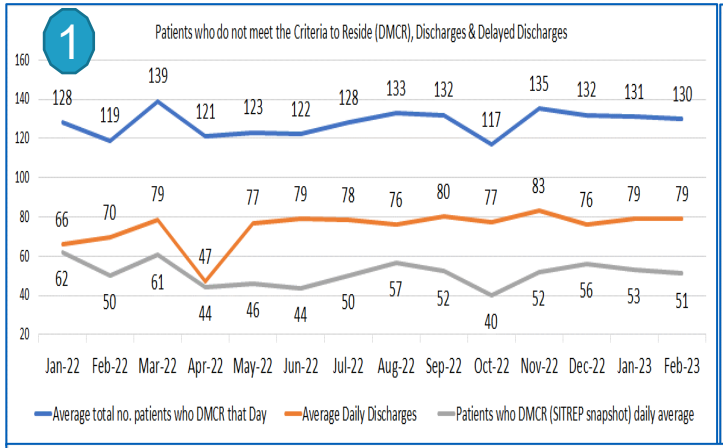
Recommendation - Continue to inform & note actions undertaken at Mortality and Morbidity steering group and Quality Governance Committee via the Integrated Oversight Report and Mortality Paper.

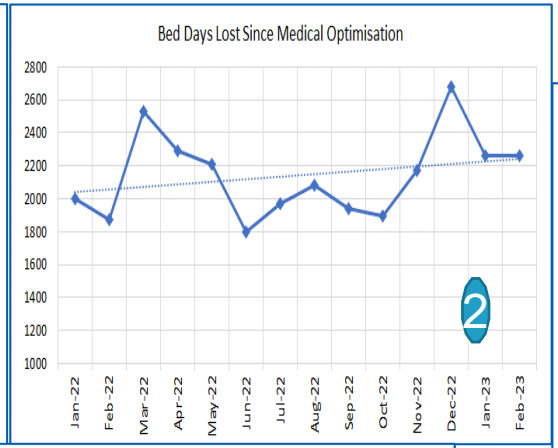
Discharge & Delays

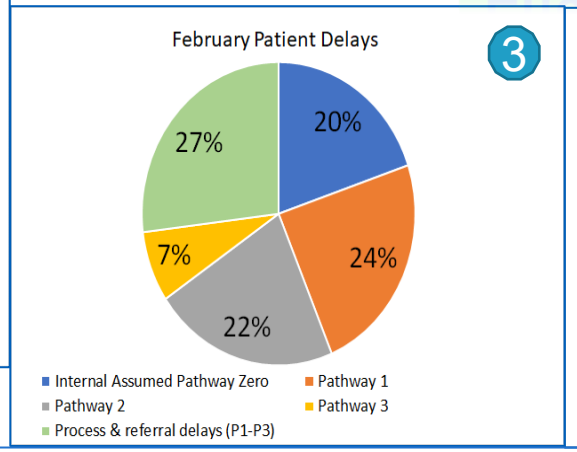
NOM

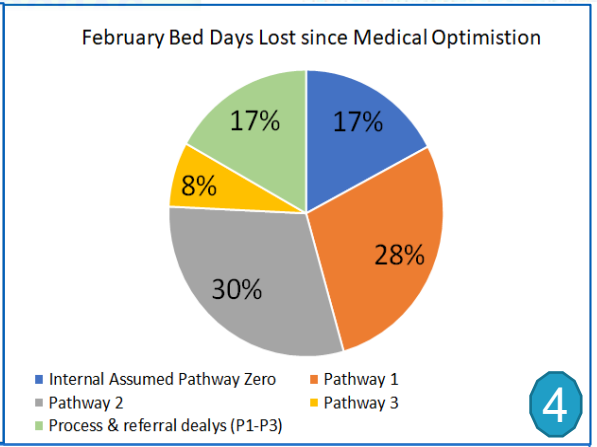
Effective

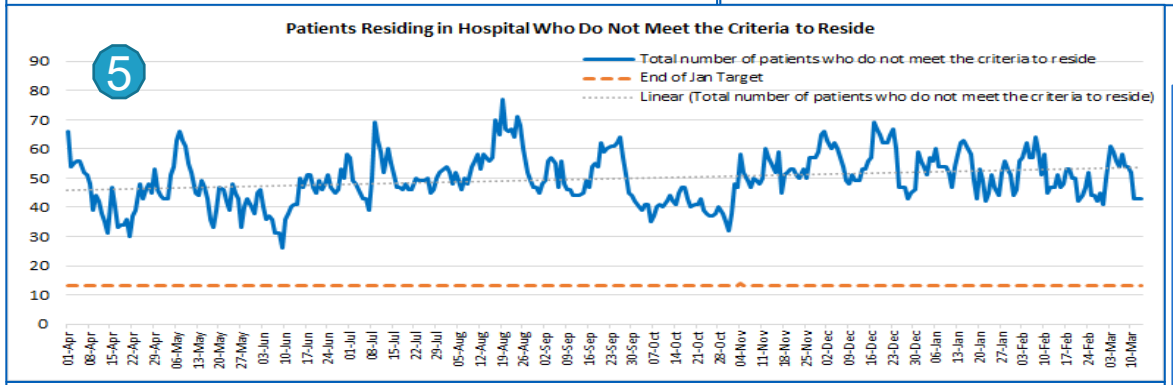
NHS Gateshead Health NHS Foundation Trust

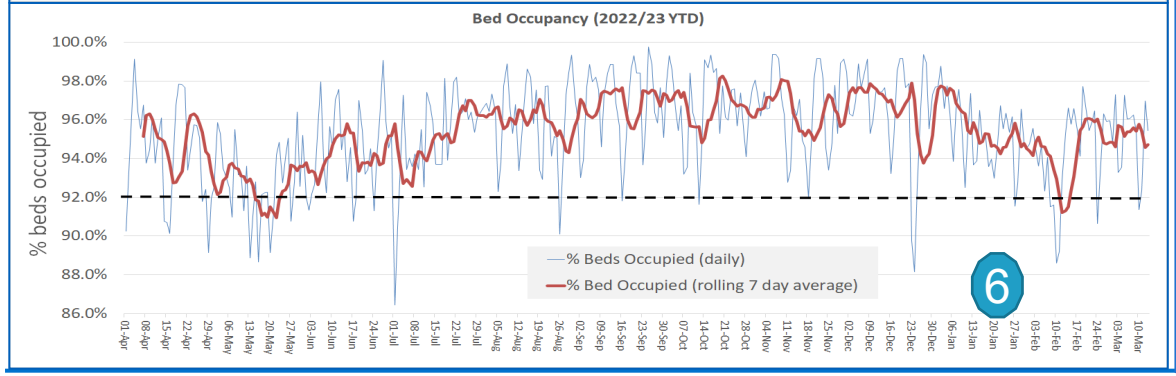












Charts 1-4 – Discharge and Delay - Year to date Review (Jan 22- Feb 23):
During the day (on average) 128 patients don't meet the criteria to reside. We discharge on average 78 of these patients per day (61%):

- 53% of the discharges occur before 5pm (circa 41 patients) (10% of these discharges occur before 12 noon (4 of the 41 patients)
- 47% of the discharges occur after 5pm (37 patients)
- 39% of the remaining patients continue to occupy a hospital bed (50)
- Figure 2 shows the bed days lost since medical optimisation was on an upward trend from October to December but significantly reduced in January, and remained stable in February.

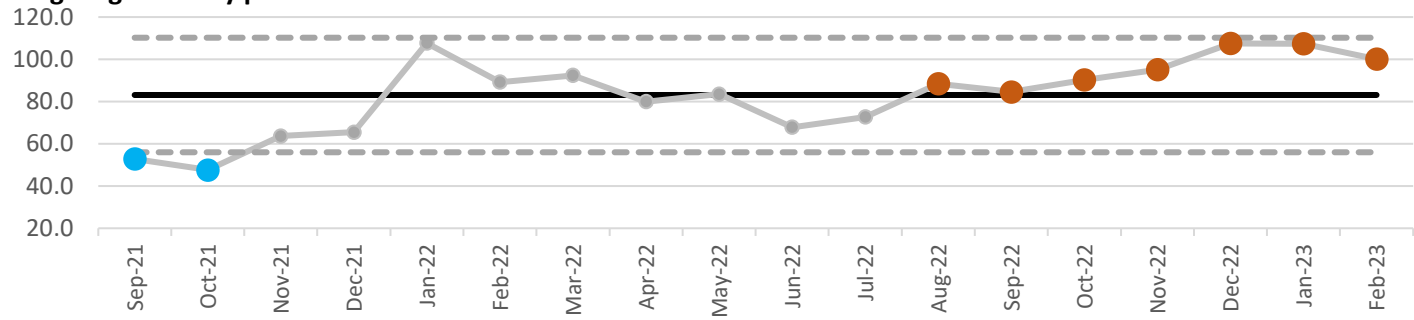
February Update:

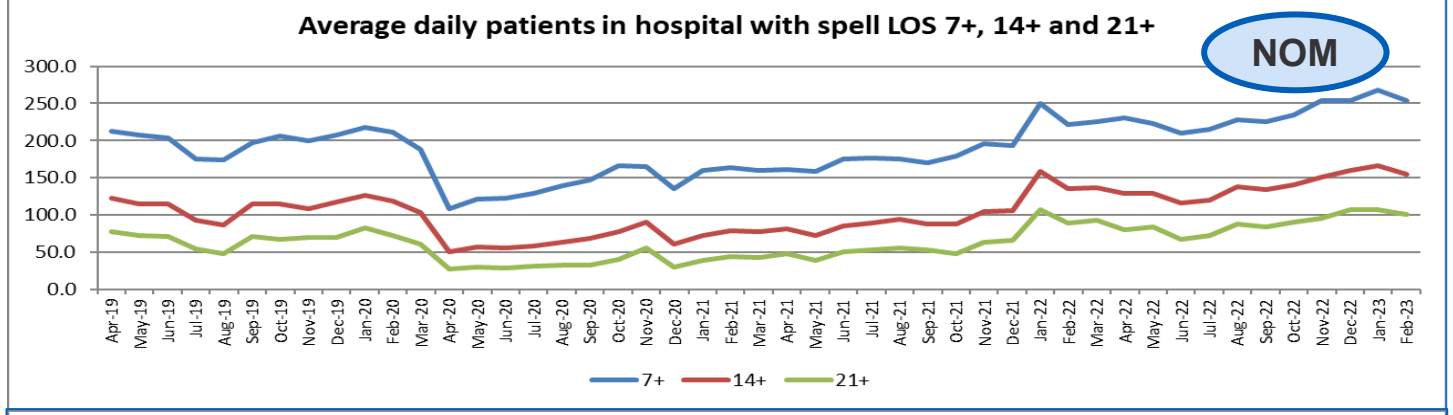
- Average daily admissions: 94 per day (range 58 – 125) / Average daily discharges: 89 per day (range 50 – 123)
- CTR average daily patients – 130 per day (131 Jan)
- CTR average discharges - 80 per day (79 Jan)
- 56% of discharges occur before 5pm (53% Jan)
- Figure 3 & 4 demonstrate in February that Pathways 1-3 accounted for 53% of the patients 66% bed day delays, Internal assumed pathways zero and process and referral delays account for 47% of the patients and 34% of the bed days delayed.
- Average daily number of patients who no longer meet the criteria to reside also remains high at 51 in February, down from 53 in January (daily peak of 64 on the 7th February). Out of area patients continue to account for notable proportions of our Hub discharges (Sunderland/Durham)
- Highest bed occupancy levels in ICS since June 22. February bed occupancy average 94.4% (ICS average 91.5%), daily peak 97.7%, 19th February .
- Bed occupancy consistently well above 92% threshold, using 7 day rolling average basis, however did fall below 92% week of the 10th Feb, first time since May 22. However then returned to typical levels.

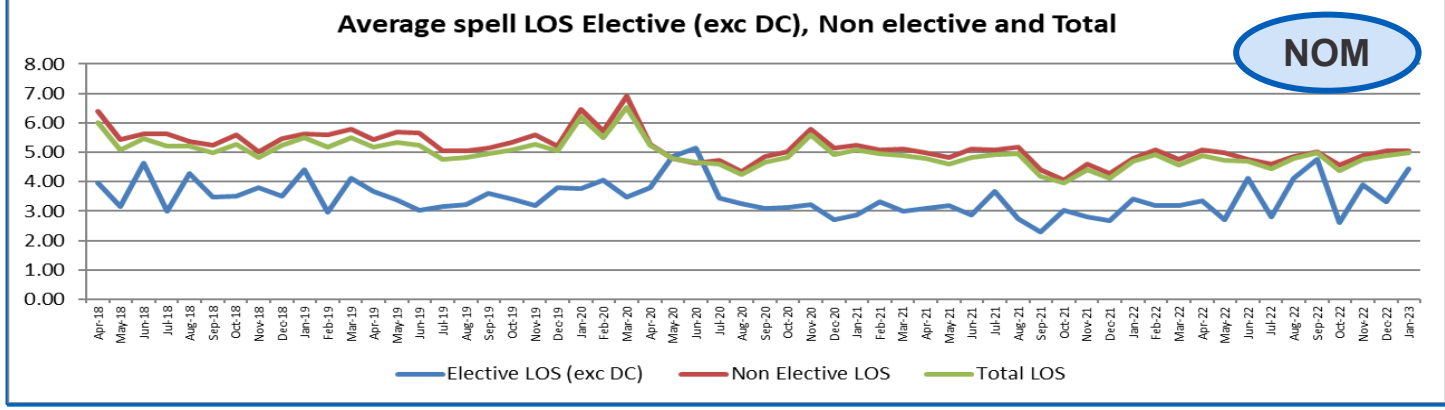
Report by exception: Long Length of Stay Patients

Effective

Gateshead Health NHS Foundation Trust







Situation

- The average number of patients in hospital with 21+ days LOS is currently showing special cause variation (concern).
- An increase since June 2022 is observed and the December 2022 position exceeds the upper control limit.

Background

- An expectation that the daily average number of patients staying 21+ days would not exceed 59.
- The ECIST existing target of 59 is subject to either pass or fail based on common cause variation.
- The number of LLOS patients decreased slightly in February to 100.1 from 107.3 in January.

Assessment

- Complex high acuity patients requiring multi faceted treatment plans genuinely do require longer lengths of stay in hospital – these patients are deemed as meeting the criteria to reside in hospital. However, patients who no longer meet the criteria to reside (and are medically optimised) are usually more complex discharges where external delay factors such as limitations on packages of care and the ability to place patients into a care homes are the usual reasons behind the delays.
- The number of patients who do not meet the criteria reside in hospital remains high, with a daily average of 40 patients in October.
- Long lengths of stay patients continue to be reviewed as part of the Improving the patient journey task & finish group as a number of workstreams are affected. A specific workstream to review the super stranded patients - length of stay over 21 days as part of the second priority.

Recommendation

- Review as part of Discharge workstream under the Urgent and Emergency Care Board.

Efficiency and Productivity – Length of Stay (Surgery)

Effective

Gateshead Health NHS Foundation Trust

Assessment

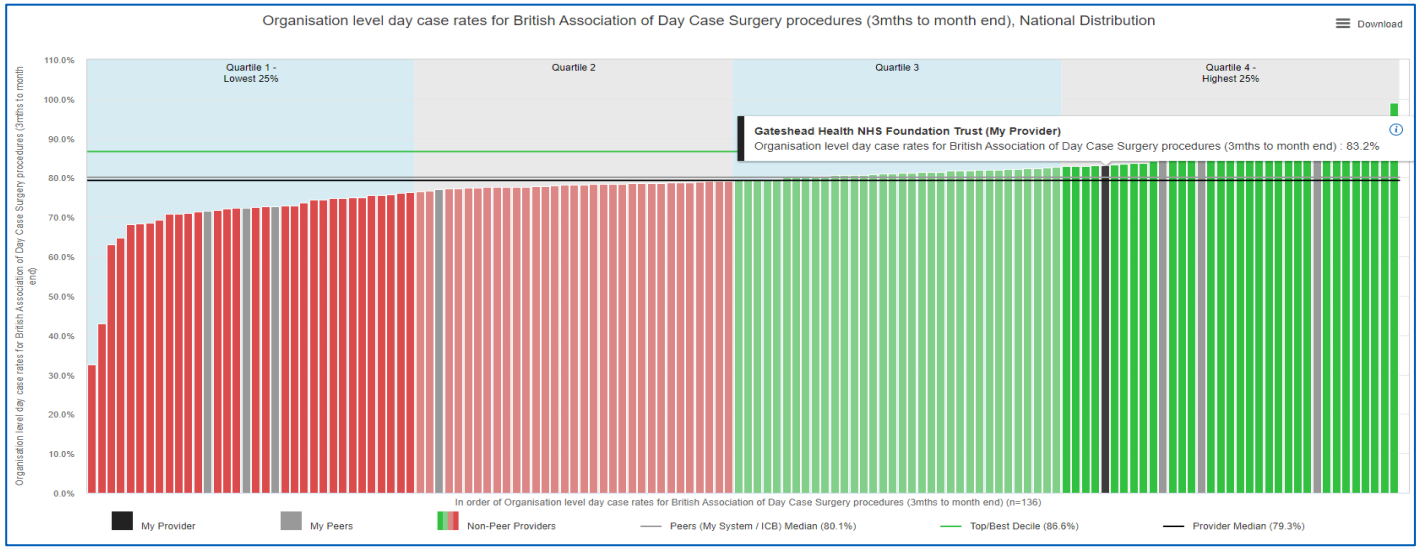
- National data shows day case rates in highest performing quartile (83.2%) and conversion from day case to inpatient also highest performing quartile (6.0%)
- Trust monthly data shows average length of stay of elective fluctuates each month, however latest month of February has seen a continued increase to 4.7 from 4.44 in January.
- Both total LOS and non elective LOS continued to move to a position of being almost identical in February, standing at 5.19 and 5.24 respectively with both averages increasing in month.

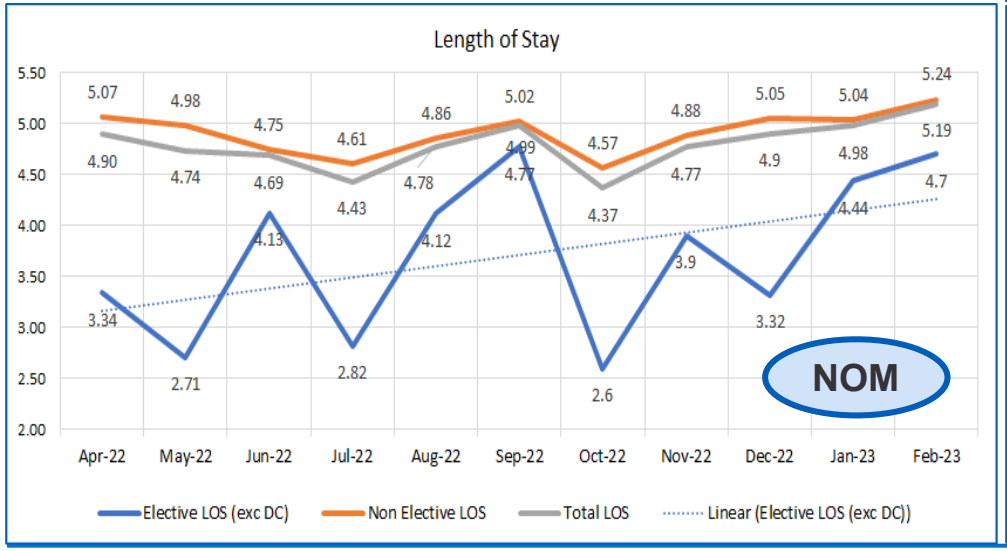
Business Unit are committed to reviewing opportunities for improvement as part of the overall recover plan:

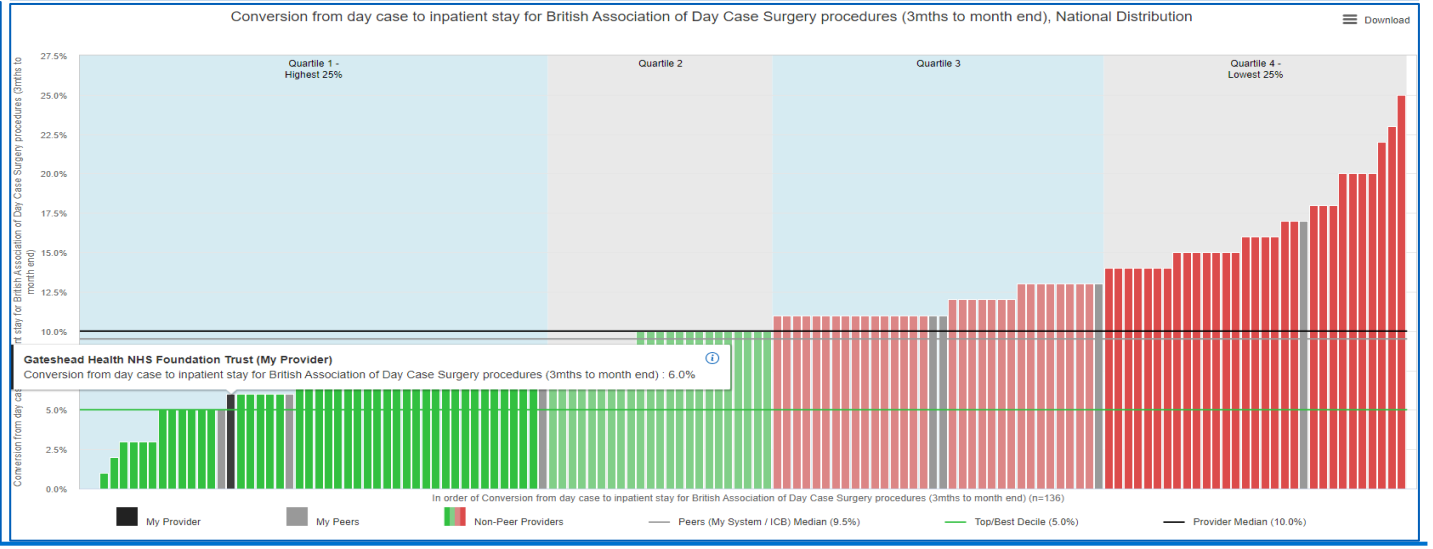
- Review day of surgical admission
- Review of long stay patients
- General surgery length of stay
- General surgical inpatients with no procedure
- General surgical Long stay elective admissions > 20 days / opportunities
- Primary knee replacements

Non Elective :

- Review NEL urology pathways







Efficiency and Productivity – Theatres

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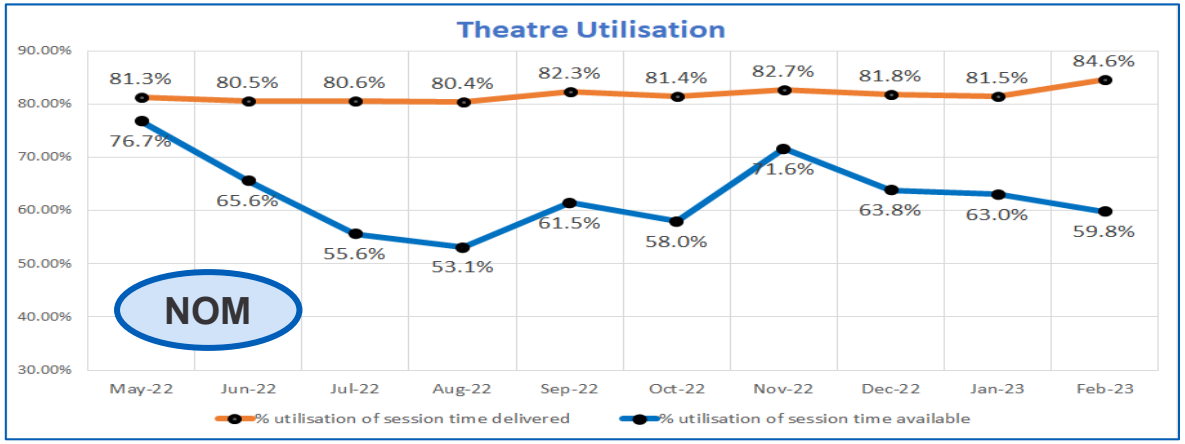
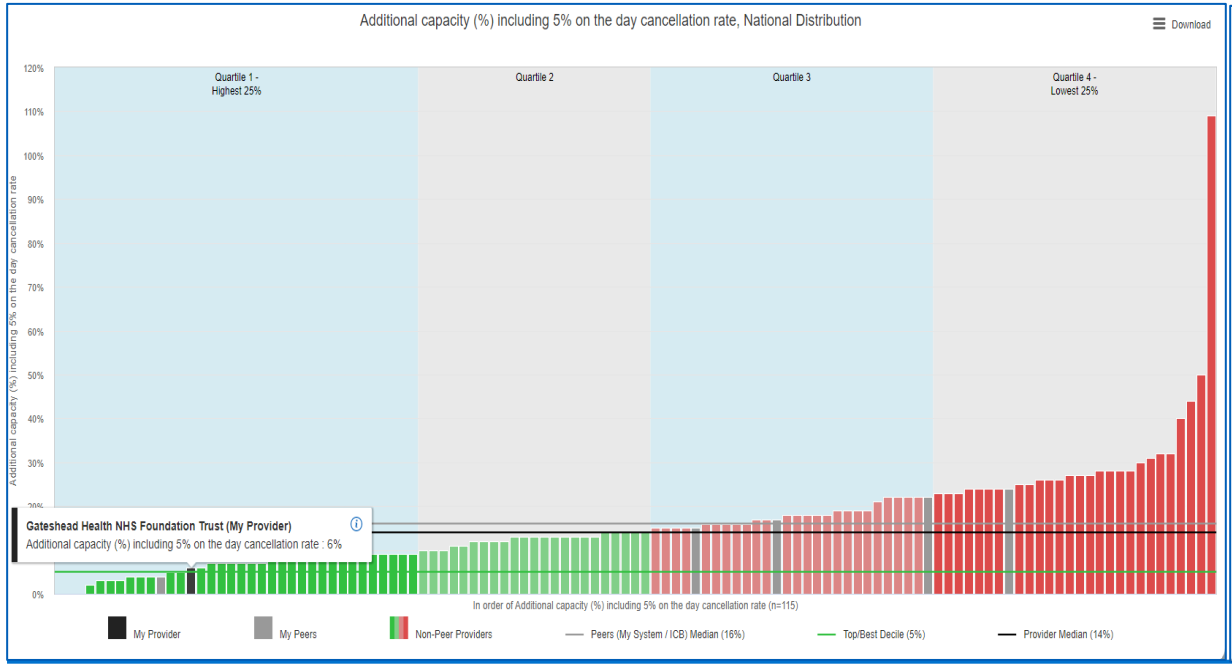
Gateshead Health NHS Foundation Trust

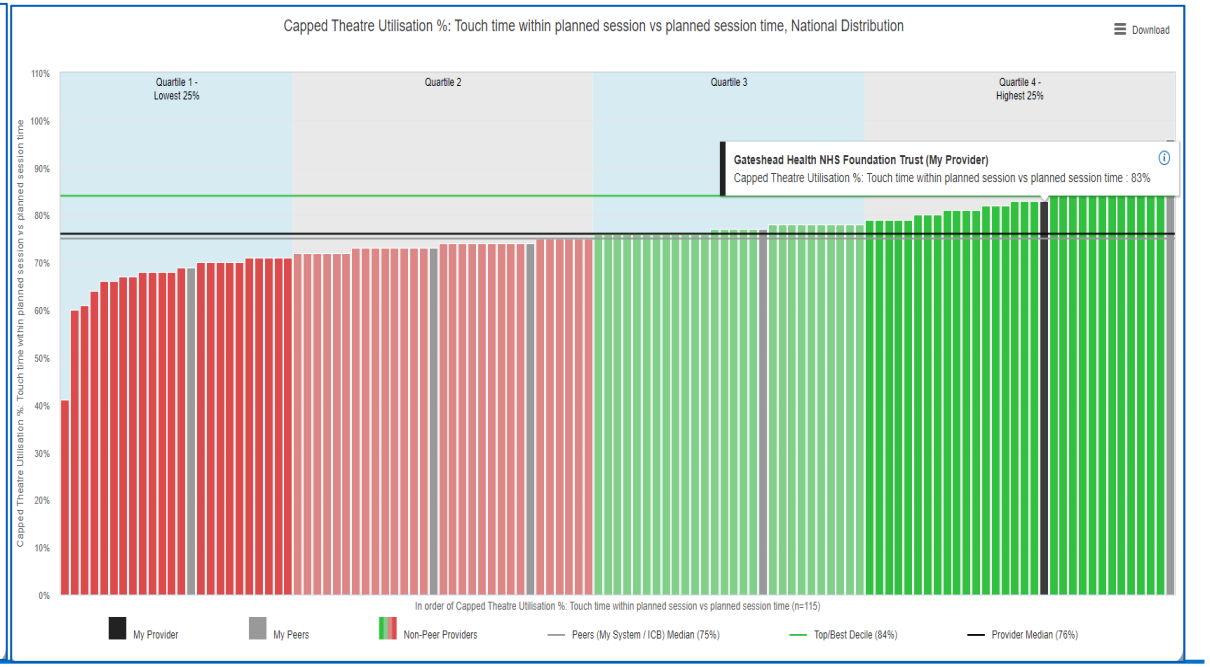
Improving theatre productivity to drive elective activity plays a crucial role in reducing our patient waiting times and eradicating our backlogs.

GIRFT Targets:

- Maximise our running theatre sessions > =85% with appropriate volumes of cases per list. At the end of February the Trust was only just below the threshold but continues to benchmark well. Utilisation in February stood at 84.6%, with latest Model Hospital benchmarking placing the Trust in the Top performing quartile at 83%.
- Maximising the use of the theatre suites is an area of improvement – performance has improved from a low of 53.1% in August to a high of 71.6% in November 22, however since November performance has steadily declined month on month to 59.8% in February.
- National data also benchmarks well in relation to additional capacity (%) including 5% on the day cancellation rate which stands at 6%, an in the best performing quartile.
- National data also shows Uncapped theatre utilisation rate of 86% for touch time/planned which is higher then latest peer average (79%) and national average (81%). With Capped theatre utilisation rate of 83% for touch time/planned again higher then latest peer average (75%) and national average (76%).







UEC Measures

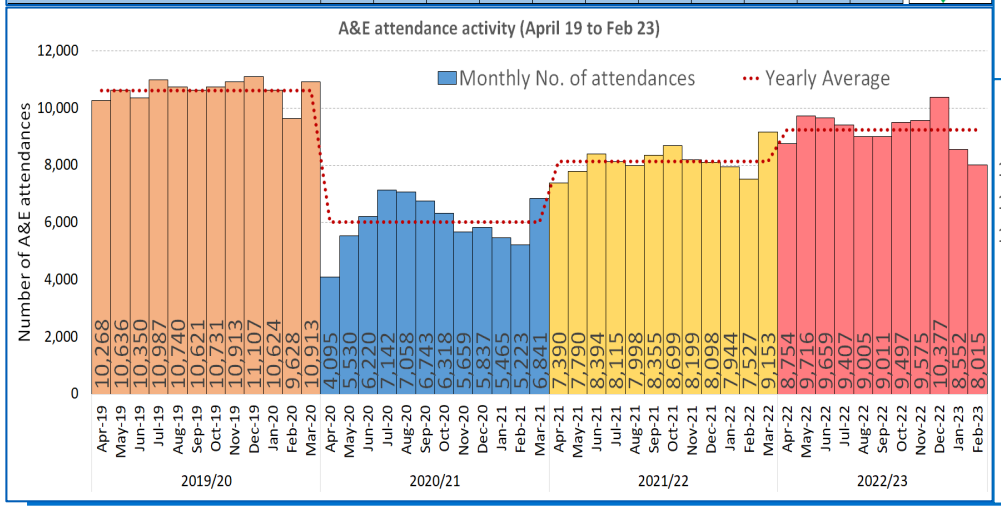
Responsive

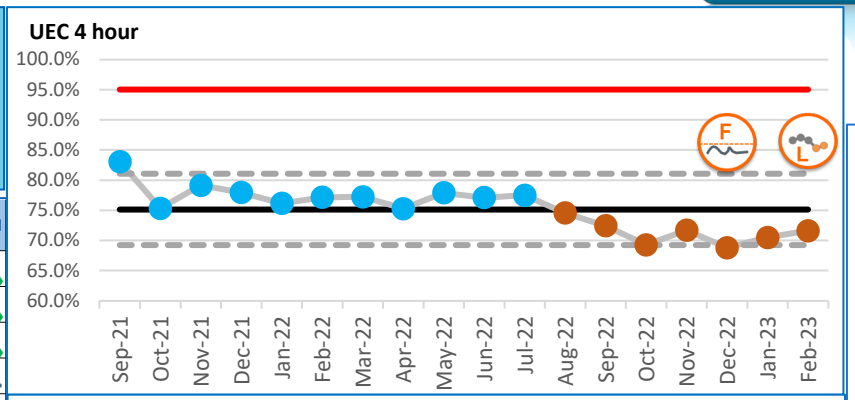
Gateshead Health NHS Foundation Trust

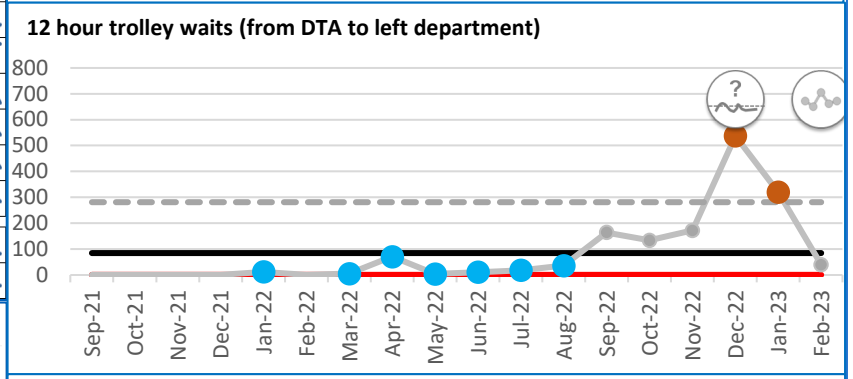
NHSI SOF Operational Performance & National Operational Standards

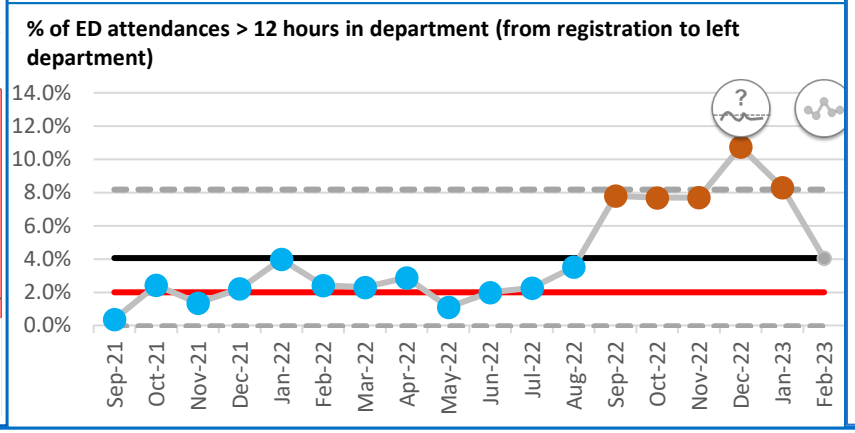
1. % of patients who spend 4 hours or less in A&E (target 95%)
2. National rank 4-hr performance our of all trusts
3. No. of attendances
4. No of waits in department > 12 hours
5. No of waits in department waiting longer than 12 hours for a bed

A&E Indicators	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Attendances: Type 1	5431	6091	6034	5950	5579	5796	6254	6220	7012	5500	5255	
Attendances: Type 3	3323	3625	3625	3457	3427	3215	3243	3355	3365	3052	2760	
Total Attendances	8754	9716	9659	9407	9006	9011	9497	9575	10377	8552	8015	
Total Breaches	2164	2148	2212	2116	2292	2484	2918	2709	3237	2522	2275	
Trust Total - % seen in 4 hours	75.3%	77.9%	77.1%	77.5%	74.6%	72.4%	69.3%	71.7%	68.8%	70.5%	71.6%	
National Rank (Accute trusts - Lower is better)	23	20	19	16	29	33	38	31	25	50	47	
12 hour trolley waits (DTA breaches)	71	4	11	18	36	164	134	172	538	320	40	
Volume in department > 12hours	252	108	193	213	318	703	731	738	1116	710	325	
A&E >12hour waits (target <2%)	2.88%	1.11%	2.00%	2.26%	3.53%	7.80%	7.70%	7.71%	10.75%	8.30%	4.05%	
Average bed occupancy	94.4%	92.8%	94.4%	95.1%	96.0%	96.8%	96.7%	96.5%	96.6%	95.4%	94.4%	
Peadiatric Type 1 Attendances (number)	879	1101	1109	1107	749	886	1070	1388	2030	977	946	
Peadiatric Type 1 Attendances (% of all attendances)	10.0%	11.3%	11.5%	11.8%	8.3%	9.8%	11.3%	14.5%	19.6%	11.4%	11.8%	









Situation

- Attendances decreased in February to 8,015 from 8,522 in January, daily attendances averaged 17 per day more than February 2022 (representing an increase of 6.5%).
- 4hr performance improved to 71.6% from 70.5%, ranking the Trust 47th nationally.
- The target for 12 hr dept times of no more than 2% of all attendances has not been met in February (4.05%, 325 cases) and has not been met since June.
- Overall time in the department has reduced but remains high, (non-admitted 2 hours 43 minutes, admitted 8 hours 11 minutes)
- Fewer patients experienced 12 hour waits in department reducing to 325 or 4.1% of attendances in February, down from 710 or 8.3% in January.
- And significantly fewer patients waited more than 12 hrs to be admitted to a bed following a decision to admit 40 patients in February, down from 340 in January (early indications for March the levels have remained consistent with February.
- Bed occupancy levels are high averaging 94.4% in February, with a daily peak of 97.7% on the 19th February.

