Council of Governors Meeting

Thursday, 7 June 2018

The Centre for Excellence in Teaching and Learning, Brierton Lane, Hartlepool
May 2018

Dear Colleague

A meeting of the Council of Governors will be held on Thursday, 7 June 2018 at 10.00am at the Centre for Teaching and Excellence, Brierton Lane, Hartlepool, TS25 4BY. Refreshments will be served from 9.30am. Free car parking is available

Yours sincerely

Paul Garvin
Chairman

Agenda

(1) 9.30am Refreshments

(2) 10.00am Welcome  Chairman

(3) 10.00am Apologies for Absence  Chairman

(4) 10.00am Declaration of Interests

(5) 10.05am Minutes of the last meeting held on, 22 February 2018 (enclosed)  Chairman

(6) 10.10am Matters Arising  Chairman

(7) 10.15am Chairman’s Report and Board Business (BoD agenda 26.07.2018 enclosed)  Chairman

(8) 10.25am Interim Chief Executive’s Report (enclosed)  Julie Gillon

(9) 10.35am Integrated Performance Report (enclosed)  Kevin Robinson/Brian Dinsdale/Jonathan Erskine

(10) 11.05am National NHS Staff Survey Results 2017 (enclosed)  Kevin Robinson

11.15am Comfort Break

(11) 11.25am Cumbria and the North East Integrated Care System and Integrated Care Partnership Proposals and Progress (enclosed)  Julie Gillon

(12) 11.35am NTH Solutions LLP Update (enclosed)  Stephen Hall/Neil Atkinson

Paul Garvin
Chairman

Alan Foster
Chief Executive
(13) 11.45am  Financial Performance Update (enclosed)  Julie Gillon/Neil Atkinson
(14) 11.55am  Trust Strategy Development Progress Report (enclosed)  Julie Gillon
(15) 12.05am  Operational Resilience Report (enclosed)  Julie Gillon
(16) 12.15am  Care Quality Commission (CQC) Action Plan (enclosed)  Jonathan Erksine
(17) 12.25am  Sub-Committee Minutes
   (17.1) Draft Strategy and Service Development Minutes – 19 March 2018 (enclosed)  Steven Yull
   (17.2) Draft Membership Strategy Committee Minutes – 5 February (enclosed)  Wendy Gill
   (17.3) Draft Travel and Transport Committee Minutes – 26 March 2018 (enclosed)
(18) 12.35pm  Nominations Committee Report (enclosed)  Barbara Bright

For Information:
(19) 12.45pm  Council of Governors Sub-Committee Membership Review (enclosed)  Barbara Bright
(20) 12.50pm  Governor Election Timetable 2018 (enclosed)  Barbara Bright
(21) 12.55pm  Any Other Notified Business  Chairman

Date and Time of Next Meeting
The next meeting is scheduled to take place on Thursday, 27 September 2018 at the Centre for Teaching and Excellence, Brierton Lane, Hartlepool, TS25 4BY.
Governors Roles and Responsibilities
Holding the Board of Directors to Account

1. Key Principles

1.1 The overall responsibility for running an NHS Foundation Trust lies with the Board of Directors.

1.2 The Council of Governors is the collective body through which the directors explain and justify their actions.

1.3 Governors must act in the interests of the NHS Foundation Trust and should adhere to its values and Code of Conduct.

2. Standard Methods for Governors to Provide Scrutiny and Assistance

2.1 Receiving the Annual Report and Accounts.

2.2 Receiving the Quality Report and Account.

2.3 Receiving in-year information updates from the Board of Directors.

2.4 Receiving performance appraisal information for the Chair and other Non-executive Directors.

2.5 Inviting the Chief Executive or other Executive and Non-executive Directors to attend the Council of Governors meetings as appropriate.

3. Further Methods Available for Governors

3.1 Engagement with the Board of Directors to share concerns.

3.2 Employment of statutory duties.

3.3 Dialogue with Monitor via the lead Governor (if necessary and only in extreme circumstances)
Glossary of Terms

Strategic Aims and Objectives

Strategic Aims

**Putting Patients First** – to create a patient centred organisational culture by engaging and enabling all staff to add value to the patient experience and demonstrated through patient safety, service quality and LEAN delivery.

**Integrated Care Pathways** – to develop and expand the portfolio of services to provide integrated care pathways for the people of Easington, Hartlepool, Sedgefield and Stockton providing equal access to acute care and care as close to home as possible in line with Momentum: Pathways to Healthcare.

**Service Transformation** – to improve and grow our healthcare services to continually review the needs of our healthcare community and transform services. In line with evidence based guidelines we will enhance quality, clinical effectiveness and patient experiences whilst improving clinical outcomes.

**Manage our Relationships** – to ensure our services, and the way we provide them, meet the needs of our patients, commissioners and other partners by proactively engaging with all appropriate stakeholders including our staff, through communications, engagement and partnership working.

**Maintain Compliance and Performance** – to maintain our performance and compliance with required standards and continually strive for excellence by good governance and operational effectiveness in all parts of our business.

**Health and Wellbeing** – to embrace the health and well being of the population we serve and ensure that the health needs of the people of Easington, Hartlepool, Sedgefield and Stockton are reflected and catered for in the commissioning of services from the Trust.

Strategic Objectives

**Maintain Compliance and Performance** – assurance around compliance with standards, performance indicators and requirements within the Terms of Authorisation. Requirement to provide Board regulation and self certification on a quarterly and annual basis in accordance with Monitors Terms of Authorisation.

**Seasonal Pressures** – requirement to ensure preparedness for seasonal winter pressures.

**Reduce Hospital Acquired Infections** – supports the Trust’s key strategic theme of; Maintain Compliance and Performance with required standards and continually strive for excellence by good governance and operational effectiveness in all parts of the Trust business.

**Effective Board Governance** – corporate oversight and scrutiny will continue to be provided by key management structures; 1. Board of Directors, 2. Executive Team, 3. Trust Directors Group.

**Training** – ensuring the workforce is appropriately trained.
**Workforce** – absence management, ensuring we have adequate staffing levels that provide safe and effective care to our patients.

**Momentum – Pathways to Healthcare** – delivery of a new healthcare system for the people of Easington, Hartlepool, Sedgefield and Stockton.

**Putting Patients First / Patient Safety** – to create a patient-centred organisation by engaging and enabling staff to add value to the patient experience, demonstrated through patient safety, service quality and LEAN delivery.

**Finance** – to maintain our performance and compliance with required standards and continually strive for excellence by good governance and operational effectiveness in all parts of our business.
Present:
Paul Garvin, Chairman

Hartlepool Elected Governors:
Pauline Robson
Alan Smith

Stockton Elected Governors:
Ann Cains
Margaret Docherty
Tony Horrocks
John Edwards

Sedgefield Elected Governor:
Wendy Gill

Staff Elected Governors:
Michelle Ferguson
John Hugill
Manuf Kassem
Dr Aisokan Krishnaier
Steven Yull
Carol Alexander

In attendance:
Julie Gillon, Interim Chief Executive
Brian Dinsdale, Non-Executive Director/Vice Chair
Jonathan Erskine, Non-Executive Director
Kevin Robinson, Non-Executive Director
Kevin Scollay, Deputy Director of Finance
Barbara Bright, Company Secretary
Sarah Hutt, Assistant Company Secretary (note taker)

CoG/782 Welcome

The Chairman welcomed members to the meeting and Tony Horrocks at his first meeting as Lead Governor. Hartlepool Borough Council had notified the Trust that Councillor Paddy Brown would be the Appointed Representative on the Council of Governors for 2018/19, replacing Councillor Brenda Loynes.

CoG/783 Apologies for Absence

Apologies for Absence were reported from: George Lee, Elected Governor for Hartlepool, Tom Sant, Elected Governor for Hartlepool, Roger Campbell, Elected Governor for Hartlepool, Janet Atkins, Elected Governor for Stockton, Kate Wilson, Elected Governor for Stockton, James Newton, Elected Governor for Stockton, Janine Browne, Elected Governor for Stockton, Mark White, Elected Governor for Stockton, Val Scollen, Elected Governor for Stockton, Alison McDonough, Elected Governor Non-Core Public, Mary King, Elected Governor for Easington, Jim Beall, Appointed Governor for Stockton Borough Council, Andrew Gennery, Appointed Governor for Newcastle University, Eunice Huntington, Appointed Governor for Durham County Council, Tony Alabaster, Appointed Governor for Sunderland University, Linda Nelson, Appointed Governor for Teesside University, Rita Taylor, Non-Executive Director, and Steve Hall, Non-Executive Director.

CoG/784 Declaration of Interest

Declarations of interest were recorded for the Chairman, Brian Dinsdale, Jonathan Erskine and Kevin Robinson in respect of Item 18, Nominations Committee Business.
Minutes of the last meeting held on 22 February 2018

The minutes of the last meeting were signed by the Chairman as a true record.

Matters arising

There were matters arising on the following item:

a. CoG/774 Integrated Performance Report

Following an oversight it was agreed that a briefing note would be circulated to Governors in relation to any link between the increase in falls and pressure ulcers and the decline in nurse fill rates, which had been raised by a member at the previous meeting.

Actions: a) Briefing note regarding falls and pressure ulcers rates to be circulated to Governors as soon as possible.

