

Cumbria and the North East

Waterfront 4  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne, NE15 8NY

T: 0300 123 2229  
E: rob.robertson@nhs.net  
W: improvement.nhs.uk

**BY EMAIL**

22 November 2019

Yvonne Ormston  
Chief Executive  
Gateshead Health NHS Foundation Trust

Dear Yvonne,

**Outcome of the Quarterly Review Meeting (QRM) held on 21 October 2019**

Following our meeting on the 21st October I am writing to formally confirm the outcome of our discussion. As you are aware, the purpose of the QRM is to allow us to have a structured conversation about the current challenges facing the Trust, assess how effectively these are being addressed and identify any additional support required as part of a joint review of progress made over the previous three months. I am grateful to the team for the open and transparent manner in which the meeting was held, which I hope exemplifies the strong working relationship between our respective teams.

**SOF Segmentation**

Gateshead Healthcare NHS Foundation Trust has recently moved from Segment 1 to Segment 2 due to support needs which have been identified in relation to finance and use of resources driven by the under-delivery against the Trust 2018/19 financial control total.

NHS England and NHS Improvement teams will continue to work with the Trust to help achieve both short and longer term aims towards moving back to Segment 1. We will also support the organisation during the implementation of our new Operating Framework in the coming months.

## **Quality of Care**

### Maternity Continuity of Carer

The Trust is part of the NTWND Local Maternity System, which is governed via Regional / National Maternity Transformation Programme and the ICS. You summarised the wide range of initiatives based on recommendations of Better Births and a considerable focus on Continuity of Carer aspect.

You advised that a risk has been escalated with regards to the LMS rate, however plans are in place to reach the 35% target by March 2020. Continuity of Carer requires transformational change to be sustainable at scale and there is a regional event being planned to support this.

### Flu vaccination plans

The Trust explained that a comprehensive plan was in place and a campaign commenced w/c 23<sup>rd</sup> September, which was slightly earlier than planned. Despite being well prepared and taking early steps to guard against risk, the Trust believed that the issues with supply of the vaccine nationally were likely to impact on overall uptake numbers. As discussed, there may be a request to provide 'buddy' support to a neighbouring Trust based on your Trust's previous success.

### 7 Day Services (7DS)

The 7DS audit has moved to a Board assurance model and improvements have subsequently been made to the methodology following disappointing results in April 2019. The latest results are back into in a more acceptable range though there is further work to do around clinical standard 2.

### Staff Survey

The Trust are above average on all 10 domains with its highest results for Diversity & Inclusion and Safety Culture, which is a fantastic achievement for the Trust. The Trust continues to focus on areas highlighted as Trust-wide objectives following the 2017 results including, reporting of bullying, harassment and violence, improving staff motivation, and importance of staff understanding the impact their role has on patients. The 2019 survey went live on 30<sup>th</sup> September with roll-out and communications plan in place with the ambition to achieve a 50% response rate.

### CQC

We congratulated the Trust on maintaining a 'Good' rating following their latest CQC inspection and achieving 'outstanding' overall for acute services. It was particularly encouraging to hear about the significant improvement in Mental Health services and that the Trusts first inspection of community services was rated 'Good' overall. The Trust detailed the actions required within medicine and mental health services which included complying with guidance on eliminating mixed-sex accommodation. This

remains a concern, therefore a full appraisal of options and recommendations for the Sunnyside Unit environment is to go to the Trusts Board.

### Learning from Incidents

The Trust used examples to highlight learning that had been taken from individual incidents. Examples included identifying the need to review the existing stroke pathway and improve processes to ensure unactioned patient results and those flagged as red alerts on the ICE results system are managed appropriately. We discussed the outcomes of a Serious Incident involving a child with sepsis, which included positive changes being made in the way staff and parents work together whilst a child is in the department. Further observations will be carried out as a matter of routine and following the work that included involvement of child's parents in the investigation.

### **Finance and Use of Resources**

The Month 6 YTD position shows the Trust to be on plan and the Trust has confirmed that it is forecasting to meet the control Total. This is subject to £4m support from the North ICP for which the details and mechanism of the support is still being confirmed. In addition, the Trust outlined that the final 6 months of the year will be more challenging due to the phasing of the efficiency plan.

The Trust is flagging a £2m risk linked to the efficiency plan and are looking for options to mitigate this risk including using non recurrent measure and reducing discretionary expenditure. Operational pressures have prevented some of the key schemes (particularly regarding bed numbers) from getting off the ground.

The Agency rating for the Trust has dropped to a 2 as agency expenditure is above Ceiling YTD. The subsidiary company QEF has taken on a new contract for which they are using drivers from an agency as it's more costs effective than permanent recruitment. The Trust is looking at different recruitment models to improve this further.