Context:

- Paediatrics returned to typical levels In January and February at round 11% (previous increase was attributed largely to 'worried well' children, in response to media coverage of Strep A, with parents struggling to get GP appointments and so subsequently attending A&E).
- The trust was at OPEL 2 for 18 of the 28 days in February, with periods of OPEL 3 dotted throughout the month.

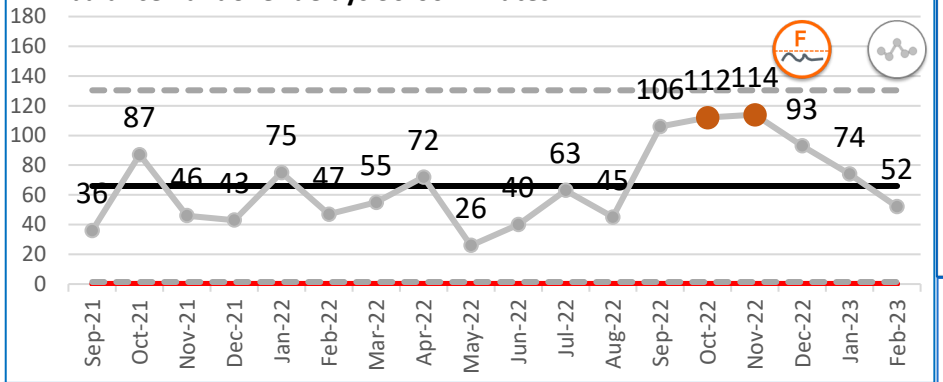
UEC Measures - Ambulance Handover Delays

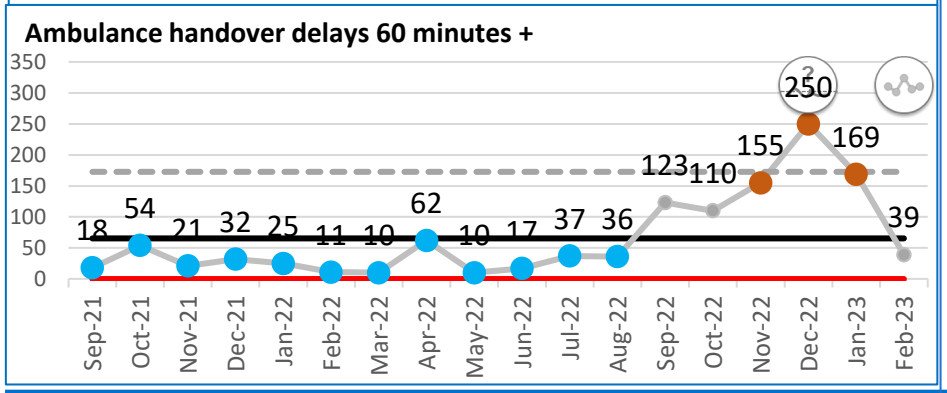
Responsive

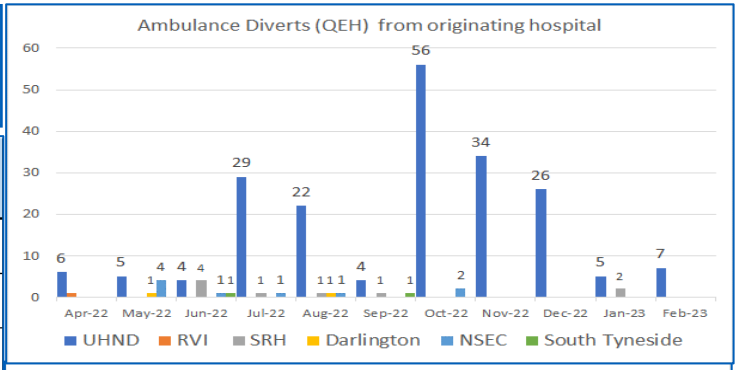
Gateshead Health NHS Foundation Trust

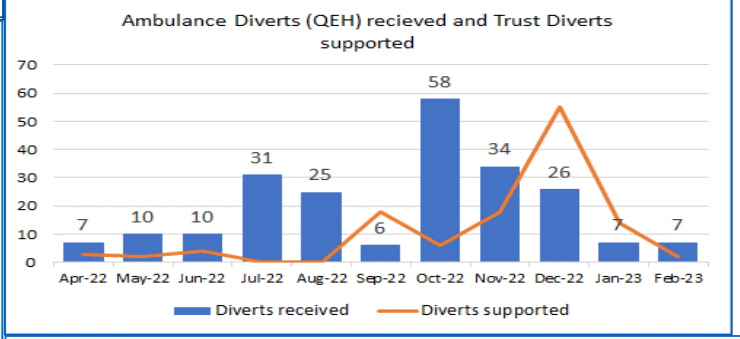
NHSI SOF Operational Performance & National Operational Standards
1. No. of ambulance delays
2. No. of ambulance diverts

Ambulance Arrivals and handover delays	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
No. Patients arriving by Ambulance	1619	1803	1733	1748	1760	1753	1708	1679	1563	1629	1597	
% of handovers <15 Minutes	44.1%	46.7%	45.1%	42.5%	45.8%	38.2%	34.7%	33.6%	24.7%	39.5%	48.6%	
% of handovers 30-60 Minutes	94.9%	98.4%	97.3%	95.9%	97.1%	93.0%	92.9%	92.2%	93.4%	94.9%	96.3%	









Situation

- Following increases in 2021, a further noticeable increase in handover delays can be observed from September 2022 with two of three data points close to the upper process limit, this did decrease slightly in December 2022 however was offset by the number of over 60 minute handovers.
- In February 23, there were 52 30-60 minute delays reported. Over 60 minute delays is displaying common cause variation with 39 delays in February 23.
- In January and February the Trust top performing Trust in the (ICS) region for 30-60m Ambulance hand-over times, and 4th for 60+ minute delays.
- Ambulance diverts received were 7 in February, same as January, down from 26 in December, diverts from us that were supported also reduced to 0.

Handover Delays – 30-60 minutes

	2019/20															
Provider	Avge	Min	Max	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Gateshead Health NHS Foundation Trust	40	5	99	47	55	72	26	40	63	45	106	112	114	94	82	53
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	93	65	109	83	123	90	84	90	107	93	114	137	126	159	138	137
Northumbria Healthcare NHS Foundation Trust	472	283	723	352	531	398	578	442	587	556	557	484	406	421	350	274
South Tees Hospitals NHS Foundation Trust	138	105	184	170	210	200	206	231	260	309	355	344	351	266	418	409
North Tees & Hartlepool NHS Foundation Trust	64	42	116	19	44	35	34	68	41	47	48	110	92	127	130	55
County Durham & Darlington NHS Foundation Trust	313	165	438	437	325	365	238	346	365	347	376	341	372	280	242	177
South Tyneside and Sunderland NHS Foundation Trust	313	208	471	373	292	363	354	493	446	461	402	520	462	427	414	267
North Cumbria University Hospitals NHS Trust	405	265	559	238	246	282	248	201	207	297	303	316	320	381	271	111
NENC	1836	1308	2612	1719	1826	1805	1768	1911	2076	2155	2261	2364	2243	2155	2045	1483

Handover Delays – 60 minutes +

	2019/20															
Provider	Avge	Min	Max	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Gateshead Health NHS Foundation Trust	21	0	81	11	10	62	10	17	37	36	123	110	155	262	181	47
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2	0	6	1	0	0	0	0	1	0	0	8	5	12	9	6
Northumbria Healthcare NHS Foundation Trust	79	24	206	93	183	84	122	87	110	102	125	171	123	233	92	20
South Tees Hospitals NHS Foundation Trust	47	10	117	172	178	183	208	278	419	291	320	565	554	543	204	238
North Tees & Hartlepool NHS Foundation Trust	6	1	18	7	3	8	4	15	6	24	12	29	29	108	90	4
County Durham & Darlington NHS Foundation Trust	178	32	404	254	161	265	127	286	340	359	420	401	373	506	286	58
South Tyneside and Sunderland NHS Foundation Trust	117	23	268	59	57	133	81	171	130	164	98	270	193	395	278	58
North Cumbria University Hospitals NHS Trust	72	26	117	95	71	85	90	71	100	184	228	209	238	319	165	52
NENC	522	227	1138	692	663	820	642	925	1143	1160	1326	1763	1670	2378	1305	483

Community Teams and Rapid Response

Gateshead Health NHS Foundation Trust

Community Teams

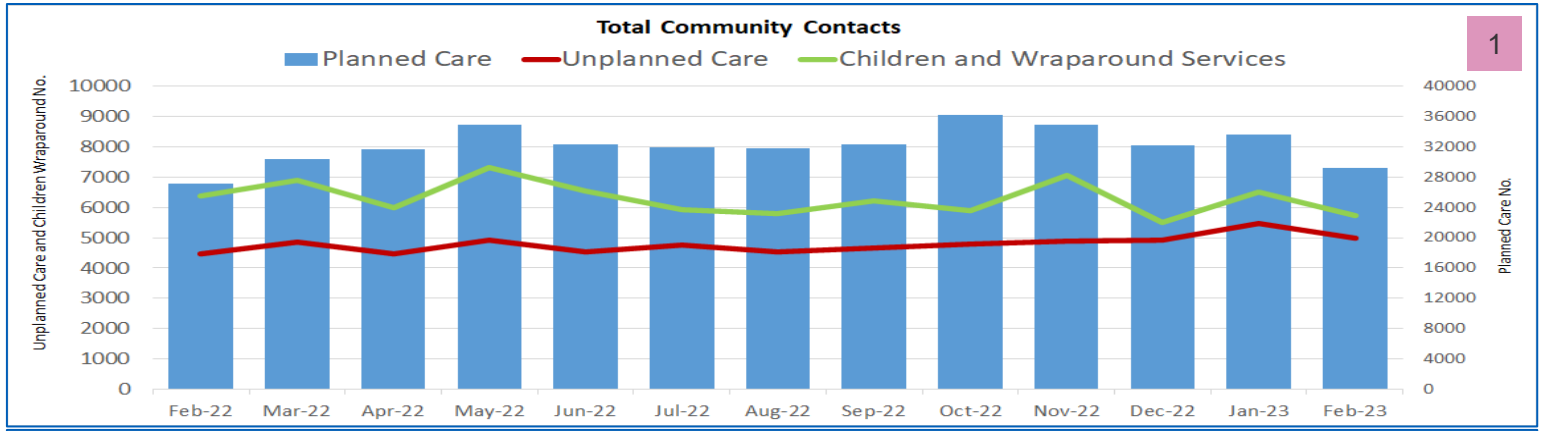
Community teams work with patients from birth to end of life to provide care to patients in their place of residence, clinic or education setting. The aim is to provide care close to home, avoiding admission, support early discharge and support patients to reach their maximum potential and independence in all areas of life. Services are split into 3 areas:

Planned Care
- Locality Nursing and community COVID vaccination teams

Unplanned Care
- Rapid Response, Community Stroke Rehabilitation team and Falls team plus Strength and Balance and Pulmonary Rehabilitation.

Children and Wraparound Services
- Children's Community Nursing and Therapy teams (Occupational therapy, Physiotherapy and Speech and Language), Continence team, Podiatry and Adult Speech and Language.

The graphic (right) provides activity data for each of the areas above, for the past 12 months. The increase activity in October and November is linked to the seasonal vaccinations for Flu and COVID. This accounts for most of the data increase from September and then subsequent return to typical levels.



	Team	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total contacts	Planned care	27134	30418	31644	34896	32299	31990	31815	32388	36243	34916	32230	33628	29163
	Unplanned care	4472	4860	4467	4927	4534	4756	4517	4671	4796	4889	4920	5467	4994
	Children & Wraparound services	6370	6907	6187	7572	6749	6146	6062	6478	6196	7353	5794	6761	5727

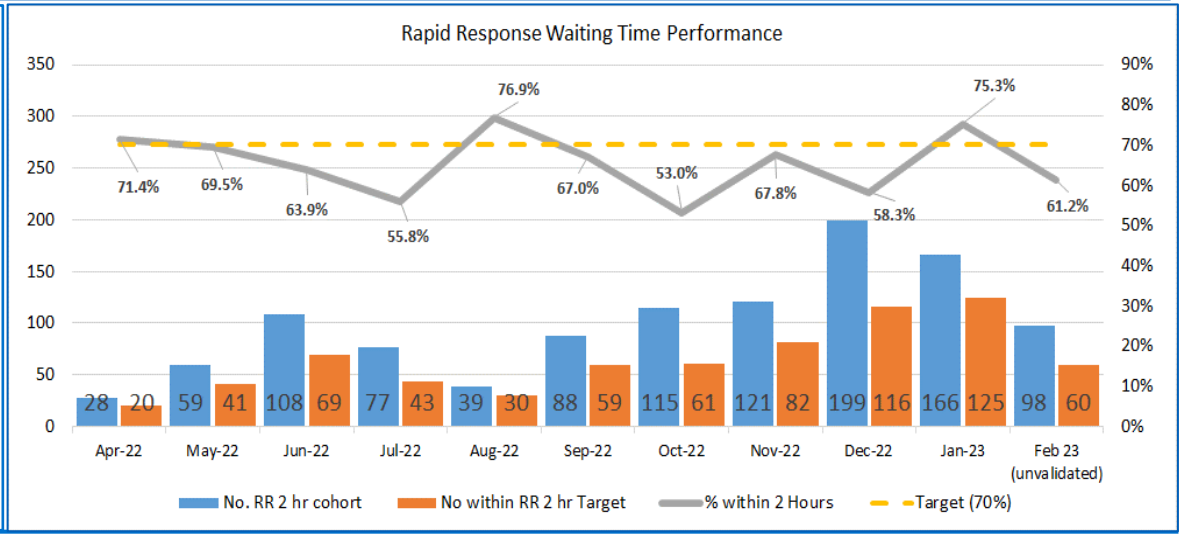
Rapid Response

Rapid Response is a 24/7 service providing a nursing and therapy service who require unplanned and rehabilitation assistance in Gateshead. The aim is to supports patients in the community to prevent admission with the 2 hour crisis response service, facilitate early discharge and promote independence in activities of daily life

NHS E/I has implemented the following Community health services Two hour crisis response standard:

Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2 hour crisis response demand within 2 hours from the end of Q3.

Monthly updates have been provided in the IOR since April. The Rapid Response team responded to 166 two-hour crisis response referrals in January, (a slight fall from 199 in December), and achieved a validated compliance rate of 75.3% for patients seen within 2 hours, above the target and highest monthly performance this year. **Indicative** (currently being validated) performance for February is 98 referrals with a compliance rate of 61.2%, below the 70% target. Year to date validated performance stands at 64.6% (Apr-Jan).



Elective Care Activity & Recovery

Gateshead Health NHS Foundation Trust

Trust's should deliver an activity plan to the value of 104% of pre-covid income generated from elective activity. The Trust submitted 'a stretch' activity plan to deliver 100% over overnight Elective Activity, 104% Day cases with an Outpatient follow-up reduction plan to take full advantage of opportunities to transform the delivery of services. Moving away from non-value outpatient follow up activity and progressing clock stopping activity (predominantly inpatients) to reduce long waiters, Zero 52 week waiters by the end of March 2023.

Elective Activity (target)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Total - Comined Elective Activity (104%)	99%	104%	104%	93%	106%	106%	95%	113%	99%	95%	92%	
Daycase (104%)	90%	103%	113%	85%	105%	103%	92%	109%	106%	99%	103%	
Elective Overnights (100%)	71%	71%	78%	68%	76%	86%	74%	96%	76%	102%	75%	
Outpatient - New (105%)	95%	109%	105%	93%	110%	106%	97%	124%	104%	102%	102%	
Outpatient - Followup (Variable & reducing)	103%	104%	103%	95%	105%	107%	95%	110%	96%	91%	87%	
Total Outpatient	101%	105%	104%	95%	106%	107%	95%	114%	98%	94%	90%	

February Activity (indicative) - Activity is below planed levels:

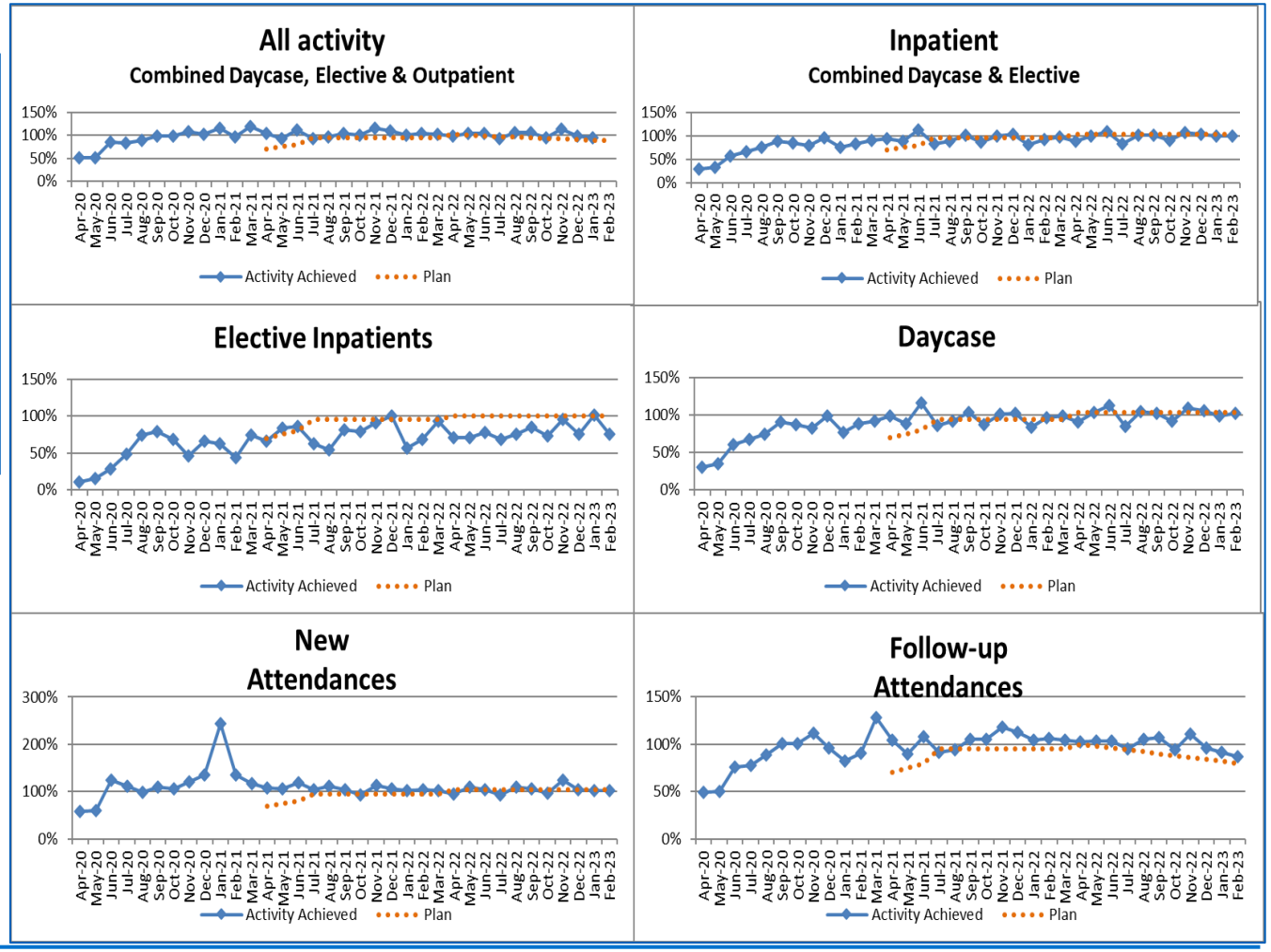
NOM

Combined elective activity 92%

- Day cases 103%
- Elective inpatients 75%
- New Outpatients 102%
- FU Outpatients 87%

Other key requirements:

- The Trust is reporting 22.62% of all outpatient attendances conducted remotely, which is slightly below the 25% expectation.
- 3.65% of all OP recorded as Patient Initiated Follow-Up – which is below planned levels of 4.6%.



Activity & Recovery - Diagnostic

Gateshead Health NHS Foundation Trust

The expectation is to deliver 120% ICS diagnostic activity across the ICS. Trusts are expected to deliver as much as they can to support elective recovery. Overall February activity levels are at **113%** of activity in same period 19/20, **Endoscopy: 103%** of activity in same period 19/20, **Echocardiography: 154%** of activity in same period 19/20.

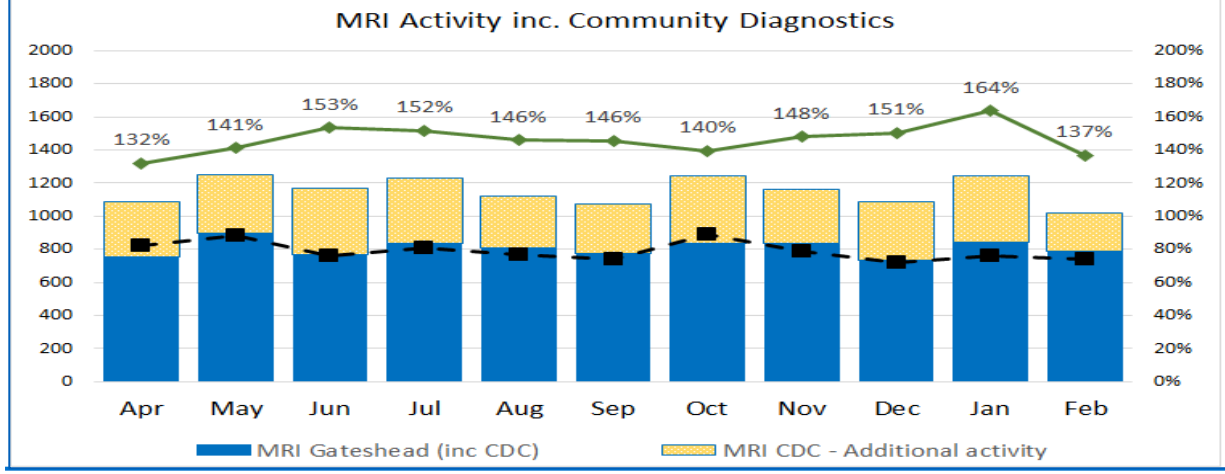
Diagnostic Activity Delivered	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Total - Total (100%)	100%	112%	110%	102%	111%	115%	111%	124%	122%	121%	113%	
MRI (120%)	91%	101%	100%	103%	105%	105%	94%	106%	102%	111%	106%	
CT (120%)	122%	122%	131%	121%	127%	136%	127%	132%	137%	137%	122%	
Colonoscopy (100%)	92%	106%	130%	90%	116%	120%	112%	129%	91%	100%	91%	
Non Obs Ultrasound (100%)	85%	100%	96%	83%	88%	93%	98%	110%	114%	109%	102%	
Flexi Sigmoidoscopy (100%)	66%	86%	73%	82%	124%	109%	76%	82%	93%	93%	102%	
Gastroscopy (100%)	86%	108%	109%	81%	125%	98%	98%	95%	87%	98%	74%	
Echo (100%)	73%	83%	76%	96%	90%	103%	89%	92%	113%	109%	154%	
Endoscopy (100%)	98%	127%	129%	105%	145%	128%	118%	131%	112%	116%	103%	

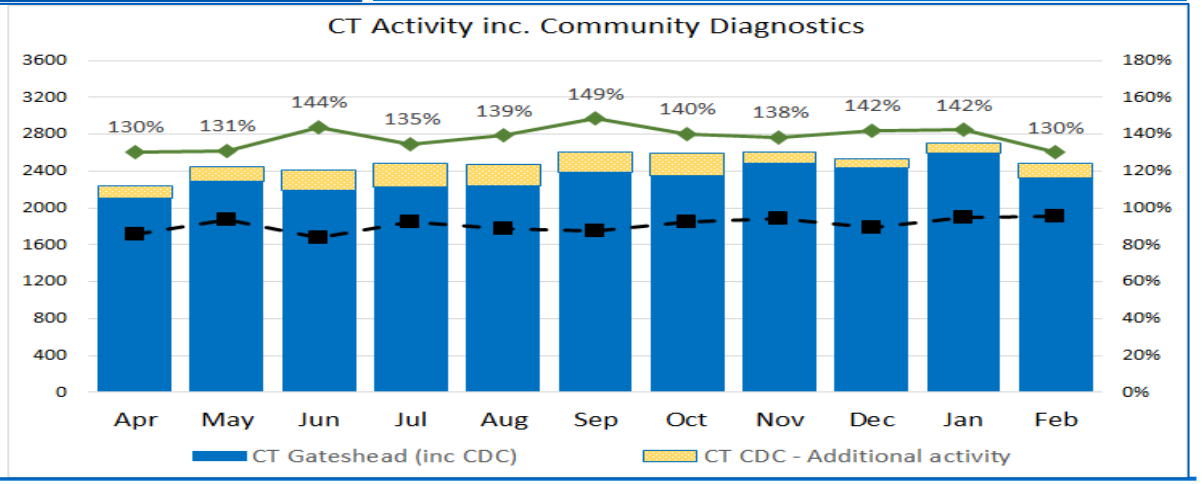
Activity levels are inline with internally planned levels to meet waiting list requirements with the exception of flexi-sigmoidoscopy and Gastroscopy (since October).

The activity in the graphs below includes Community Diagnostic Centre* modality activity.

In February percentages of activity delivered including CDC were 137% for MRI and 130% for CT against 19/20 baseline.

Year to date 148% for MRI and 140% for CT.





Maximum 6-week wait for diagnostic procedures

Responsive

NHS Gateshead Health NHS Foundation Trust

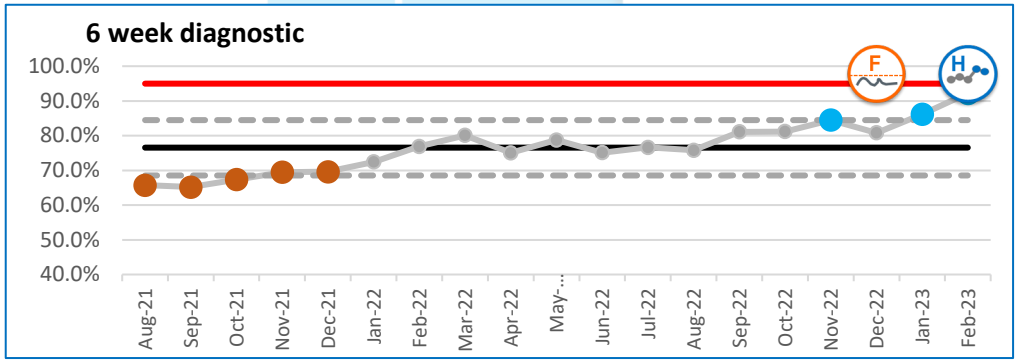
NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on a diagnostic WL at month end.
2. Number of patients waiting on a diagnostic WL at month end waiting greater than 6 weeks
3. % patients waiting 6 weeks or more for a diagnostic test at month end (target -1% moving to 5% by March 2023)
4. Number of diagnostic tests/procedures carried out in month

Trust's Diagnostic performance:

- Performance 92.2% in February, an increase from 86.2% in January. Overall Trust performance remains below 95% target, but February is the highest figure so far this year. February performance above latest NENC average of 80.3% (Jan 23) and continues to exceed the latest national average of 69.2% (Jan 23).
- In February 7 out of 12 specialities achieved the 95% target, an reduction from 9 in January
- Numbers waiting for a diagnostic test increased slightly from 4843 in January 4974 in February, however the number of patients waiting >6 weeks reduced significantly from 670 to 387.
- Echocardiography and Audiology continue to contribute greatest risk in achieving this standard, however both saw significant reductions in >6w waiters in February. Audiology from 299 to 208, Echo from 314 to 112.
- Audiology performance improved to 65.2%, the highest since March 22. Audiology improvement trajectory plans for standards to be achieved in Summer 2023.
- Echo noted a significant increase in performance from 63.0% to 85.3%, again the highest of the year so far. The Echocardiography recovery plan for 22/23 aimed to recover the long waiters by February 2023 (graphic right), and while off trajectory at present recent months continue to show significant improvement. The improvement trajectory has been revised for the 23/24 planning round, and now aims to achieve the 95% target by month 3 (June 23).

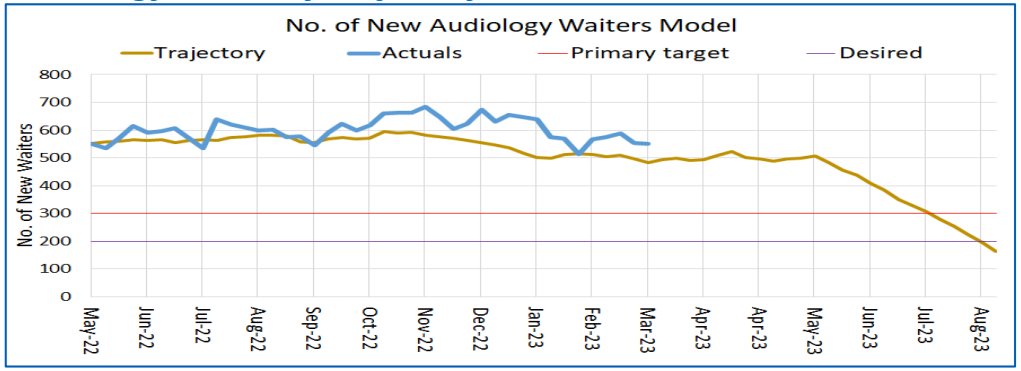
	95 % Standard											
Diagnostic waiters <6 weeks	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Trust Total (95%)	75.1%	78.7%	75.1%	76.6%	75.8%	81.1%	81.2%	84.5%	80.8%	86.2%	92.2%	
Barium Enema (95%)	98.3%	100.0%	98.4%	100.0%	96.6%	97.6%	100.0%	100.0%	100.0%	97.8%	100.0%	
CT (95%)	99.4%	99.5%	99.0%	99.6%	99.5%	99.8%	99.5%	99.3%	99.0%	99.5%	99.3%	
MRI (95%)	96.7%	97.6%	99.6%	99.2%	98.0%	98.9%	99.3%	98.4%	95.4%	97.6%	99.7%	
Non-Obstetrc Ultrasound (95%)	89.9%	99.6%	99.0%	99.2%	98.5%	99.3%	99.3%	99.6%	99.6%	99.4%	99.4%	
Audiology (95%)	56.7%	57.1%	55.5%	57.2%	57.6%	54.9%	48.9%	52.0%	42.3%	51.1%	65.2%	
Urodynamics (95%)	86.7%	90.0%	88.2%	100.0%	100.0%	95.2%	96.0%	97.4%	90.7%	91.2%	100.0%	
Colonoscopy (95%)	95.6%	97.7%	98.7%	94.8%	96.2%	96.2%	94.5%	98.2%	93.5%	96.3%	92.1%	
Flexi-Sig (95%)	94.3%	93.5%	97.7%	100.0%	98.2%	97.5%	100.0%	98.2%	94.5%	96.4%	93.1%	
Gastroscopy (95%)	95.0%	96.8%	98.1%	98.4%	98.2%	98.3%	96.9%	97.5%	95.6%	95.1%	98.7%	
Dexa (95%)	97.2%	97.9%	98.8%	99.2%	98.3%	97.7%	98.0%	99.0%	98.5%	99.5%	98.2%	
Echo Cardiology (95%)	32.6%	38.4%	30.0%	29.1%	30.1%	39.1%	42.7%	52.1%	42.5%	63.0%	85.3%	
Cystoscopy (95%)	83.5%	85.7%	89.6%	94.2%	96.7%	97.8%	100.0%	100.0%	97.0%	93.1%	90.0%	



Echocardiography 6 Week Performance Recovery Trajectory:

	ECHO	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend
Projection	Total waiting List (projection)	1328	1294	1143	828	646	499	450	
	> 6 weeks	925	744	505	194	62	5	4	
	% within 6 weeks	30.3%	42.5%	55.8%	76.6%	90.4%	99.0%	99.1%	
Actual	Total waiting List	1183	1028	967	826	848	762		
	> 6 weeks	721	589	463	475	314	112		
	% within 6 weeks	39.1%	42.7%	52.2%	42.5%	63.0%	85.3%		
	Difference to projection (%)	8.7%	0.2%	-3.6%	-34.1%	-27.4%	-13.7%		
	Met recovery trajectory	Yes	Yes	No	No	No	No		

Audiology Recovery Trajectory:



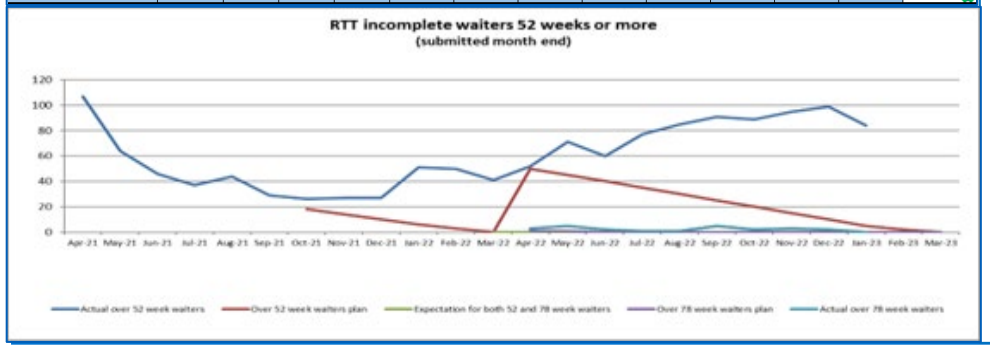
Referral to Treatment

Responsive

Gateshead Health NHS Foundation Trust

RTT % Within 18 weeks	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Trust (92%)	74.2%	75.9%	76.3%	75.8%	75.1%	74.3%	73.4%	72.1%	68.7%	70.2%	70.5%	
General Surgery (92%)	79.5%	80.4%	79.0%	75.8%	78.0%	79.8%	79.0%	78.6%	73.0%	71.7%	69.7%	
Gynaecology (92%)	72.8%	77.3%	80.8%	80.2%	78.0%	81.7%	80.5%	78.8%	77.2%	72.8%	70.4%	
Trauma & Orthopaedics (92%)	64.2%	66.7%	67.0%	66.2%	64.0%	63.2%	62.6%	61.7%	57.6%	58.6%	60.4%	
Urology (92%)	77.7%	78.2%	73.3%	74.8%	75.5%	77.5%	76.2%	75.2%	69.9%	68.1%	74.5%	
Paediatrics (92%)	76.3%	74.6%	74.8%	73.3%	69.6%	68.5%	69.1%	68.1%	67.1%	67.8%	69.0%	
Cardiology (92%)	76.5%	78.7%	76.4%	74.5%	72.0%	69.6%	71.2%	71.6%	70.3%	73.8%	75.7%	
Gastroenterology (92%)	72.7%	78.1%	87.7%	90.0%	88.4%	80.8%	77.2%	71.5%	67.1%	72.6%	72.1%	
General Medicine (92%)	64.0%	78.1%	75.0%	86.2%	95.0%	76.9%	88.9%	88.9%	81.8%	91.8%	95.5%	
Geriatric Medicine (92%)	87.3%	91.2%	95.4%	89.7%	88.6%	89.1%	86.8%	83.4%	78.2%	81.9%	84.0%	
Respiratory Medicine (92%)	68.9%	69.1%	66.2%	65.2%	67.8%	64.4%	60.9%	66.8%	65.3%	79.4%	79.1%	
Rheumatology (92%)	83.5%	84.3%	80.1%	81.0%	83.6%	82.6%	83.2%	78.9%	75.9%	87.4%	93.3%	
Other (92%)	75.3%	73.3%	72.2%	71.9%	70.6%	69.2%	69.2%	67.2%	65.4%	66.8%	67.8%	