Chairman’s Report and Board Business

a. Maureen Rogers

The Chairman reported with great sadness that Maureen Rogers, Elected Governor for Hartlepool had recently passed away.

b. Consultant appointments

The Chairman reported that since the last meeting the following consultant appointments had been made:

Dr Srikanth Adla, Consultant Paediatrician
Dr Trupti Mukundan, Consultant Paediatrician
Dr Ajith Koshy, Consultant, Consultant Paediatrician
Dr James Donnelly, Consultant Paediatrician
Dr Suresh Narayanan, Consultant Pain Management and Anaesthesia

c. Director of Finance

The Chairman reported that Neil Atkinson had been appointed as Director of Finance with effect from 1 May 2018 and welcomed him back to the Trust.

d. NHS England and NHS Improvement integrated working

The Chairman reported that NHS England and NHS Improvement were progressing joint working proposals in a number of areas with single regional teams being developed to provide a unified regulatory framework for commissioners and providers, to support the newly formed Integrated Care Systems and Integrated Care Partnerships, formerly Sustainability and Transformation Partnerships (STPs). The joint regional teams were expected to be established by 1 September 2018, however, both organisations would still remain as separate legal entities.

e. Committee in Common

The Chairman reported that at the last meeting of the Committee in Common which had taken place on 6 April 2018 between the Trust, South Tees Hospitals NHS Foundation Trust, and County Durham and Darlington NHS Foundation Trust a detailed discussion took place in respect of collaboration between the Trusts to support vulnerable services and assist the future sustainability of healthcare. Any proposed changes would be considered by the Committee in Common before moving forward to public consultation, and the Governors would be kept up to date with progress.
Following a member’s query in respect of the Trust’s Paediatric Services, the Chief Executive explained that following a regional review pre-27 week babies would be in the care of South Tees Hospitals NHS Foundation Trust as part of a two phase process.

f. Finance

The Chairman reported that the Trust had posted a significant deficit for the year ending 2017/18, which was partly due to technical balance sheet issues, and failure to deliver the recurrent aspect of the Cost Improvement Plan which was £18m. A root and branch review had been undertaken in respect of the financial processes and systems to ensure strong grip and control of the income and expenditure for 2018/19. Detailed cost reduction plans were being finalised to deliver a 4% saving this financial year.

g. Board of Directors Meeting

A copy of the agenda for the Board of Directors Meeting on Thursday, 26 July 2018 had been provided and Governors were welcome to attend.

Resolved: that, the content of the report be noted.

CoG/788 Chief Executive's Report

a. Integrated Care System Update (formerly Sustainability and Transformation Partnership)

The Chief Executive reported that in preparation for the transition from Sustainability and Transformation Partnerships (STPs) to Integrated Care Systems (ICS), a regional event had taken place on 23 & 24 April regarding evolving governance arrangements for the new structure. In Cumbria and the North East the proposed change would see 3 STPs amalgamating into a single ICS. Support for the change was being sought from Matthew Swindells, National Director of Operations and Information, NHS England. The single ICS would be in operation from April 2019 subject to approval and would aim for devolved financial autonomy. Locally partnerships would form Integrated Care Partnerships.

b. NHS Improvement Board Member Development Event

The Chief Executive reported that she had attended a joint NHS Improvement and Good Governance Institute event regarding collaborative working and system resilience. It was pleasing to note that the Trust was progressing well with such developments.

c. NHS70 Parliamentary Awards

The Integrated Urgent Care Services Alliance Team had been shortlisted for the Excellence in Urgent and Emergency Care Award category of the NHS70 Parliamentary Awards, which was a fantastic accolade, supported by local MPs.

d. Breast Screening for women aged 70-79

The Chief Executive reported that Public Health England had identified a national issue with digital breast screening invitations for patients aged between 70 -79. Patients were split into two groups: 70 – 73 years and over 73 years, and the Trust had been asked to accommodate additional patients requiring screening in the 70 – 73 years group, extra sessions would be arranged to fulfil demand without affecting routine screening. Further notifications would be received in due course in respect of the over 73 years group once the data had been validated.
e. Jeremy Hunt Letter

The Chief Executive reported that the Trust had received a congratulatory letter from Jeremy Hunt, Secretary of State for Health and Social Care for achieving the greatest improvement to the four hour A&E standard, moving from 96.2% to 97% between January and March 2018. This placed the Trust as the best performing provider nationally during that period. Following this recognition the Trust had received a number of requests to share best practice and lessons learnt.

f. Visit from Calderdale and Huddersfield NHS Foundation Trust

The Chief Executive reported that the Trust had recently hosted a visit from Calderdale and Huddersfield NHS Foundation Trust to view the Trust’s successful model of delivery for Urgent and Emergency Care in advance of them redesigning their own services between 2 sites. A reciprocal visit by the Trust would take place in due course to explore further opportunities for mutual learning.

g. Winter Debrief Event

The Chief Executive reported that she had presented at a regional Winter Debrief event regarding the importance and value of collaborative working to improve emergency care pathways and patient flow.

h. Freedom to Speak Up Guidance

New Freedom to Speak Up guidance had been produced jointly by NHS Improvement and the National Guardian’s Office as revised good practice for organisations to map against the new criteria, which would be in the form of a self-assessment. The outcome of the self-assessment would be reported at the Board of Directors meeting on 26 July 2018.

i. Social Care Green Paper

The Chief Executive reported that a green paper was due to be published by Jeremy Hunt, Secretary of State for Health and Social Care setting out seven key principles to reform social care, which would influence strategy and policy going forward for the NHS and Local Authorities. The paper was expected to be published in Summer 2018.

CoG/789 Integrated Performance Report

The Integrated Performance Report incorporating key compliance, operational efficiency and productivity, quality, workforce and financial information for April 2018 was presented by Kevin Robinson, Jonathan Erskine and Brian Dinsdale, Non-Executive Directors.

Kevin Robinson, Non-Executive Director (KR) provided a summary of the key compliance and performance standards:

- The 4 hour emergency care standard reported at 97.75% against the 95% target, placing the Trust 5th nationally and remaining above the England average of 88.5%, and regional average of 93.1%;
- On aggregate the overall Integrated Urgent Care activity (Type 1 and Type 3) saw a net increase of 15.26%, and increased admissions of 20.90% compared to the same period the previous year;
- Emergency activity had increased by 13.6% compared to the same period in the previous year with 897 of patients treated via Ambulatory Care, equating to 22.84% of total emergency admissions;
- The Trust had underachieved against the 99% 6 week diagnostic standard at 96.22%, this was largely due to capacity issues within the MSK diagnostic service. A recovery plan was
in place, and a review had been requested by the Planning, Performance & Compliance Committee;

- The Trust had performed above or within expected for the majority of efficiency and productivity indicators demonstrating performance above the national average. Work continued as part of the Delivering Productivity Programme (DPP) in conjunction with NHSI to identify further efficiency opportunities;
- Bed occupancy levels and delayed transfers of care (DTOC) remained high at 90.59% and 3.94% respectively despite the end of the winter period. Focussed work continued in respect of stranded patients, and in particular super-stranded patients (patients with lengths of stay greater than 21 days) aiming to reduce discharge delays and release capacity;
- Improvements were made with new and review DNAs from the previous month, however further work was still required to achieve the agreed targets;
- All cancer standards were achieved in March (latest validated position), including the 62 day referral to treatment standard which reported at 92.90% against the 85% target, despite continued pressures in respect of patient choice, complex pathways and capacity pressures;
- The RTT standard reported at 93.66% for December and there were no waits over 52 weeks;

Jonathan Erskine, Non-Executive Director (JE) outlined the Safety and Quality performance for April 2018:

- There were four cases of Clostridium Difficile reported which was an improvement on the same period the previous year when six cases were reported. In 2017/18 there were a total of 35 infections reported against the annual trajectory of 13, and the annual trajectory for 2018/19 was 12 cases. There was an improvement plan in place;
- There were zero cases of MRSA reported against an annual zero tolerance. In 2017/18 four cases were reported, three of which were unavoidable;
- There was one case of MSSA reported and 25 cases in 2017/18;
- There were three cases of E coli bacteraemia reported and 43 cases in 2017/18;
- There was one case of Klebsiella bacteraemia reported, and zero cases of Pseudomonas aeruginosa bacteraemia. The Trust had set a 10% reduction for all gram negative infections as part of a national drive to reduce infection levels;
- The hand hygiene score was 98%, exceeding the internal target of 95%. There was a variance in scores between a number of wards which was being looked into;
- There were 133 falls in November, 119 with no injury, 13 with injury no fracture and one fall with fracture. A grand round had taken place on 18 May regarding falls;
- The Trust reported 18 pressure ulcers, 3 of which were grade 3 and above;
- The Staff Patient Experience Quality Standards (SPEQS) process had been amended for 2018/19, which focused on patient and staff experiences only, with documentation and environmental audits being carried out separately, prompting discussion regarding the rationale and impact of the change. The patient and staff experience score for April was 91.50%;
- The Friends and Family returns indicated that 97% of patients 'Would Recommend' the Trust, which was an increase on the previous month;
- The latest HSMR value was 104.77 (March 2017 to February 2018), and the latest SHMI value was 105.91 (October 2016 to September 2017), both values remained within the 'as expected' range;
- The Trust received 82 complaints, of which 18 were stage 3 requiring a formal response from the Chief Executive. The Trust's response rate was for March (latest position) was 100%;
- The Registered Nurse/Midwifery day shift fill rate across inpatient areas was 91.61%; the night duty fill rate was 108.36%. Both values consistently remained above 80%;
- There were no never events reported. A never event reported during 2017/18 had been declassified resulting in zero never events for 2017/18.
Following discussion regarding the amended Patient and Staff Experience process, it was explained that the criteria for assessment should not be less stringent than previously and there was mixed feedback regarding the effectiveness of the new process which would be fed back to the Director of Nursing, Patient Safety and Quality.