Trust Cash balances are higher than expected but this is due to invoices from a large supplier (Roche) not being received as expected, there will be a need for interim cash in December/January 2020.

The Trusts 5 year financial plan that was shared for the STP long term plan shows significant financial challenges in 2020/21 & 2021/22. To help address this the Trust has launch a transformation board that will oversee significant transformation programmes. It would be useful to receive an update on how this is progressing at our next QRM.

## Operational Performance

Performance against the A&E 4-hour standard continues to be challenged with deteriorating performance compared to 2018/19 and rising number of patients attending. Four-hour breaches are predominantly linked to a lack of bed availability, staff shortages and front of house capacity. The Trust had previously reported that a 12-hour trolley wait occurred in October after a period of sustained Trust and regional pressure. The decision was made to incur the breach by admitting other, more acute but shorter waiting patients in order to ensure continued A&E capacity to receive resus patients. An RCA has been completed and concluded no patient harm.

We discussed winter planning, with particular focus on bed capacity and ability to staff beds required to meet anticipated demand. The Trust are meeting with executives from NEAS to discuss opportunities to work more closely and the use of Advanced Practitioners in particular.

We noted the ongoing pressure across the system as a whole and the importance of ongoing mapping work being done in conjunction with North East Ambulance Service (NEAS) and the UEC network.

A 52-week waiter in T&O was declared in July and August as has been previously discussed with the Trust which was due to issues regarding management of patient choice and consultant absence. There was no patient harm as a result of the delay and the Trust have now been informed that the patient no longer wishes to access treatment. Learning has been taken from the incident following a full RCA and strengthened long waiter processes are in place. The Trust reported continued waiting list growth noting that options to reduce waiting list size would likely impact mainly on >18-week waiters and thus reduce over RTT performance. The Trust are working collaboratively with Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) around provision of Urology theatre and Cardiology work.

Performance against the 62-day cancer standard can be susceptible to variation due to small numbers. The tumour sites under the greatest pressure are gynaecology, breast and lung. Challenges in gynaecology are predominantly linked to consultant absence and recovery of performance in this speciality will require the resolution of workforce shortages. The breaches in breast-symptomatic patients over summer months are largely due to patient choice. An RPIW has recently been carried out and Central and North ICP future planning work is underway. The contributing factors to sustained urology performance below standard are capacity delays at NUTH for surgical treatment and a prostate diagnosis pathway at QE that can be improved to shorten its length. The Surgery business unit are preparing a business case to implement a revised prostate pathway. This business case will require financial investment in order to deliver faster patient care and improved performance.

The ECIST model for LLOS reviews went live in Q2 and is now implemented for patients with 7 days+ length of stay. The Trust are seeing significant impact in number of 21+ day LLOS patients. There was statistically significant improvement

over summer, and although this has not been sustained in September levels remain within agreed trajectory and notably below baseline. The management team are tracking 7+, 14+, 21+ patients and recognise the need to consider overall LOS reduction opportunities not just LLOS in order to reduce high bed occupancy, improve flow and therefore A&E performance.

### **Strategic change**

The Trust described the ongoing work as part of the ICP and also within the Tyne Acute Provider Alliance, which is a six-weekly meeting with Northumbria and Newcastle Hospitals to review models of care and sustainability of services across the patch.

It was encouraging to hear that the Trust is working closely with Cumbria, Northumberland, Tyne and Wear to deliver single point of access for mental health patients which is hoped will reduce inpatient stays.

You provided a helpful update on the collaborative working across community services and the newly formed PCN around frailty, provision of community AHPs and some focused work with multiple and complex needs. Discussions are ongoing with the PCN to explore staff rotation and hopefully minimise the risk of reduced acute staffing.

Following a national issue involving independent ambulances we briefly discussed the associated governance process at Gateshead. You explained that since the inception of QEF the Trust have minimal reliance on any other ambulance provider. The exception to this is the use of Red Cross for hospital to home, however, you felt there are robust internal governance arrangements to manage this provision which is managed via Human Resources.

### **Leadership and Improvement**

We noted changes to Board level leadership since our last meeting, which included the appointment of Alison Marshall as Chair, formally taking up the role last month. The Trust were also looking to recruit two Non-Executive Directors before renewal in June.

The Trust advised that they have commissioned a review of the subsidiary company.

It was encouraging to hear about the work underway around vision, values and leadership support. This will cover wellbeing for staff and compliment the staff survey and associated action plan.

Our next QRM is due to be held in three months. We will write to you separately to communicate any confirmed changes to future meetings under the new Operating Model.

In the meantime, please continue to keep NHS England and NHS Improvement teams involved and be assured that we will offer any support we can.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Rob Robertson', with a long horizontal stroke extending to the right.

**Rob Robertson**

**Head of Delivery and Improvement (Cumbria and the North East)**

**NHS England and NHS Improvement**