Waiters at month end		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Total Waiters	Actual	11336	11542	11604	11949	12244	12430	12837	12715	12593	12753	12864	
52w waiters	Plan	50	45	40	35	30	30	20	15	10	5	2	
	Actual	52	71	58	77	81	91	89	95	99	84	70	
General Surgery	Actual	13	12	8	12	10	17	10	13	16	8	2	
Gynaecology	Actual	7	2	1	2	1	2	0	1	0	1	0	
Trauma & Orthopaedics	Actual	16	21	25	31	28	31	17	16	16	9	11	
Urology	Actual	4	4	1	0	1	1	1	1	1	1	4	
Paediatrics	Actual	0	14	12	13	16	17	24	32	30	42	33	
Cardiology	Actual	1	0	0	3	5	2	3	1	5	7	7	
Gastroenterology	Actual	5	5	3	1	4	4	7	3	5	1	1	
General Medicine	Actual	0	0	0	0	0	0	0	0	0	0	0	
Respiratory Medicine	Actual	3	4	4	7	3	9	13	14	16	2	2	
Rheumatology	Actual	0	0	0	0	0	0	0	0	0	1	0	
Other	Actual	3	9	4	8	13	8	14	14	10	12	10	
78w waiters	Plan	1	1	0	0	0	0	0	0	0	0	0	
	Actual	3	5	2	1	1	5	2	2	2	0	0	



NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete pathway waiting 18 weeks or more
3. Percentage of patients waiting < 18 weeks on an incomplete pathway (target> 92%)
4. No of patients waiting longer than 18 week

Trust's RTT performance

- February performance 70.5%, increase from January at 70.2%, below the 92% target
- At 70.2% Trust performance continues to exceed latest national average 58.3% (Jan 23), and the ICB average of 69.5% (Jan 23)
- Total waiting list increased from 12,753 in January to 12,864 in February
- Weekly monitoring of 78 week now in place as per requirements of *Elective actions for the 78 week cohort* letter received January 23
- 0 patients waiting more than 78 weeks in January, and no more projected to breach in this year
- The number patients waiting 52 weeks or more remained above plan levels but again reduced, from 84 in January to 70 in February
- Significant reduction in Respiratory 52 week waiters seen in January maintained. General Surgery lowest levels all year. Paediatrics remains the largest cohort of 52 week waiters, but also saw in month reduction from 42 to 33

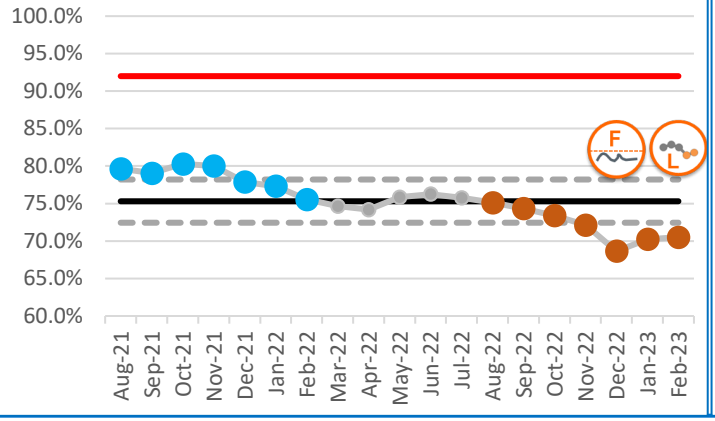
Risks: Increases in > 52 weeks over planned levels in February:

- T&O 11 (+2), Paediatrics 33 (-11), General Surgery 2 (-6), Gastroenterology 1 (No change), Gynaecology 0 (-1), Cardiology 7 (No change), Respiratory Medicine 2 (no change), Other 10 (-2)

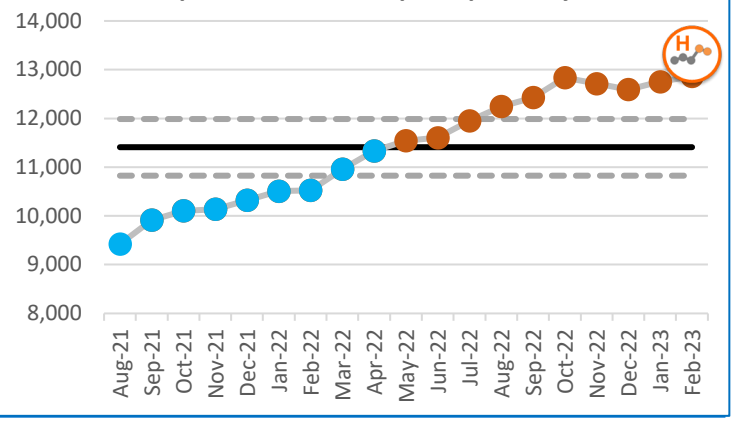
Main Risks

- Outpatient capacity to review the backlog, Theatre capacity / Theatre workforce, Staffing pressures / bed capacity, Capacity/pathways for autism assessments in Paediatric 52 week patients

RTT 18 week



Number of patients on incomplete pathways



Cancer Standards - 2 Week Waits

Responsive

Gateshead Health NHS Foundation Trust

NHSI SOF Operational Performance & National Operational Standard

1. No. of urgent GP referrals for suspected cancer
2. Number of patients seen after more than 2 weeks
3. % patients seen within 2 weeks

2ww performance	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Trust (93%)	84.8%	89.4%	88.8%	89.1%	84.7%	79.9%	85.1%	86.6%	83.3%	79.8%	82.3%	
Breast (93%)	92.4%	97.4%	94.9%	97.0%	96.8%	93.2%	93.2%	94.8%	88.0%	94.4%	96.7%	
Gynae (93%)	78.3%	95.5%	89.8%	82.4%	86.4%	73.6%	85.9%	79.4%	93.7%	90.9%	91.1%	
Lower GI (93%)	87.4%	80.0%	82.8%	67.6%	45.8%	36.4%	42.4%	40.2%	44.9%	37.5%	25.5%	
Testicular (93%)	70.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	
Urology (93%)	84.2%	79.0%	71.2%	83.2%	84.4%	94.2%	93.7%	94.1%	86.5%	69.0%	86.0%	
Haematology (93%)	100.0%	100.0%	88.9%	100.0%	92.3%	86.7%	100.0%	100.0%	100.0%	85.7%	91.7%	
Lung (93%)	21.7%	43.1%	65.7%	77.4%	74.6%	47.2%	81.8%	88.6%	90.0%	90.8%	91.3%	
Upper GI (93%)	83.5%	82.1%	79.5%	86.5%	84.8%	74.6%	76.3%	88.9%	85.5%	45.5%	62.0%	
Symptomatic Breast (93%)	96.8%	97.8%	93.6%	94.4%	95.0%	90.3%	100.0%	89.7%	95.7%	100.0%	100.0%	

Indicative

Trust's 2 week wait Cancer performance

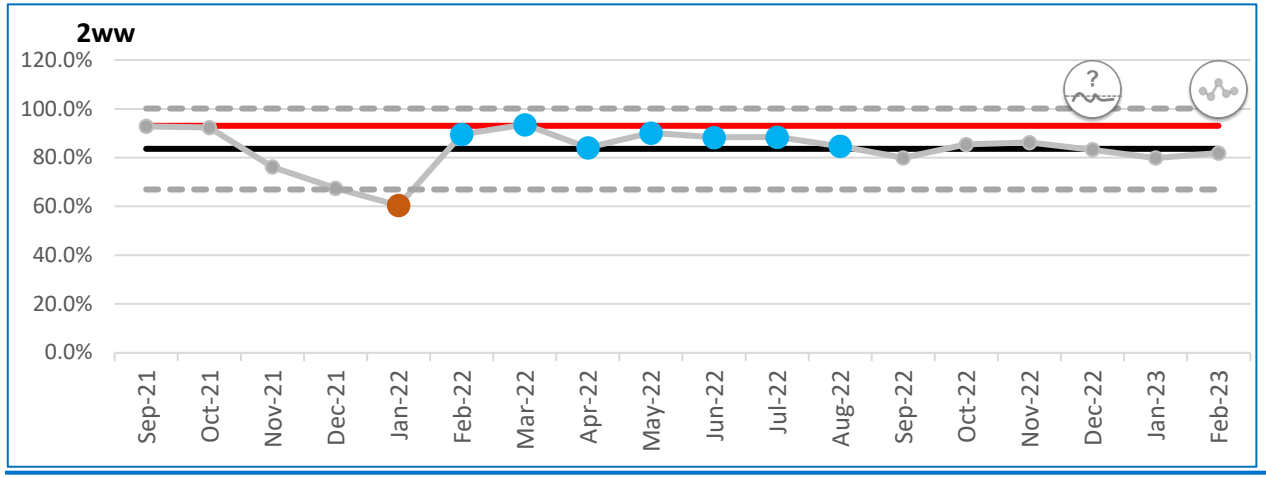
- Indicative performance for February 82.3%, a 2.5 percentage point increase from 79.8% in January
- 82.3% remains below the 93% target
- Latest Trust final figure for January at 79.8% was below latest national average 81.8% (Jan 23) and latest NENC average 86.0% (Jan 23)

Tumour Update:

- Using validated final data for January, only Breast and Testicular exceeding the 93% target. Indicative figures for February has indicated this position has continued, but expectation final figures will change once validated
- Consistent pressure in all months for Lower GI, Lung and Upper GI
- Activity volumes for most tumour sites in January/February higher than 19/20 levels, with the exception of upper GI which indicates consistent lower levels, and lower GI which has fluctuated.

Risks

- Referral pathway management: pro-forma review, choice delays and timely capacity release
- Capacity / summer holidays and shared pathways (urology/lung)
- Outpatient capacity
- Workforce pressures across tumour groups (lung)



Volumes as a % of 2019/20 Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust (100%)	99%	121%	125%	104%	141%	112%	119%	121%	113%	122%	119%
Breast (100%)	102%	122%	151%	126%	141%	122%	124%	128%	113%	119%	128%
Gynae (100%)	110%	141%	152%	129%	173%	164%	196%	155%	151%	136%	134%
Lower GI (100%)	108%	114%	89%	60%	122%	85%	69%	84%	85%	96%	106%
Testicular (100%)	200%	88%	38%	40%	138%	100%	100%	20%	150%	140%	67%
Urology (100%)	87%	132%	96%	117%	163%	132%	123%	128%	150%	155%	106%
Haematology (100%)	125%	144%	129%	100%	186%	136%	88%	140%	100%	100%	240%
Lung (100%)	98%	138%	108%	63%	156%	89%	153%	175%	111%	231%	148%
Upper GI (100%)	80%	100%	106%	84%	119%	79%	108%	103%	96%	98%	88%

Cancer Standards – 28 day Faster Diagnosis

Responsive

NHS Gateshead Health NHS Foundation Trust

Trust's 28 day Faster Diagnosis performance:

- Trust has achieved 75% target all months since June 22
- Indicative performance for February 78.9%, a 2.9 percentage point increase from 76.0% in January
- Latest Trust final figure for January at 76.0% was above latest national average 67.0% (Jan 23) but slightly below the latest NENC average 76.2% (Jan 23) for this month having typically exceeded the average
- This measure will replace the 2 Week wait in future

Tumour Update:

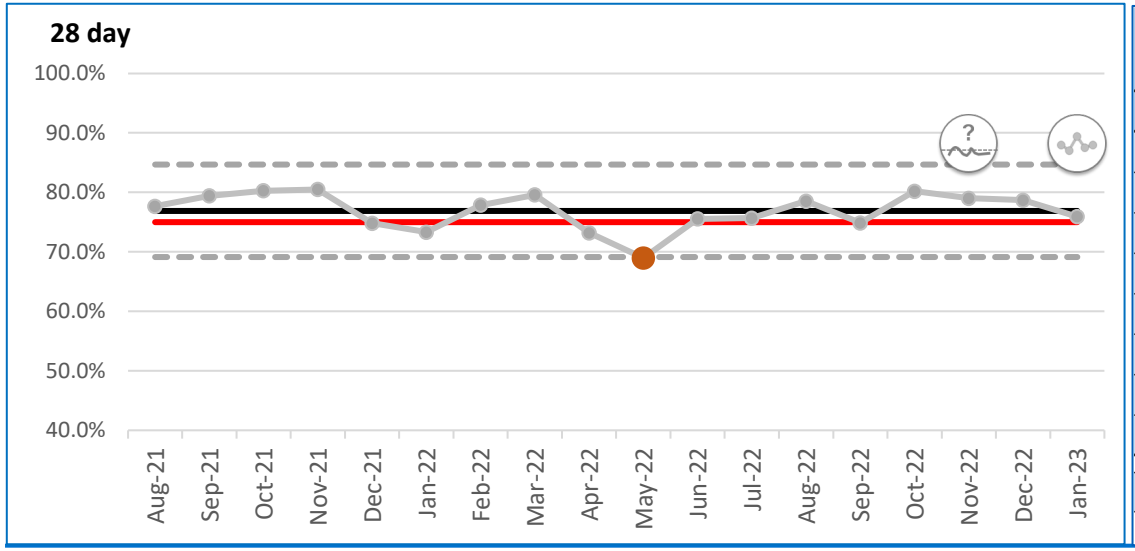
- While Trust wide performance achieves the standard, performance risks continue across most specialties - Particular consistently challenged specialties Gynae, Lower GI, Urology, Haematology and Upper GI
- Breast and Symptomatic Breast sites exceeding the 75% target in each of the last 11 months
- Testicular and Lung noted month on month improvement between September and January, and have continued to achieve the target in January, and February (indicative)
- Lung are the first to go-live with Best Practice Timed Pathways, Implementation of BPTP in the remaining tumour groups is underway

Risks

- Capacity, Endoscopy capacity, Shared pathways, TP biopsy capacity (urology)

NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving diagnosis of cancer or ruling out cancer
2. No of patients receiving communication more than 28 days after referral
3. % of patients receiving communication within 28 days of referral (target 75%)



Faster Diagnosis Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Trust (75%)	73.2%	69.0%	75.5%	75.7%	78.5%	74.9%	80.1%	79.0%	78.6%	76.0%	78.9%	
Breast (75%)	96.8%	96.6%	97.0%	97.5%	97.8%	96.9%	95.4%	96.5%	98.1%	94.8%	96.6%	
Gynae (75%)	49.1%	46.0%	59.1%	65.0%	69.7%	68.0%	61.7%	50.8%	44.6%	51.0%	52.2%	
Lower GI (75%)	46.0%	36.1%	42.7%	44.4%	49.7%	52.3%	54.1%	51.6%	57.3%	38.4%	48.3%	
Testicular (75%)	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	75.0%	100.0%	100.0%	100.0%	75.0%	
Urology (75%)	28.1%	27.0%	30.4%	44.4%	50.6%	65.2%	62.4%	64.5%	66.3%	50.6%	66.2%	
Haematology (75%)	81.8%	100.0%	87.5%	57.1%	62.5%	68.8%	28.6%	45.5%	71.4%	20.0%	55.6%	
Lung (75%)	36.0%	38.1%	74.5%	62.1%	80.8%	53.8%	75.0%	85.3%	67.9%	82.6%	80.8%	
Upper GI (75%)	53.1%	51.5%	52.5%	51.2%	53.8%	41.7%	55.6%	52.0%	56.4%	55.7%	55.4%	
Symptomatic Breast (75%)	100.0%	100.0%	100.0%	100.0%	97.5%	100.0%	96.6%	100.0%	95.5%	100.0%	96.0%	

Indicative

Cancer Standards - 31 Day Waits

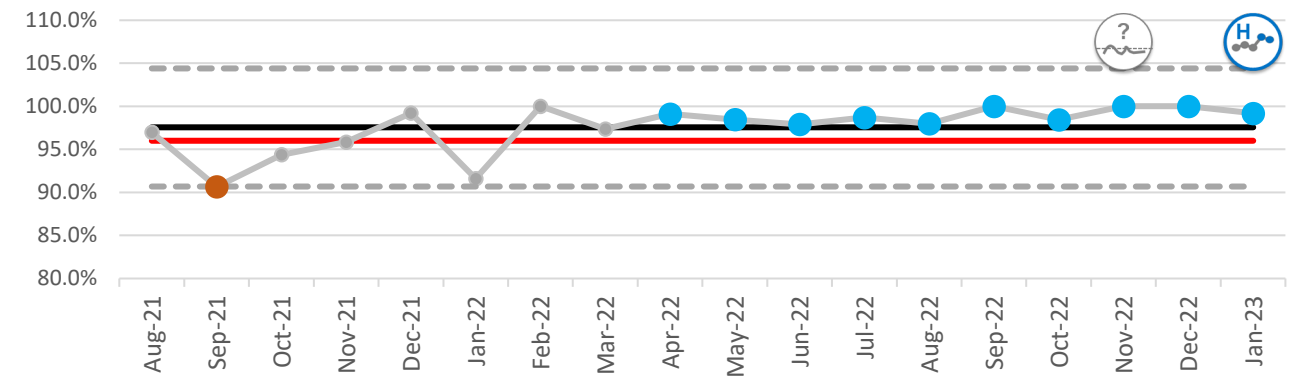
Responsive

Gateshead Health NHS Foundation Trust

NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving 1st definitive treatment following a cancer diagnosis
2. No, of patients receiving fist definitive treatment more than 1 month pf a decision to treat following a cancer diagnosis
3. % of patients receiving 1st definitive treatment within 1 month of a DTT following a cancer diagnosis > 96%
4. Patients receiving surgery (94%) or drug treatment for cancer within 31 days (98%)

31 day



Trust's 31 day cancer performance:

- Trust has exceeded the 31 day standard every month this year
- Trust's validated performance for January is 99.2% against the 31 Day standard, with the Surgery subsequent treatment above standard and Drug above
- 99.2% continues to exceed the latest national average of 88.5% (Jan 23) and NENC average 90.1% (Jan 23)
- Februarys indicative position is 96.9%, with slight reduction in performance in Gynae and Lung

Tumour Update:

- All tumour sites have achieved the target in the two fully validated months of December and January

Risks

- Capacity / shared pathways, Theatre workforce pressures

31 day performance	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Trust (96%)	99.1%	98.5%	97.9%	98.7%	98.0%	100.0%	98.5%	100.0%	100.0%	99.2%	96.9%	
Breast (96%)	97.7%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%	
Gynae (96%)	100.0%	92.6%	89.3%	94.1%	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	
Lower GI (96%)	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	87.5%	100.0%	100.0%	100.0%	100.0%	
Urology (96%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Haematology (96%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
Lung (96%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	
Sarcoma (96%)	100.0%	NA	100.0%	NA	NA	NA	NA	100.0%	100.0%	NA	NA	
Upper GI (96%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Other (96%)	NA	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	
											Indicative	

Susequent Treatments	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Surgery (94%)	94.7%	100.0%	100.0%	93.8%	100.0%	96.3%	97.1%	100.0%	100.0%	95.5%	100.0%	
Drug (98%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	
											Indicative	

Volumes as a % of 2019/20 Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust (100%)	91.1%	100.8%	124.3%	106.9%	118.4%	100.8%	87.7%	125.4%	102.5%	93.2%	104.3%
Breast (100%)	85.7%	94.0%	126.8%	113.7%	147.9%	89.8%	82.8%	125.9%	101.7%	101.8%	156.3%
Gynae (100%)	76.0%	112.5%	116.7%	100.0%	75.0%	91.7%	96.3%	147.4%	133.3%	129.4%	80.0%
Lower GI (100%)	114.3%	55.6%	115.4%	114.3%	92.3%	107.1%	94.1%	125.0%	111.1%	40.0%	44.4%
Urology (100%)	100.0%	190.9%	158.3%	138.5%	175.0%	160.0%	200.0%	233.3%	216.7%	111.8%	141.7%
Haematology (100%)	128.6%	85.7%	66.7%	66.7%	80.0%	71.4%	100.0%	180.0%	166.7%	80.0%	125.0%
Lung (100%)	86.7%	140.0%	141.7%	87.5%	50.0%	91.7%	50.0%	92.3%	13.3%	28.6%	0.0%
Upper GI (100%)	122.2%	50.0%	166.7%	133.3%	333.3%	300.0%	40.0%	27.3%	116.7%	250.0%	66.7%

Cancer Standards - 62 Day Waits

Responsive

Gateshead Health NHS Foundation Trust

Trust's 62 day cancer performance

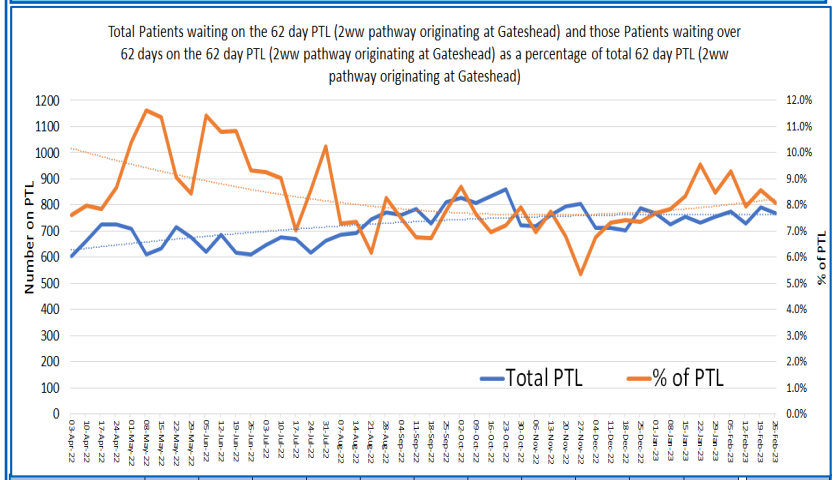
- Performance improved in February (indicative) to 62.6%
- Final performance for January at 53.5% was slightly below the latest national average 54.4% (Jan 23) and NENC average 54.5% (Jan 23).
- **The Trust reported 62 patients waiting over 62 days on a 2ww classic pathway (8.1% of the total waiters on a 62 day 2ww classic pathway) (76 on all pathways (8.5% of total waiters)).**
- Within the operational guidance 'Systems are being asked to plan to restore >62-day backlogs to the relative backlog using urgent suspected cancer referral volumes seen in Q3 2019/20 compared to the overall national backlog for the w/e 16th February'; for Gateshead this was a position of 55 however due to the pressures supporting the ICS the Trust submitted a plan of 55 at February 2022, reporting 62 for the month, the plan has not been met.
- The number of long waits (>104 days) on a 62 day (2ww) pathway at the end of February had decreased to 9 patients (1.2% of total waiters on a 62 day 2ww classic pathway) (13 on all pathways (1.5% of total waiters).

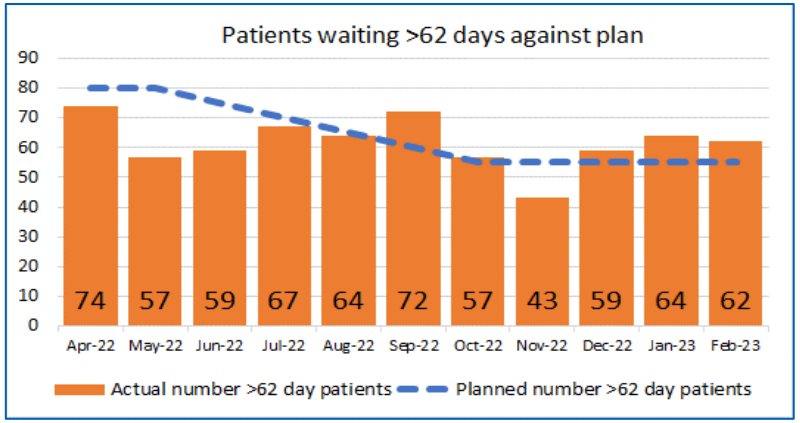
Tumour Update:

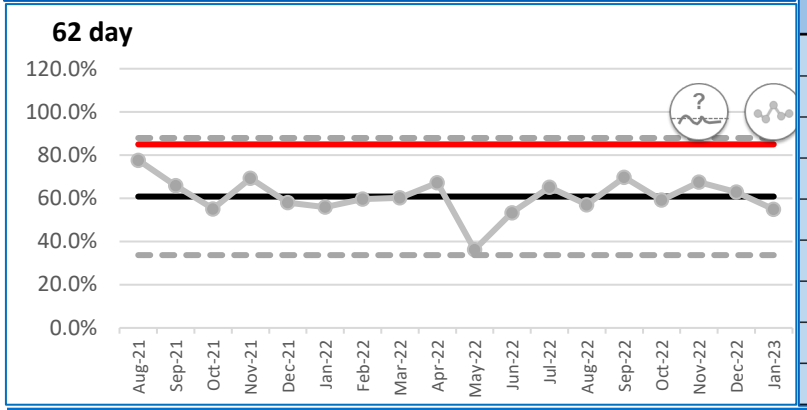
- Performance Risks across the majority of specialties to achieve 85%. Monthly positions are variable but particularly challenged specialties continue to be Gynae, Lower GI, Upper GI and Urology

NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving 1st definitive treatment for cancer following an urgent referral for suspected cancer/NHS Screening/Consultant upgrade
2. No of patients receiving 1st definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer/NHS Screening/Consultant upgrade
3. % of patients receiving 1st definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer (target 85%)
4. No. of patients receiving 1st definitive treatment 104 days or more







62 day performance	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Monthly Trend
Trust (85%)	67.2%	34.5%	53.6%	63.2%	56.7%	70.5%	58.2%	67.1%	60.4%	53.5%	62.6%	
Breast (85%)	93.3%	91.7%	81.1%	96.6%	78.7%	85.7%	81.1%	80.0%	76.0%	73.7%	93.2%	
Gynae (85%)	44.4%	4.2%	20.0%	54.2%	50.0%	53.8%	36.8%	52.4%	58.8%	31.3%	27.8%	
Lower GI (85%)	NA	0.0%	53.3%	16.7%	50.0%	46.2%	40.0%	20.0%	0.0%	33.3%	66.7%	
Urology (85%)	13.6%	20.0%	22.2%	21.4%	32.6%	53.3%	45.8%	62.2%	34.8%	42.1%	25.0%	
Haematology (85%)	80.0%	66.7%	75.0%	NA	100.0%	0.0%	57.1%	90.9%	NA	100.0%	60.0%	
Lung (85%)	54.5%	30.0%	40.0%	42.9%	61.5%	88.2%	80.0%	85.7%	60.0%	66.7%	0.0%	
Sarcoma (85%)	100.0%	NA	100.0%	0.0%	NA	NA	0.0%	0.0%	NA	NA	NA	
Upper GI (85%)	100.0%	NA	100.0%	57.1%	0.0%	60.0%	66.7%	0.0%	100.0%	28.6%	25.0%	
Other (85%)	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100.0%	NA	0.0%	100.0%	42.9%	

Cancer - Patients waiting more than 62 days

63 to 104 days	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Breast	4	2	1	7	4	2	4	2	3	4	3
Gynaecological	15	4	11	5	11	17	14	12	17	18	9
Haematological	8	4	1	3	0	2	2	1	0	0	0
Lower Gastrointestinal	5	3	6	6	8	12	3	5	7	5	11
Lung	4	6	1	3	4	2	8	5	4	6	2
Upper Gastrointestinal	7	8	6	11	16	12	9	5	8	7	12
Urological	14	17	26	15	12	11	6	4	8	12	15
Other	1	1	0	0	0	0	0	0	1	0	1
63 to 104 days total	58	45	52	50	55	58	46	34	48	52	53

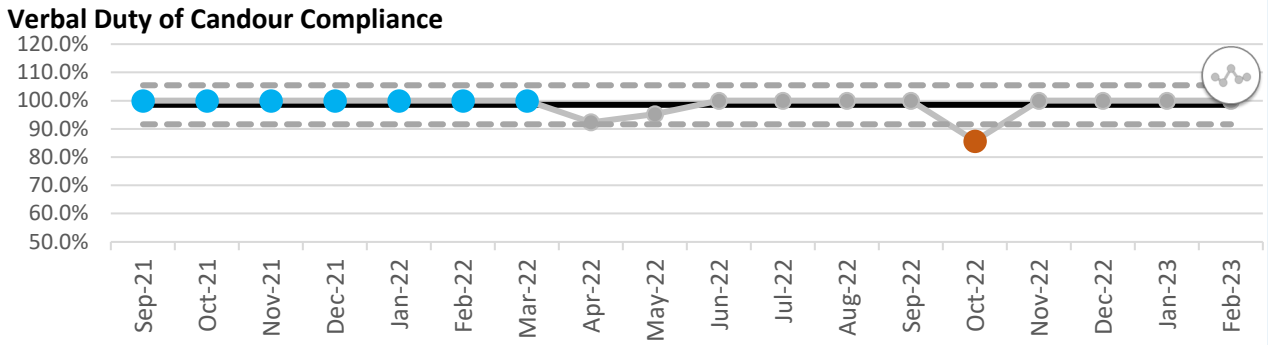
Over 104 days	April	May	June	July	July	Sept	Oct	Nov	Dec	Jan	Feb
Breast	1	1	0	0	1	1	0	0	0	0	0
Gynaecological	7	3	1	3	1	4	3	3	2	3	3
Haematological	2	2	0	1	0	0	1	0	1	0	0
Lower Gastrointestinal	0	1	0	1	1	1	3	1	2	5	2
Lung	2	1	1	1	1	1	0	3	0	1	1
Upper Gastrointestinal	0	0	1	1	4	7	1	1	4	2	1
Urological	3	3	3	9	1	0	3	1	2	1	2
Other	1	1	1	1	0	0	0	0	0	0	0
Over 104 day total	16	12	7	17	9	14	11	9	11	12	9

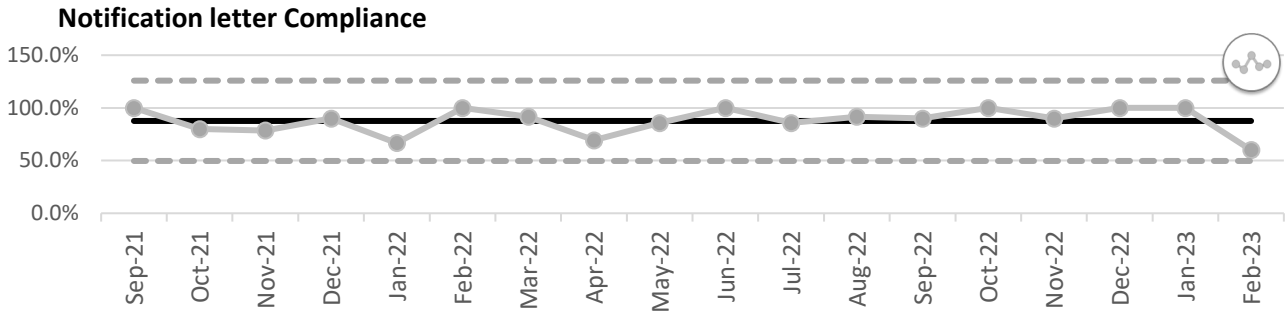
Report by exception: Responsive – Duty of Candour Compliance

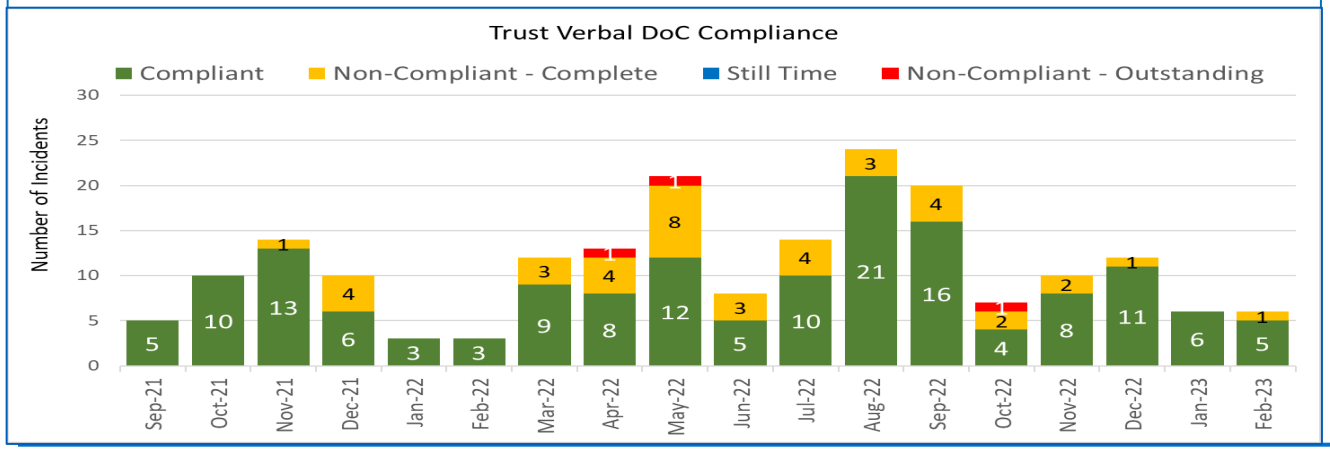
Detail on this measure is included as special cause variation (low) is identified in December 2022

Responsive

NHS Gateshead Health NHS Foundation Trust







Situation

- Verbal Duty of Candour compliance is displaying common causevariation for concern for February 2023
- Notification letter compliance is displaying common cause variation for February 2023

Background

- Duty of Candour (DoC) is governed by the Health and Social Care act 2008 (Regulated Activities) Regulations 2014: Regulation 20.
- Verbal Duty of Candour (stage 1): Regulation 20 and underpinning statute, stipulates that an individual (or other appropriate person) must be notified "as soon as reasonably practicable" after a notifiable patient safety incident has occurred. Notifiable is further defined as requiring three criteria to be met in the reasonable opinion of a health care professional. Once determined as notifiable, the enactment should occur verbally within 10 working days. Current Trust processes for DoC require review to ensure consistent compliance with defining notifiable patient safety incidents, as within the current process there is potential for enacting DoC on non-notifiable incidents which should be managed under 'Being Open' professional duty only.

Assessment

- Duty of Candour depicted here shows compliance with the DoC section completion in the DATIX system.
- Compliance with the 10 day timeframe for verbal DoC is at 100%. However, there is a decrease in timely compliance for Notification letters, with two letters outstanding. One of these relates to an incident in which the patient is a minor who has been removed from the care of the parents. The second outstanding letter has been followed up by the legal team with the incident handler.

Actions

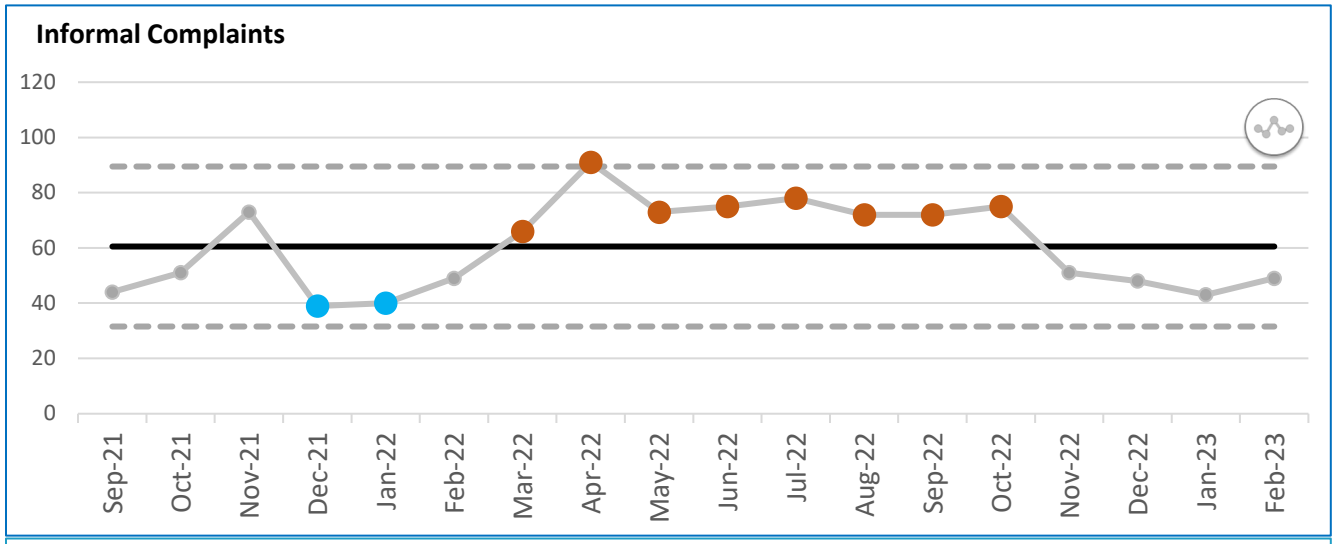
- The DoC allocation responsibility within the DATIX system often sits with Matrons and SLM's and not the attending clinicians or those involved with the incident.
- There are some identified themes in relation to the overdue notifications which are being addressed.

Report by exception: Informal Complaints

This indicator is included as a request for thematic analysis of complaints in recent months

Responsive

NHS Gateshead Health NHS Foundation Trust



Analysis:

Analysis of recent informal complaints (November 2022 to January 2023) and February 23 highlights the two main subjects for complaints are *Communication* and *facilities mostly* linked to *Car parking issues*. The tables (right) provide a breakdown of the most common issues for both themes, for the previous quarter and latest month to identify if issues remain consistent.