Kevin Robinson, Non-Executive Director (KR) outlined Human Resources, Workforce and Organisational Development data for Quarter 4.2017/18:

- Turnover (incl Foundation Doctors) had increased by 2.97% when compared to the baseline of 31 March 2017. The increase was due to the TUPE transfer of approximately 700 staff to the Trust’s subsidiary company North Tees and Hartlepool Solutions LLP with effect from 1 March 2018. Turnover (excl Foundation Doctors) had increased by 2.85% for the same period;
- The sickness absence rate was 4.83%, a reduction of 0.16% when compared to the previous quarter and the baseline of 31 March 2017 (4.99%);
- The long term sickness absence rate had reduced by 0.25% when compared to the baseline of 31 March 2017 (2.83%);
- The cost of sickness absence was £1,670,829, which was £102,965 lower than the previous quarter, and £85,676 lower when compared to the same period the previous year. There was a dedicated group of staff reviewing how the position could be improved;
- Mandatory training compliance was 84%, which was 4% above the target, and staff appraisal compliance reporting at 73% against the 95% target, prompting discussion. Regular reports were provided to the Deputy Executive Team to monitor the situation and escalate areas of concern. Plans were being developed to invite those areas with low compliance to attend the Workforce Committee to discuss individual action plans;
- The Staff Friends and Family Test survey for Quarter 3 was carried out as part of the annual NHS Staff Survey.

In respect of the financial performance, Brian Dinsdale, Non-Executive Director (BD) reported the Month 1 position highlighting that the Trust has a projected deficit for 2018/19 of £24m, which was significantly higher than in previous years following a very challenging year in 2017/18. A deficit of £21m had been carried forward to 2018/19:

- In month there was a deficit of (£2.8)m which was £0.2m ahead of the Group budget (excl STF) and NHSI submitted plan by £0.2m with the Group largely performing in line to expected levels currently;
- Income was marginally behind plan by (£46)k;
- Pay and Non-pay expenditure were ahead of plan by £197k and £17K respectively;
- The Cost Improvement Plan (CIP) targets for 2018/19 were phased towards the end of the year requiring cost reduction levels to improve to remain in line with plan;
- The Trust’s cash balance had improved by £1.6m compared to the previous month, primarily due to high levels of invoices being raised to the Trust rather than NT&H Solutions in error, which was being rectified. The cash balance at Month 1 was £13.8m;
- Capital expenditure year to date was £1.3m with commitments for 2018/19 of £3.5m. A draft capital expenditure plan of £22.1m was agreed by the Board of Directors on 24 May 2018;
- The Trust remained at Segmentation 2 on the Single Oversight Framework, however this was currently under review by NHS Improvement, with a revised segmentation of 3 expected in 2018/19, resulting in additional external intervention and scrutiny.

Following a member’s query regarding clinical coding and income, BD explained that the Trust had previously worked with an external company to analyse coding information which highlighted that all co morbidities needed to be documented for patients so accurate coding information could be recorded which in turn could improve income. Incomplete coding information could also negatively impact the Trust’s mortality data. In addition, the Delivering Productivity Programme (DPP) ensured that all options to reduce costs and increase efficiency were being explored and the use of
PLICS and reference cost index data allowed the Trust to ensure unit costs for services were competitive.

Resolved: (i) that, the relatively positive performance against the key operational, quality and workforce standards be noted; and
(ii) that, the continued positive performance against the 4 hour emergency care standard be noted; and
(iii) that, the on-going work to improve sickness absence rates be noted; and
(iv) that, the challenges in respect of mandatory training and staff appraisal compliance be noted; and
(v) that, the on-going financial pressure and review of the Single Oversight Framework segmentation be noted; and
(vi) that, the performance in respect of HCAIs and the reduction target of 10% for gram negative infections be noted; and
(vii) that, the achievement of all cancer standards be noted.

Actions: a) The mixed feedback regarding the effectiveness of the revised Patient and Staff Experience process be discussed with the Director of Nursing, Patient Safety and Quality.

CoG/790 National Staff Survey Results

KR reported on the results of the 2017 NHS National Staff Survey. From a sample of 1,250, 620 surveys were completed which equated to a response rate of 51%, this was above average when compared to similar trusts nationally (43%). Work was on-going to encourage more staff to complete the survey and overcome the scepticism that the responses were not treated confidentially.

It was positive to note that out of the 32 key findings, the Trust rated better than average in 17 of them and average in a further 10. The five top and bottom scores were outlined. Results of the survey were analysed by the Culture Group which would form the basis of a staff survey action plan. Progress of which was reported to the Workforce Committee.

Resolved: (i) that, the results of the 2017 Staff Survey be noted; and
(ii) that, the on-going analysis and action planning be noted.

CoG/791 Cumbria and the North East Integrated Care System and Integrated Care Partnership Proposals and Progress

The CE provided an overview of future plans for the Cumbria and North East (CNE) Sustainability and Transformation Partnership (STP) to move to an Integrated Care System (ICS). Expressions of interest for the new ICS were being led by Alan Foster and included the establishment of four Integrated Care Partnerships (ICPs) covering the North East and North Cumbria area. ICSs would set the strategy and provide leadership delegating delivery to the ICPs and would aspire to have devolved financial control. A governance framework for the ICS was being developed.

Locally, partnership working was currently being managed on a provider basis via the Committee in Common, however, going forward the establishment of an ICP would be considered. The ICPs would be commissioned to deliver non-specialist acute services to sustain vulnerable services where possible and standardise pathways, streamlining provider overheads and commissioning activities.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the proposed governance arrangements and associated challenges for the ICS be noted.
The Deputy Director of Finance provided an update in respect of North Tees and Hartlepool Solutions LLP (LLP), the Trust’s subsidiary company which began trading on 1 March 2018. The LLP was established in partnership with Northumbria Healthcare Facilities Management Limited (NHFML) with a 5% voting share and 0% profit share.

A Master Services Agreement (MSA) was set up between the Trust and LLP for the provision of services to the Trust, which included estates, facilities, supplies and procurement. This provided an opportunity for the LLP to deliver the services more efficiently. 697 staff were TUPE transferred from the Trust to the LLP with effect from 1 March 2018. The focus for the first 12 months was to consolidate current performance and to develop a growth plan.

Following a query from a member regarding Governors holding the Board of the LLP to account, the Chairman explained that the LLP was an arms-length company which although part of the Trust Group, was a separate entity and therefore outwith of the remit of the Council of Governors.

Resolved: that, the content of the report be noted.

The Deputy Director of Finance presented the Financial Performance Report detailing the Trust's financial performance for 2017/18 with an underlying deficit of £21.5m being reported, and outlined the plan for 2018/19 with a planned deficit of £24m which included cost improvement plans of £11.9m. It was noted that although it would be another challenging year for the Trust, it was prepared and robust plans were in place to deliver the necessary efficiencies.

Resolved: that, the content of the report be noted.

The Chief Executive presented the Trust Strategy Development Progress Report. The Trust's Clinical Services Strategy (CSS) and Corporate Strategy continued to align with the plans of the Cumbria and North of England Integrated Care System (formerly STP), and reflected the vision for local healthcare to provide safe efficient services with greater access for patients through collaborative working.

The CSS continued to focus on all clinical pathways, categorising services as core to the Trust and outer core or discretionary. In the instance that a discretionary service may be vulnerable the Trust was ensuring that through collaboration it would be provided in the right place by the right people.

The revised Corporate Strategy was published in 2017 with four corporate strategic objectives underpinned by eleven strategic measures, performance against all but one of the strategic measures had either been achieved or ‘on track’, with the Trust’s current financial position being the main outlier.

The Trust continued to take part in the Delivering Productivity Programme (DPP) to identify further efficiency opportunities. As part of this work a Programme Management Improvement Office (PMIO) had been established to oversee the CIP projects. To date savings had been achieved in Obstetrics & Gynaecology, and Paediatrics. Work was on-going in Theatres, Outpatients, and Medicine Management.

Directorate Business Plans had been aligned to the budget setting process to realise financial opportunities going forward. A review of the Business Planning process was being undertaken to ensure it remained fit for purpose and included robust workforce and financial forecasting.

Resolved: (i) that, the content of the report be noted; and
(ii) that, the Clinical Services Strategy supported the continued delivery of sustainable, clinical, operational and financial services; and

(iii) that, the performance in 2017/18 against the Corporate Strategy's key strategic measures be noted.

CoG/795  Operational Resilience Report

The Chief Executive presented the Operational Resilience Report. The Trust's Operational Resilience Plan 2017/18 was produced in line with the national context and NHS England requirements. Part of the Trust's preparation for the winter was to reflect on the previous year's performance and lessons learnt.

During winter 2017/18 the Trust remained within the allocated budget performing well despite continuous additional pressure due to robust planning, resource management and strong leadership, however, the system wide approach did not have a significant impact on reducing demand for acute services, placing the Trust at risk.

The Trust continued to contribute to the Tees wide urgent and emergency care agenda and resilience planning through the A&E Delivery Board, to ensure a system wide approach to surge management. A winter listening event had recently taken place providing a forum for staff to provide feedback which was beneficial.

To enable year round resilience, the Trust proactively worked with its partners for a system planning approach. A key focus was to release capacity by reducing the number of stranded and super stranded patients, through admission avoidance and improved discharge processes. There was a piece of work being undertaken in respect of the Frailty Pathway in the Community, which would be launched shortly.