Communication complaints - The is no patten observed regarding specially / location for poor communication. Telephone waits feature the highest in ENT / Audiology but numbers are generally quite low.

Facilities complaints - Car parking issues continue to be the most significant issue. Complaints relating to parking charge notices were the largest category in February, but these continue to reduce over time. In February 2 complaints were recorded around inconsiderate parking in the local neighbourhood, but none in the previous 3 months.

Communications complaints by volume	Nov22 to Jan23	Feb-23
Electronic - Length of wait (telephone)	15	4
Verbal - Poor communication	14	5
Written - Incorrect information	4	3
Written - Poor communication	4	3
Verbal - Delay in diagnosis	3	
Verbal - Poor staff attitude	2	1
Written - Breach of confidentiality	2	
Verbal - Premature discharge	1	
Written - Poor / incorrect signposting	1	
Verbal - Incorrect diagnosis	1	
Verbal - Delay in Treatment	1	2
Electronic - Poor communication	1	
General - Interpreter not available	1	1
Verbal - Lack of community service communications	1	
Verbal - Misunderstanding	1	
Grand Total	**52**	**19**

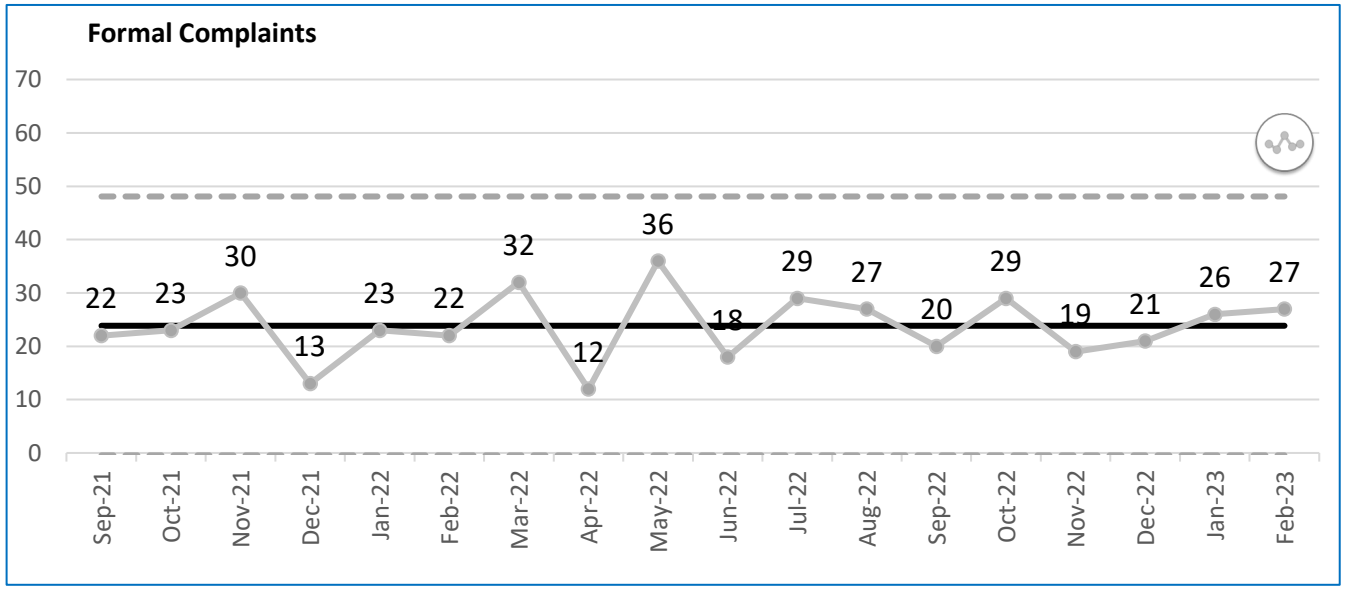
Facilities complaints by volume	Nov22 to Jan23	Feb-23
General - Car parking	15	1
Car Parking - Parking Charge Notice (PCN)	8	7
Car parking - Issues with blue badge registration	5	
Lack of resources - No ward bed (Not ITU/CCU/HDU)	1	
Facilities - Incomplete maintenance works	1	
General - Lack of adequate facilities/equiptment	0	1
Car parking - inconsiderate parking (neighbourhood)	0	2
Grand Total	**30**	**11**

Report by exception: Formal Complaints

This indicator is included as a request for thematic analysis of complaints in recent months

Responsive

Gateshead Health NHS Foundation Trust



Analysis:
Analysis of recent formal complaints received between November 2022 to February 2023 continues to highlight two main subjects, *Communication* and *Clinical Treatment*

Verbal complaints - All formal complaints relating to communication were listed as issues with verbal communication, with UEC teams receiving the most complaints (important to note they also deal with the largest volume of patients). However the graphic (bottom right) shows that verbal communication complaints were spread across a range of areas of the hospital.

Clinical Treatment complaints - Actions not carried out complaints are the largest category and also featured strongly again with UEC receiving the highest number of complaints. These complaints tend to link to people's perceptions that something should have taken place such as an x-ray and links back to communications around rationales for care plans. The graphic (bottom left) also shows that other clinical Treatment complaints were spread in small numbers across a range of areas of the hospital.

Friends and family test results - identify the following themes for patients whose experience was rated as 'Poor' or Very Poor'

- Long waits
- Appointment cancelations and delays
- Staff attitude
- Business of staff and perceived lack of attention and responsiveness to the needs of the patient

Clinical Treatment Complaints - by location (Nov-22 to Feb 23)

	Accident and Emergency	Same Day Emergency Care (SDEC)	Ward 2 - EAU	Ward 8 (Cardiology)	Ward 9 (Respiratory)	Ward 10 (Respiratory)	Ward 11 (Gastroenterology)	Ward 12	Ward 21 Escalation	Ward 22 (Care of the Elderly)	Ward 23 (Care of the Elderly)	Ward 25 (Care of the Elderly)	T27 (General Surgery)	Trauman and Orthopedics	Blaydon Urgent Treatment Centre	Gynaecology	Delivery Suite (Maternity)	Cardiology (Specialty of) - No specific dept	CT (Radiology)	Obstetrics	Paediatrics (Medical)	PeaPod (Paediatric Emergency Assessment)	Grand Total
Actions - Actions not carried out	13	2	1												1		1			1	1		20
General - Inadequate/Inappropriate nursing care			1		1		3	1	1	1	1	1	2										12
General - Inadequate/Inappropriate medical care				1	1	1								3		1		1	1			1	10
Total	13	2	2	1	2	1	3	1	1	1	1	1	2	3	1	1	1	1	1	1	1	1	42

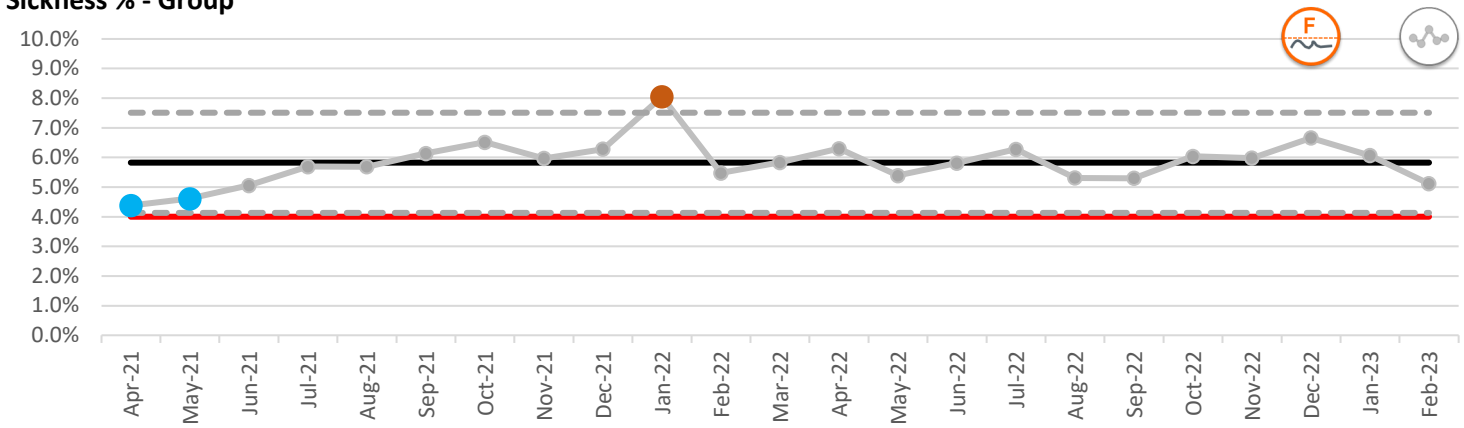
Verbal Complaints - by location (Nov-22 to Feb 23)

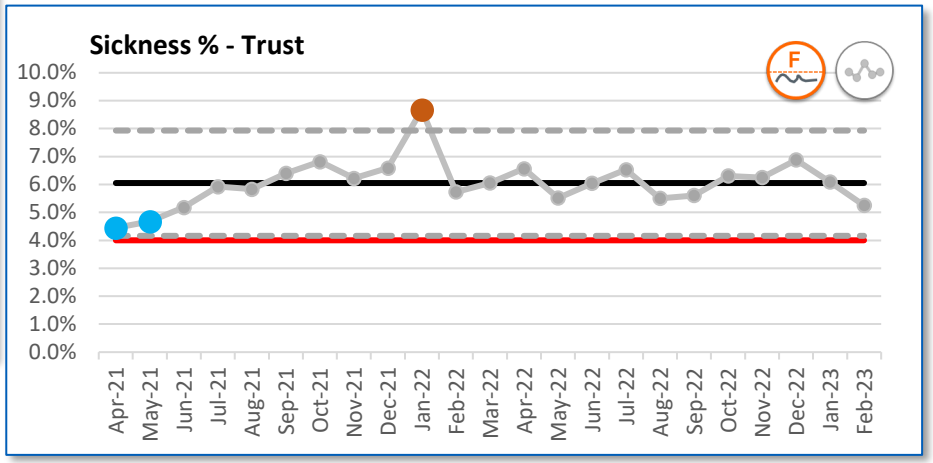
	Accident and Emergency	Same Day Emergency Care (SDEC)	Emergency Admissions Unit	Ward 1 - Emergency Admission Unit	Ward 9 (Respiratory)	Ward 12	Ward 14a (Trauma and Orthopaedics)	T27 (General Surgery)	General Surgery (Medical)	Gastroentorology	Pain Clinic	Children's Community Nursing	Breast Screening	Discharge Liason Team	Outpatients	Grand Total
Grand Total	4	1	1	1	1	1	2	1	2	1	1	1	2	1	2	22

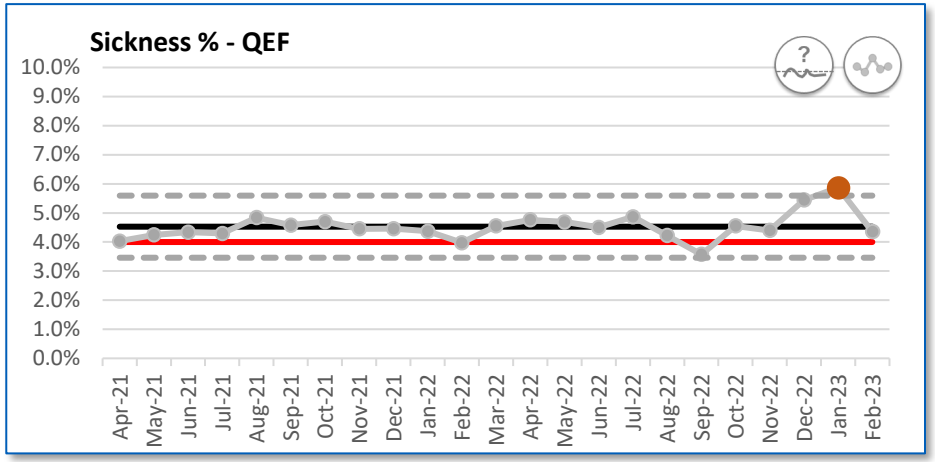
Sickness Absence

Well Led

Gateshead Health NHS Foundation Trust







What is the data telling us?

- Absence rates peaked across the Trust in December up to 7% however fell back to the mean average absence rate of 6.1% in January 2023. QEF sickness rates seen a steep incline in sickness rates from November 22 through to January 23, peaking at 6%. As a group the Trust has seen a further decline in sickness absence rates from January 2023 at 6.1% moving into February 2023 reporting at 5.11%. This is below the regional absence average for February which is currently 5.29% but higher than the national absence average which is currently 4.96%

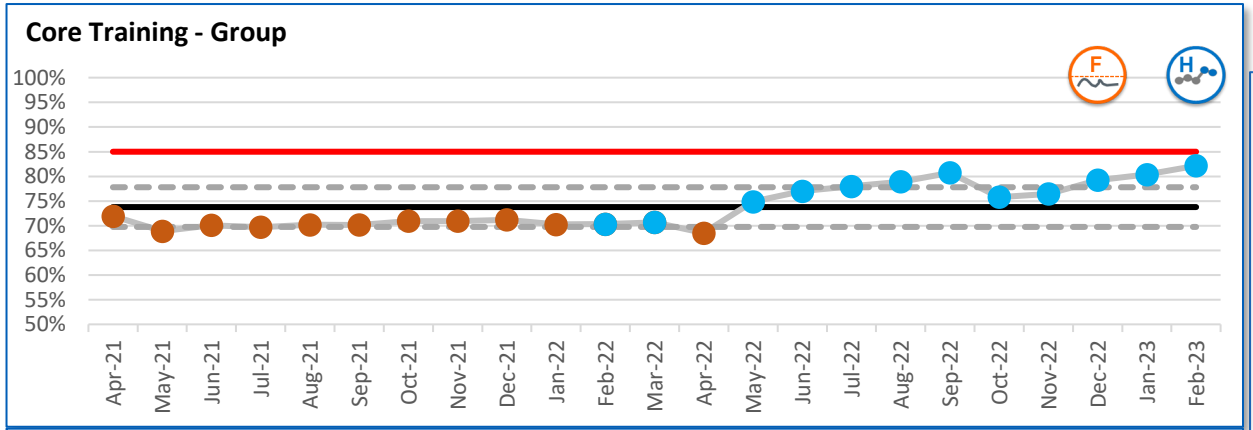
What is our plan and expected impact?

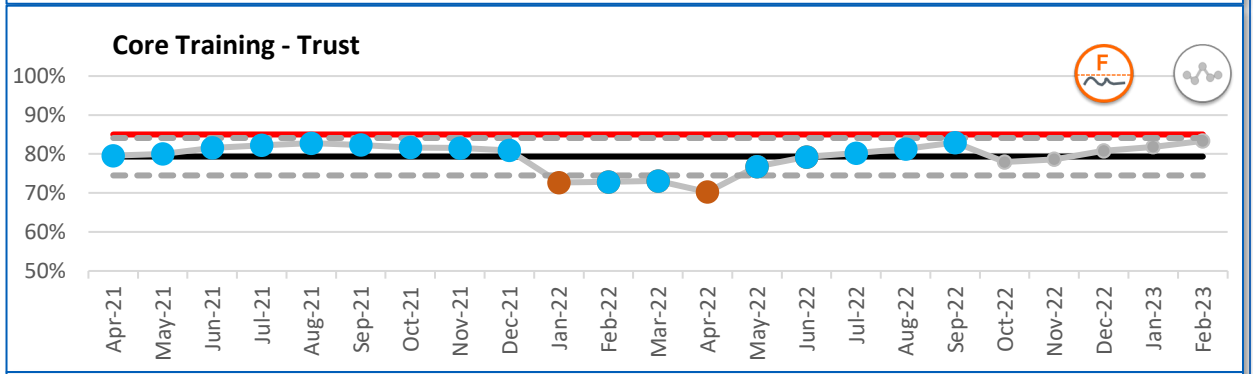
- The new Promoting and Supporting Attendance policy has now been inplace for 9 months with a refresh in October 2022.
- The collective approach to managing absence is well underway.
- The focused piece of work on Absence Management was measured from 1st November 2022 – 31st January 2023 and reviewed in February/March 2023. There was a collective approach from the management teams of the Business Units and POD. The absence management work continues and an impact review of the collective approach was presented at SMT on the 16th March 2023.
- Monthly sickness absence reporting continues and is shared with the Business Units. POD are continuing to support managers to engage with the refocused collective leadership approach.
- Monthly LTS clinics within the Business Units are now set up for a 12 month period with January and February clinics in process.
- The Trust SMT continue to fully support the new approach to absence management.
- Professional Absence Management training continues to be provided by Capsticks we have training sessions commissioned up to the end of the financial year for our line managers.
- We have designed and commissioned a bespoke training session for our SLM's, Matrons and Business Managers which was due to be delivered in January 2023. These sessions were postponed to March due to industrial action. Dates to be circulated in due course.

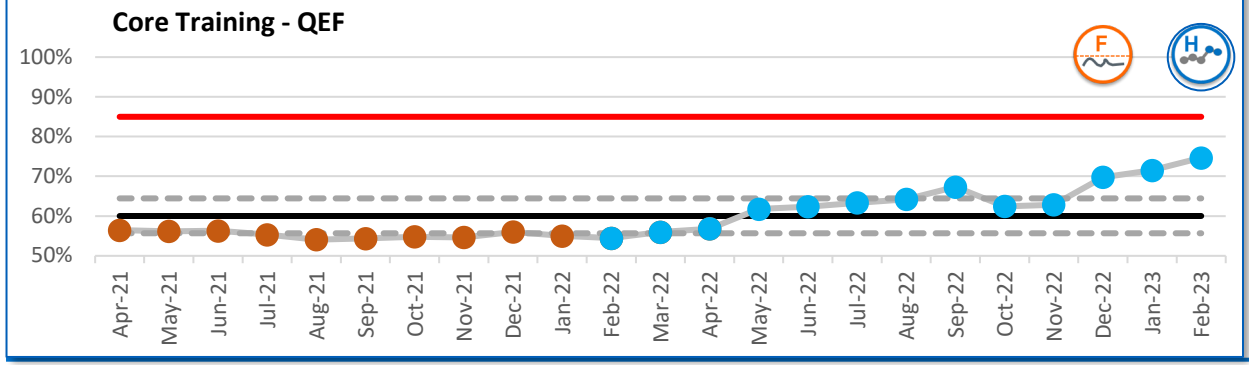
Core Training

Well Led

NHS Gateshead Health NHS Foundation Trust







What is the data telling us?

- Another increase in compliance with a whole group compliance figure of 82.1% against an 85% target.
- QEF currently have a compliance level of 74.7% against the 85% target, which is a further 3% increase on the last metrics report. Managers are aware that significant work is required to improve that position, however this is a positive improvement since the last report. The additional space for QEF staff for training is available and this continues to see an increase compliance.
- The trust only has increased to 83.3 against an 85% target. We will continue to work with business units to increase compliance and provide support around ESR. The industrial action has increased clinical pressures and we may see impacts on face to face attendance.
- The topics that remain under compliance targets and provide a level of risk are-Moving and handling level 2, Level 2 and 3 PMVA, Safeguarding level 3 topics and Information Governance. Work on-going with the SME's for these topics to increase compliance.
- PMVA training will remain a risk until further staff have completed the training. Dates have now been made available and staff are booking on to attend so there should continue to be sustained increases in compliance with this topic. Level 2 training has seen a sustained increase to compliance.
- Moving and Handling level 2 compliance is approximately 65% which is 20% under target however is a further 6% increase on last month. Information below details the work on-going to support an increase in compliance. The areas with lowest compliance are Medicine and Elderly, followed by Surgery. Further information to flow through SMT with regards to moving and handling training space.

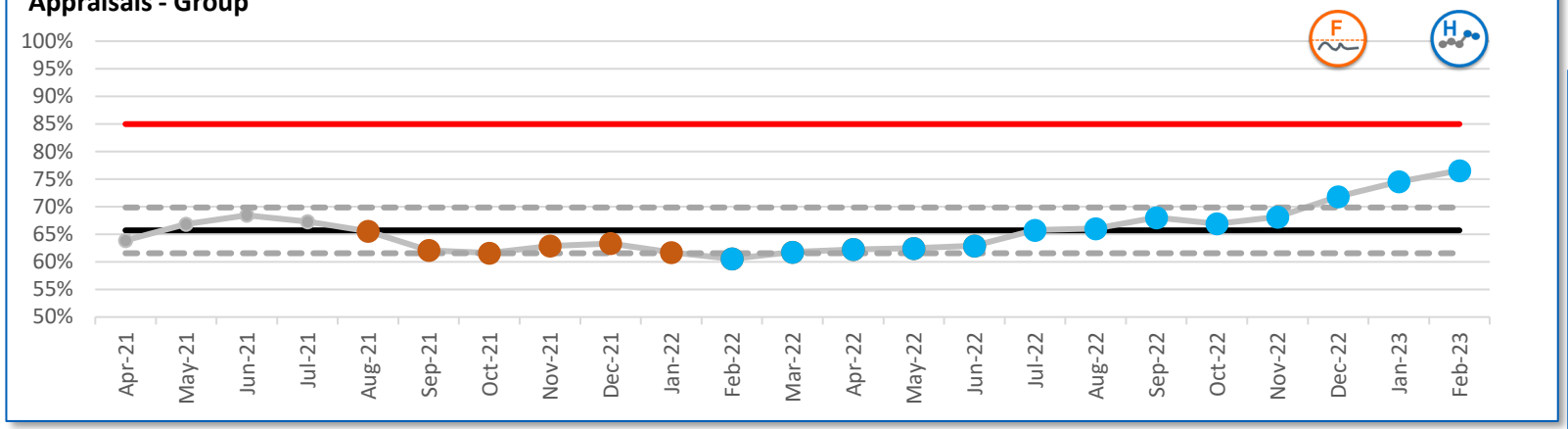
What is our plan and expected impact?

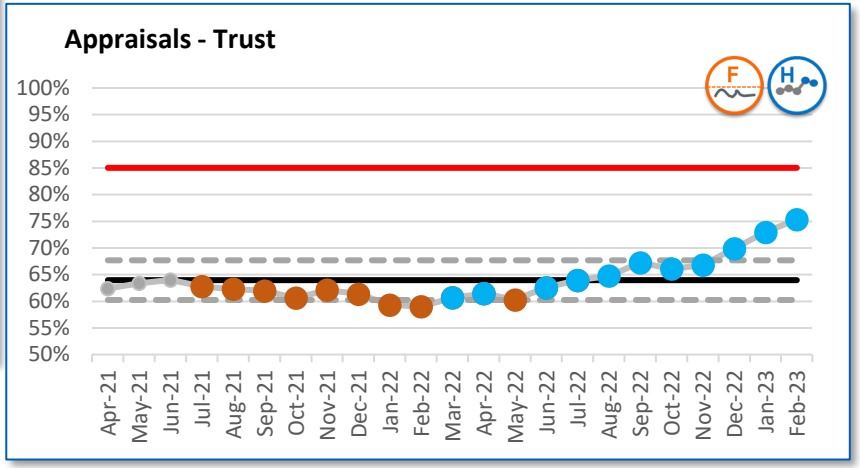
- Core skills compliance has been discussed at SMT, escalated to Executive Team and discussed at recent oversight meetings with business units. The addition of a couple of the topics will see an initial reduction in overall compliance, until the staff complete the training.
- Reporting has altered to ensure business units receive detailed information about their areas of concern, with all core and position topics being reported by business unit and SLM. This will also flow through SMT on a monthly basis to ensure visibility of the topics at risk.
- If Information Governance training does not meet the required standard, there is a risk the Trust will fail the Information Governance Toolkit. The Information Governance team provide regular training sessions, and reminders for staff with regards to completing their training. Training is also available as soon as people join the organisation and can be completed prior to their attendance at corporate induction.

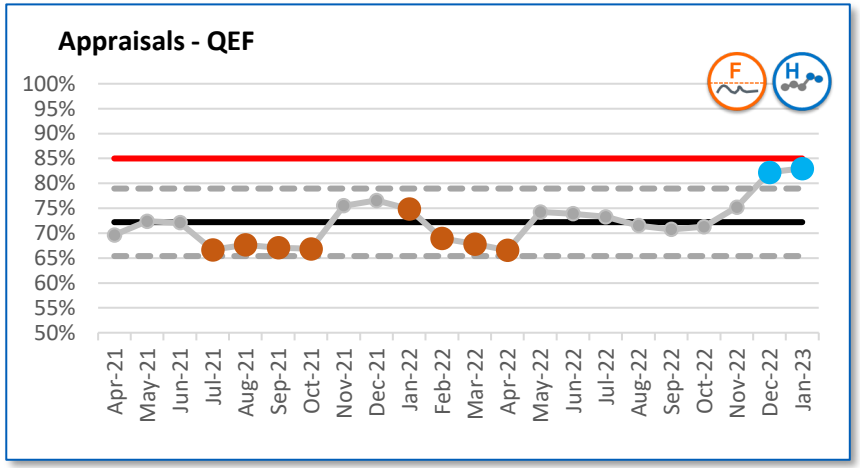
Appraisals

Well Led

NHS Gateshead Health NHS Foundation Trust







What is the data telling us?

- The target of 85% is consistently not being achieved. The data shows that there has been an increase to 76.6% for the group, which is another positive increase since last reported. There has been a sustained improvement since May 2022 prior to the slight decrease in a previous month. Both QEF and Trust have seen increases in compliance this month with the trust sitting at 75.3% and QEF at 83.1% which is just below target.
- There remain a number of areas of concern, with varying numbers of staff requiring an appraisal. Currently all business units are red or amber, with only People and OD green in terms of compliance, with the lowest areas of compliance being Nursing and Midwifery, Medicine SLM 3 and Surgery SLM 1 and 2, however the numbers vary for completions.

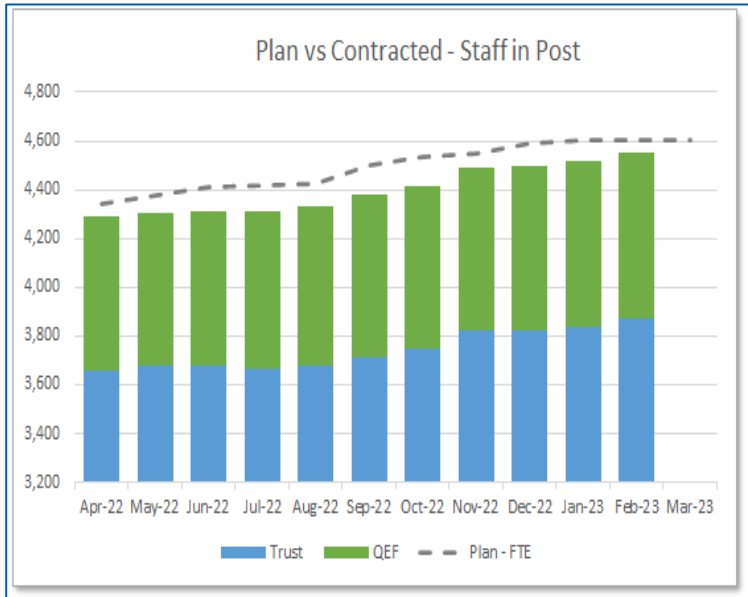
What is our plan and expected impact?

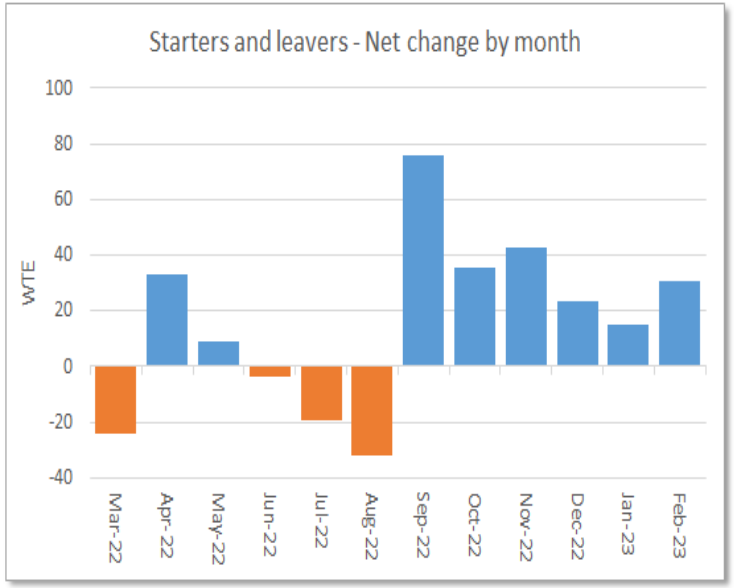
- The People and OD (POD) Leads are working with each business unit, directorates and teams to identify actions required to reach the required compliance levels. Additional training is being provided in areas as requested, for new appraisers and refresher training to ensure people are comfortable with the current process. The quarterly oversight reviews are making sure that appraisal compliance remains high on the agenda, and our colleagues in POD are supporting in any way possible.
- The teams in POD have supported with inputting appraisals in areas requesting support to ensure we have the most accurate data possible. The matrix teams are working with the business units to ensure all appraisals are booked in.
- The renewed policy has been ratified, with the new appraisal form released. A simple ESR logging process has been introduced alongside this to ensure we have the most up to date information possible within the system. Additional training re appraisal has been offered and delivered to multiple business units, simple how to guides have been developed and will be rolled out again when the new ESR process is ready to be launched.

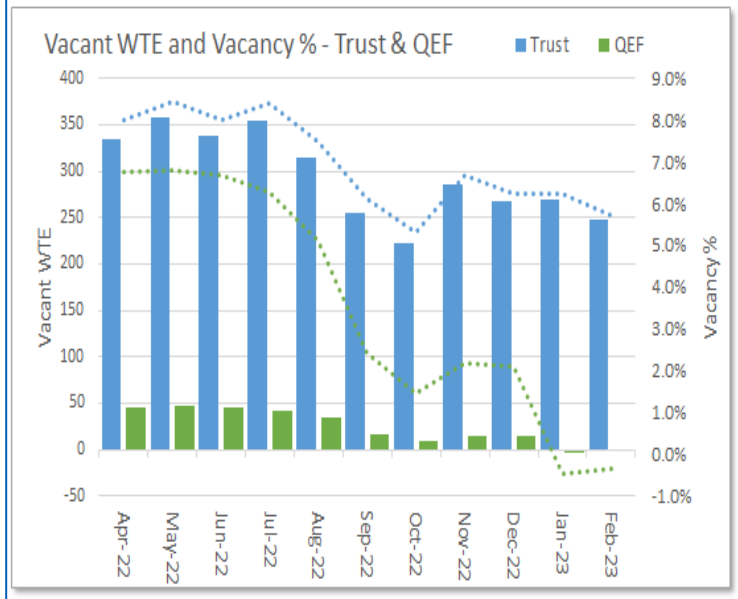
SIP, Vacancies

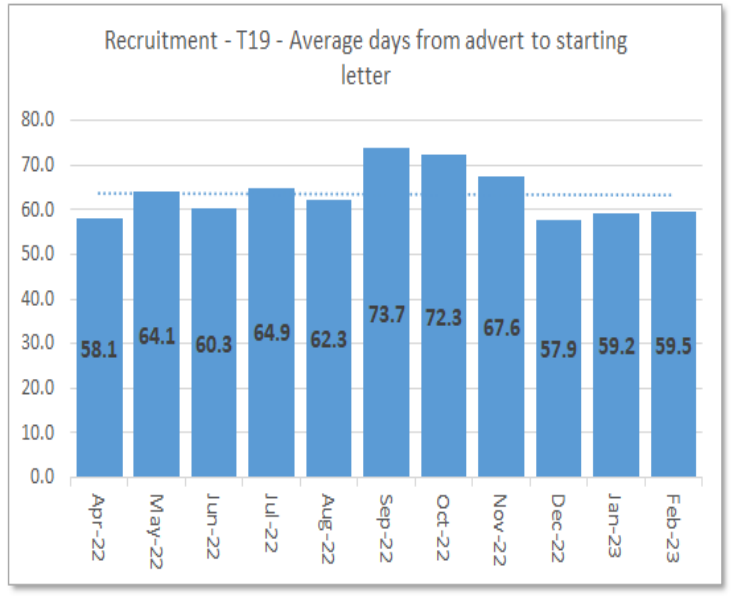
Well Led

NHS Gateshead Health NHS Foundation Trust









What is the data telling us?

- The Time to hire metric used by the Trust is Advertising Start Date to Starting Letter (T19 report). The time to hire metric continues to show a decreasing trend since September 2022 although increased slightly in February 23. For information The data covers all posts that are being processed by the recruitment team, including Medical posts, Non-medical posts, Volunteers and Bank staff. The only staff not included in the data are those who have been recruited by Yeovil Hospital
- The increase in the Trust vacancy rate observed in November was the result of an increase in budgeted posts to support winter pressure, which increased from 4,175 to 4,289, subsequently increasing vacancy rate up to 6.7% from 5.3%. At the end of February, the Trust was running a vacancy rate of 5.7%, equating to 245 vacant WTE. This is an improvement from April when the figure was 8.0% or 334 vacant WTE. Pathology directorate continues to have the highest vacant WTE in February (76.7) with a vacancy rate of 17.0%, followed by Elderly (31.1) with a vacancy rate of 13.7%. Theatres vacant WTE has continued to decrease down to 18.9 with a vacancy rate of 10.2%. Directorates to note that have high vacancy rates excluding the above directorates are Occupational Therapy (22.3%), Endoscopy (18.7%) and Finance (16.5%).

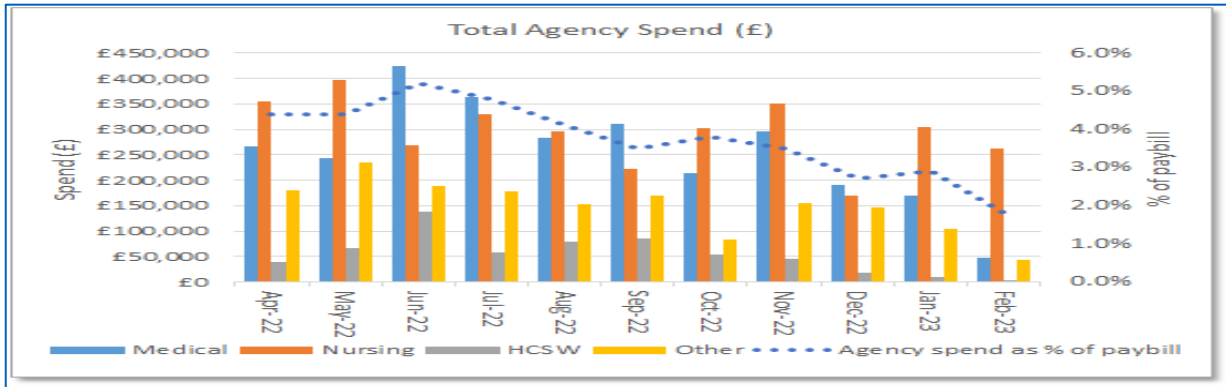
What is our plan and expected impact?

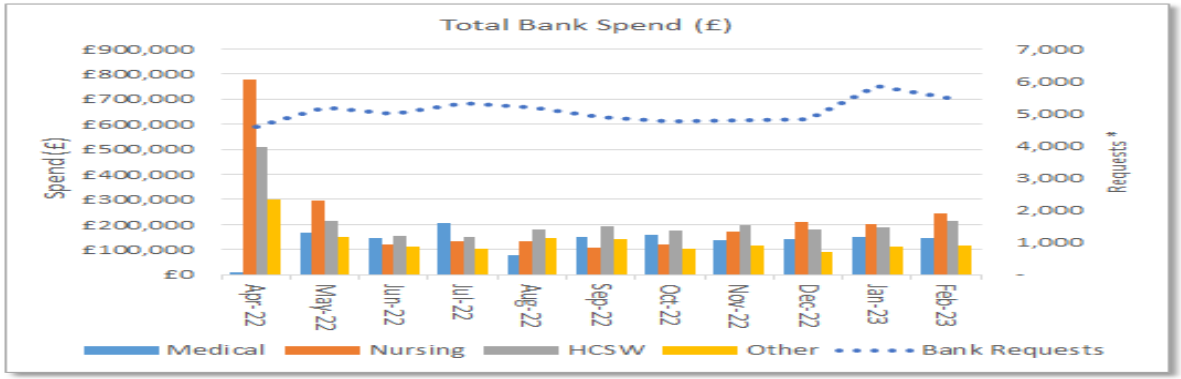
- Given the variety of posts included, there are factors that can impact on this metric for various roles. For example, Medical posts are advertised for 4 weeks, which is longer than non-medical posts which typically are advertised for 1-2 weeks. This metric does not include the time taken to authorise the vacancies on Trac, nor does it include the time from starting letter (Checks complete) to when someone starts employment with the Trust.
- The Recruitment performance is monitored weekly by the Head of People Services and the Recruitment Manager. The performance metrics are then shared fortnightly with our SMT for information. We aim to reduce our time to hire metric and keep focused on this vision.

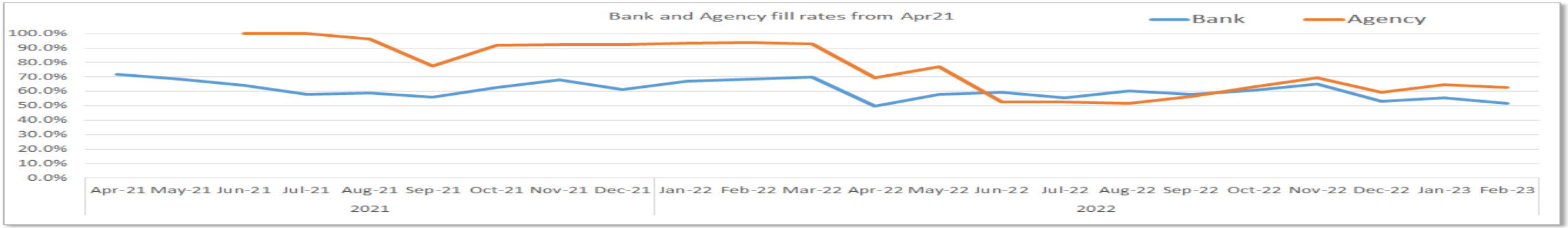
Agency and Bank Spend

Well Led

Gateshead Health NHS Foundation Trust







What is the data telling us? *Bank requests include all requests via Health Roster

- Total Agency spend has demonstrated a continual reduction since October 22. There is some fluctuation demonstrated within the different workforce groups, however contribute to the total agency spend reduction. Total bank spend has remained relatively consistent throughout the 11 month data set. Since April 22 there has been little fluctuation in workforce groups spend. There is a reduction in the agency fill rates likely due to the change in booking processes. Bank fill rates remain relatively consistent with slight variations demonstrated at payment incentive periods.
- There was increase in bank requests via the system likely due to increased patient acuity and escalation areas. There was a noticeable increase in Registered nurse agency spend from December to February, coinciding with the increased requests for temporary staffing (particular areas of increase Ward 04 Winter, Ward 21 Escalation, Theatres A&R, Theatres Scrubs and Emergency Care Centre – A&E). Healthcare support worker agency use was withdrawn in June 22, however there is ongoing agency spend in this staff group due to use within Older Persons Mental Health and extenuating circumstances. Bank spend for this staff group remains consistent since August, averaging around £186k per month.

What is our plan and expected impact?

- The re-instating of all agency controls began 5th December 22, requiring Operational director sign off for agency use. This is proposed to reduce off-framework agency use and demonstrate an overall reduction in nursing agency spend, which was seen in December. An incentive for Registered Nursing staff working additional bank duties was introduced 1st November and remains in place.

Gateshead Health
NHS Foundation Trust

Report Cover Sheet Agenda Item: 18

Report Title:	**Nursing Staffing Exception Report**			
Name of Meeting:	Board of Directors in Public			
Date of Meeting:	29th March 2023			
Author:	Andrew Rayner, Deputy Chief Nurse Laura Edgar, People Data and Information Lead			
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHPs			
Report presented by:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHPs			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	This report is to provide assurance to the Board that staffing establishments are being monitored on a shift-to-shift basis.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	-			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	This report provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls within the month of February 2023. February has continued with ongoing staffing challenges compared to January. We continue to experience periods of increased patient activity with surge pressure resulting in escalation areas alongside managing delays in transfers of care. This has affected staffing resource and the clinical operating model, which is supportive of maintaining elective recovery. Staffing challenges remain due to nursing vacancies; however, we continue focused work around the recruitment and retention of staff and managing staff attendance. Wards where staffing fell below 75% of the funded establishment are shown within the paper. Detailed context and actions taken to mitigate risk are			

<table>
<tr><td></td><td colspan="5">documented. A staffing escalation protocol is now in operation across all areas within the organisation and assurance of this operating as expected, is provided by the number of staffing incident reports raised through the Datix system.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board are asked to:
receive the report for assurance
note the work being undertaken to address the shortfalls in staffing</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
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☐</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">SA1.1 – continue to improve our maternity services
SA1.2 – continuous quality improvement plan
SA2.2 – growing and developing our workforce
SA3.1 – improve the productivity and efficiency of our operational services</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☐</td><td>Effective
☒</td><td>Safe
☒</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">There were 5 staffing incidences raised via datix throughout the month of February of which there was no moderate harm incident identified.</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

Gateshead Health NHS Foundation trust
Nursing and Midwifery Staffing Exception Report
February 2023

1. Introduction

This report details the staffing exceptions for Gateshead Health NHS Foundation Trust during the month of February 2023. The staffing establishments are set by use of the Safer Nursing Care staffing tool (SNCT). This is a recognised, nationally used tool that matches the acuity of patients with the staffing requirements for acute medical and surgical wards. Maternity use the Birth Rate Plus tool and this has been reported to Quality Governance Committee and the Trust Board separately.

2. Staffing

The actual ward staffing against the budgeted establishments from February are presented in Table 1. Whole Trust wards staffing are presented within this report in appendix 1, broken down into each ward areas staffing. In addition, the Trust submit monthly care hours per patient day (CHPPD) as a national requirement to NHS Digital.

Table 1: Whole Trust wards staffing February 2023

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
80.6%	116.7%	86.3%	97.8%

The Trust is required to present information on funded establishments (planned) against actual nurses on duty. The above figures are average fill rates and thus do not reflect the daily challenges experienced during Covid-19 and operational pressures to maintain adequate staffing levels.

Exceptions:

The guidance on safe staffing requires that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. In terms of exception reporting, Gateshead Health NHS Foundation Trust reports to the Board if the planned staffing in any area drops below 75%.

Safer Nursing Care Tool (SNCT) data collection is completed bi-annually in January and July each year. Patient acuity and dependency data is triangulated with key performance indicators and professional judgement templates in line with the Developing Workforce Safeguards and Safe Staffing Recommendations (NHSi 2018).

The Community Business Unit implemented the Mental Health Optimal Staffing Tool (MHOST) from October and have now aligned with the data collection schedule as above.

Contextual information and actions taken

Ward 9 have six wte Registered Nurse vacancies, inclusive of maternity leave, with 11.9% sickness absence rate for the registered workforce.
Ward 11 currently have five wte Registered Nurse vacancies and demonstrated a sickness absence rate of 8.2% for their Registered workforce.

The exceptions to report for February are as below:

February 2023	
Qualified Nurse Days	**%**
Ward 9	**73.5%**
Ward 11	**73.7%**
Qualified Nurse Nights	**%**
N/a	
Healthcare Assistant Days	**%**
N/a	
Healthcare Assistant Nights	**%**
N/a	

In February, the Trust worked to the agreed clinical operational model, which meant at times some wards listed above had lower patient occupancy and staff were redeployed appropriately to areas with the greatest clinical need. Throughout February, areas of deficit were escalated as per staffing policy and mitigations were put in place by the Matron teams using professional judgement as to the acuity and demand in each area, which included:

- Redeployments of Registered Nurses and HealthCare assistants on a daily and at times hourly basis between wards according to patient acuity and demand.
- Concentrated support from the Matrons and the People and Organisational Development team to address the sickness absence levels within the divisions and to recruit to vacant posts.

3. Care Hours Per Patient Day (CHPPD)

Following the Lord Carter Cole report, it was recommended that all trusts start to report on CHPPD this is to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated by adding the hours of registered nurses to the hours of support workers and dividing the total by every 24 hours of inpatient admissions. CHPPD is relatively stable month on month, but they can show variation due to a number of factors including:

- Patient acuity and dependency
- Patients required enhanced care and support
- Bed occupancy (activity)

Ward level CHPPD is outlined in Appendix 1. For the month of February, the Trust total CHPPD was 8.6. This compares well when benchmarked with other peer-reviewed hospitals.

4. Monitoring Nurse Staffing via Datix

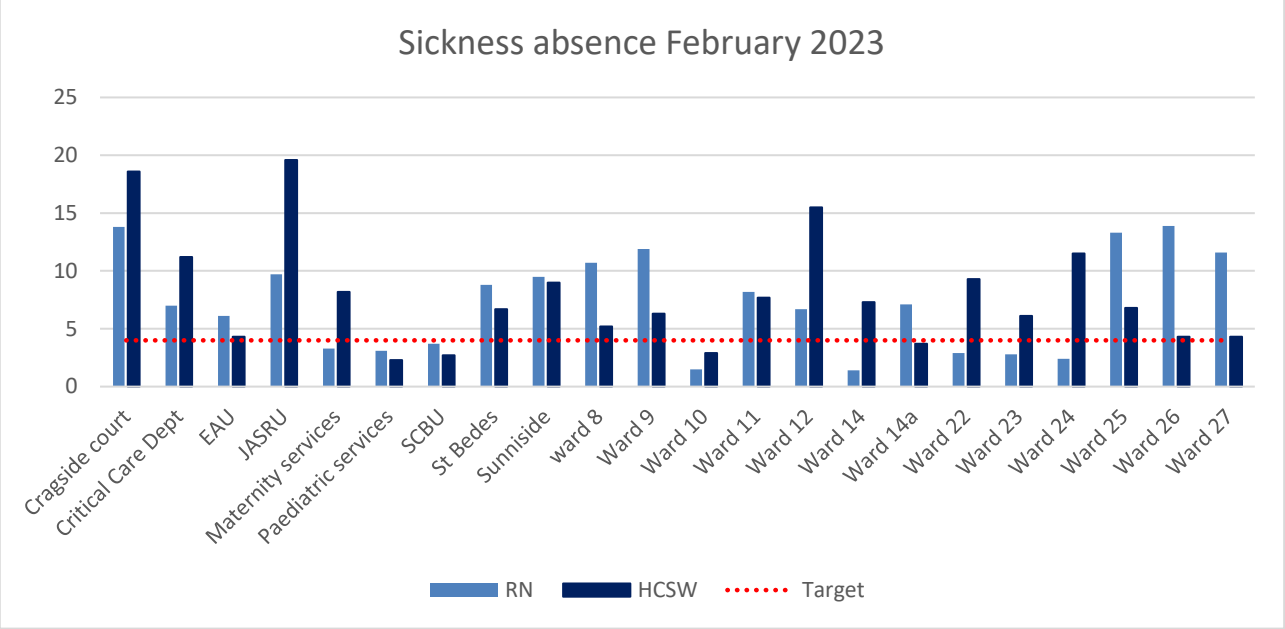
The Trust has an escalation process in place for addressing staffing shortages with identified actions to be taken. Further discussion is to take place to scope the potential for identifying thresholds that trigger when a staffing related DATIX should be submitted to provide reporting consistency. In addition to this the ongoing work to triangulate fill rates and care hours against reported staffing and patient safety incidents, has highlighted that the subcategories available to the reporter within DATIX requires review to streamline and enable an increased understanding of the causes of the shortages, e.g., short notice sickness, staff moves or inability to fill the rota.

A task and finish group to streamline data capture and explore these potential emerging themes is being set up, alongside reviewing the potential to triangulate this data against a number of potential care quality measures to truly explore any impacts of staffing challenges on patient care, and to enable targeted support for staff.

A report of staffing concern related incidents is generated monthly and discussed at the Nursing Professional Forum. There were 5 staffing incidents on areas included within this paper, raised within Datix throughout the month of February. All incidents were reported as no/low harm.

5. Attendance of Nursing workforce

The below table displays the percentage of sickness absence per staff group for February. This includes Covid-19 Sickness absence. Data extracted from Health Roster.



6. Governance

Actual staff on duty on a shift-to-shift basis compared to planned staffing is demonstrated within the Safe care Live system. Staff are required to enter twice-daily acuity and dependency levels for actual patients within their areas/department, to support a robust risk assessment of staff redeployment.

7. Conclusion

This paper provides an exception report for nursing and midwifery staffing in February 2023 and provides assurance of ongoing work to triangulate workforce metrics against staffing and care hours.

8. Recommendations

The Board is asked to receive this report for assurance.

Dr Gill Findley
Chief Nurse and Professional Lead for Midwifery and AHP's

Appendix 1- Table 3: Ward by Ward staffing February 2023

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Cragside Court	79.0%	127.6%	81.9%	100.4%	242	6.1	8.3	14.4
Critical Care Dept	81.7%	128.7%	90.9%	75.6%	251	26.3	5.4	31.8
Emergency Care Centre - EAU	75.6%	123.0%	75.4%	127.6%	1222	5.5	4.5	10.0
JASRU	78.8%	97.5%	103.9%	119.4%	504	3.4	4.9	8.3
Maternity Unit	151.3%	150.7%	101.4%	99.0%	495	15.9	5.6	21.4
Paediatrics	125.3%	134.3%	113.3%		33	68.6	20.9	89.5
Special Care Baby Unit	91.6%	120.2%	100.6%	100.3%	88	17.7	6.9	24.7
St. Bedes	83.0%	102.3%	97.6%	102.3%	253	5.0	4.3	9.3
Sunniside Unit	85.5%	154.3%	113.7%	102.1%	261	5.6	4.8	10.3
Ward 08	93.0%	160.9%	102.1%	106.2%	571	3.3	4.1	7.4
Ward 09	73.5%	166.8%	78.7%	119.8%	719	2.0	3.4	5.5
Ward 10	88.9%	141.0%	106.0%	132.7%	658	2.8	3.5	6.3

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative patient count over the month	Registered midwives / nurses	Care Staff	Overall
Ward 11	73.7%	156.3%	104.4%	162.4%	588	2.8	5.1	7.8
Ward 12	77.0%	132.5%	110.7%	105.1%	711	2.4	3.3	5.7
Ward 14 Medicine	86.8%	107.0%	103.3%	113.8%	365	4.9	5.2	10.2
Ward 14A Trauma	88.8%	168.1%	107.2%	118.6%	760	2.5	4.1	6.6
Ward 22	77.5%	115.4%	106.8%	95.0%	805	2.3	3.4	5.6
Ward 23	83.6%	142.7%	101.6%	111.7%	632	2.5	4.4	6.9
Ward 24	80.8%	115.9%	103.6%	95.5%	789	2.4	3.5	5.8
Ward 25	76.4%	108.0%	106.2%	96.8%	855	2.1	3.0	5.1
Ward 26	84.5%	146.0%	126.0%	120.1%	765	2.8	3.9	6.6
Ward 27	87.2%	131.2%	118.0%	109.2%	767	2.7	3.5	6.2
QUEEN ELIZABETH HOSPITAL - RR7EN	80.6%	116.7%	86.3%	97.8%	12334	4.4	4.2	8.6

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 19

Report Title:	**Maternity Integrated Oversight Report**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29th March 2023			
Author:	K Hooper/L Heelbeck/I Aird/KHewitson			
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Report presented by:	Lesley Heelbeck			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	This report presents a summary of the maternity indicators for the Trust.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The maternity IOR has been discussed at Safecare Risk and Safety Council 15th March 2023.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity, and inclusion*	• No further requests were received in relation to MIS submission and declaration of compliance • No serious incidents were reported in this reporting period • Learning from a previous serious incident is highlighted. • There has been regional work to agree a NENC regional dashboard to support a standardised and rational approach. The outcome indicators have been agreed and enclosed and from April 2023 all units who are submitting to the maternity data set via Badger (the maternity digital system) will not be required to send quarterly statistics to NENC LMNS as a reporting requirement. The information will be taken directly from Badger. At the time of writing the CQC are undertaking a focussed inspection of maternity services within the Trust. they			

<table>
<tr><td></td><td colspan="5">have completed the on site inspection and are currently reviewing the data submitted. No formal feedback has been received thus far from the CQC.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board of Directors is asked to:
receive the paper
note that the Maternity Dashboard is developing and will be aligned to the regional NENC LMNS dashboards which are reported to the Regional Perinatal surveillance and oversight group of the ICB.
Nate that actions will include review of our current dashboard to ensure we are collecting the same data to reduce variation in reporting.
agree that the maternity IOR provides assurance for the Board in relation to the quality of maternity services</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
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<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5"></td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

Gateshead Health NHS Foundation Trust

Maternity Oversight Report

March 2023

IOR Summary/contents

- Exception reports
  CQC update
  Regional NENC Dashboard
  Maternal readmissions audit

- Serious Incidents –None reported in February 2023

- Maternity dashboard with March data plus narrative

- Quarterly exception report schedule
  - PMRT (Aug/Nov/Feb 2023/May 2023)
  - Transitional care & term admissions (Sept/Dec*/March/June) (*reported off-schedule in Nov 2022 IOR)
  - Saving Babies Lives Care Bundle (Feb 2023/Apr 2023)

CQC focussed maternity inspection

Maternity

Gateshead Health NHS Foundation Trust

Notice received 15th February with data request

Data submitted by COP on 17th February as requested.

On site visits by inspection team on 20th & 21st February

Final interviews competed by Teams on 8th March

High level feedback received 23 February:
- Summary over
- Thanks to staff for organisation and cooperation

Draft report expected in approx. 28 days (end March)
Published report in around 3 months (May-June)

Actions following inspection:
- Review of audit plan for maternity
- Trust-wide ligature risk assessment completed in maternity
- Continuation of PAU triage implementation action plan

Provider Name:	Gateshead Health NHS Foundation Trust
Location(s) inspected:	Queen Elizabeth Hospital
Inspection lead:	Emma Bond
Dates of Inspection:	20 and 21 February 2023
Organisation representatives present at the feedback session:	Joanne Baxter Chief Operating Officer Helen Routh Director of Operations
Other attendees present at the feedback session (with designation)	
Initial feedback	
	Positive findings
	We have seen positive examples of quality and safety during our inspection such as: Staff levels meeting the needs of the service. The approach the service has to looking after and supporting vulnerable women. The investment the trust has made in the second theatre and the new bereavement suite.

Maternity Incentive Scheme final declaration of compliance Year 4

- Benchmarking and compliance against each of the 10 safety actions has been completed..
- NHS resolution will consider all submissions and inform Provider Trusts of any anomalies or queries over the next month.
- No further requests received.

Serious Incidents

- None reported in February 2023
- December SI report in draft

Lessons and improvements to care as a result:

- Reminder to all staff that if a plan of care changes prior to discharge – ensure MDT involvement and mother informed
- Ensure Consultant awareness/involvement if prolonged admission, complex case, uncertain diagnosis if other specialities involved by highlighting at safety huddle

Guidance on minimising time weighted exposure to nitrous oxide in healthcare settings in England

Gateshead Health NHS Foundation Trust

This guidance was published at the beginning of March 2023which outlines the mitigations that NHS trusts should consider to protect staff by limiting their occupational exposure to nitrous oxide (N_2O) and recommended governance arrangements for board assurance of occupational exposure to N_2O.

Following clinical review, an NHS trust decides to use gas and air, staff risk of exposure to N_2O should be established through a clinically led Control of Substances Hazardous to Health (COSHH) risk assessment of each space in which gas and air is administered, and the following mitigations should be put in place where appropriate:

- When N_2O is used as an anaesthetic in theatre suites, staff exposure is prevented with the use of closed circuit breathing apparatus attached to gas scavenging units, which patients will comply with because they are anaesthetised; ventilation air change rates are also high in theatres.
- When N_2O is used as an analgesic, the efficacy of closed-circuit breathing apparatus is reduced through imperfect patient usage – most commonly, taking the rebreather mask/rebreather tube away from their mouth when exhaling.

- The RCM sent a letter CEO on 16th March to inform Trusts that they have made a formal referral to the Health and Safety Executive with serious concerns that the safety of midwives and MSWs is being put at risk by failure to meet these obligations.

Immediate action required

The RCM seeks assurance that the Board is cited on this issue and is confident that the Trust is compliant with all aspects of health and safety legislation, meeting its obligations, particularly in relation to:

a) Undertaking H&S inspections/COSHH risk assessments in all areas where Entonox is used

b) Reduction of exposure (by engineering means and/or by provision of suitable personal protective equipment (PPE) as far as reasonably practicable.

c) Provision of information, instruction and training.

d) Appropriate mitigation including elimination or substitution.

Actions taken:

- Head of estates involved and carried out Delivery suite room testing.
- Carryout occupational exposure testing to ensure despite the lower ventilation levels staff are not over exposed.
- Increase the ventilation rate to 10 air changes per hour in all rooms which meets the standard that is deemed safe for Nitrous Oxide use (nitrous oxide in the form of Entonox in this case 50/50)
- HOM taken to medical gases committee
- Take to Health and Safety Committee
- Add to SBU Risk register

Maternity Dashboard

Maternity

NHS Gateshead Health NHS Foundation Trust

		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23	Spark chart
Births - Live			126	152	138	139	155	132	144	160	147	147	125		**1565**	
Births - Still			0	1	1	0	1	1	0	1	1	1	0		**7**	
Total Births			126	153	139	139	156	133	144	161	148	148	125		**1556**	
Spontaneous vaginal deliveries			71	76	84	73	77	75	87	85	73	72	57		**830**	
Assisted births			55	77	55	66	79	58	57	76	74	75	68		**735**	
Induction of Labour			62	76	63	71	85	67	67	56	51	53	54		**705**	
Maternity Readmissions		<42 Days	2	2	2	2	4	1	3	3	3	1	1		**24**	
Neonatal Readmissions		<42 Days	3	3	2	4	3	5	4	6	7	6	2		**45**	
Smoking in Pregnancy	Smoking at time of booking	15%	12.13%	11.67%	12.05%	10.38%	11.62%	11.63%	10.42%	14.6%	11.89%	8.03%	7.62%		11.82%	
	Smoking at time of delivery	6%	10.40%	12.00%	14.39%	12.23%	12.50%	7.58%	9.03%	15.6%	12.93%	8.39%	8.80%		**11.96%**	
	In area CO at booking (*MIS)	>80%	80.2%	67.02%	71.43%	79.01%	81.10%	81.07%	87.31%	87.43%	79.57%	79.60%	84.48%		**79.56%**	
	In area CO at 36 weeks (*MIS)	>80%	72.48%	67.79%	65.35%	76.71%	81.63%	78.18%	80.79%	79.29%	81.48%	81.75%	90.52%		**77.60%**	
Neonatal morbidity	Admitted directly to NNU (SCBU) (>37 weeks)	<4	6	4	2	1	5	2	2	6	2	0	1		**31**	
	Percentage Admitted directly to NNU (SCBU) (>37 weeks)	<6%	5.17%	2.86%	1.48%	0.74%	3.40%	1.59%	1.52%	4.05%	1.48%	0	0.85%		**2.11%**	
	Neonatal Deaths		0	0	0	0	0	0	0	0	0	0	0		**0**	
Preterm birth rate	<=32 Weeks at birth	>5%	0	0	0	0	0	0	0	0	4	0	0		4	
	<=36+6 Weeks at birth	<6%	7.94%	7.89%	2.90%	2.16%	3.23%	4.55%	6.25%	7.5%	8.16%	6.12%	6.40%		**5.24%**	
Continuity of Carer	Percentage placed on Pathway (29 weeks)		21.4%	18.1%	23.2%	19.4%	21.9%	22.1%	21.8%	18.5%	18.7%	14.4%	14.1%		**19.4%**	
	Percentage from BAME background/areas of deprivation		31.6%	33.3%	42.9%	29.7%	43.5%	36.0%	27.3%	20.0%	15.4%	16.7%	21.6%		**28.1%**	
Risk Management	SGA (<10th centile) detection rate quarterly				40.0%			45.8%			54.0%					
	FGR (<3rd centile) detection rate quarterly				61.1%			47.6%			69.6%					
	Number of SUIs		0	0	1	0	1	0	0	0	1	0	0		**2**	
	Moderate and above harm orange incidents		1	1	1	0	3	0	1	0	0	0	0		**7**	
	HSIB Cases		0	0	0	0	0	0	0	0	0	0	0		**0**	
Patient experience	Total Complaints/PALS		0	1	1	2	2	0	2	1	0	1	1		**11**	
	Total compliments		1	0	0	1	0	0	1							
	Friends & family feedback (very good/good)		100%	100%	83.3%	100%	50%	100%	50%	100%	50%	100%				
	Birth reflections															

Dashboard narrative

- Delivery rate has fallen compared to same time in 2021/22. Number of births on target to be around 1700

- Rates of interventions (IOL/LSCS) remain high, the current cumulative LSCS rate is 35.46%. We are not an outlier in the NENC LMNS and intervention rates are rising across the speciality. LSCS rate has been sustained at over 40% for past 3 months and February rate was 44%. Business Case for extra consultant no longer required as funding was found from existing streams. Interviews to take place for two consultant posts (one replacement Gynae post and the additional Obstetric post) on 13 March .
- Business case in development to secure investment in support workers and scrub practitioners to support this. This process has begun with review of maternity support worker specific roles in obstetric theatre and the delivery suite. Job descriptions have been benchmarked against the national framework and indicates that an increase to band 3 could be indicated

- CO monitoring at booking and 36 weeks remains at/above target compliance of 80%

- Workforce engagement completed and option appraisal discussed with Chief Nurse to reconstruct the MCOC strategy and model of care aligned to the resources that we have. MCOC statistics still to be reported to NENC LMNS

- In Q3, we registered 425 births of which 50 (11.8%) were SGA (< 10th centile at birth)
  - We detected **54%** (national average detection rate was **42.6**%)
  - Of babies below 3rd centile at birth, we detected **69.6%** (national average detection rate was **60.5**%)

- Post-partum haemorrhage rate has remained over target rates for the past 5 months. The clinical team has started promotion of measuring blood loss around 4 months ago when we had an increase in Datix. As a result, we expect to see more PPH's because we are now being much more reactive but hopefully this will prompt earlier resuscitation and treatment for our women. All PPH cases are reviewed at weekly risk management meeting and PPH audit is included on annual audit plan.

Development of NENC regional dashboard

NENC Regional leads have been developing the parameters for a regional dashboard.

The outcome indicators have been agreed and from April 2023 all units who are submitting to the maternity data set via badger will not be required to send quarterly statistics to NENC LMNS as a reporting requirement. The information will be taken from the maternity data set submissions.

- Actions will include review of our current dashboard to ensure we are collecting the same data to reduce variation in reporting.
- Dashboard to be sectioned into:
  - Activity
  - Maternal clinical indicators
  - Neonatal Clinical indicators
  - Stillbirths/Neonatal deaths
  - Public Health indicators
- The regional dashboard facilitates comparison between similar sized units within our NENC LMNS which for Q2 shows very similar performance against chosen example indicators. The following slides highlight Q2 total births over the region and examples comparisons of 2 key parameters and similar sized regional units.

- Gateshead IOL rate Q2 49.3% PPH > 1500ml Q2 2.9%
- Darlington IOL rate Q2 49.2% PPH > 1500ml Q2 2.6%
- Sunderland IOL rate Q2 54.5% PPH > 1500ml Q2 1.6%

The benchmarking indicators are similar and no outlier in these chosen indicators

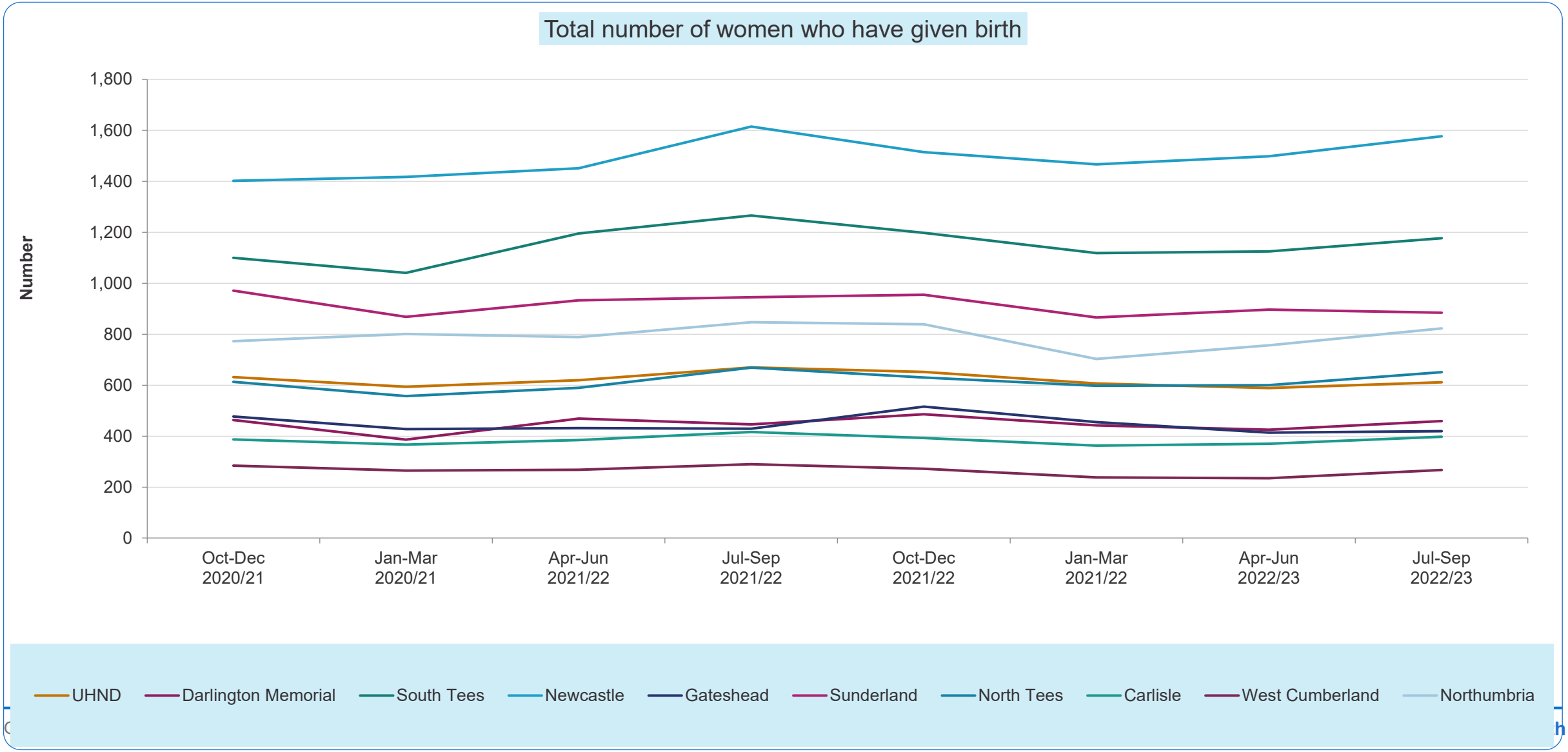
NENC Q2 Activity (Q3 data collected April 2023)

Gateshead Health NHS Foundation Trust

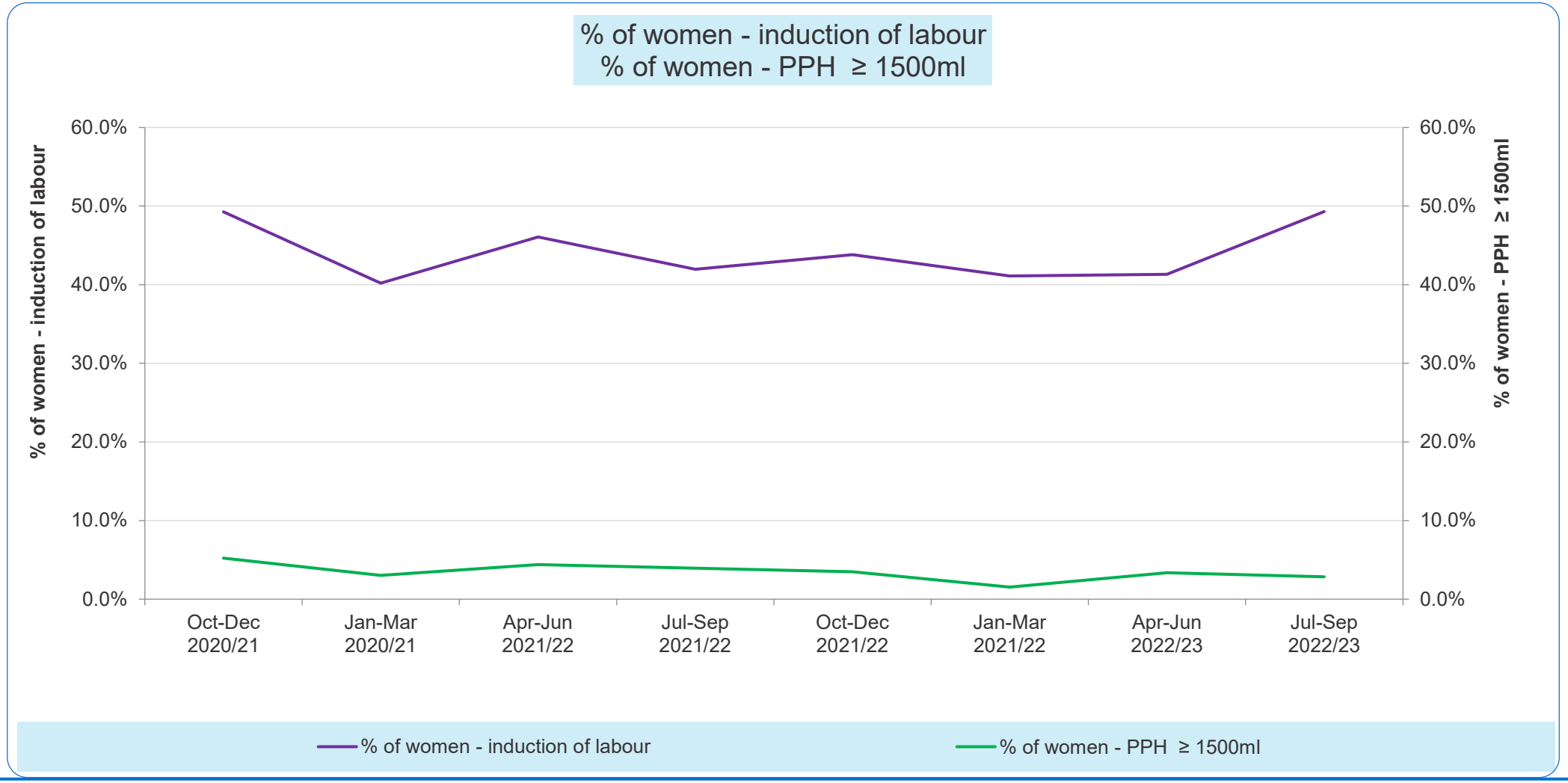
TRUST	Oct-Dec 2020/21	Jan-Mar 2020/21	Apr-Jun 2021/22	Jul-Sep 2021/22	Oct-Dec 2021/22	Jan-Mar 2021/22	Apr-Jun 2022/23	Jul-Sep 2022/23
UHND	632	594	620	670	652	607	589	612
Darlington Memorial	463	386	469	446	486	442	425	459
South Tees	1100	1041	1196	1266	1198	1119	1125	1177
Newcastle	1402	1418	1452	1615	1515	1467	1499	1577
Gateshead	477	428	432	429	516	455	414	420
Sunderland	971	868	933	945	955	866	897	885
North Tees	613	557	590	669	630	598	600	651
Carlisle	387	367	385	416	393	363	370	398
West Cumberland	284	265	268	290	272	238	235	267
Northumbria	773	801	789	847	839	703	757	823
Median	623	576	605	670	641	603	595	632

NENC Total births Q2

Gateshead Health NHS Foundation Trust

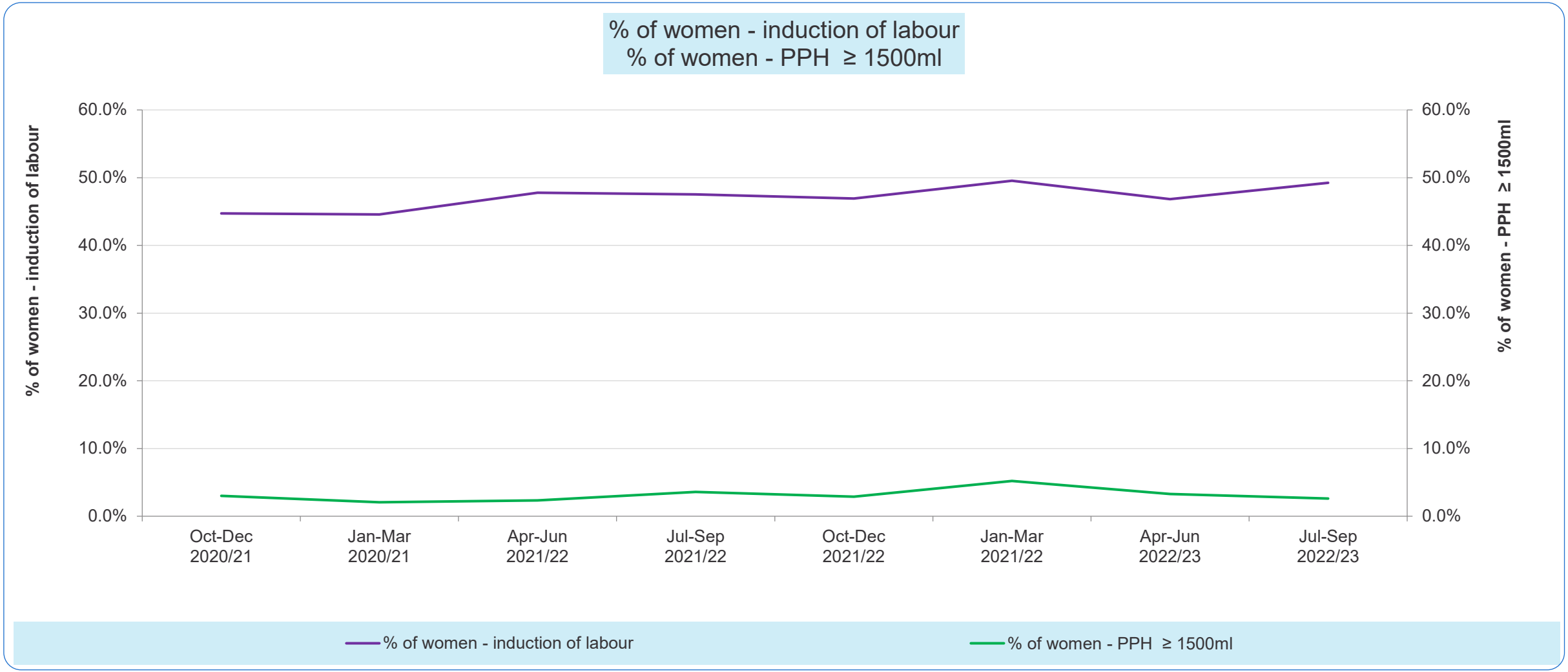


Sunderland Q2 comparison of indicators



Darlington Q2 Induction and PPH>1500ml

Gateshead Health NHS Foundation Trust



Maternal readmissions

Gateshead Health NHS Foundation Trust

- Snap shot audit performed following identification via maternity dashboard of higher numbers of maternal readmissions