The Chief Executive explained that as part of resilience arrangements the Trust annually reviewed its level of elective activity for a 2 week period between December and January to free up capacity to manage the surges in demand following a query by a member. The national directive to cancel activity in January 2018 was in addition to this planning.

The Chief Executive reported on a number of improvement initiatives that were being developed to be able to manage peaks in demand differently which included frailty assessments front of house, triaging patients differently in the Integrated Urgent Care Centre and community matrons working with care homes to reduce admissions.

Resolved:  
(i) that, the content of the report be noted; and
(ii) that, the due diligence applied to operational resilience and management of surges in activity be noted.

CoG/796  Care Quality Commission Update

JE, Non-Executive Director formally reported that the Trust had achieved a ‘good’ rating in all five key domains following an inspection by the Care Quality Commission (CQC) in November and December 2017. The inspection process included an unannounced visit which took place between 21 to 23 November, and a planned ‘well-led’ inspection which took place between 19-21 December.

Following receipt of the inspection report, the Trust was required to produce an Improvement Plan, which included actions taken in respect of the ‘must do’ and ‘should do’ recommendations. The Improvement Plan was submitted on 11 April 2018 and progress against the plan would be monitored through the quarterly engagement sessions with the CQC. Internally, review of the Improvement Plan was managed by the Improvement Group, led by the Deputy Director of Nursing, Patient Safety and Quality, and overseen by the Improvement Board, led by the Director of Nursing, Patient Safety and Quality.
Some examples of excellence in patient care and staff going the extra mile were noted, which was very positive.

It was noted that under new inspection arrangements, a well led review would be undertaken annually and was expected to incorporate the NHSI review of use of resources. A Freedom to Speak Up Guardian had been appointed with effect from 1 May 2018 to support staff whistleblowing.

A member sought clarity regarding the issue highlighted of mandatory training compliance for Emergency Department staff, and staff appraisal compliance prompting discussion. It was agreed that the Director of Workforce would be invited to attend the next meeting on 27 September to provide an update regarding mandatory training and staff appraisals and improvements being made to increase compliance levels going forward, including the decision process of which staff groups undertake which topics and the frequency of training for individual subjects.

Resolved: (i) that, the content of the report be noted; and (ii) that, progress against the Trust’s Improvement Plan be noted; and (iii) that, a well led and use of resources review would be undertaken annually.

Actions: a) The Director of Workforce be invited to attend the meeting on 27 September to provide an update regarding mandatory training and staff appraisal compliance levels.

CoG797 Sub-Committee Minutes


Steven Yull presented the minutes of the Strategy and Service Development Committee which was held on 12 March 2018 and highlighted the key points.

Lynne Taylor provided a Compliance and Performance update for January and February, it was noted that despite continued increases in demand and high occupancy levels, the Trust had consistently performed well against the four hour A&E standard, being ranked 1st nationally in February.

Presentations were delivered in respect of the Annual Plan 2018/19, the Hospital at Home Service and the Frailty Pathway, all of which were excellent.

JE, Chair of the Strategy and Service Development (S&SD) Committee sought members’ agreement to defer an update on the LLP scheduled for the next meeting on 25 June due to a comprehensive update having been provided at this meeting.

b. Draft Membership Strategy Committee Minutes (5 February 2018)

Wendy Gill, Elected Governor for Sedgefield presented the minutes of the Membership Strategy Committee which was held on 5 February 2018, and highlighted the key points.

Membership levels were hovering around 5,700 despite new members being recruited, which was below the target of 6,000 members. This was largely due to an increase of deaths. The Membership Working Group was reviewing the whole process of membership including the membership form to ensure it remained fit for purpose taking into account the new GDPR regulations. The working group would also be reviewing the Trust’s Constitution, and it was highlighted that the Working Group was open to all Governors and not just those on the Membership Strategy Committee.
a. Draft Travel and Transport Group Minutes (26 March 2018)

The Company Secretary presented the minutes of the Travel and Transport Group which was held on 26 March 2018 and highlighted the key points.

Following the establishment of the LLP it was agreed that the Committee would be stood down going forward.

Resolved: that, the information be noted.

CoG/798 Council of Governors Sub-Committee Membership Review

The Company Secretary presented the Council of Governors Sub-Committee Membership Review pertaining to the five Governor Sub-Committees:

- Strategy and Service Development Committee;
- Membership Strategy Committee;
- Nominations Committee;
- Travel and Transport Group;
- External Audit Working Group.

Membership should be reviewed regularly but as a minimum every three years, and the terms of reference should be reviewed annually, as part of best practice. It was proposed that in 2018 each of the Sub-Committees review the terms of reference to ensure they continued to be fit for purpose.

A revised list of membership was provided, taking into account Governors resignations and changes, and expressions of interest. It was noted that following the establishment of the LLP on 1 March 2018, the Travel and Transport Group would cease to operate.

Resolved: (i) that, the revised Sub-Committee membership be noted; and
(ii) that, the discontinuation of the Travel and Transport Group with immediate effect be noted.

CoG/799 Governor Elections Timetable 2018

The Company Secretary presented the Governor Elections Timetable for the 2018 elections, outlining which Governors were due for re-election.

Governors were asked to note the key dates to avoid any late applications being submitted.

Resolved: that, the 2018 Governor Election Timetable be noted.

CoG/800 Nominations Committee Report

The Chairman, Brian Dinsdale, Jonathan Erskine and Kevin Robinson left the meeting.

The Company Secretary presented the Nominations Committee Report from the meeting on 30 May 2018, which included the outcome of the Chair and Non-Executive Director appraisals for 2017/18; Non-Executive Director Remuneration; Re-appointment proposals for the Chairman and Non-Executive Directors, and a Recruitment Plan.

The Chairman’s term of office would conclude on 31 October 2018. He had completed the recommended period of office of 9 years, therefore, any further appointment would need to be considered on an annual basis. The Company Secretary reported the Chairman’s agreement to be considered for another term of office, and it was proposed to appoint the Chairman for a further 12
months with effect from 1 November 2018 to ensure continuity and stability given the Trust’s challenging financial position. Members of the Nominations Committee confirmed the Committee’s unanimous support of the proposal following positive feedback in the Chairman’ Appraisal. The reappointment proposal had the additional support of the Chief Executive.

Rita Taylor’s term of office would conclude on 31 December 2017, having served a second 1 year term of office following completion of the recommended period of office. It was proposed to find a suitable replacement through an internally managed recruitment process. The candidate would be required to have generic board level experience in addition to quality and patient safety experience. In the event a suitable replacement was not found Rita had indicated that she would be happy to be considered for a further 12 month term, which was agreed.

Brian Dinsdale’s term of office would conclude on 30 November 2018, having completed the recommended period of office and an additional 12 month term. It was proposed to have a parallel process of appointing Brian Dinsdale for a further 12 month term of office whilst seeking to find a suitable replacement via an internally managed recruitment process. The candidate would be required to have generic board level experience in addition to a recognised financial qualification. It was proposed the candidate would be appointed in the capacity as a non-voting Associate Non-Executive Director initially completing a period of shadowing with Brian Dinsdale that would incorporate the 2018/19 financial year end process.

The Company Secretary reported that Kevin Robinson and Jonathan Erskine had completed their first 3 year term of office. It was proposed to re-appoint them both for a further 3 year term of office with effect from 1 August 2018. They had confirmed their agreement to be considered for re-appointment.

The Company Secretary presented the provisional recruitment plan and requested delegated responsibility be given to the Nominations Committee to oversee the recruitment process on behalf of the Council of Governors. The timetable for the recruitment plan was still to be agreed.

The Company Secretary reported that since 2009 no cost of living increase had been awarded to the Chairman or Non-Executive Directors. It was proposed to award a 3% cost of living rise backdated to 1 April 2018, and the increase was to be brought in line with the national agenda for change inflationary proposals, however, an annual review would still be undertaken.

Resolved: (i) that, a further 12 month term of office be approved for the Chairman with effect from 1 November 2018; and
(ii) that, a replacement for Rita Taylor be sought via an internally managed recruitment process with effect from 1 January 2019; and
(iii) that, a further 12 month term of office be approved for Rita Taylor with effect from 1 January 2019 in the event a suitable replacement was not found; and
(iv) that, a further 12 month term of office be approved for Brian Dinsdale with effect from 1 December 2018 alongside an internally managed recruitment process to find a suitable replacement;
(vi) that, a replacement for Brian Dinsdale be appointed as an Associate Non-Executive Director to shadow Brian until 30 November 2018 completing the 2018/19 financial year end;
(vii) that, a 3% cost of living increase be awarded to the Chairman and Non-Executive Directors back dated to 1 April 2018; and
(viii) that, the Chairman and Non-Executive Director remuneration be brought in line with agenda for change pay proposals, however, to continue to be reviewed annually.

CoG/801 Any Other Business

There was no other business notified.
Resolved: that, the information be noted.

CoG/802 Date and Time of Next Meeting

The next meeting was due to be held on Thursday, 27 September 2018 at The Centre for Teaching and Excellence, Brierton Lane, Hartlepool, TS25 4BY.

The meeting closed at 1.30pm.

Signed:

Date: 27 September 2018
Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governors Reports) Manage Our Relationships

Strategic Objective (The full set of Trust Objectives can be found at the beginning of the Council of Governors Reports) Effective Board Governance

1. Introduction
   1.1 The Chairman’s Report aims to provide information to the Council of Governors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 Maureen Rogers
   It is with great sadness that I wish to inform the Council of Governors that former Public Governor for Hartlepool, Maureen Rogers suddenly passed away on Friday, 6 April 2018.