- Audit registered & presented at February 2023 departmental Safecare meeting

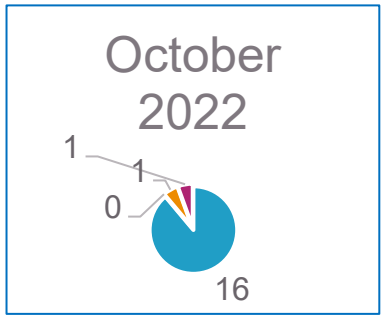
- **Learning:**
  - 8 maternal readmissions during the period August – November 2022
  - All delivered at QE
  - Source of admission – self referral to PAU (6), community midwife referral to postnatal ward (1), via A&E (1)
  - Reasons for readmission – sepsis (3), place of safety for mental health support (1), chest pain ?PE (1), mastitis/breastfeeding support (1)

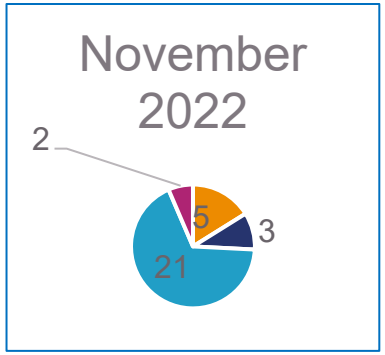
- **Actions:**
  - Datixes completed in 7/8 cases
  - No postnatal readmission guideline – develop addendum to existing postnatal care guideline to cover readmission standards
  - Retrospective documentation not always clear around timings of when reviews carried out
  - Audit of MEOWS early warning scores

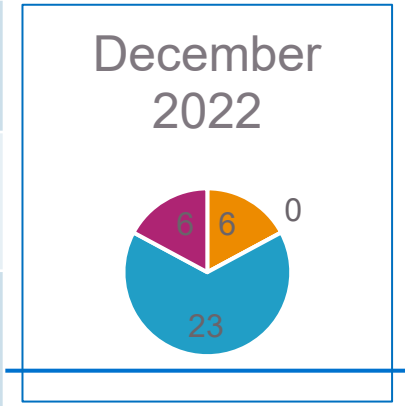
ATAIN- Avoiding term admissions to SCBU

Gateshead Health NHS Foundation Trust

Q2 2022/23	Total births	Births >37 weeks	Total term admissions	Reason for admission	Avoidable term admissions*
Oct-Dec 2022	451	415	12	Respiratory distress, cephalhaematoma, postnatal collapse, persistent tachycardia	None
Q2 2022/23		**TC days**	**Babies receiving TC**	**Reason for TC**	**Number of babies avoiding SCBU**
October 2022		60	16	LBW, Preterm, sepsis	4
November 2022		86	21	LBW, Preterm, jaundice, sepsis	11
December 2022		67	23	Preterm, LBW, sepsis	12







In Q2 27 babies avoided SCBU admission through TC

12 term infants admitted to SCBU

Themes:
- No antenatal steroids (as per NICE
- Raised maternal BMI
- LSCS
- Gestational diabetes

Learning:
- Prompt assessment by ANNP
- Good compliance with risk assessments, daily reviews, SBAR & parental involvement
- Poor compliance with early breastfeeding, “golden hour” & review by Paediatric Consultant/middle grade <24 hours

Actions:
- MSWs deployed from postnatal ward to support with golden hour & early feeding in vulnerable neonates or on request

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 20

Report Title:	Green Plan Annual Update			
Name of Meeting:	Trust Board			
Date of Meeting:	29 March 2023			
Author:	Sarah Medhurst – Waste and Sustainability Manager			
Executive Sponsor:				
Report presented by:	Anthony Pratt, Associate Director QE Facilities			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide the QEF Board with an update on the progress the Group has made against the actions detailed within the Green Plan as part of tracking the progress against the published NHS Net Zero targets.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*				
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	•Engagement from the Group at all levels to ensure that the vision and objectives [pg9] with the Trust Green Plan are met. In order to maintain the focus the board need to ensure that there is engagement at every level and within every department of the organisation supported by an increased levels of Group Comms to ensure full organisational engagement. •The Sustainability Committee meetings are represented by majority of QE Facilities staff. Continued and increased engagement across the Group will be required to realise out targets and goals. •We need to prioritise securing internal funding for projects either through a dedicated sustainability project or business cases that aid the Trust Green Plan vision.			

<table>
<tr><td></td><td colspan="6">•Ensure that capital project funding is incorporated as part of all capital schemes that aid the decarbonisation of the Trusts estate.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">The paper is to inform the Board of the progress against the published Green Plan and to ask for continued and increased support and focus to ensure the actions and objectives detailed in the Green Plan are achieved.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">SA3.2 – achieve financial sustainability
SA2.2 – grow and develop our workforce
SA2.1 – protect and understand the health and wellbeing of our staff
SA1.2 – continuous quality improvement</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">-</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

Green Plan Annual Update

Section 1 – Executive Summary

This review provides an overall summary of key areas of progression against the Green Plan which was approved in March 2022. The main highlights for progression are as follows:-

- Majority of Trust & QEF Board have completed Carbon Literacy training and are now certified.
- Scope 3 [Pg6] procurement data is now being calculated and full report should be available mid 2023.
- Reapplication of car parking permits is complete with charging in place, followed by ICS wide travel survey in January 2023.
- Support from Academy Health Science Network to implement the NE/NC Clean Air Framework.
- Solar panels and air source heat pump installation at QEH helping decarbonise our onsite energy.
- Habitat creation and management plans for all sites to improve and increase biodiversity.
- Work underway to remove piped nitrous oxide from Theatres.
- High percentage of procurement and estates staff are certified as carbon literate.

The key areas of focus going forward are:-

- Engagement from the Group at all levels to ensure that the vision and objectives [pg9] with the Trust Green Plan are met. In order to maintain the focus the board need to ensure that there is engagement at every level and within every department of the organisation supported by an increased levels of Group Comms to ensure full organisational engagement.
- The Sustainability Committee meetings are represented by majority of QE Facilities staff. Continued and increased engagement across the Group will be required to realise out targets and goals.
- We need to prioritise securing internal funding for projects either through a dedicated sustainability project or business cases that aid the Trust Green Plan vision.
- Ensure that capital project funding is incorporated as part of all capital schemes that aid the decarbonisation of the Trusts estate.

Mid-Year review summary

The published Green Plan details the targets and objectives the Trust needs to meet through to 2025 and beyond to ultimately reach net zero by 2040-45.

The Trust has the majority of influence on decisions within the Group. Decisions on the elements below will have a direct contribution to achievement of the actions and targets in the Green Plan:-

- Sufficient capital funding to ensure decarbonisation is included in all projects
- Funding decarbonisation specific projects
- The volume and type of medicines prescribed
- The care pathways of patients
- The decision on type, and use of medical / non-medical equipment and systems used by the Group

Because of this influence it is important that the Trust Board in partnership with QEF Board drive engagement at all levels across the Group.

Members of the Trust Board completed carbon literacy training in August and there continues to be steady engagement and progress. To achieve maximum impact against the Green Plan the Group must increase our efforts and ensure all staff are engaged in the sustainability agenda. This is the only way we can ensure all targets are met, and actions achieved.

Going forward the Board and the Group must ensure every decision the organisation makes assesses the impact on climate change and impact this will have on future healthcare. The impact of climate change can no longer be ignored.

Section 2 – The Green plan further details

1. Introduction

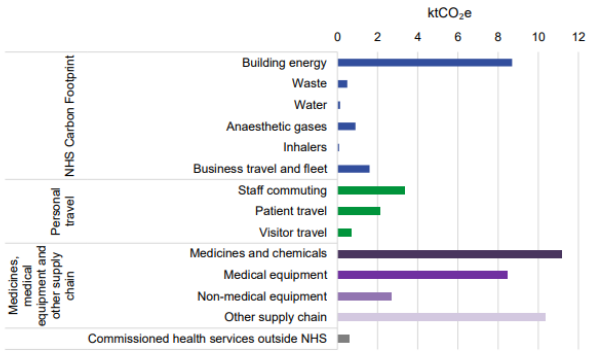
The Green Plan was approved by the Trust board in March 2022, setting out targets and actions as we look to meet the long-term objective of reaching net zero for our NHS carbon footprint by 2040 and NHS carbon footprint plus by 2045. Since the plan was approved and published on both the Trust website and Trust intranet, work on the key focus actions and targets within the plan have commenced. These actions and targets are being governed and monitored by the Sustainability Committee. This report will briefly look at each of the key areas of focus and provide an update on the agreed targets and actions including any difficulties which need addressing to ensure they are met on time.

In late 2022 NHSE and Greener NHS published each Trust's estimated NHS Carbon Footprint and Carbon Footprint Plus for the year 2019/20 as a baseline year. This was estimated utilising data from ERIC and other data submitted centrally around spend and fleet which can be seen in the image below. Please note, though this is estimated and may not be completely accurate it does give a good indication of the carbon impact of the Trust. It also highlights areas with high carbon intensity which need to be addressed with in more detail and urgency.

Trust contributions to the NHS Carbon Footprint Plus

Region	NORTH EAST AND YORKSHIRE
ICS	NHS NORTH EAST AND NORTH CUMBRIA ICB
ICS code	QHM
Trust	GATESHEAD HEALTH NHS FOUNDATION TRUST
Trust code	RR7

NHS Carbon Footprint	**11,894**	**tCO_2e**
Building energy	*8,695*	tCO_2e
Waste	*491*	tCO_2e
Water	*134*	tCO_2e
Anaesthetic gases	*896*	tCO_2e
Inhalers	*78*	tCO_2e
Business travel and fleet	*1,600*	tCO_2e
Personal travel	**6,091**	**tCO_2e**
Staff commuting	*3,328*	tCO_2e
Patient travel	*2,096*	tCO_2e
Visitor travel	*667*	tCO_2e
Medicines, medical equipment and other supply chain	**32,703**	**tCO_2e**
Medicines and chemicals	*11,175*	tCO_2e
Medical equipment	*8,480*	tCO_2e
Non-medical equipment	*2,675*	tCO_2e
Other supply chain	*10,373*	tCO_2e
Commissioned health services outside NHS	**575**	**tCO_2e**
NHS Carbon Footprint Plus	**51,262**	**tCO_2e**



The table and graph above show our total NHS Carbon Footprint Plus is an estimated 51,000 tonnes of CO2e in the 12-month period. The highest areas include medicines and chemicals, other supply chain and building energy.

It should be noted water and waste have been the traditional focused and highly publicised aspects of sustainability. Whilst these are still important, on comparison with areas such as anaesthetic gases, medicines and travel, there are much better opportunities for improvement in the more carbon intensive areas. The Group should focus efforts on the high carbon intensity areas to achieve best carbon savings per £ spent.

The Group must start taking action at every level to ensure our footprint is continually reducing year on year in all areas. Failure to achieve our Green Plan which incorporates National Targets will result in the adverse effect of climate change on health as shown below. These effects will will put more pressure on resources, there is also a risk of reputational damage and financial implications of offsetting emissions if targets are not met.

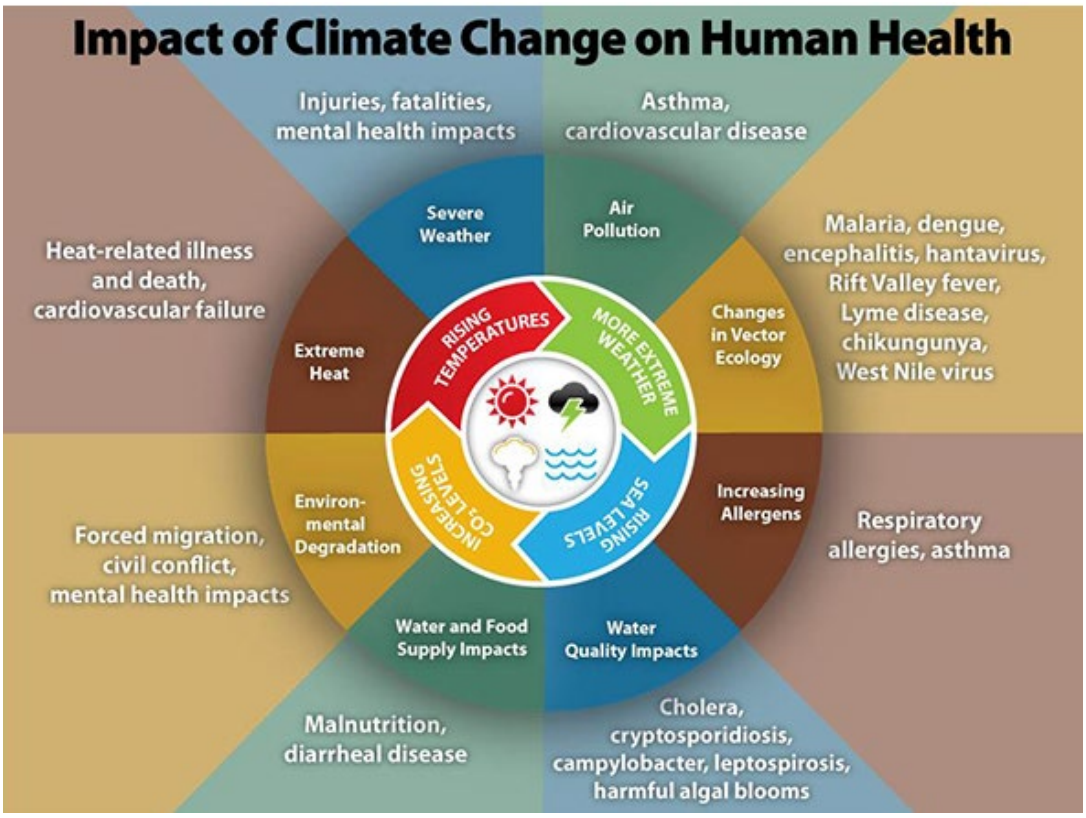


Image from Healthcare without Harm

2. Ares of Focus

2.1 Workforce System & Leadership

A key area of progression in this sector relates to the second target with the majority of both the Trust & QEF board undertaking carbon literacy training in August. It should be noted though the target is for 100% of board members to be trained. Funding for a further training course, and time commitment from Board members is required to ensure the Group achieves this action.

There is an action to have a designated sustainability budget for initiatives and projects that aid the objectives and vision of the Green Plan. The Group has supported a recurring SALIX fund of circa £80k per annum for several years. However, this is ringfenced for energy from buildings schemes only and not the whole sustainability agenda. As a result, we should consider the creation of a dedicated sustainability fund.

We are still working towards the ESR 'Building a Net Zero NHS' module becoming mandatory for all staff however this has not been implemented yet. Progress has been made with new starters and this module is now mandatory for all new starters. Completion figures are held by Learning & Development.

Along with training, workforce have an action relating to the inclusion of sustainability and carbon reduction in job descriptions and staff appraisals. This is to ensure staff are aware of their role in sustainability and follow the Green Plan.

Green Champions continue to be promoted but uptake is limited potentially due to staff pressures.

Carbon data proves to be challenging for some aspects such as procurement and business mileage. We are currently progressing with the Group CO_2 analysis regarding procurement emissions however this is a very large exercise and will take some time to get the results of the last few years. Business mileage data is also proving to be challenging as the data is held by NTW who manage expenses and they do not calculate the emissions. This results in this work being completed by the Sustainability Manager. We now have a reliable source of information in the new car parking permit system which can provide carbon emission information

on staff commute going forward. This captures the emissions for staff that drive to work. The data presented above in the introduction from NHSE provides a basic understanding of our baseline.

The final action in this area is regular updates to the board, this report has been produced to achieve this action and will continue to provide updates to the Board.

2.2 Sustainable Models of Care

Anaesthetists and the estates team are working on reducing anaesthetic gas use as mentioned and are imminently due to decommission the nitrous oxide pipeline system. Further engagement is required with clinical teams. Assurance that carbon reduction and objectives of the Green Plan are discussed at existing clinical meetings is required to ensure environmental impacts are considered in business decisions.

The Group in partnership with Newcastle upon Tyne NHS Foundation Trust are embarking on a Community Diagnostics Centre. This will go a long way to achieving the 25% of outpatient's activity remotely. This will include follow-up appointments and assessments being carried out in the community away form the acute site at a location (Metrocentre) with excellent transport links allowing sustainable travel to be used.

2.3 Digital Transformation

Work in this sector is progressing well with the digital transformation team and the upgrades of Building Management Systems within estates. Teams meetings continue to be widely used and many staff continue to work flexibly with many still working from home full time reducing travel. Further progress in this area could be achieved if it could be established whether staff are working from home on a full or part time basis and if this is permanent. This valuable information would allow the Group to work on improving space utilisation which would reduce costs.

Going forward the digital transformation team is to be invited to the Sustainability Committee to provide better analysis on how the actions are progressing and the potential to include the actions within their internal meetings as well and provide a joined up approach in this field.

2.4 Travel & Transport

For travel and transport the main target completed is the review and reapplication staff car parking permits and charging for parking. It is envisaged this will encourage staff to review how they travel to site as well as providing valuable data on emissions from staff commutes. The ICS is receiving funding to complete an ICS wide travel survey via Mobility Ways in January 2023. Hopefully the data gathered will help identify areas that could be reviewed or improved to encourage staff to change their mode of travel. It is also hoped this data will help Local Authorities and travel networks deliver the wider improvements needed to establish change across the region and improve air quality and reduce carbon emissions.

The last few years have seen data submitted to Greener NHS as part of a fleet survey and in 2022, using the data from 2021/22 emissions totals were calculated for our operated and grey fleet. We were then able to compare the Group against other Trusts in the ICS. Looking at business travel it was identified that the Group has the highest spend and carbon footprint on air travel at over £6,000 equating to 10 tonnes of CO_2e but the lowest spend on taxis at £1,000 or 1 tonne of CO_2e. The Group sits in the middle for spend on bus travel (£1,000 and 1 tonne of CO_2e) and one of the highest for spend on rail travel at £19,000 equating to 6 tonnes of CO_2e emissions.

Moving on to look at grey fleet mileage the Group was one of the lowest at 430,000 miles equating to 137 tonnes of CO_2e, however this data only accounted for 7 vehicles which are not specified. When the Group utilised data from the expenses team for 2021/22 and government calculations on specific vehicle and fuel type the total mileage was approximately 250,000 miles from 279 staff members personal vehicles totalling 66.7 tonnes of CO_2e. The top three departments being AAA Screening at nearly 16 tonnes of CO_2e, QE Facilities at nearly 12 tonnes of CO_2e and Community Midwifery at nearly over 9 tonnes of CO_2e. It should also be noted that 1% of vehicles used by staff were fully electric and 4% of vehicles were hybrid electric.

There are means out there to reduce Group emissions from business and grey fleet travel, for example when booking courses websites such as CPD match can be utilised which helps find training or events with the lowest emissions from travel. Secondly other Trusts in England are utilising pool electric bikes for staff to see patients in the community or providing zero emission pool cars for staff to use. This would not only reduce

emissions from grey fleet mileage, improving local air quality in the community but also staff would then have the ability to commute to work by alternative means reducing the emissions from staff commute.

In regards to the Groups operated fleet, covering transport, logistics, portering, estates and security. The Group has the second highest number of vehicles at 110 compared to 113 at CNTW, but only 1% of the vehicles were identified as zero emission vehicles and 2% as ultra-low emission vehicles with 86 vehicles highlighted as a priority to move to zero emission vehicles. The entire fleet completed approximately 2.8 million miles within the 12 months, although some of the data was very generic so this may not be an accurate picture. The fleet estimated emissions equates to 1,017 tonnes of CO2e, however this may vary as no fuel data was provided so it was calculated via a vehicle conversion factor. This was the highest for Trusts in the ICS that responded to the data collection. It must be noted that QE Facilities has very large transport contracts which will account for the high vehicle numbers and CO_2 emissions. QE Facilities have national contracts to collect HPV samples (amongst others) from a very large geographical area. The Transport team actively look to electrify their vehicles and the technology is advancing at pace however there is still not a viable electric solution for long round trips several hundred miles south of the QE Pathology lab.

The ICS has also been provided a project resource from the AHSN to implement the NENC Clean Air Framework. This will help establish a baseline of where everyone is and the actions we can look to work on and share best practice or seek funding for extra resources in Trusts to implement measures. The major finding so far is the lack of both funding for projects and lack of staff resource with some Trust's including Gateshead only resourcing one person who has other elements to their job as well as sustainability. This data will help establish the work required to complete gaps and move along the framework as well as identify to the ICB where funding is needed to ensure Trusts meet targets.

Within the Trust capital work and funding is required to install new cycle lockers across the site to improve and provide better facilities for cyclists to encourage staff to cycle more. Additional electrical charging points for staff have been installed to provide emergency charging if required. It should be noted that the electrical demand required to meet the action point regarding the percentage of charging points on site is too great and unlikely to be possible without significant investment to increase the electrical infrastructure. As staff can access charging points within their home or other public areas priority should focus on charge points for Trust fleet vehicles and NEAS vehicles which will become electric and require faster charging demand.

Engagement with procurement and pharmacy is also underway to look at suppliers and consolidating deliveries where possible.

2.5 Estates & Facilities

Significant progress has been made in this field with the recent installation of air source heat pumps and solar panels helping decarbonise areas of the site, hopefully in the coming months we will have data to measure the benefits of their installation on our emissions.

Alongside this Durham Wildlife Services have undertaken ecology surveys of the QE Hospital, Bensham and Spire House providing habitat creation and management plans to improve biodiversity across the sites. These plans will create a priority action plan of measures of which funding is needed to be secured to implement fully. The Group also partook in the "30 Days Wild" campaign, undertaking beach cleans, on site litter picks, installation of bird feeders, bug house and sowing wild flower seeds in long grass beds.

The Group also applied for funding as part of the Healthier Futures Fund for an online reuse platform to help encourage the circular economy and reuse to prevent usable items being disposed of unnecessarily. Unfortunately, our application was not successful as it was hugely oversubscribed. A business case is required for internal funding from either the waste budget or a designated sustainability budget to ensure that we re-use and repurpose our furniture and equipment as much as possible to save new purchases and un necessary disposal costs.

Northumbria NHS have a reupholstery service in house to ensure furniture is utilised to its potential, it is hoped other Trusts in the ICS can take advantage of this service too. It is hoped further down the line that the ICS will create central repair hubs so that items can be repaired and remanufactured/upholstered further improving the circular economy and reducing waste, however in the meantime the Trust need to invest in our own on site processes to reduce waste and purchasing costs.

Heat decarbonisation plans, capital projects and space optimisation of which all are actions and objectives listed in the Green Plan require significant investment and cannot be overlooked going forward in future if the Trust is to meet the required net zero target. These areas are key to reducing our emissions and ensuring our resilience in terms of the impact of any change in climate going into the future. Through an understanding of how we can decarbonise our heat, it will help inform both future estates strategy and aid space optimisation going forward, helping identify areas we can invest in to reduce carbon emissions and financial savings. Investing in carbon reduction throughout any capital project helps reduce our embodied carbon and allow buildings to be designed and built in a way that can adapt to a changing climate, underfunding these elements would lead to issues later as well as increase emissions.

2.6 Medicines

Actions within medicines focus on the use of certain anaesthetic gases including eliminating the use of Desflurane, which is currently rarely used in theatres and the anaesthetists are aware of its impact and looking to eliminate. Reducing nitrous oxide waste and preventing atmospheric release is another key area and an application to the Healthier Futures Fund was made for a mobile destruction unit for Maternity to use to reduce the impact of Entonox on our emissions. Unfortunately like the reuse portal it was unsuccessful in receiving funding as the fund was oversubscribed. The machines would not only reduce the impact of carbon emissions during delivery but they would also reduce the occupational hazard of poor air quality within maternity rooms from Entonox for both staff and birthing partners. There are machines currently on trial in Newcastle and we are actively pursuing a trial on the QEH site. A business case would be required to secure funding if we wished to purchase the equipment following the trial in the maternity department.

Alongside this work on Entonox there are also plans to remove piped nitrous oxide from theatres and switch to cylinders due to the impact of leaked nitrous oxide on the emissions. However once again although initial work can be done to trial the move over to cylinders on a small temporary basis, funding is required for the full decommission.

Pharmacy are also engaging in upcoming plans to implement and promote an inhaler recycling scheme along with the ongoing work try to increase the use and prescription of dry powder inhalers where possible.

2.7 Supply Chain & Procurement

Earlier this year the majority of procurement and estates also undertook specific carbon literacy training to help engage and educate on their impacts and how they can help within their role. This training will be supported by ICS led training on social value and support from the Sustainability Manager to ensure the new PPN notices are being implemented to the best of their ability and environmental and social issues are taken into consideration in large procurement contracts.

Scope three emissions from procurement are also being measured from previous years now CO2 Analysis have been provided the data following structural and managerial changes within the department. These changes have also impacted the progress of other actions across this sector over the last few months including policy development.
Further engagement is required with clinical staff to understand the carbon impact and emissions of their purchases.

2.8 Food & Nutrition

An options paper has been written and is being finalised for the handling of food waste. This identifies options from ‘do nothing’ retaining our current system through to a dewatering systems and food waste collection for anaerobic digestion. It is hoped the paper will be finalised for tabling at the next sustainability committee for approval. With approval from the committee a business case will be completed for financial approval.

A free chilled water dispensing solution is also being implemented (machines ordered) allowing staff to use their own reusable bottles to fill with chilled water or they can purchase a reusable bottle from the restaurant. This will hopefully reduce the purchase of single use water bottles.

Some discussions were made with a local charity to deliver any leftover sandwiches near expiry or best before, but this will be minimal as majority of food waste can't be reheated or is plate waste.

Hopefully progression can be made over the next 6 to 12 months in this area particularly on areas such as refill stations which would provide massive benefit in any future heatwaves similar to what was experienced this year.

2.9 Adaptation

Adaptation and planning is complex and requires a multitude of parties to be involved, there has been a meeting attended by the resilience team just after the Green Plan was launched. This is a specialist area that requires further engagement.

Nationally there is work to develop a climate change risk assessment tool and this is currently being trialled in the North West. Regionally Newcastle are undertaking a significant piece of work to develop an adaptation plan which could in turn help other local Trusts especially as many elements, suppliers and local authorities will be involved.

It should be noted that there is also likely to be some learning from the impacts of the summer heatwaves we experienced and its impact on patients and staff and how best we can tackle this going forward particularly when building or refurbishing areas. In September the capital team attended an event learning about Passivhaus standards and net zero, which should link into these actions along with the overall decarbonising of the estate from its design to its use.

The cold weather experienced during December raised many issues around the heating of buildings with several Datix incidents raised about heating controls and areas being too cold to work or see patients. One department was so affected that they are temporarily moving into another part of the estate until the issues can be resolved. It is key that moving forward the Group is prepared for these cold periods and can efficiently heat the buildings as well as ventilate. These extremes in temperature will become more frequent and our estate needs to be able adapt into the future.

The Board are asked to accept this report as to the current status and progress against the actions and targets published in the Trust Green Plan.

Appendix 1

Green Plan Executive Summary

Purpose

The purpose of the **Green Plan** is to set out the Group's long-term targets and objectives in reducing our emissions and the short-term pathways and actions in line with the wider ICS and National targets.

This paper is drafted in two sections with second one containing the executive summary and section two the full detail of the Green plan.

Aim

The aim of the plan is to set out the actions to that underpin the long-term targets that the Group need to undertake and engage with at all levels and all departments to ensure compliance against national targets and meet the legal obligations under the Climate Change Act.

As we appear to be emerging from a very difficult two years, impacting significantly on the Groups resources there is a great opportunity to refocus and ensure that environmental impacts are considered at all levels in all decision making ensuring future projects have minimal impact and are aligned to the vision and objectives of the Green Plan.

Section 1 - Green Plan Executive Summary

The Gateshead Health NHS Foundation Trust Group has made significant progress in reducing our emissions from our own activities in recent years. Investment in technologies such as bio diesel CHP's (combined heat and power) providing heat and electricity at zero carbon reducing emissions by around 800 tonnes whilst also generating an income from Renewable Obligation Certificates (ROC) sales.

The Trust recognises the enormity of climate change and the issues it presents to the health of everyone including our local community, the wider North East region and beyond; in particular the key issue of air quality, which is linked to respiratory diseases, heart disease and cancer.

As one of the largest employers in the area, we create a significant carbon footprint and contribution to air pollution, with the NHS as a whole responsible for around 5% of England's carbon footprint and 6.7bn road miles from patients and visitors. We must take conscious action on how we impact air quality, from staff, patients and suppliers and our impact on climate change.

The Trust has committed to targets of being net zero by 2040 (NHS Carbon Footprint) and 2045 (NHS Carbon Footprint Plus) and the Green Plan in Appendix 1, details the short-term pathways over the next few years to achieve the longer-term target. Our objectives as a Group are:

1. An educated and engaged workforce who embed sustainability in their everyday actions
2. Improve local air quality through reducing and eliminating (where possible) emissions from vehicles
3. Achieve net zero of our NHS Carbon Footprint by 2040 and NHS Carbon Footprint by 2045.
4. Ensure that our activities and care benefit the wider local community.

The vision is to be a leader in sustainable healthcare within the NHS, to the benefit of our local community

The Green Plan focuses on areas, which address the Trust's vision, and local issues the Group and community are facing alongside specific NHS targets:

The nine key areas of focus are:

1. Workforce System and Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel & Transport
5. Estates & Facilities
6. Medicines
7. Supply Chain & Procurement
8. Food & Nutrition
9. Adaptation

Section 2. Green Plan 2022 – 2025

Appendix 2 – "The Green Plan" – see separate document within the Board papers for a copy of the Green Plan approved by the Board of Directors in 2022

Conclusion
The Board is asked to engage and support the Green Plans objectives and vision and where detailed undertake the appropriate action to reduce the environmental impacts of QEF's activities as part of the Group and provider to other NHS organisations.

Updates on progress against actions detailed within the Green Plan will be presented at six monthly intervals to provide assurance and highlight any areas of concern that need addressing.

The Board is asked to accept this paper as assurance.

NHS
Gateshead Health
NHS Foundation Trust

Green Plan
2022 - 2025

Contents

Foreword

Gateshead Health NHS Foundation Trust has made significant progress in reducing our emissions from our own activities in recent years. Investment in technologies such as bio diesel CHP's (combined heat and power) providing heat and electricity at zero carbon reducing emissions by around 800 tonnes whilst also generating an income from Renewable Obligation Certificates (ROC) sales.

The Trust recognises the enormity of climate change and the issues it presents to the health of everyone including our local community, the wider North East region and beyond; in particular the key issue of air quality which is linked to respiratory diseases, heart disease and cancer.

As one of the largest employers in the area, we create a significant carbon footprint and contribution to air pollution, with the NHS as a whole responsible for around 5% of England's carbon footprint and 6.7bn road miles from patients and visitors. We must take conscious action on how we impact air quality, from staff, patients and suppliers and our impact on climate change.

This Green Plan will set out the short term pathways to meet the longer term targets of 'net zero' by 2040 and 2045 and incorporate the priority areas and actions from the Delivering 'Net Zero' NHS report and the regional ICS Green Plan as it is vital that we work collectively as a region to deliver change.

Whilst we've had some achievements there is still so much more needed to be undertaken together and as individuals, as it is everyone's responsibility to take action and reduce the negative impact upon the planet and the subsequent health impacts. It may seem a daunting task but for every small change made, a difference can be achieved and will benefit the lives of many.

1.0 Introduction

Gateshead Health NHS Foundation Trust provides a range of hospital and community services across the Gateshead region, from our leading facilities, including our primary site the Queen Elizabeth Hospital (QEH), and other sites Blaydon Urgent Care Centre and Bensham Hospital. The primary focus is providing a full range of excellent general hospital services for in patients, outpatients and day cases to our local community with key specialist areas from maternity, gynaecology and palliative care. Alongside these hospital services the Trust provides South of Tyne pathology and breast screening services and we are the North Eastern hub for the National Bowel Cancer and AAA Screening Programmes, covering around a population of seven million people.

The Trust and QE Facilities Ltd; who provide the Trust estates and facilities services employ as a group around 4,500 staff and deliver services to over 450,000 people annually. These services delivered each year have a significant environmental impact and carbon footprint; from the buildings, equipment, pharmaceuticals, waste and travel as just a few examples.

1.1 Sustainability at Gateshead

The Trust and QE Facilities (Group) have made great progression in reducing their carbon emissions over the years and been recognised as a result, recently winning an International Green Apple Award for Environmental Best Practice. This follows on from other local and national recognition including the Lord Carter Innovation Award – Highly Commended in 2019 for delivering carbon reductions.

This Green Plan will establish our high level vision and objectives moving forward and the necessary actions to achieve these, developing and building upon the previous Sustainable Development Management Plan (SDMP) and incorporating new guidance and national targets.

However to be able to set out this vision the Group must first understand and review the local issues climate change currently poses to our community and Group operations. As an area Gateshead's key distinguishing feature is its topography, the land rises 230 feet from Gateshead Quays to the town centre and continues rising to a height of 525 feet at the Queen Elizabeth Hospital. This is in contrast to the flat and low lying Team Valley location on the western edges of town, with the risk of flooding in areas from the River Tyne, River Derwent and River Team. There is even a risk from surface water flooding affecting hilly areas of the region as well. This geographical location and topography poses several risks from the impacts of climate change, which may affect ability to run services and treat patients effectively.

Along with incidents of flooding already impacting the region as a result of climate change, the other issue having an effect is poor air quality. Both these issues are exacerbated by the level of deprivation in the region with around 16% of residents living within the most deprived 10% of Lower Layer Super Output Areas (LSOA's) in England.

The North East may have strong acute health services and increases in life expectancy over recent years, partly as a result of a significant reduction in smoking greater than elsewhere in the UK. However the poor health outcomes and health inequalities in the region are still much greater, with the regions spend on health and care is mainly spent on tackling the consequences of ill health through hospital and specialised care with very little spent on prevention.

As a health care provider facing increasing pressure and demand each year, we must play a vital role in how we can prevent ill health in the local community and our employees. Through reducing carbon emissions by reviewing how we provide healthcare and models of care communities will be supported to have healthier and more active lifestyles, access to nature, cleaner air and access to new job opportunities, which in turn should help reduce the local health inequalities we currently experience whilst improving health and well being.

1.2 Sustainability at a National Level

The UK is committed to becoming carbon neutral by 2050 as part of the Climate Change Act 2008; however climate scientists agree that we have less than a decade to change our trajectory in order to stay within the safe limit of 1.5C defined in the United Nations Paris Agreement. Therefore it is key the UK and the NHS which contributes 4% of the nation's emissions and a workforce of over 1.3 million steps up and takes significant action sooner rather than later.

The Sustainable Development Unit was originally set up to aid the NHS to take action in reducing its carbon emissions, then in January of 2020 Sir Simon Stevens CEO of NHS England announced the "For the Greener NHS" Campaign. This campaign led to the publication of 'Delivering a Net Zero National Health Service' report in October 2020 and subsequent set up of the Greener NHS Team. The report expands on previous targets set under the Climate Change Act 2008 to cover the full scope of emissions and utilises the Greenhouse Gas Protocol (GHGP) scopes to cover a wider set of emissions with the addition of patient and visitor travel and medicines used within the home.

These scopes and emissions can be visualised in the NHS Carbon Footprint and Carbon Footprint Plus in Figure 1 and a percentage breakdown in terms of emissions in Figure 2.

Figure1: GHGP scopes in the context of the NHS

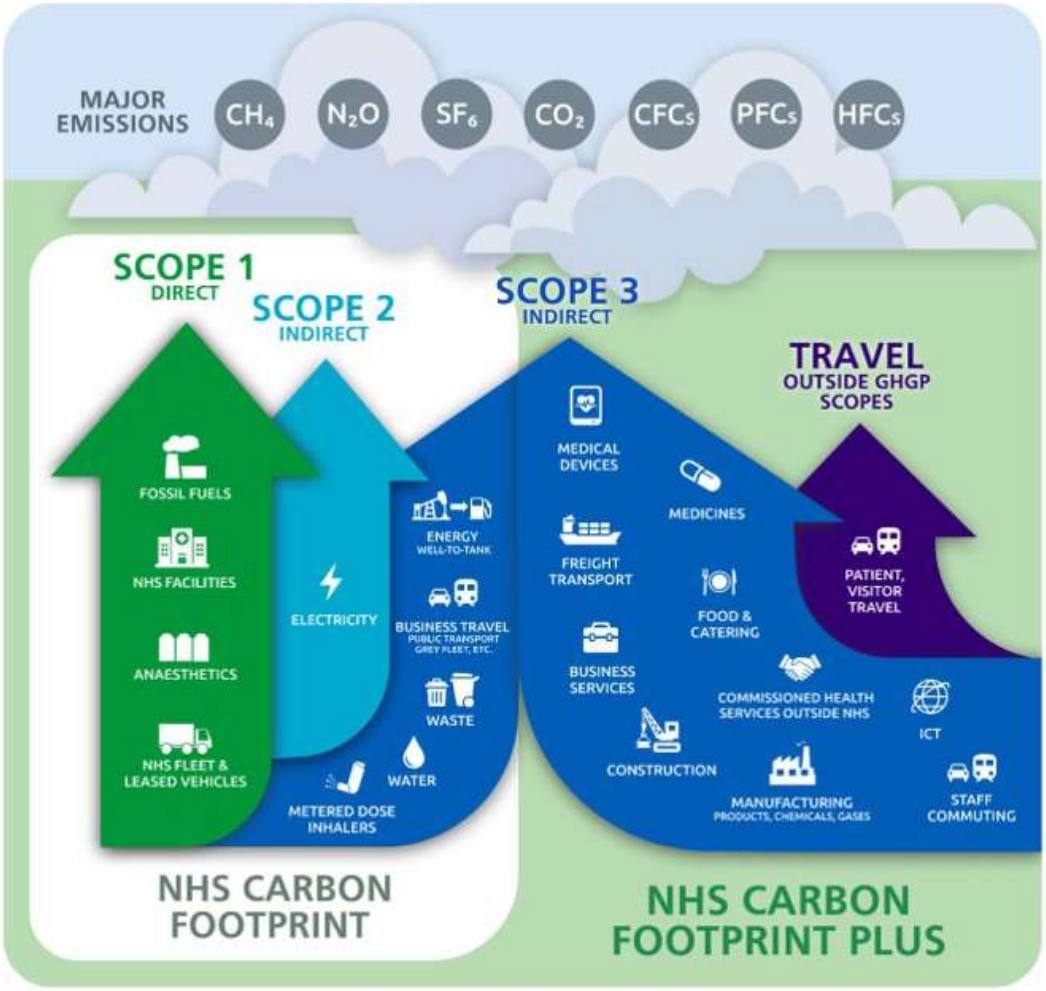
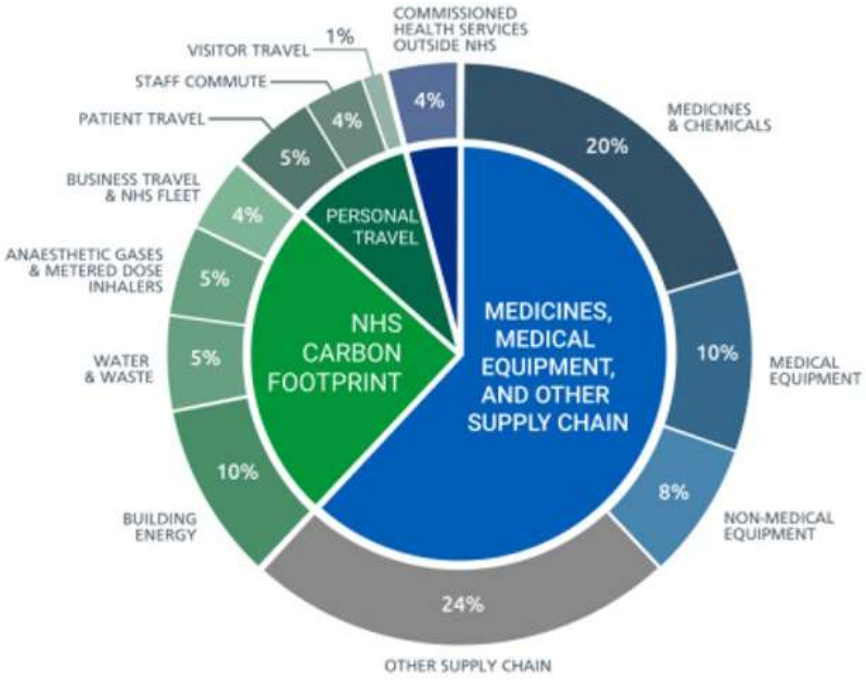


Figure2: Sources of carbon emissions by proportion of NHS carbon Footprint Plus



The two separations seen above in the NHS Carbon Footprint and Carbon Footprint Plus form the basis of the two net zero targets that the NHS has set out to achieve:

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

These are the targets as a Group (Trust & QE Facilities) we vision to achieve through developing our Green Plan, however it is appreciated that accelerated intervention is required and where possible we will try and beat these targets to help ensure that global carbon budgets aren't breached and help be part be a part of England's Greenest Region in our Integrated Care System (ICS).

Considerable progress has already been made in reducing the NHS Carbon Footprint as a whole and can be seen in table 1 below:

Table 1: NHS emissions from 1990 to 2020

Carbon footprint scope	1990	2010	2015	2019	2020 (est)
Climate Change Act - carbon budget target		25%	31%		37%
NHS Carbon Footprint ($MTCO_2e$)	16.2	8.7	7.4	6.1	6.1
NHS Carbon Footprint as a % reduction on 1990		46%	54%	63%	62%
NHS Carbon Footprint Plus ($MTCO_2e$)	33.8	28.1	27.3	25.0	24.9
NHS Carbon Footprint Plus as a % reduction on 1990		17%	19%	26%	26%

2.0 Organisational Vision

The Trust recognises that carbon reduction and sustainable development is a key critical factor in how our organisation operates going forward to ensure we provide a healthcare system that delivers first class care both now and in the future and preventing the potential health impacts of climate change through ensuring we adapt and resilient going forward.

The Groups vision and objectives are underpinned by the four sustainable healthcare principles as set out by the Centre for Sustainable Healthcare:

- Prevention: Improving public health by tackling the underlying causes of disease;
- Patient empowerment and self-care: educating the public and patients and giving patients a greater role in their own health;
- Lean Systems: being more efficient in healthcare delivery;
- Low carbon alternatives: e.g. low carbon medicines.

These visions are in effect incorporated within the Trusts ICORE values as seen below:

Our vision is to be leader in sustainable healthcare within the NHS, to the benefit of our local community.

2.1 Objectives

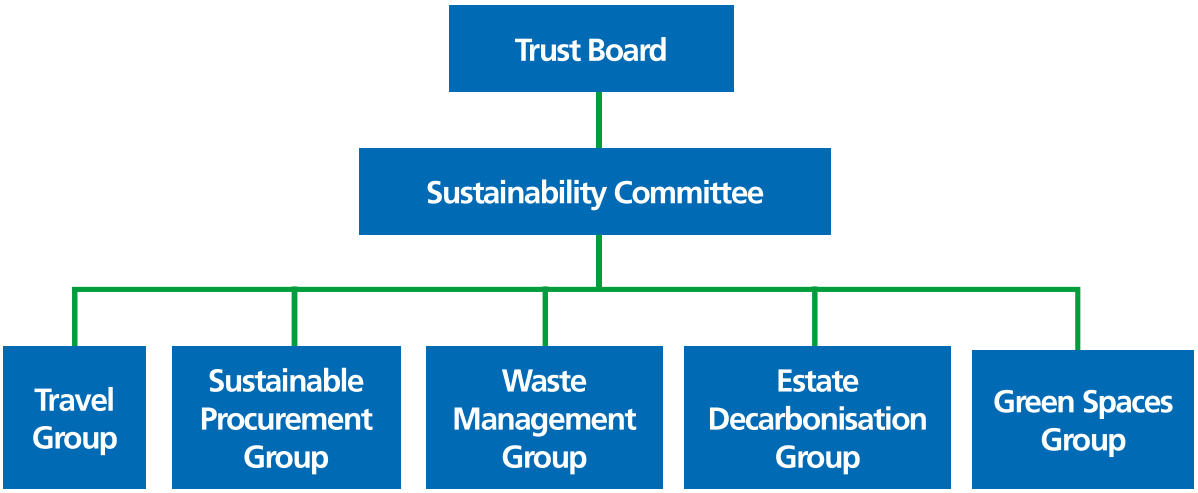
Our objectives support this vision and will require the support of everyone within the Trust and QE Facilities Ltd along with patients, visitors and suppliers with change occurring at pace to ensure the net zero targets are met.

1. An educated and engaged workforce who embed sustainability in their everyday actions.
2. Improve local air quality through reducing and eliminating (where possible) emissions from vehicles.
3. Achieve net zero of our NHS Carbon Footprint by 2040 and NHS Carbon Footprint Plus by 2045.
4. Ensure that our activities and care benefit the wider local community.

It is felt that these key priorities in particular the second point will help improve the local air quality and the subsequent health implications that affect the local community. Meanwhile the education, social prescribing and circular economy would further benefit the organisation and have potential financial benefits too, as well as aiding and benefiting the local community and economy.

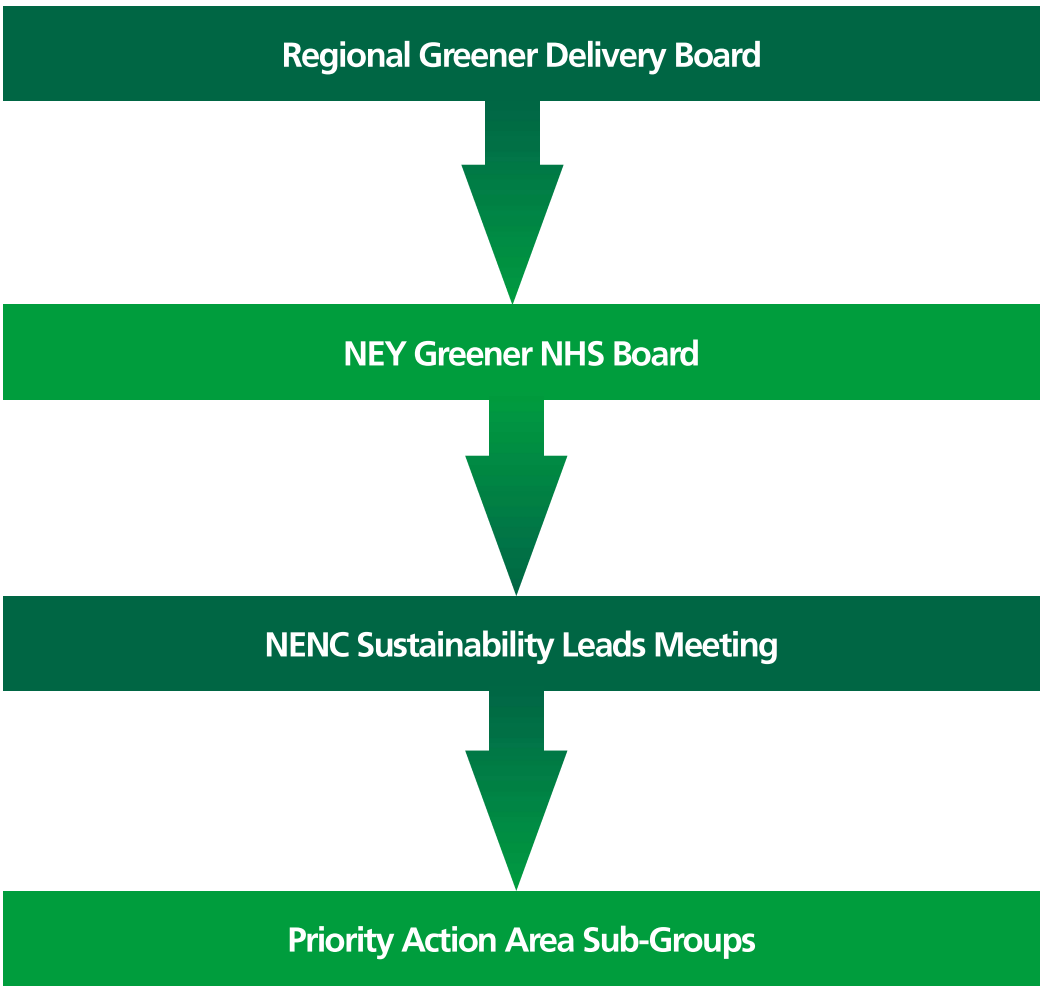
2.2 Governance Structure

The working arrangement and governance structure has been reviewed to ensure that progress against the Green Plan is progressed, monitored and reported on. The structure detailed below has been adopted to make progress against the objectives and areas of focus, although this structure is open to change and adaption as work progresses and the plan develops in the future.



As well as the above internal structure the Trust will also play a key role in the ICS reporting structure with representation at the North East North Cumbria (NENC) Sustainability Leads meeting and at least two of the priority action area groups, as it is vital to work collectively with other Trusts as we're all on a journey to achieve a net zero sustainable healthcare system.

NENC Sustainability Governance Structure



The Trust also reports data directly in at a national level through the Greener NHS, who monitors the entire NHS progress towards net zero.

3.0 Gateshead's Journey so Far

2001
- Launched first Green Travel Plan

2013
- First Sustainability Strategy
- First Green Champions

2014
- Bio Diesel CHP installed as part of Pathology Centre generating zero carbon heat and power

2015
- Second bio diesel CHP installed as part of Emergency Care Centre
- Additional cycle lockers and shower facilities installed

2016
- Achieved a 10% reduction in single occupancy staff driving to work

2017
- Introduced emissions levy on staff car parking permits
- Introduced car sharing scheme
- First Hopsital to be awarded Go Smarter Platinum Award for travel after previously achieving bronze, silver and gold awards

2018
- Recognised by the SDU, HFMA & NHSI for excellence in Sustainability Reporting for second time

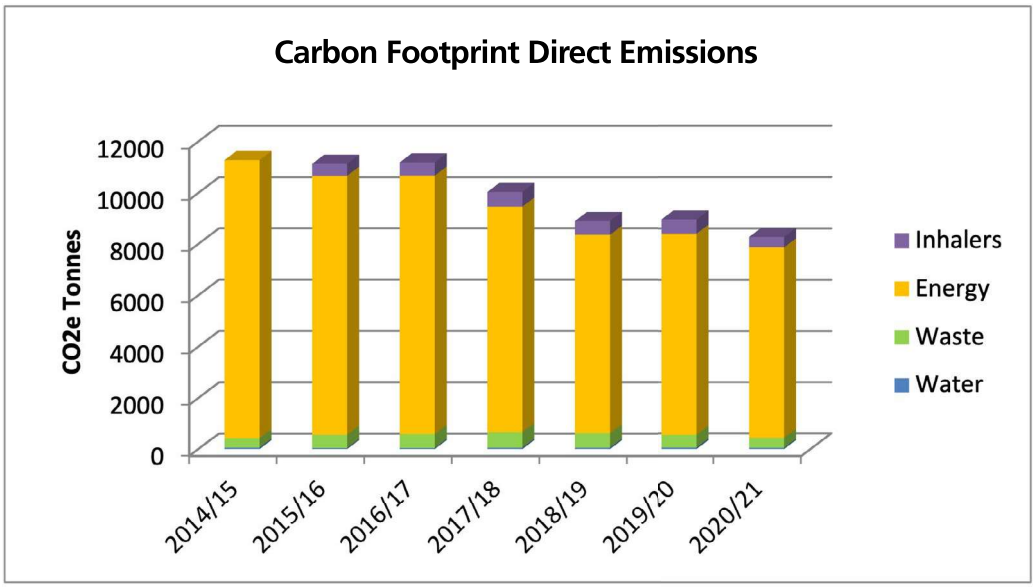
2019
- Signed NHS Plastic Pledge
- Lord Carter Innovation Award – Highly Commended for delivering carbon reductions

2020
- Won International Green Apple Environment Award
- Zero waste to landfill & increased recycling more widely

2021
- Introduced zero emission e-bike courier service as part of Pathology Transport Service
- REGO certified Green Electricity
- New Governance Structure for sustainability in the Group
- Reusable sharps boxes introduced

3.1 Current Data

This is our current data for some of the emissions we directly control energy, waste, water and inhalers from 2014/15 to 2020/21, the aim is to expand this data in future to cover fleet vehicles, business travel and anaesthetic gases.

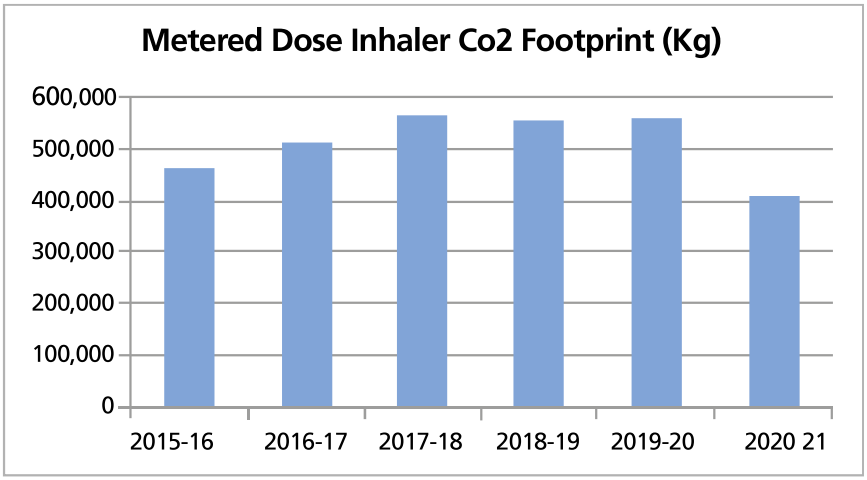


* *All calculations have used either the current government conversion factors or those detailed in ERIC (i.e. waste) and note that there is no data for inhalers in 2014/15.*

- 30% reduction in overall carbon emissions from 2014/15 to 2020/21 including a 31% reduction in energy emissions.
- It should be noted that this data is very limited to four areas (17.5% of the NHS Carbon Footprint Plus or 72.5% of NHS Carbon Footprint). The overall carbon footprint of the Group is likely to be significantly higher and reductions in these areas may be offset by other areas not included i.e. the significant increase in QEF fleet operations through its transport department. This will be included in future plans to review.

- The other scope of emissions which the Group does not directly control listed under the NHS Carbon Footprint Plus are much harder to calculate due to the complexity in tracking through the supply chain and is an area of focus going forward in future reports.

The graph below highlights the amazing work undertaken within pharmacy to reduce the carbon impact of inhalers with 150.5 tonne CO2e reduction (150,000kg CO2e) in one year from 2019/20 to 2020/21 through the increased prescription of dry powder inhalers.



3.2 Highlights to Date

- **800 tonnes of CO2e saved** per annum through the **use of Bio Diesel CHP's**.
- **Awarded £1.6m** from the **Public Sector Decarbonisation Fund**.
- **1.5 tonnes** of **single use metal instruments** were **recycled** instead of incinerated in 2021 saving **335kg in C02e**.
- **Introduction of reusable sharps bins in 2021** will help save a projected **16 tonnes** of **single use plastics** being produced and incinerated over 12 months **saving** an estimated **93.12 tonnes of CO2e**.
- In the last 3 years the organisation has **recycled** over **330 tonnes of waste** saving **108 tonnes of CO2e**.
- In 2020 the organisation **won an International Green Apple Award** for **Environmental Best Practice**.
- **30% reduction in direct carbon emissions** from energy, waste and water.
- **24% staff using active and sustainable modes of transport** as their main mode of transport to work whilst another 10% car share.
- **18% of patients and visitors uses active and sustainable modes of transport** to access the Queen Elizabeth Hospital.
- QE Facilities have set up a **local mask manufacturing** site to make FFP3 masks bringing more jobs to the local area and providing a resilient more sustainable supply chain.
- **27% reduction in carbon emissions** from **metered dose inhalers** from 2019/20 to 2020/21.

4.0 Areas of Focus

This plan will focus around the areas which address the Trusts vision and local issues the Group and community are facing alongside specific NHS targets.

The 10 key areas of focus are:

1. **Workforce System & Leadership**
2. **Sustainable Models of Care**
3. **Digital Transformation**
4. **Travel & Transport**
5. **Estates & Facilities**
6. **Medicines**
7. **Supply Chain & Procurement**
8. **Food & Nutrition**
9. **Adaptation**

Each area will set out specific objectives for that particular area alongside measurable targets that will be monitored on a six monthly basis to track progress against the Trust vision and targets to report back to the board via the governance structure. Each area will also take into account the UN Sustainable Development Goals.

UN Sustainable Development Goals

4.1 Workforce System & Leadership

A strong leadership and engaged workforce are key to achieving progress on climate change and reducing emissions within the Trust as it becomes a key responsibility of all staff at all level within the organisation to act upon. Professional bodies and staff are advocating for a stronger health response to climate change, however we must provide the tools and education to be able to achieve this and realise there may be a financial cost to the Group to achieve the vision and targets.

Objectives:

- An educated and informed workforce on sustainability and carbon reduction.
- Empowered network of Green Champions.
- Upskilled and empowered board members, who understand their role in sustainability and carbon reduction, who lead by example and engage with staff on the issue.
- Engagement and partnership working with the ICS, Local Authorities and other organisations to help in achieving our vision.

Targets:

1. By March 2023 70% of staff will have completed the ESR course 'Building a Net Zero NHS' and it will be included as mandatory induction for all new starters.
2. By March 2023 100% of board members will be trained on sustainability and how it needs to be considered at all levels within their divisions.
3. By 2024 every department or ward will have at least one green ambassador.
4. By 2025 there will be a budget for sustainable initiatives in the organisation in which departments can apply for individual schemes that are deemed to aid the objectives and vision.
5. By 2024 sustainability and the Green Plan's visions and objectives will be included and considered in all business plans.

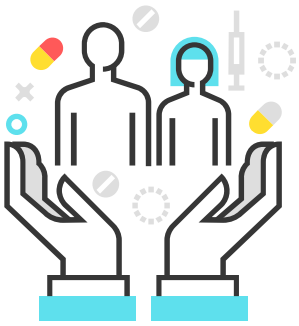
Current Position:

- Nominated sustainability board lead
- ICS representation at Management Board and Sustainability Group
- Governance Structure in place to monitor and track progress against the Green Plan.

Actions:

1. 'Building a Net Zero NHS' to become mandatory to enable and encourage staff to complete it.
2. Promote, engage and educate Green Ambassadors.
3. Ensure all board members attend an appropriate sustainability training course.
4. Embed the Green Plan into the Trust, making it accessible to all and provide regular updates to staff on progress with specific branding.
5. Include sustainability and carbon reduction into job descriptions and staff appraisals.
6. Improve all carbon data availability, analysis and reporting across all scopes.
7. Regular board updates on progress against the targets set out in the Green Plan's Areas of Focus.

4.2 Sustainable Care Models



At the heart of the Trusts ICORE vision and values is 'caring for you' ensuring excellent, clean, safe, personal and patient focused care. It is vital going forward that the care undertaken is sustainable in both provision of treatment and prevention, ensuring that every contact counts.

Objectives:

- Develop sustainable patient care pathways that also embed prevention to help address the wider detriments of health.
- Utilise position within the community to aid education on the impacts of climate change on health and how to get involved.
- Utilise technology and community sites to deliver care closer to home.

Targets:

1. By 2025 link sustainability in the review and development of patient pathways and begin to quantify benefits.
2. By 2025 all clinicians will receive carbon literacy training.
3. By 2023 a Sustainable Care Sub Group to be set up as part of the governance structure.
4. Undertake 25% of outpatient activity remotely.

Current Position:

- Outpatient appointments have been undertaken remotely during the COVID-19 pandemic.
- Pathways reviewed to improve patient flow across the site i.e. ECC development and use of technologies such as Nervecentre.

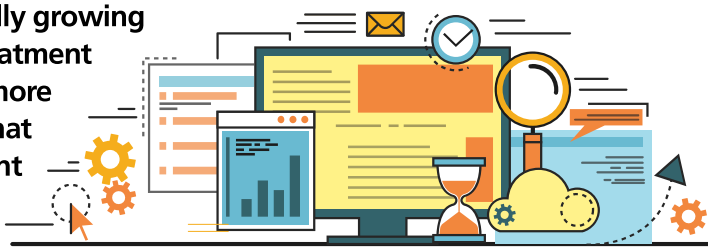
Actions:

By 2024 the Trust will:

1. Increase use of remote outpatient activity reducing the need for patients to travel.
2. Educate clinical staff on carbon literacy.
3. Begin to utilise 'Make Every Contact Counts' to highlight the impact climate change may be having upon health.
4. Begin review of pathways takes into account sustainability and potentially quantify the wider benefits i.e. financial and social or calculate the carbon impact of specific models of care.
5. Invite clinicians, pharmacists, IT to a Sustainable Care Group to focus on sustainable care pathways and this will include medicines, anaesthetic gases, inhalers, and use of digital technology.

4.3 Digital Transformation

The use of digital in healthcare is continually growing and enhancing the range and ability of treatment and organisational operations. It often is more sustainable, however it should be noted that even digital options have a carbon footprint that is continually growing and needs to be accounted for.



Objectives:

- Digitally enabled care models and channels, with care closer to home.
- Utilise technology systems to eliminate use of paper and printing, and where possible postage as well.
- Improve patient pathways through the use of technology.
- Optimise space utilisation and reduce energy demand through technology.

Targets:

1. Reduce paper consumption by 5% each year.
2. Increase the use of digital out-patients appointments each year.

Current Position:

- Utilising Microsoft teams to host meetings.

- Utilising technology for digital appointments
- Medicines optimisation system reduced rate of drugs prescribed and subsequent wastage.
- Digital remote monitoring to communicate with patients reducing paper and missed appointments.
- GDE projects to digitise patient records linking to nerve centre and care flow assessments.
- Patient portals in areas such as maternity to eliminating paper for a digital file.
- Great North Care Record – regional tool eliminating use of taxis to move records between Trusts.
- Telemetry system and devices to monitor patients across the hospital, reaching all areas across ECC, Medicine and Surgery.
- Nervecentre Systems – mobile system used to capture e-observations, escalate deteriorating patients and has the ability to capture assessments and documentation at the patient's bedside. It includes tools including sepsis screening improving patient outcomes and may lead to a reduced stay.
- Testing cutting-edge Artificial Intelligence (AI) technology – which could potentially transform breast cancer detection, improve patient experience and free up valuable time for staff.

Actions:

1. Encourage and promote the continued use of Teams meeting, allowing staff to work flexibly and encourage no cameras for internal meetings to reduce the emissions generated from video (estimated to range between 150 to 1000g of CO2 for every 60 minutes).
2. Upgrade the Building Management System to help improve control and enhance the ability to monitor energy demand and improve efficiency.
3. Utilise systems to monitor occupation of spaces to improve space utilisation and energy efficiency maximising the use of the estate to its full potential.
4. Use digital options to deliver outpatients appointments.
5. Support staff in the option to work from home where possible and provide the necessary technology, whether this is full time or flexibly as it allows reduction in travel and occupancy on site.
6. Great North Care Record – expand and implement patient app which will include digital letters.
7. Roll out mobile devices to clinicians to see records at hand.
8. Continue to digitise patient records in areas such as out patients and A&E.

4.4 Travel & Transport

At the heart of improving air quality lies travel and transportation, it accounts for 9.5 billion miles and 3.5% of all road travel in England or 14% of the systems total emissions. The NHS Long Term Plan states the NHS must cut business mileage and fleet air pollution by 20% by 2023/24, despite having a successful green travel plan for a number of years the Trust must take further action to significantly reduce air pollution as it is a key issue in the local area.

Objectives:

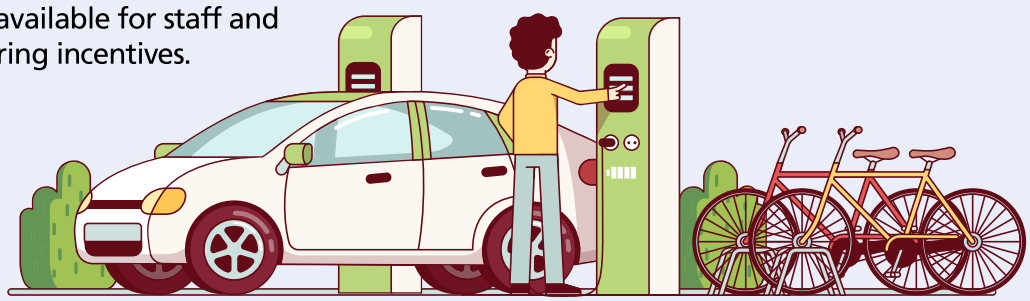
- Reduce the emissions we directly control through business travel and fleet vehicles.
- Provide access to and promote means of active travel to staff, patients and visitors.
- Regularly monitor how staff, patients and visitors travel to the site.
- Educate on the impacts of air quality upon health.

Targets:

1. By 2025 90% of fleet vehicles will be ultra-low or zero emission vehicles.
2. By 2025 10% of parking spaces will have access to charging infrastructure
3. By 2025 55% of staff surveyed will travel to work by car.
4. By 2025 all staff who drive as part of their job will receive fuel efficient driver training to reduce their emissions.
5. By 2025 all clinical staff will be aware and have access to information about the impact of air quality on health and where necessary provide advice to vulnerable groups who are particularly affected.

Current Position:

- Green Travel Plan since 2001, last updated in 2021.
- Two cycle to work schemes of which one has a much higher cap to allow the purchase of electric bikes and over 50 cycle spaces available for staff and visitors alongside numerous staff shower facilities.
- Discounted public transport passes available for staff and car sharing incentives.
- Information available to staff and visitors about alternatives means of travel.
- Electric car charging points available for staff use.
- Extensive use of digital technology to reduce the need for travel for meetings (staff) or appointments (patients).



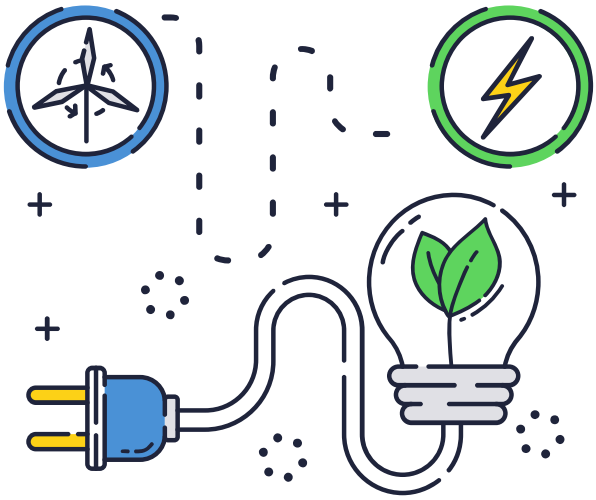
Actions:

1. Implement a business travel policy that strongly encourages sustainable travel options with the use of flights banned unless approved by a director.
2. Review car parking permits to ensure only those required park on site and encourage staff to use sustainable alternative means.
3. Increase and improve cycle facilities for staff and visitors at all sites.
4. Move all fleet vehicles to electric and where this is not possible utilise Ultra Low Emission Vehicles (ULEV's) and provide training to drivers on fuel efficient driving.
5. Review deliveries to try and consolidate where possible and encourage suppliers to deliver by electric vehicles.

6. Undertake annual travel surveys to monitor the change in staff and patient/ visitor travel.
7. Work with the ICS, Local Authorities and local businesses to reduce local air pollution and the provision of better access to low carbon or active travel.

4.5 Estates & Facilities

The estate and its facilities are at the heart of every NHS Trust and contribute to a large sector of the NHS Carbon Footprint, whether it be energy, waste or water all of which have a target to be Net Zero by 2040, although by 2030 the Trust is to achieve net zero carbon status for energy emissions. The area and scope may be large within this area, but there is plenty of reason to be hopeful with all the achievements made so far and the planned work over the next few years.



Objectives:

- Reduce energy and water consumption.
- Improve and optimise space utilisation.
- Build sustainable capital projects applying whole life costing in design and construction.
- Optimise the use of green spaces on site and improve biodiversity within them.
- Work with contractors and suppliers to reduce their emissions in line with our targets.
- Replace fossil fuels with low and zero carbon energy sources.

Targets:

1. Reduce waste tonnage by at least 5% every year and increase recycling by 5% every year till 2025.
2. Improve the biodiversity and green spaces on all sites measured through ecologist surveys.
3. Improve the energy efficiency of existing buildings measured through reduction in energy consumption.
4. All capital projects to be built in line with Net Zero Hospital Standard and/or BREEAM standards or Passivhaus Standard.

Current Position:

- 100% REGO certified electricity contract.
- 2 Bio-diesel CHP's generating zero carbon heat and power.
- LED lighting installed across the Trust.
- Zero waste to landfill and reduced consumption in single use plastics.
- Awarded £1.6m as part of the public sector decarbonisation fund.

Actions:

1. Install air source heat pumps, solar panels and BMS upgrades as part of public sector decarbonisation fund and track and report upon progress.
2. Remove food waste from domestic waste stream and process for recycling either on or off site.
3. Improve the current reuse scheme, record and monitor savings to report back.
4. Undertake bio diversity surveys of all green spaces on Trust sites to understand current position and produce a biodiversity action plan.
5. Undertake site wide survey of building infrastructure to understand our current position and develop an action plan going forward to improve energy efficiency and reduce energy demand.
6. Educate staff on waste segregation and energy efficiency within their role.
7. Develop a standard for all capital and build projects that is in line with the Net Zero Hospital Standard and/or BREEAM or Passivhaus standards; ensuring the inclusion of sustainability aims and outcomes throughout the process from design brief, tender, build, furnishing and final use.
8. Review the space across the estate and plan how it can be optimised to improve efficiency and reduce energy demand.

4.6 Medicines

Medicines play a key role in treating patients and can help prevent further aid when used correctly, however they also account for 25% of NHS emissions. Anaesthetic gases account for 2% and inhalers account for 3% of these emissions, therefore it is vital the Trust looks at these areas.

Objectives:

- Eliminate the use of desflurane within the Trust.
- Reduce nitrous oxide waste and prevent atmospheric release.
- Explore the utilisation of social prescribing to reduce the use of medication.
- Review the process of prescribing and point of use to reduce wastage where possible.
- Increase the number of dry powder inhalers (DPI's) that are prescribed.

Targets:

1. By 2023 eliminate the use of desflurane completely within the Trust.
2. By 2025 reduce the carbon impact of inhalers by 45% based on 2019/20 baseline.
3. Implement inhaler recycling scheme.
4. Implement means of capturing nitrous oxide waste.

Current Position:

- Very low user of desflurane less than the 10% overall volume target set in the Memorandum of Understanding regional targets.
- Best profile in the region with 78% pressurised inhalers vs 22% dry powder inhalers for 2020-21.
- The Medicines Optimization System includes an electronic prescribing and medicines administration system (EPMA) and automated drugs cabinets (Omnicell) have both steadily reduced the rate of omitted doses of critical medicines.

Actions:

1. Install a device such as a Mobile Destruction Unit in areas like Maternity for Entonox capture and breakdown of residual gas.
2. Educate staff on the options for inhaler prescription and the benefits of DPI's to increase usage.
3. Work with primary care to look at recycling schemes for inhalers.
4. Educate and explore the use of social prescribing as an alternative means to medicine, utilising the learnings from trials.

4.7 Supply Chain & Procurement

Supply chain and procurement accounts for approximately 62% of total carbon emissions in the NHS, therefore it is vital that the buying power we have as an organisation and as a collective NHS must be used to its full potential to make change.

All clinicians and departments must begin rationalising their decisions of safe clinical use against the sustainability impact and look to reduce single use and wastage in their purchasing decisions and/or influence.

Estates & Facilities also need to review their purchasing in line with environmental impacts choosing to reduce waste or reuse and optimise usage overall whether this be catering or a new build project. Reductions in use will also be paired with improvements to the disposal and recycling of plastic material that remains in operation.

Objectives:

- Reduce single use plastics purchased.
- Prioritise reuse of equipment and stock across the organisation.
- Work with and challenge suppliers to reduce their emissions.
- Ensure sustainability and net zero is included in all tenders.