2.2 Consultant Appointments
   The following consultants have been appointed in Paediatrics since the last meeting:
   
   Dr Srikanth Adla
   Dr Trupti Mukundan
   Dr Ajith Koshy
   Dr James Donnelly
   Dr Lekshmi Nair

2.3 Director of Finance
   I am pleased to welcome Neil Atkinson back to the Trust as Director of Finance.

2.4 NHS England, NHS Improvement and local integration partnerships
   Whilst NHS England and NHS Improvement are by statute distinct and independent bodies, the Chairs of both organisations have agreed to develop single teams in the regions under a single leader. This should ensure that commissioning and providers receive the same regulatory messages to support local integration partnerships (Formerly STPs) and place based healthcare. The joint regional teams are expected to be in place by September 2018.
2.5 Committee in Common

At the last meeting of the Committee in Common involving North Tees and Hartlepool NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust we had a detailed discussion on collaboration between the Trusts to support vulnerable services and improve patient care. It was agreed that the 3 Chief Executives should work together to develop a set of proposals that could deliver significant patient benefit and to help future-proof healthcare for many years to come.

Once some evidence and clinically based suggestions have been worked up, they will be considered by the Committee in Common and brought to Governors and the public for consultation. Some proposals for non-public facing back office functions will not require formal consultation but we will keep the Council of Governors informed of any developments.

2.5 Finance

As you will hear later in the meeting, the Trust has posted a significant deficit this year. Some of the issues arise from technical balance sheet issues but the fundamental problem has been our failure to deliver our recurrent Cost Improvement Programme which you will recall was about £18m last year.

The Trust has carried out a root and branch review of its financial systems and processes to ensure that we have good grip and control over our income and expenditure. Detailed and robust plans are being finalised to deliver a cost reduction plan of 4% this year which is about £12m. Further VAT savings will be generated through North Tees and Hartlepool Solutions LLP.

The regulator, NHS Improvement has been in discussions with the Trust to be assured over the actions taken by the Trust and appear satisfied with the measures taken to date. They do acknowledge our good performance in relation to patient safety and quality and recognise that we are one of many district general hospital type hospitals in this position.

3. Recommendations

3.1 The Council of Governors is asked to note the content of this report.

Paul Garvin
Chairman
Dear Colleague

A meeting of the Board of Directors will be held on Thursday, 26 July 2018 at 1:00 pm in the Boardroom, University Hospital of North Tees.

Yours sincerely

Paul Garvin
Chairman

Agenda

Led by

1. (1.00pm) Apologies for absence Chairman
2. (1.00pm) Declaration of Interest Chairman
3. (1.00pm) Minutes of the meeting held on, 24 May 2018 (enclosed) Chairman
4. (1.05pm) Matters Arising Chairman

Items for Information

5. (1.10pm) Chairman’s Report (enclosed) Chairman
6. (1.20pm) Chief Executive’s Report (enclosed) J Gillon

Strategic Management

7. (1.30pm) Sustainability and Transformation Partnership Update (enclosed) J Gillon
8. (1.40pm) Trust Strategy Development Progress Report (enclosed) J Parkes
9. (1.50pm) Capital Programme 2018/19 - Quarter 1 Report (enclosed) N Atkinson

Paul Garvin
Chairman

Alan Foster
Chief Executive
Performance Management

10. (2.00pm) Integrated Performance Report (enclosed) L Taylor, J Lane, A Sheppard & N Atkinson

11. (2.20pm) Operational Resilience – Winter Planning (enclosed) J Parkes

Governance

12. (2.30pm) Learning from Deaths Update (enclosed) D Dwarakanath

13. (2.40pm) Quarterly Review Meeting 8 June 2018 Update (enclosed) J Gillon

14. (2.50pm) Freedom to Speak Up Guardian Report (enclosed) J Lane

Operational

15. (3.00pm) Responsible Officer’s Report on Medical Appraisal and Revalidation (enclosed) D Dwarakanath

16. (3.10pm) Nursing and Midwifery Revalidation (enclosed) J Lane

Items to Receive

17. (3.20pm) North Tees and Hartlepool FT Charitable Funds Accounts 2017/18 (enclosed) N Atkinson

18. (3.25pm) Estates and Facilities Management Annual Report (enclosed) N Atkinson

19. (3.30pm) Research and Development Annual Report (enclosed) D Dwarakanath

20. (3.35pm) Actual and Potential Organ Donors 2017/18 (enclosed) K Robinson


22. (3.45pm) Any Other Notified Business Chairman

23. Date of Next Meeting
   (Thursday, 25 October 2018, Boardroom, University Hospital of Hartlepool)
North Tees and Hartlepool NHS Foundation Trust  
Meeting of the Council of Governors  
7 June 2018  
Report of the Interim Chief Executive

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governor Reports)

Putting Patients First; Valuing our People; Transforming our Services; Health and Wellbeing.

1. Introduction

The Chief Executive’s Report provides information to the Council of Governors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 Integrated Care System (formerly known as Sustainability and Transformation Partnership update)

The CE attended a development event on 23 and 24 April 2018 involving Chief Executives from provider trusts and Chief Officers from Clinical Commissioning Groups where discussion took place on how to progress to becoming an Integrated Care System (ICS). In addition and supporting the ICS, Integrated Care Partnerships would form part of the collaboration between NHS providers and commissioners. This was a precursor to the meeting with Matthew Swindells, National Director; Operations and Information, NHS England on 4 May to gain support for the submission in CNE, to accelerate progress against the triple aim of better outcomes, better experiences for patients and staff and better use of resources.

2.2 NHS Improvement Board Member Development Event: Partnership Working and System Resilience – 8 May 2018

Along with other board members I attended a session facilitated by the Good Governance Institute which focused on Board member’s experiences of system leadership, population health management and putting the principles of collaboration and partnership into action. Sessions were led by several facilitators including the Director of National Systems Transformation Group from NHS England, the accountable officer from the Vale of York Clinical Commissioning Group and the Good Governance Institute. The day focused on the ability of Boards to truly collaborate and transform services for the good of the patient and client populations served within a highly regulated and inhibiting legal position.

The session was part of a wider Board Development Programme facilitated by the Institute with further sessions planned on the NHS workforce, Board challenges and responses and the digital agenda in driving improvement.

2.3 NHS70 Parliamentary Awards

A team from the Integrated Urgent Care Services Alliance has been chosen as the regional submission in The Excellence in Urgent and Emergency Care Award category of the NHS70 Parliamentary Awards and will therefore be going forward as part of the shortlist for the national award.
The quality of nominations was high and nearly 800 nominations were submitted so being shortlisted at this stage is a fantastic achievement and the team should be incredibly proud. The awards ceremony will be held on Wednesday 4 July 2018 in the House of Commons.

2.4 Breast screening for women aged 70 - 79

Public Health England identified an issue with breast screening invitations to patients aged between 70 and 79. This has meant that a number of women may not have received an invite to their final breast screen. The issue dates back to 2009 and NHS Breast Screening Services are writing to the affected women to offer them every possible support with details of a free helpline if they need more advice.

The total number of older women affected nationally since 2009 is estimated to be about 450,000 with approximately 3,500 in the area that the Trust serves. It is expected that all rescreens will be completed by the end of October 2018 and in order to facilitate this, additional sessions at evenings and weekends are being planned to fulfil demand and to ensure that routine screening will not be affected.

2.5 Letter from Jeremy Hunt on A&E Performance

The Trust received congratulations from Jeremy Hunt, Secretary of State for Health and Social Care on the improvement it had made in relation to A&E four hour performance which meant that the Trust is the provider with the highest performance in the country in the 3 months from January 2018 to March 2018 compared to the previous 3 month period.

In that period the Trust moved from 96.2 to 97%, which was a remarkable achievement and demonstrated the dedication, hard work and commitment of staff in ensuring that patients get the care that they deserve. The Trust has reviewed patient flow, introduced new initiatives and innovative ways of working, as well as establishing the Urgent and Emergency Care Centres on both sites, and is sharing its learning and experiences with other Trusts in order that others can benefit.

2.6 Visit from Calderdale and Huddersfield NHS Foundation Trust

The Trust recently hosted a visit for a team from Calderdale and Huddersfield NHS Foundation Trust involving their Chief Operating Officer, Director of Urgent Care and Consultant in Emergency Care. The team were interested in the model of delivery at North Tees, as one of the best performing emergency departments, including how the Urgent Care Centre model had been designed and operationalised. They are in the process of redesigning activity between two hospital sites and wanted to learn lessons from the Trust.

At the event the Trust outlined the methodology around the design of the urgent care centre and key objectives including the focus upon collaboration with the ambulance service and primary care. The practical elements of streaming and triage were described with examples provided of clinical pathways such as direct admission pathways. It was highlighted that the Trust’s approach also included a focus upon the whole hospital describing the role of the integrated discharge team, a focus upon stranded patients and front of house frailty model to improve flow and therefore capacity.

The team from Calderdale and Huddersfield were very impressed by the visit and the professionalism, knowledge, enthusiasm and commitment from the staff they met. The Trust intends to visit their site in return to explore further opportunities for mutual learning.

2.7 Guidance for boards on Freedom to Speak Up (FTSU)

NHS Improvement and the National Guardian Freedom to Speak Up have jointly produced guidance that represents current good practice. Boards have been asked to treat the guide as
a benchmark in order to review where they are against it and reflect on what is required to improve. The expectation is that the review will be completed by the Board of Directors, in particular the Executive and Non-Executive leads for FTSU, supported by the Trust’s FTSU Guardian. To facilitate this assessment the guide is accompanied by a self-review tool.

Meeting the expectations of the guide will help with the creation of a culture responsive to feedback and focused on learning and continual improvement. Regular and in-depth reviews of leadership and governance arrangements in relation to FTSU will help to identify areas of development and improvement.

2.8 **Jeremy Hunt, Key Principles to be detailed in the Green Paper**

Jeremy Hunt, Secretary of State for Health and Social Care has set out seven key principles to reform social care including a sustainable funding model, quality and safety of services, integration of the health and social care systems, control for those receiving support, valuing the workforce, providing better practical support for families and carers and ensuring greater scrutiny for all. The paper is due to be published in the summer and will have a bearing on future strategy and policy in the NHS and across care provision in Local Authorities.

3. **Recommendations**

The Council of Governors is asked to note the content of this report.

*Julie Gillon*
*Interim Chief Executive*
Strategic Aim and Objectives (The full set of Trust Aims and Objectives can be found at the beginning of the Council of Governor Reports)
Putting Patients First; Valuing our People; Transforming our Services; Health and Wellbeing

1. Introduction/ Purpose

1.1 The integrated Compliance and Performance Report highlights performance against a range of indicators against the Single Oversight Framework (SOF) and the Foundation Trust terms of licence for the month of April 2018/19.

1.2 The Corporate Dashboard and reporting framework has been reviewed and redesigned to adopt an integrated approach across Compliance, Quality, Workforce and Finance, reflecting the NHSI SOF, Lord Carter Model Hospital review, contract metrics, and internal reporting requirements, together with key objectives. Due consideration has been given to both positive and negative variances and progress against monthly, annual and in year improvement targets.

1.3 The Integrated Dashboard is attached in Appendix 1-5, with additional commentary provided against key metrics, providing month on month trend analysis. Further work is on-going to refine the new report, with the aim to deliver a fully interactive report once the final format is agreed.

1.4 Appendix 1 outlines the trend analysis against the key Compliance indicators, Appendix 2 outlines Operational Efficiency and Productivity, Appendix 3 demonstrates Quality metrics, Appendix 4 Workforce and Appendix 5 relates to Finance.

2. Performance Overview

2.1 Overall the Trust has performed well during the month of April against national and local indicators, achieving compliance against key access standards including the A&E 4 hour standard, Cancer standards and Referral to Treatment standards.

2.2 Emergency activity across the organisation has seen an increase of 13.6% (n=470) in April compared to the same time last year with emergency activity including 897 patients who were treated via Ambulatory Care, equating to 22.84% of the total emergency admissions.

2.3 The Trust has under-achieved against the 6 week Diagnostic standard reporting at 96.22% against the 99% target. This is due to capacity issues within the MSK service for non-obstetric ultrasound scans. A recovery plan in place to reduce the current backlog.

2.4 The report indicates the Trust has performed above or within expected for the majority of efficiency and productivity indicators, demonstrating performance above the national average, as outlined within the main report. Work continues within the Delivering Productivity Programme of work, in conjunction with NHSI, to further
improve the position. Bed occupancy rates and delayed transfers of care remain relatively high despite moving out with of winter months. An improvement is noted with ‘New and Review’ DNA’s, however with further work required to achieve the agreed targets. Readmissions and ‘Stranded’ patients are also under additional focus, with the aim to reduce avoidable bed days and release capacity.

2.5 The Trust continues to perform well against the national indicators of dementia assessments, venous thromboembolism risk assessments and the Friends and Family Test in the month of April 2018, with the local indicator of hand hygiene continuing to be above the 95% Trust target.

2.6 Due to the rise in the overall numbers of falls and pressure ulcers, improvements have been identified in relation to assessment and onward referral; compliance is monitored by a bi-monthly audit.

2.7 The Trust HSMR has increased; this was expected due to the new data period including the seasonal pressures, resulting in a higher mortality rate during December to February. The Trust continues to remain within the expected range for both HSMR and SHMI values.

2.8 Following a collaborative investigation and review between the Trust, NHS England and Commissioners the previously reported never event has now been downgraded resulting in zero never events for 2017/18.

2.9 The performance report for the Workforce Directorate contains information for the period up to 31 March 2018 and demonstrates that sickness absence rate for Quarter 4 2017/18 is 4.83%. The sickness absence rate for the month of March 2018 was 4.35%, a reduction of 0.24% when compared to the previous month (February 2018). Turnover has increased by 2.97% for Quarter 4 2017/18 (including foundation doctors) when compared to the baseline of 31 March 2017.

2.10 The overall compliance for mandatory training for Quarter 4 2017/18 is 84%, above the target of 80%, with staff appraisal compliance reported at 73%, below the target of 95%. This is regularly reported to the Deputy Executive team meeting to escalate areas of concern and plans are being developed to invite those areas with low compliance to attend the Workforce Committee to discuss individual action plans.

2.11 The Trust’s Month 1 (April) position is a deficit of £(2.8)m, which is £0.2m ahead of the Group budget (excl. STF) and NHSI submitted plan by £0.2m. The Group is therefore performing broadly in line with expected levels at this point in the year.

2.12 CIP targets are phased towards the end of the year, therefore the Trust will need to improve levels of cost reduction to remain in line with plan to the end of the year.

2.13 Cash levels have improved since last month (March) by £1.6m. This is primarily due to high levels of invoices being raised to the Trust rather than NT&H Solutions in error, providing the Trust with a cash holiday whilst invoices are cancelled and re-raised to the correct entity. Cash holdings currently stand at £13.8m.

2.14 Capital additions year to date are £1.3m with commitments for 2018/19 of £3.5m. The draft capital additions plan for 2018/19 is £22.1m, to be agreed by the Board of Directors in May.
3. **Key Challenges**

3.1 Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints.

3.2 Delivery against the Lord Carter operational efficiency recommendations and associated cash releasing savings.

3.3 Compliance for appraisal and sickness absence continues to be significantly adrift from the target position. Plans are in place to monitor and improve percentage compliance.

3.4 Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections which is reflected within the Board Assurance Framework.

3.5 Financial recovery continues to be the Trust’s key challenge, with the organisation’s Single Oversight Framework segmentation currently under review by NHSI, with a revised segmentation of 3 expected in 2018/19, resulting in additional external intervention and scrutiny.

4. **Conclusion/Summary**

4.1 The Trust has performed relatively well against the majority of key operational national and local standards within April 2018/19, notwithstanding the on-going financial pressures. The Trust continues to develop the performance reporting framework to ensure it meets the needs of both corporate and directorate level delivery, reflecting the multiple internal and external performance requirements.

4.2 The Trust continues to work closely with NHSI colleagues to develop and deliver robust financial recovery plans.

5. **Recommendations**

The Council of Governors is asked to note:

- The relatively positive performance against the key operational, quality and workforce standards during April.
- Recognise the on-going financial pressures and the review of the associated SOF segmentation.
- The detailed review of performance against the Single Oversight Framework requirements and the key national indicators including compliance, workforce, quality and finance.
- The on-going work to develop and improve the integrated performance dashboard, to support assurance of operational delivery against all key standards.
- The on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

**Papers prepared by:**
Lynne Taylor, Interim Director of Planning and Performance
Julie Lane, Director of Nursing, Patient Safety and Quality
Alan Sheppard, Interim Director of Workforce
Neil Atkinson, Director of Finance
Integrated Performance and Compliance Report

April 2018

Developed by: Performance Team
Development lead: Lindsey Wallace
<table>
<thead>
<tr>
<th>Measure (click on measure for trend graphs)</th>
<th>Reporting period</th>
<th>Target</th>
<th>Actual</th>
<th>Trend</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Care 4 hr standard</td>
<td>Apr-18</td>
<td>95.00%</td>
<td>97.75%</td>
<td></td>
<td>The Trust’s Integrated Urgent and Emergency Care service reported a positive position against the four hour standard for the month of April. The NHS England published statistical report for the A&amp;E 4 hour standard indicates that only 16 out of the 137 acute providers achieved the standard with the Trust reporting in 5th position. The England average reported at 88.5% with the North East position reporting at 93.1%. On aggregate, the overall IUC activity (Type 1 and Type 3) during April indicates the Trust has seen a net increase of 15.26% (n=1896) compared to the same period last year, with admissions increasing by 20.90% (n=373). Streaming continues to prove successful with A&amp;E streaming 707 patients into the Urgent Care Centre in April, 16% of the overall patients who presented at the Type 1 facility.</td>
</tr>
<tr>
<td>New Cancer 31 days subsequent Treatment (Drug Therapy)*</td>
<td>Mar-18</td>
<td>98.00%</td>
<td>100.00%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March, which is the latest validated position.</td>
</tr>
<tr>
<td>New Cancer 31 days subsequent Treatment (Surgery)*</td>
<td>Mar-18</td>
<td>94.00%</td>
<td>100.00%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March, which is the latest validated position.</td>
</tr>
<tr>
<td>New Cancer 62 days (consultant upgrade)*</td>
<td>Mar-18</td>
<td>85.00%</td>
<td>100.00%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March which is the latest validated position.</td>
</tr>
<tr>
<td>New Cancer 62 days (screening)*</td>
<td>Mar-18</td>
<td>90.00%</td>
<td>100.00%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March, which is the latest validated position.</td>
</tr>
<tr>
<td>New Cancer GP 62 Day (New Rules)*</td>
<td>Mar-18</td>
<td>85.00%</td>
<td>92.90%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March, which is the latest validated position. This position reports above the national average position, which reported at 84.5% and regional average, reporting at 89.54%. Tentative data suggests the Trust is reporting above the 85% standard for the month of April, however is still subject to change. Patient choice, complex pathways and some elective capacity pressures continue to present a risk to compliance, therefore this standard is highlighted within the Board Assurance Framework. Work continues to improve pathway management through the tumour level recovery groups, supported by further work across the Cancer Alliance.</td>
</tr>
<tr>
<td>New Cancer Current 31 Day (New Rules)*</td>
<td>Mar-18</td>
<td>96.00%</td>
<td>98.39%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March which is the latest validated position.</td>
</tr>
</tbody>
</table>
## Integrated Performance and Compliance Dashboard - April 2018
### SINGLE OVERSIGHT FRAMEWORK