Targets:

1. Adopt PPN 06/01 so that all contracts above £5m will require suppliers to publish a carbon reduction plan for their direct emissions by April 2023.
2. Ensure that by April 2024 all Group suppliers report their emissions and publish a carbon reduction plan aligned to the NHS net zero target for their direct emissions irrespective of contract value.
3. Reduce procurement of single use plastics and eliminate single use items when there is a viable reusable alternative.
4. Utilise Sustainability Impact Assessments in all business cases.

Current Position:

- Sustainable Procurement group set up to review data and impact of purchases and work on procuring suitable alternatives.
- NHS Supply Chain working in the towers to reduce emissions of products available on catalogue in line with NHS targets.
- Basic reuse system in place to be improved to increase utilisation and record and monitor savings.
- Walking aid refurbishment scheme in place.
- Recycled paper used across the organisation.
- Signed NHS Plastics pledge and lowest spend on single use plastics in catering across the region in 2020/21.
- Switched from single use plastic sharps bins to reusable saving 16 tonnes of single use plastic per annum.

Actions:

1. Implement a Sustainable procurement policy and procedures that includes the reduction of purchasing through utilising a reuse and or refurbishment system of equipment and stock to eliminate potential waste (this maybe via a regional hub) and the use of whole life cycle costing.
2. Measure our scope 3 emissions to begin tracking annual progress.
3. Train and educate procurement team in carbon literacy within their role.
4. Implement sustainability impact assessments into all business cases.
5. Educate staff on the impact of their purchases on emissions and environmental impact and improve sharing of items across the organisation.
6. Work with clinicians and infection control to look for suitable alternative products when found to have a large impact on emissions or products that could be used more effectively to reduce wastage.

4.8 Food & Nutrition

Food and nutrition is key to the development and health of everyone and is an integral part of our lives, in particular a patient's care plan. Eating well reduces the risk of developing cancer, heart diseases, diabetes and stroke, whatever your weight and eating well when you're in hospital is especially important to effectively support your care. However a nutritious meal is no benefit if it goes in the bin, with the annual reported cost of food waste for the NHS being £230 million, 39% of the total food budget; and with food and catering services producing 6% of total emissions or 1543kt CO2e each year it is vital action is taken to reduce the environmental impact and cost.

Objectives:

- To reduce food waste throughout the production and service of both patient and staff meals
- Utilise local, seasonal and sustainably grown food in catering.
- Educate staff and patients on the benefits of a low carbon diet.

Targets:

1. Reduce food waste by 20% by 2025.
2. Increase the use of locally grown food within catering.
3. Improve access to free drinking water for everyone.
4. Achieve accreditation such as the Soil Association 'Food for Life served here' award.

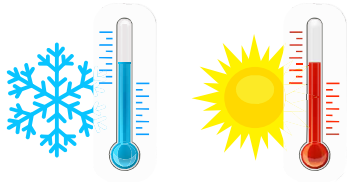
Current Position:

- Increased access to vegan food options.
- Sustainability representation on the Nutritional Steering Group.
- Improving out of hour's access to staff for healthy food.
- Improving education on nutrition with staff and access to digital weight management system for staff and residents within Gateshead.
- Well-fed project underway to audit areas and use data to help shorten length of stay for patients moving forward through improved nutrition.

Actions:

1. Increase locally sourced food through regular seasonal menus.
2. Install refill hydration stations across the Trust in high traffic areas.
3. Investigate the potential to donate to foodbanks or shelters at end of service/ near expiry or best before across all catering and service outlets.
4. Work with suppliers to ensure they have sustainable production and transportation practices in line with NHS Targets.
5. Implement means of collecting food waste from all catering outlets and services in the Group and look at either specific collections or on site processing.
6. Improve education to staff, patient and visitors on the health and environmental benefits of a health low carbon diet.
7. Increase organic and fair trade food options available.
8. Identify means of reducing plate wastage for patients.

4.9 Adaptation



The green plan sets out and details our objectives and targets to reach net zero and reduce our emissions and environmental impact, we still need to be prepared and plan for and to mitigate the risks and effects of climate change and severe weather that may impact upon our business and functions.

Objectives:

- Incorporate climate change into the Group's business continuity, emergency planning and risk assessment procedures.
- Ensure the Group has the necessary business continuity plans in place that account for the impacts of climate change and severe weather.
- Design and adapt the operation of the estate to cater for the potential effects of climate change.

Targets:

1. Undertake a climate change risk assessment of all group sites to be included on risk register.
2. Develop an adaptation plan.
3. Every estates project is to include impacts of climate change into the design or planning process.

Current Position:

- Adverse weather plan in place and has been utilised several times during heat waves for example.
- Winter Team in operation to ensure the sites are safe and accessible to staff and patients during cold months.
- Transport Department has been utilised to help people access site in bad weather.
- Reduced reliance on national grid with use of 2 bio diesel CHP's and upcoming installation of air source heat pumps and solar panels.
- QE Facilities own and operate a warehouse that can store supplies close to Trust sites.
- QE Facilities operate a FFP3 mask manufacturing production site, ensuring resilience in supply chain.

Actions:

1. Undertake a climate change risk assessment for each site and add the risks to the Group Risk Register to ensure it is highlighted and reviewed annually.
2. Write and develop an adaptation plan and present to the board for approval.
3. Assess what measures are needed to be included into the design of estates projects for impacts such as heatwaves and cold weather and incorporate into Estate Strategy and procedures.
4. Develop and update protocols aligned to national heat wave plans, cold weather plans and flood plans and specific climate change risk assessment.
5. Assess the financial implications of climate change to the organisation and the cost of doing nothing to help prevent it and communicate to the board, as being sustainable will cost money and this needs to be recognised.

NHS
Gateshead Health
NHS Foundation Trust

For further information please email:
ghnt.environmental@nhs.net

XQE0171-JH-April2022

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 21

Report Title:	**Equality, Diversity and Inclusion: 6 Monthly Update**			
Name of Meeting:	Board of Directors			
Date of Meeting:	Wednesday 29 March 2023			
Author:	Kuldip Sohanpal, EDI and Engagement Manager Helen Fox, Head of Communications and Engagement			
Executive Sponsor:	Lisa Crichton-Jones, Director of People and OD			
Report presented by:	Kuldip Sohanpal, EDI and Engagement Manager Helen Fox, Head of Communications and Engagement			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide the Board with assurance over the progress undertaken in 2022/23 relating to equality, diversity and inclusion.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	6-monthly report on EDI to the Board.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format*	Equality, diversity and inclusion (EDI) is essential for the Trust to have a culture that is diverse, inclusive, and engaged. It is the responsibility of everyone to ensure that EDI is integrated into all aspects of the organisation's operations, going beyond mandatory and statutory reporting. It should be the foundation and guiding principle of all activities. The update provides an overview of the advancements achieved towards the goals related to equality, diversity, and inclusion that were established in 2021. The mandatory reporting for equality diversity and inclusion includes the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard, the Equality Delivery System (EDS2) and the gender pay gap report. For the WRES and WDES, specific staff survey analysis is required relating to these areas that need to be			

<table>
<tr><td></td><td colspan="6">reviewed to determine specific actions that need to be taken.
The Equality Delivery System self-assessment score across the three domains (commissioned or provided services, workforce health and wellbeing and inclusive leadership) is 23, which equates to Achieving.

The gender pay gap for 2022 is 12.73% with bonus related pay at 0%.

The focus in 2023/24 will be the delivery of the EDI strategy. Recommendations from all mandatory reporting will be incorporated into the EDI action plan and this work will be outlined in the September EDI update once the reviews are finalised.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">For the Board to note for assurance</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☐</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☐</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☐</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">SA2.1: Protect and understand the health and wellbeing of our staff by looking after our workforce
SA2.2: Growing and developing our workforce</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td colspan="2">Safe
☐</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">N/A</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

1. Introduction

Equality, diversity and inclusion (EDI) is paramount in ensuring that the Trust has a diverse, inclusive and engaged culture that is everyone's responsibility, to deliver beyond the mandatory and statutory reporting. It should be the golden thread in all that this Gateshead Health does.

As part of the EDI strategy, we have set out Gateshead Health's pledge which covers:

- We are committed to being an inclusive healthcare provider and employer. This commitment is central to achieving our ICORE ambitions and is at the heart of NHS and Trust values.
- Inclusion and equality is not about treating everyone the same, but recognising that everyone is different and that people's needs, whether they be patients, People or the public are met in different ways.
- We recognise that we need to improve if we are to achieve our ambitions and become a Trust where diversity is valued and celebrated; everyone is treated with dignity and respect; and discrimination and inequalities are prevented and eradicated from all our services and functions.
- The Board of Directors are committed to inclusion, delivering on the standards in Workforce Race Equality and Disability Standards (WRES and WDES), the Equality Delivery System 2 (EDS2) and ensuring diversity is valued, NOT in order to comply with regulations, but because it is the right thing to do for patient care, our People and our local population.

With this pledge in mind, this 6-monthly update report provides an update on the achievements made during the 2022/23 period and evaluates the Trust's compliance with the compulsory EDI requirements.

In 2023/24, the area of focus will be the delivery of the EDI strategy. Recommendations from all mandatory reporting will be incorporated into the EDI action plan and this work will be led by the Human Rights Equality, Diversity and Inclusion Board, which reports into the People and Organisational Development Committee.

2. Progress report

The summary below highlights the progress that has been made against the equality, diversity and inclusion objectives that were set in 2021.

2.1. Ensure EDI strategy, principles and practice are embedded into Trust governance and assurance arrangements at every level in the Trust

- The EDI strategy has been developed as part of the Trust's enabling strategies.
- Throughout the year, the Human Rights, Equality Diversity and Inclusion (HREDI) Programme Board has focused on the actions and recommendations set out from the WRES/WDES action plans and concerns raised by Network Chairs.
- Within the Managing Well training programme, EDI continues to be the golden thread throughout the programme with 271 delegates attending.
- Areas for further work include training, particularly around conscious and unconscious bias within the recruitment and selection process and introducing a cultural competency

programme. Also, due to a lack of take-up by colleagues in the reciprocal mentoring programme, the programme is being reassessed and will be offered in a different format linked to leadership.

- An improvement tool for patients, staff and leaders of the NHS called the EDS2 has been mandated and supports NHS organisations in England to review and develop an approach in addressing inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce health and Wellbeing and leadership. The Trust has used the reporting template to self- assess across the three Domains as indicated in 4.1 below. The current EDS template was presented to the POD Committee and approved for 2023. Detailed work will be undertaken for 2024 submission.

2.2. Continued improvement of service provision and patient care

- The main focus in this area is on health inequalities, which is in its infancy and ensuring the completion of the Equality Impact Assessment for all service changes to assess and understand the impact.
- The Chapel and Faith room is open to all faith groups, with updated literature available in the prayer rooms. Both spaces are being assessed for better usage, as Muslim members of staff have expressed a need for more room.
- Cultural Competency training has been rescheduled with potential dates identified to be provided by Connected Voice. We are aiming for the sessions to start in May running one session every month
- A session around culture and faith and how this impacts on patient care has been developed. Key community and faith leads have been approached to assess the best way the sessions can be delivered through the EDI lens.
- Inclusive leadership is now a key focus, with detailed actions around Recruitment and Selection.
- As part of raising the profile of the Trust and engaging with the community served, an open day weekend was held on Friday 28th and Saturday 29th October at QE Hospital. We welcomed over 450 staff and members of the public, giving them an insight to the life of an NHS hospital. Our staff held information stall and demonstrations for colleagues and the public to learn about the fantastic work that goes on behind the scenes at the hospital. The stalls were run by various departments including maternity, critical care, community services, breast screening, corporate services, staff networks and many more. This was a very successful event and we hope to build on this event over the coming years. Some images of the event are captured below.

Staff Networks and Director of People and OD, Lisa Crichton-Jones

Critical Care team with their stall

Group photo of staff at Gateshead Health NHS on the Open day

2.3. Improved Equality and Diversity data collection and information

- The EDI dashboard is reviewed quarterly by the HREDI Programme Board. This will now incorporate the EDI KPI metrics that have been developed as part of the strategy.
- The metrics capture the detailed recruitment data as well as the data that is required for the WRES and WDES submissions. This information also forms part of any mandatory submissions around EDI and an overview of the mandatory requirements for EDI is within 3.1 of this report.

2.4. Ensure the Trust meets statutory compliance and promotes workforce and E&D matters

- The Trust has a zero-tolerance approach to Bullying and Harassment and has a Bullying and Harassment Policy in place. Any Bullying and Harassment cases are reviewed on a monthly basis by the Head of People Services as part of the Employee Relations Case Reviews. The Trust has actively implemented a zero-tolerance policy for verbal and physical abuse towards staff and penalises staff who abuse, harass or bully other members of staff. We also take action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience.
- A variety of support channels are in place for staff with a concern around abuse, harassment, bullying and physical intimidation in the workplace. Amongst these include our Freedom to Speak Up Guardian and Champions, an on-site Security team, a mediation service, grievance procedures and more.
- A Freedom to Speak Up Guardian role exists within the Trust. We are assessing how more members of staff can be trained as Champions and empowered. The role will also help our

staff networks which are staff-led, funded and provided protected time to support and guide staff who have suffered abuse, harassment, bullying and physical violence from any source.

- Collaboration has taken place with Network Chairs to identify experiences of our networks, barriers to their progression, and gather feedback on the disciplinary policy. Work has started around supporting our networks to thrive.
- Establish and strengthen community contacts for meaningful engagement – this will be a key area for focus in 2023.
- Strengthening partnerships and regional cross-working from other Trusts
- All cultural ambassadors have undertaken recruitment and selection training as well as EDI training.

2.5. CORE and Essential Training

- E-learning and face-to-face training for Equality and Diversity (EDI) have been evaluated and the delivery of the cultural competency programme will be key
- Current EDI objectives and EDI principles are incorporated into corporate induction. The sessions covers the principles around EDI and how this is incorporated within the ICORE values
- A one and half hour session in respect of EDI principles are part of the Managing Well Programme and have evaluated well with a number of participants contacting the EDI manager for further advice and information pertinent to their individual roles and services
- Senior members of staff undertaking any disciplinary investigations have undertaken EDI E-Learning and some have been on the Managing well program.
- EDI training is offered to all International Students as part of their corporate induction.

3. Mandatory reporting

Mandatory reporting for equality diversity and inclusion includes the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard, the Equality Delivery System (EDS2) and the gender pay gap report.

Appendix 5.1 shows a summary of the key highlights for each of the four areas.

3.1. Ratings on the mandatory requirements for EDI

The ratings for each of the areas are:

- The Equality Delivery System self-assessment score across the three domains (commissioned or provided services, workforce health and wellbeing and inclusive leadership) is 23, which equates to Achieving.
- In terms of the Gender Pay Gap, the proportion of male and female full-pay relevant employees in the equally sized lower, lower middle, upper middle and upper quartile pay bands for 2022 is as follows:

	2022	
Quartile	Female	Male
Upper	73.84%	26.16%

Upper middle	83.13%	16.87%
Lower middle	81.57%	18.43%
Lower	73.84%	26.16%

There has been little change in comparison with the snapshot dates across the last 3 years with the biggest differences across the male and female percentage in the lower quartile and then for our male workforce seeing a significant change in the lower middle quartile. It's important to note there are more male employees in certain occupations that fall into the upper quartile, for example consultants.

- The overall rating for both the WRES and the WDES for 2021/22 is amber (partially compliant) – specific staff survey analysis relating to the action plan is yet to be reviewed to determine specific actions that need to be taken.

4. Appendix

4.1. Summary of the key highlights for the mandatory reporting

Mandatory reporting area	Highlights
EDS2	• Domain one (commissioned or provided services) focused on learning disabilities within the trust. Acute care pathways for individuals with learning disabilities have been established to ensure equal access to healthcare. A holistic assessment is conducted and specialists work together. Training focuses on adjusting care for this group, resulting in a 76% satisfaction rate among patients with learning disabilities. • Domain two focuses on the workforce's health and wellbeing. A health and wellbeing website was launched to promote long-term support groups and targeted support for conditions like obesity and mental health. Managers conduct stress risk assessments and use staff survey results to provide more targeted support. The Trust has increased its counselling service and uses sickness and absence data to support staff. Work-life balance and healthy lifestyle initiatives are also provided. • Domain three (inclusive leadership). The Board prioritises EDI and health inequalities in its annual development program. Board members participate in mentoring and engage with staff networks. A Health Inequalities Board is chaired by the Medical Director and includes the Director of Public Health for Gateshead. Board papers require confirmation of completed EQIAs and all policies require an EQIA. The HREDI Programme Board reports to the People and OD Committee demonstrating that the governance is in place. The Board monitors progress on WRES and WDES. • The Equality Delivery System self-assessment score across the three domains is 23, which equates to Achieving.
Gender pay gap	• 77.6% of our workforce is female • In 2022 there has been a significant decrease in the percentage of female staff (from 86.19% down to 73.8%) in the lower quartile and an increase in percentage in our male workforce (up from13.8% 26.16%) within the lower quartile. This changing profile is not reflected across all Quartile pay bands. • The only element classed as bonus for the purposes of this report is the Clinical Excellence Award Scheme (CEA) and the one off payment bonus payment to Staff. • For ordinary pay, the gender pay median is 12.73% (last year it was 12.7%) and 0% in the bonus (last year it was 69.37%) • This report will be published online at the end of March.
WRES from 2021/22	Areas identified for further work has been highlighted to address bullying and harassment, specifically around: • The percentage of BAME staff experiencing harassment, bullying or abuse • The percentage of BAME staff compared to white staff reporting harassment, bullying or abuse at work

	• Percentage of staff experiencing harassment, bullying or abuse from patients / service users, Mangers and Colleagues Data collected show's that in some of the KPIs, there has been a decrease in incidents, this however may be due to the numbers of BAME staff reporting being proportionally very small. Further work is required to ensure a zero-tolerance approach is implemented in the Trust. Other key significant areas identified are: • Staff views on whether the organisation provides equal opportunities for career progression / promotion have been consistent by ethnicity (44% mark). There is however a widening gap between the BAME and White category (60% mark). • The Trust rolled out Reverse / reciprocal mentoring, however due to lack of numbers accessing this the programme is being relooked at • The Trust is assessing the best way to incorporate the Cultural Ambassador role into our disciplinary and grievance processes. The national report for the WRES is available at: https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/
WDES from 2021/22	Similarly, to the WRES, further work is required in respect of bullying and harassment, specifically around: • The percentage of disabled staff experiencing harassment, bullying or abuse from members of the public • The percentage of disabled staff compared to non-disabled staff reporting harassment, bullying or abuse at work • Percentage of staff experiencing harassment, bullying or abuse from patients / service users, Mangers and Colleagues Data collected show's an increase in the figures for harassment / abuse from patients and service users for disabled staff (up from 26% to 31%). Whilst the figures for the other KPIs is low, it is still worrying in respect of the figures. Detailed work is required to ensure a zero-tolerance approach is implemented in the Trust. Other key significant areas identified are: • Declaration rates around disability are also low and we need to continue to promote staff to declare their disability status to improve the reliability of equalities monitoring. • Recruitment processes will also be examined to assess why disabled applicants are shortlisted but are unsuccessful at interview. The Trust's status has moved from a Disability Confident employer to Disability Confident Leader. We will start assessing what extra work is required to achieve the next level.

Gateshead Health NHS Foundation Trust

Report Cover Sheet

Agenda Item: 22

Report Title:	**Freedom to Speak Up Guardian Update**			
Name of Meeting:	Trust Board			
Date of Meeting:	29 March 2023			
Author:	Gareth Rowlands, Freedom to Speak Up Guardian (FTSUG)			
Executive Sponsor:	Lisa Crichton-Jones, Executive Director of People and OD			
Report presented by:	Gareth Rowlands, Freedom to Speak Up Guardian (FTSUG)			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** X	**Information:** ☐
	To provide an update of FTSU activity from January 2022 (Q4) and current Q1 report			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** X *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	An iteration of this paper was presented to POD Committee on 14 March 2023.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	For this period. • The same number of cases were reported as 2021-22 (34), but with a reduction in number of anonymous cases from 25% to 9%. • 4 higher risk concerns under investigation. • Scoping an increase of the FTSU resource. • New FTSU champions to begin training at the beginning of April 2023. • New FTSU Policy to be ratified in April 2023. • Board members are expected to undertake FTSU mandatory training, as are all members of staff. • Details of all FTSUG activity for the year is included in the appendices. Where concerns have arisen these are being managed in a variety of ways with those of greater significance / risk notified to the executive team.			

<table>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board is asked to:
Receive this report by way of assurance on FTSU concerns and broader activity.
Note the concerns in relation to Maternity and await the outcome of the external investigation.
Note the concern regarding QEF and seek assurance that this has oversight within the executive and senior operational team
Note the publication of the new Training modules for FTSU, which is mandatory for members of staff, including the Board.
Note that the Trust’s FTSU Policy, adapted directly from the National FTSU Policy (NHS E/I) will be ratified in April 2023.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="4">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☐</td><td colspan="4">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☐</td><td colspan="4">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">All objectives under Aim 1 and Aim 2</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td>Safe
☒</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">Risk to lone workers in community midwifery.</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☒</td><td>Not applicable
☐</td></tr>
</table>

Freedom to Speak Up Guardian Report

1. Executive Summary

1.1. 20 concerns raised in the current reporting period (*Sept 1 2022 - March 13, 2023*) – Q3 and Q4 (partial). In 2021-22, 34 concerns were raised.
1.2. So far, 34 concerns have been raised in the year to date. Data for Q1, Q2, Q3 and Q4 (partial) are included in appendix 1.
1.3. 2 higher risk concerns are in relation to Maternity (Chief Nurse aware) which are under external investigation.
1.4. 1 higher risk concern in relation to QEF (Chair of QEF aware) is under investigation.
1.5. 1 higher risk concern relates to a former member of staff and is under investigation.
1.6. New FTSU Core training is mandatory for all staff including Board members.
1.7. Our new FTSU Policy, adapted directly from the National FTSU Policy (NHS E/I) will be ratified in April 2023.

2. Introduction

2.1. The Board has a key role in shaping the culture of the Trust. Freedom to Speak Up (FTSU) is an important component in respect of developing an open, transparent and learning culture.

2.2. The National Guardian's Office (NGO) expects Boards to lead in this area, ensuring that the Board actively promotes learnings, encourages staff to speak up and sends a clear message that the victimisation of workers who speak up will not be tolerated. It is also the responsibility of the Board to ensure that there is a well-resourced Guardian with named Board lead and to ensure that there is investment in leadership and development.

2.3. The FTSUG reports to the Board twice per annum and also presents a paper to the People and OD Committee and Group Audit Committee.

2.4. This Report provides the Board of Directors with a summary of FTSU activity from 1st September 2022 (Q3 : 2022-23) to 13th March 2022 (Q4: 2023 -partial).

3. Cases

10 cases in Q3 (2022-23). 10 cases in Q4 – partial (2022-23)

GREEN Case Closed / Resolved
AMBER Open / Ongoing

RED Higher Risk

3.1 Q3 2022-23

No	Date	Area	Concern	Resolution	Learning	Speak Up Again
1 (150)	3/10/22	Comm Older person MH	Culture	No further contact. Presume resolved – despite follow up as no further contact has been made. Resolved 6/1/2023.		?
2 (151)	7/10/22	Medicine	Culture Concern about personnel file – warning.	Resolved 1/11/23.	Honest communication. Changes to management style required.	YES
3 (152)	17/10/22	Surgery (Community)	Patient safety. Culture Staff shortages.	Board NED		YES
4 (153)	20/10/22	Surgery (Community)	Work stress. Patient safety. Culture Lone working.	Chief Nurse NED		YES
5 (154)	27/10/22	Formerly QEF	Previous ANON contact in April 2022 CASE 138. (Closed – unable to contact – no further information). Opened as a new case	Escalated to Head of Quality & Patient Experience, Chief Nurse and Director of People and OD. Under Investigation (internal) and appropriate agencies informed.		
6 (155)	4/11/22	Community	Specialist Nurse recruitment issues	Chief Nurse aware of recruitment issues.		?
7	7/11/23	Maternity	Maternity Staffing From Ockenden	Escalated to Chief Nurse. Resolved 16/12/22.	Chief Midwife for England now clarified guidance Trust complaint.	YES
8 (157)	18/12/22	Senior Doctor	Workload staffing.	Director of People & OD BOARD		?
9 (158)	29/11/22	Maternity	Higher risk concern.	Chief Nurse		
10 (159)	6/12/22	QEF	Policies and Procedures. Culture.	Previous CEO, Director of People and OD and QEF Chair aware	ONGOING	

3.2 Q4 2022-23

No	Date	W M SL	Area	Protected Characteristic	Concern	Detriment	Resolution	Learning	Speak Up Again
1 (160)	9/1/23	W	POD	F	Dismissal on Grounds of ill health, post Covid vaccine Resolved 06/02/23.				
2 (161)	9/1/23	W	Surgery	F	Maternity.		Chief Nurse aware. Under investigation.		
3 162	25/1/23	W	Community and Older People	F	Overpayment after period of sickness – affecting health and wellbeing.		Escalated to Head of People Services, Director of People and OD, Director of Finance. Amount reduced – meeting planned with Payroll provider.	Meeting planned with Payroll provider to discuss cases.	
4 (163)	10/2/23	W	CSSC	F Disability	Long term health condition management – poor understanding – reasonable adjustments not made.		Ref to Occ Health, D-ability network People & OD Lead. Resolved 16/03/2023.		
5 (164)	16/2/23	M	Nursing	F	Aggressive behaviour, violent threats to colleagues. Concern for individual's mental health.		Already escalated to Security and Police. Ongoing Investigation.		
6 (165)	3/3/23	W	Community and Older People	F	Concern around Blue Badge Parking.		Resolved via Occ Health and Security 06/03/2023.		

7 (166)	8/3/23	W	Comm and Older People	N/k	Fraud Health Roster		Escalate to People & OD Lead, Head of People Services and Line manager. Director of Finance aware		
8 (167)	8/3/23	M	Comm and Older People	F	Bullying		Probably going to take out a grievance. People & OD Team aware.		
9 (168)	9/3/23	W	POD		Culture		Escalated to Head of People & OD. Director of People and OD aware.		
10 (169)	13/3/23	M	TBC	N/k	Bullying		Meeting planned with FTSUG to discuss.		

4. Guardian Activity

4.1 During this Reporting Period, the FTSUG has received 20 concerns, had 110 individual meetings/ contacts and delivered face-to-face training of staff as well as providing additional training via video presentations.

4.2 The FTSUG continues to maintain a comprehensive log of all activity and submits data on a quarterly basis to the National Guardian's Office.

4.3 The FTSUG is actively involved in Corporate Induction, medical staff induction, and a tailored session for newly recruited Overseas Nurses. The FTSUG has delivered to all cohorts on "Managing Well" programme. 278 Managers have attended to date.

4.4 The FTSU meets with the POD Leads and Head of People Services on a monthly basis to ensure a close working relationship and joined up approach to people issues.

4.5 The FTSUG has attended all the monthly Northeast and Cumbria Regional FTSUG meetings. The FTSUG has completed all National Guardian Office (NGO) refresher Training and attended the NGO conference on March 9th 2023

4.6 FTSU is part of the core skills programme for all Trust employees: Worker, Manager and Board/ VSM. Board members are expected to have undertaken all three levels of training.

4.7 FTSU training group compliance is currently 64.79%, an increase of 17.31% since December 2022. All areas are achieving above 44% compliance with the Chief Exec Office and COO both at target of 85% for the three-yearly staff training.

4.8 Our new FTSU Policy, adapted directly from the National FTSU Policy (NHS E/I) will be ratified in April 2023.

5. 2022 Staff Survey Results

5.1. 2022 saw the Trust achieve our highest ever response rate, with 51% of staff taking time out of their busy working days to complete the staff survey to make their voice count – a 4% increase on 2021.

5.2 There has been a decline in questions related to raising concerns and taking action. However, this is still higher than the sector average, but is a downward trend for the Trust and as such will feature in our 2022/23 People Action Plan.

5.3 The FTSUG has been liaising with the Head of Leadership, OD & Staff Experience and has met with an OD Practitioner from the People and OD team to discuss survey data, specifically focusing on FTSU.

5.2 Some of our lowest scores are shown below and relate to reporting of instances or abuse:

Bottom scores vs Organisation Average	Org	Picker Avg	% Point
q13d. Last experience of physical violence was reported	63%	67%	-4
q14d. Last experience of harassment/bullying/abuse was reported	44%	47%	-3

5.3 The most declining scores compared with 2021:

Most declined scores	Org 2022	Org 2021	% Point
q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	67%	-5
q19a Would feel secure raising concerns about unsafe clinical practice	76%	80%	-4
q23b. Organisation acts on concerns raised by patients/service users	73%	77%	-4

6. Recommendations

6.1. The Board is asked to:

- Receive this report by way of assurance on FTSU concerns and broader activity.
- Note the concerns in relation to maternity and await the outcome of external investigation whilst seeking assurance that this has oversight within the executive and senior operational teams.
- Note the concern regarding QEF and seek assurance that this has oversight within the executive and senior operational team.
- Note the mandatory FTSU core training for all members of staff, including the Board.
- Note that the Trust's FTSU Policy, adapted directly from the National FTSU Policy (NHS E/I) will be ratified in April 2023.

7. Appendix

7.1 Full Data for 2022- 2023 (as of 13/3/23)

BU		Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	2022-23 TOTAL
Trust wide		1				1
Corporate CEO						
Community and Mental Health		1		3	4	8
Chief Operating Officer						
Clinical Support and Screening		1	2		1	4
Finance and Digital						
Medicine & Elderly		1	1	1		3
Nursing & Midwifery					1	1
People and OD			1		2	3
Surgical Services		5	1	4	1	11
QEF				2		2
NOT KNOWN					1	1

Profession		Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	2022-23 TOTAL
Allied Health Professionals			1		1	2
Medical and Dental		2		1	1	4
Registered Nurses & Midwives		5	2	7	5	19
Nursing Assistants or Healthcare Assistants		1				1
Admin/ Clerical Cleaning, Catering, Maintenance, Ancillary					3	3
Corporate Staff						
Board Member						
Other						
Not Known		1	2	2		6
		9	5	10	9	34

Professional Level		Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	2022-23 TOTAL
Worker		7	4	7	8	25
Manager		1		1	3	5
Senior Leader						
Not Known		1	1	2		4

Cases by Year		Anonymous (%)
2018-19	22	18%
2019-20	22	18%
2020-21	43	25%
2021-22	34	25%
2022-23	34	9%

Concern	Q4	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	2022-23 TOTAL
Cases Raised Anonymously		1	1		1	3
						9%
Element of Patient Safety/ Quality		4		4		8
Element of Worker Safety		4	3	2	7	15
Element of Bullying and Harassment		3	2	2	5	12
Cases reporting DETRIMENT for Speaking Up						
Fraud					1	1
Culture		5	4	5	6	20

Concerns BY SOURCE	Email	Telephone	Datix	Face to Face	Other
April 2022	2			1	
May 2022	1			1	
June 2022	3			1	
	6			3	
July 2022				2	
August 2022	2				
September 2022	1				
	3			2	
October 2022	3			2	
November 2022	1	1		2	
December 2022	1				
	5	2		4	
January 2023	3				
February 2023	2				
March 2023	2	1		1	
	8	1		1	
TOTAL	22	2		10	

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 23

Report Title:	**Board of Directors' Cycle of Business**			
Name of Meeting:	Board of Directors			
Date of Meeting:	29 March 2023			
Author:	Jennifer Boyle, Company Secretary			
Executive Sponsor:	Alison Marshall, Chair			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	To present the cycle of business for the financial year 2023/24 for review and approval.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	-			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The cycle of business is an important document which helps to ensure that the Board of Directors discharges its duties effectively and considers appropriate items / makes decisions on a timely basis. • The cycle of business for 2023/24 has been prepared for review and approval. • It follows a similar pattern to the previous year and it will be ensured that Board committees' cycles of business align to the Board cycle of business to ensure appropriate and timely flows of assurance where relevant. • Where new items are identified during the year, they will be recorded on the cycle of business under the 'ad hoc' section to ensure that they can be considered for inclusion in the cycle of business for the following financial year where the item is recurrent.			
Recommended actions for this meeting:	The Board of Directors is requested to review and approve the cycle of business for 2023/24.			

Outline what the meeting is expected to do with this paper					
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Board reports should support the achievement of the strategic objectives. Specific reports on strategic objective achievement are also included on the cycle of business.				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	The cycle of business includes a review of the Organisational Risk Register (ORR) and Board Assurance Framework (BAF) throughout the year.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Meeting:	Trust Board
Chair:	Alison Marshall
Financial year:	2023/24

	Lead	Type of item	Public/Private	May-23	June 23 (year end only)	Jul-23	Sep-23	Nov-23	Jan-24	Mar-24
Standing Items			Part 1 & Part 2							
Apologies	Chair	Standing Item	Part 1 & Part 2	√	√	√	√	√	√	√
Declaration of interests	Chair	Standing Item	Part 1 & Part 2	√	√	√	√	√	√	√
Minutes	Chair	Standing Item	Part 1 & Part 2	√		√	√	√	√	√
Action log	Chair	Standing Item	Part 1 & Part 2	√		√	√	√	√	√
Matters arising	Chair	Standing Item	Part 1 & Part 2	√		√	√	√	√	√
Chief Executive's Update Report	Chief Executive	Standing Item	Part 1 & Part 2	√		√	√	√	√	√
Cycle of Business	Company Secretary	Standing Item	Part 1 & Part 2	√		√	√	√	√	√
Patient & Staff Story	Company Secretary	Standing Item	Part 1	√		√	√	√	√	√
Questions from Governors	Chair	Standing Item	Part 1	√		√	√	√	√	√
Items for Decision			Part 1 & Part 2							
Annual Declarations of Interest	Company Secretary	Item for Decision	Part 1							√
Approval of new Strategic Objectives	Deputy Director of Corporate Services & Transformation	Item for Decision	Part 1	√						
Board Assurance Framework - quarterly updates	Company Secretary	Item for Assurance	Part 1			√		√		
Board Assurance Framework - approval of closing and opening position	Company Secretary	Item for Decision	Part 1							√
Standing Financial Instructions, Delegation of Powers, Constitution and Standing Orders - annual review	Company Secretary / Group Director of Finance	Item for Decision	Part 1				√			
Calendar of Board Meetings	Company Secretary	Item for Decision	Part 1					√		
Winter Plan	Chief Operating Officer	Item for Decision	Part 1				√			
Board Committee Annual Reviews of Effectiveness and Terms of Reference Update	Company Secretary	Item for Decision	Part 1	√						
CQC Statement of Purpose and Registration	Chief Nurse	Item for Decision	Part 1						√	
Items for Assurance			Part 1 & Part 2							
Board Committee Assurance Reports	Committee Chairs	Item for Assurance	Part 1	√		√	√	√	√	√
Trust Strategic Objectives - quarterly updates	Company Secretary	Item for Decision	Part 1			√		√		√
Board Assurance Framework - quarterly updates	Company Secretary	Item for Assurance	Part 1			√		√		
Organisational Risk Register	Chief Nurse	Item for Assurance	Part 1	√		√	√	√	√	√
Annual Staff Survey Results	Exec Director of People & OD	Item for Assurance	Part 1							√
Finance Report	Group Director of Finance	Item for Assurance	Part 1	√		√	√	√	√	√
Integrated Oversight Report	Chief Operating Officer	Item for Assurance	Part 1	√		√	√	√	√	√
Maternity Integrated Oversight Report	Chief Nurse	Item for Assurance	Part 1	√		√	√	√	√	√
Nurse Staffing Exception Report	Chief Nurse	Item for Assurance	Part 1	√		√	√	√	√	√
Nurse Staffing Annual Capacity & Capability Report	Chief Nurse	Item for Assurance	Part 1	√						
Learning from Deaths (6 monthly report)	Medical Director	Item for Assurance	Part 1	√				√		
SIRO Report & Digital Update	Group Director of Finance	Item for Assurance	Part 1	√				√		
EPRR Core Standards Self-Assessment Report	Chief Operating Officer	Item for Assurance	Part 1				√			
CNST Maternity Compliance Report	Chief Nurse	Item for Assurance	Part 1						√	
Green Plan (formally Sustainable Development Management Plan)	QEF Managing Director	Item for Assurance	Part 1				√			√
QEF 6 monthly update report	QEF Managing Director	Item for Assurance	Part 1	√				√		
Freedom to Speak Up Guardian Report	Exec Director of People & OD	Item for Assurance	Part 1				√			√
WRES and WDES Report	Exec Director of People & OD	Item for Assurance	Part 1				√			√
Quality Accounts Priorities 6 monthly update	Chief Nurse	Item for Assurance	Part 1					√		
Items for Information			Part 1 & Part 2							
Register of Official Seal	Company Secretary	Item for Information	Part 1				√			
Ad Hoc Items (i.e. items emerging during the year)			Part 1 & Part 2							
Charitable Fund Board										
Charitable Funds Audited Financial Performance	Group Director of Finance	Item for Board of Trustees							√	