<table>
<thead>
<tr>
<th>Measure (click on measure for trend graphs)</th>
<th>Reporting period</th>
<th>Target</th>
<th>Actual</th>
<th>Trend</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cancer Two week Rule (New Rules)*</td>
<td>Mar-18</td>
<td>93.00%</td>
<td>93.59%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March which is the latest validated position.</td>
</tr>
<tr>
<td>Breast Symptomatic Two week Rule (New Rules)*</td>
<td>Mar-18</td>
<td>93.00%</td>
<td>97.95%</td>
<td></td>
<td>The Trust achieved against this standard during the month of March which is the latest validated position.</td>
</tr>
<tr>
<td>RTT incomplete pathways wait (92%)</td>
<td>Apr-18</td>
<td>92.00%</td>
<td>93.66%</td>
<td></td>
<td>The Trust is making a steady recovery to the RTT position following the impact of the winter period, resulting in multiple cancelled procedures, reporting at 93.66% for April, indicating a positive trend. National data, March position (latest published data), indicated the Trust performed above the national average which reported at 87.2%. See ‘Benchmarking’ on main menu.</td>
</tr>
<tr>
<td>RTT incomplete pathways wait (92nd percentile)</td>
<td>Apr-18</td>
<td>28.00</td>
<td>15.90</td>
<td></td>
<td>92nd percentile waits have remained relatively consistent and within target, reporting lower than the national average, demonstrating that more patients are generally waiting less than 18 weeks.</td>
</tr>
<tr>
<td>RTT incomplete pathways wait (Median)</td>
<td>Apr-18</td>
<td>7.20</td>
<td>5.00</td>
<td></td>
<td>Median waits have also remained consistent and remain below the national average.</td>
</tr>
<tr>
<td>RTT incomplete pathways &gt;52 week wait</td>
<td>Apr-18</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td>No patients waited over 52 weeks.</td>
</tr>
<tr>
<td>Number of patients waiting less than 6 weeks for diagnostic procedures</td>
<td>Apr-18</td>
<td>99.00%</td>
<td>96.22%</td>
<td></td>
<td>The Trust has under achieved against the 6 week diagnostic standard in April, reporting at 96.22% compared to the 99% target. Increased pressures within the MSK service, due to long term sickness and maternity leave, has resulted in a backlog of diagnostic non obstetric ultrasound scans. Recovery plans have been developed within the directorate to reduce the current waiting times.</td>
</tr>
<tr>
<td>CIDs -Referral information*</td>
<td>Mar-18</td>
<td>50.00%</td>
<td>96.23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIDs- Referral to Treatment information*</td>
<td>Mar-18</td>
<td>50.00%</td>
<td>97.49%</td>
<td></td>
<td>The Trust continues to perform well against the Community Information Datasets, with all standards reporting above the 50% targets.</td>
</tr>
<tr>
<td>CIDs- Treatment Activity Information*</td>
<td>Mar-18</td>
<td>50.00%</td>
<td>96.17%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Trust has performed well against the majority of key operational national and local standards within April 2018/19, notwithstanding the on-going financial pressures.

Financial improvement continues to be the Trust’s key challenge, with the organisation’s Single Oversight Framework segmentation currently under review by NHSI, with a revised segmentation of 3 expected in 2018/19, resulting in additional external intervention and scrutiny. The Trust continues to work closely with NHSI colleagues to develop and deliver robust financial improvement plans.

The Trust continues to develop the performance reporting framework and corporate dashboard to ensure it meets the needs of both corporate and directorate level delivery, reflecting the multiple internal and external performance requirements. Whilst the Trust has robust governance processes in place for the monitoring and management of all performance standards there is recognition that current pressures across the whole health economy may ultimately impact on consistent delivery, therefore presents an on-going risk. This risk is outlined within the Trust’s Risk Register and Board Assurance Framework, with supporting mitigation and recovery plans, alongside internal and external governance assurance processes.

The Board of Directors is asked to note:

• The relatively positive performance against the key operational, quality and workforce standards during April.
• Recognise the on-going financial pressures and the review of the associated SOF segmentation.
• The detailed review of performance against the Single Oversight Framework requirements and the key national indicators including compliance, workforce, quality and finance.
• The on-going work to develop and improve the integrated performance dashboard, to support assurance of operational delivery against all key standards.
• The on-going operational performance and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>New to Review ratio (cons led)</td>
<td>Feb-18</td>
<td>1.45</td>
<td>1.24</td>
<td></td>
<td>The aggregate New to Review ratios reported at 1.24 in February (latest available position), showing a positive performance against the current target of 1.45. Work is on-going to identify where review appointments can be reduced across both consultant and nurse led clinics to release capacity for additional new appointments and improve productivity.</td>
</tr>
<tr>
<td>Outpatient DNA (new)</td>
<td>Apr-18</td>
<td>5.40%</td>
<td>7.53%</td>
<td></td>
<td>The Trust’s performance against ‘New’ Outpatient DNA rates reported above the agreed target of 5.40%, however indicating an improvement on the previous month which reported at 8.92%. Outpatient efficiency is being addressed within a number of the Delivering Productivity Programme projects.</td>
</tr>
<tr>
<td>Outpatient DNA (review)</td>
<td>Apr-18</td>
<td>9.00%</td>
<td>9.08%</td>
<td></td>
<td>‘Review’ DNA rates are reporting at 9.08% which is an improvement to last month, which reported at 11.39%. Further work is on-going across directorates as part of the Lord Carter work to deliver additional improvements. A focussed piece of work will include further assessment of the number of review appointments carried out within both consultant and nurse led clinics, with the aim to reduce avoidable face to face reviews wherever possible, releasing clinical capacity and improving productivity.</td>
</tr>
<tr>
<td>Average depth of coding</td>
<td>Mar-18</td>
<td>3.01</td>
<td>5.99</td>
<td></td>
<td>Average depth of coding is reporting in a positive position of 5.95 reflecting the significant work being carried out within the Data Quality Improvement Programme (DQIP). This project is clinically led and focussing on accurate documentation to assist clinical coding processes and delivering subsequent data quality and financial improvements.</td>
</tr>
<tr>
<td>Length of Stay Elective</td>
<td>Jan-18</td>
<td>3.26</td>
<td>1.85</td>
<td></td>
<td>The Trust is reporting at 1.85 for Elective LOS, significantly below the peer target of 3.26. Work is on-going across the surgical specialties to improve access and discharge processes, supported by therapy services.</td>
</tr>
<tr>
<td>Length of Stay Emergency</td>
<td>Jan-18</td>
<td>4.29</td>
<td>3.78</td>
<td></td>
<td>The Trust is reporting at 3.78 for Emergency LOS (includes Ambulatory Care activity) with a downward trend evident. Further focus is now being applied to the ‘Stranded’ patients (LOS &gt; 7 days) and extended stay patients (&gt;21 days), with the aim to identify avoidable discharge delays (internal and external) and improve overall discharge processes. The project is clinically led, through a structured ‘point prevalence’ audit process.</td>
</tr>
<tr>
<td>Day case Rate</td>
<td>Jan-18</td>
<td>76.25%</td>
<td>73.46%</td>
<td></td>
<td>The Trust monitors performance against the British Association of Day Surgery (BADS) directory of procedures, reporting at 73.26% (HED data, 12 month rolling from January to December 2017) below the Trusts peers who are reporting at 76.25%. Further work is on-going within a dedicated Day case group, to improve scheduling processes and overall day case rates.</td>
</tr>
<tr>
<td>Pre - Op Stays</td>
<td>Apr-18</td>
<td>4.50%</td>
<td>1.88%</td>
<td></td>
<td>The internal pre-op stay data indicates the Trust is reporting below the current target of 4.5%, with the latest monthly performance at 1.88%. The HED report (see Appendix*) illustrates the Trusts elective pre-operative length of stay of over three days as 0.01% in line with our peer group (January 2017 to December 2017). Enhanced recovery in elective care, supported by the access lounges on both hospital sites, have contributed to the positive performance.</td>
</tr>
</tbody>
</table>
## Integrated Performance and Compliance Dashboard - April 2018

### EFFICIENCY AND PRODUCTIVITY

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<tr>
<td>Revised Occupancy North Tees</td>
<td>Apr-18</td>
<td>85.00%</td>
<td>92.64%</td>
<td></td>
<td>Bed pressures continued into the first part of this year with occupancy rates reporting above the national recommendation of 85%, however the winter resilience beds have been closed this month. As outlined above, further work is now focussed on reducing stranded and extended length of stay patients, with the aim of releasing capacity within the system. Optimising bed capacity will assist in absorbing both the expected increases in demand associated with the ageing population and provide resilience beds at reduced financial impact.</td>
</tr>
<tr>
<td>Revised Occupancy Hartlepool</td>
<td>Apr-18</td>
<td>85.00%</td>
<td>68.48%</td>
<td></td>
<td>Delayed Transfers of Care remain variable, averaging 17 per day during April, with the overall percentage reporting above the 3.5% standard. This is an increase on the March position, which reported at 3.02%.</td>
</tr>
<tr>
<td>Revised Occupancy Trust</td>
<td>Apr-18</td>
<td>85.00%</td>
<td>90.59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delayed Transfers of Care</td>
<td>Apr-18</td>
<td>3.50%</td>
<td>3.94%</td>
<td></td>
<td>The Trust reported 4.63% readmission rate post elective admission indicating a variable month on month trend. Elective discharge and post discharge processes are currently under review on the Hartlepool elective unit, with the aim to provide direct access post OP clinics and reduce the need for unnecessary admissions.</td>
</tr>
<tr>
<td>Readmission rate 30 days (Elective admission)**</td>
<td>Feb-18</td>
<td>0.00%</td>
<td>4.63%</td>
<td></td>
<td>The Trust is currently reporting emergency readmission rates at 10.98% post emergency admission, with the internal target set at 9.73%.</td>
</tr>
<tr>
<td>Readmission rate 30 days (Emergency admission)**</td>
<td>Feb-18</td>
<td>9.73%</td>
<td>10.98%</td>
<td></td>
<td>The aggregate emergency readmission rate reports at 8.15%. The Trust recognises readmissions as an area requiring further work, in line with national drivers to reduce avoidable admissions. The reasons for readmissions are regularly audited to establish a root cause and establish if alternative management may have prevented admission and also if the readmission was related to the original admission, therefore un-avoidable. This process is under review with a view to provide deeper analysis, review pathways and develop service redesign were appropriate.</td>
</tr>
<tr>
<td>Readmission rate 30 days (Total)**</td>
<td>Feb-18</td>
<td>7.70%</td>
<td>8.15%</td>
<td></td>
<td>Latest available data indicates the Trust reported within the 4% target, for E-Referrals Appointment Slot Issues (ASIs). In comparison, the regional position reported at 12%, with the national position reporting at 19.9%. The Trust reported in 13th position nationally. In line with the NHS Digital requirements, the Trust has fully implemented E-Referrals which went live from 1st March 2018, ahead of the National contract deadline of October 2018.</td>
</tr>
<tr>
<td>ASI's - (No SLOT analysis)***</td>
<td>Apr-18</td>
<td>4.00%</td>
<td>2.70%</td>
<td></td>
<td></td>
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## Integrated Performance and Compliance Dashboard - April 2018

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<tr>
<td>Cancelled (Non medical)</td>
<td>Apr-18</td>
<td>0.80%</td>
<td>0.43%</td>
<td></td>
<td>The Trust reported at 0.43% for cancellations on the day for non clinical reasons, 14 patients in total, which was within target.</td>
</tr>
<tr>
<td>Readmission within 28 days of non medical cancelled operation *</td>
<td>Apr-18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>All patients cancelled on the day for non clinical reasons were reappointed within 28 days</td>
</tr>
<tr>
<td>Number of ambulance handovers between ambulance and A&amp;E waiting more than 30 minutes**</td>
<td>Apr-18</td>
<td>0</td>
<td>13</td>
<td></td>
<td>In April the Trust reported 13 validated ambulance handovers greater than 30 minutes. The North East average handovers greater than 30 minutes reported at 101 (range 6-173). The Trust reported 42.7% ambulance turnaround times (valid) within 30 minutes in comparison the North East’s position at 37.1%, with individual provider performance ranging between 28.7% and 42.7%.</td>
</tr>
<tr>
<td>Number of ambulance handovers between ambulance and A&amp;E waiting more than 60 minutes***</td>
<td>Apr-18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>The Trust reported zero greater than 60 minutes(validated ), with the North East average over 60 minutes reporting at 7 (range 0-38).</td>
</tr>
<tr>
<td>TCS 19 - % of Community Patients that have had an unplanned admission LOS &lt;=2 days (Defined set of conditions)</td>
<td>Mar-18</td>
<td>17.00%</td>
<td>22.71%</td>
<td></td>
<td>TCS 19 is used to monitor the progress being made in reducing avoidable emergency admissions for patients on a community case load, covering a defined set of conditions : Diabetes complications, Nutritional deficiencies, Iron deficiency anaemia, Hypertension, Congestive heart failure, Angina, Chronic obstructive pulmonary disease and Asthma. The latest position (March) reported an admission rate of 14.61 against the internal target of 17%.</td>
</tr>
<tr>
<td>TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool</td>
<td>Mar-18</td>
<td>93.50%</td>
<td>98.80%</td>
<td></td>
<td>TCS 24 - The percentage of patients on a community caseload achieving improvement, as measured using a validated assessment tool appropriate to the scope of the practice, is used by the Community Integrated Assessment Team (CIAT) to monitor progress during/post treatment. The latest position (March) indicates 96.29% of patients measured are showing an improvement post treatment against an internal target of 93.50%.</td>
</tr>
<tr>
<td>TCS 35 - % of standard wheelchair referrals completed within five days</td>
<td>Mar-18</td>
<td>90.00%</td>
<td>85.95%</td>
<td></td>
<td>TCS 35 – Standard wheelchairs to be delivered within 5 working days, is monitored as one of the key standards for home equipment delivery performance. The latest position (March) indicates a dip in performance, however noting that some delays are due to patients not being available for delivery.</td>
</tr>
</tbody>
</table>
Integrated Performance and Compliance Dashboard - April 2018

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<tbody>
<tr>
<td>Performance Overview / Key Highlights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Hospital Evaluation Data (HED) within the main report provides a summary of the Trusts benchmark position against a number of key performance indicators covering clinical quality, operational efficiency, patient safety and finance.</td>
</tr>
<tr>
<td>Conclusion and recommendation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Trust has demonstrated a positive performance against a number of the key operational indicators, supported by the Health Evaluation Data (HED) benchmarking data available in the main menu. The report indicates the Trust is performing above or within expected for the majority of indicators and also demonstrates improvement in indicators where performance has previously been below the national average.</td>
</tr>
<tr>
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<tr>
<td>--------------------------------------------</td>
<td>------------------</td>
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<td>---------</td>
</tr>
<tr>
<td>HSMR Mortality Rates (Rolling 12 month value)</td>
<td>Feb-18</td>
<td>110.00</td>
<td>104.77</td>
<td>![Trend Graph]</td>
<td>The latest HSMR value is now 104.77 (March 2017 to February 2018), this has increased from 103.12 (February 2017 to January 2018). The value of 104.77 continues to remain inside the ‘as expected’ range; the national mean is 100.</td>
</tr>
<tr>
<td>HSMR Crude mortality Rate (Rolling 12 month value)</td>
<td>Feb-18</td>
<td>3.59%</td>
<td>3.49%</td>
<td>![Trend Graph]</td>
<td>The Trust crude mortality rate for HSMR has increased slightly to 3.49% (March 2017 to February 2018) from 3.46% (February 2017 to January 2018).</td>
</tr>
<tr>
<td>SHMI Mortality rate (Rolling 12 month value)</td>
<td>Sep-17</td>
<td>111.43</td>
<td>105.91</td>
<td>![Trend Graph]</td>
<td>The latest SHMI value is now 105.91 (October 2016 to September 2017), this has increased from 106.27 (September 2016 to August 2017). The value of 105.91 continues to remain inside the ‘as expected’ range; the national mean is 100.</td>
</tr>
<tr>
<td>SHMI Crude mortality Rate (Rolling 12 month value)</td>
<td>Sep-17</td>
<td>3.61%</td>
<td>3.50%</td>
<td>![Trend Graph]</td>
<td>The Trust crude mortality rate for SHMI has increased slightly to 3.50% (October 2016 to September 2017) from 3.44% (September 2016 to August 2017).</td>
</tr>
<tr>
<td>Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question</td>
<td>Feb-18</td>
<td>90.00%</td>
<td>100.00%</td>
<td>![Trend Graph]</td>
<td>The Trust is reporting that 100% of patients aged 75 and over, who were admitted as emergencies, stayed more than 72 hours were asked the dementia case finding question.</td>
</tr>
<tr>
<td>Dementia - % of patients undergone a diagnostic assessment</td>
<td>Feb-18</td>
<td>90.00%</td>
<td>100.00%</td>
<td>![Trend Graph]</td>
<td>The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.</td>
</tr>
<tr>
<td>Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP</td>
<td>Feb-18</td>
<td>90.00%</td>
<td>100.00%</td>
<td>![Trend Graph]</td>
<td>The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.</td>
</tr>
<tr>
<td>Complaint Stage 1 - Informal</td>
<td>Apr-18</td>
<td>56</td>
<td>57</td>
<td>![Trend Graph]</td>
<td>The Trust is reporting 57 stage 1 for April 2018. This has decreased from the 59 stage 1 complaints in March 2018.</td>
</tr>
</tbody>
</table>
### Quality and Safety

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Complaint Stage 2 - Formal Meeting</td>
<td>Apr-18</td>
<td>11</td>
<td>7</td>
<td></td>
<td>The Trust is reporting 7 stage 2 for April 2018. This has decreased from the 8 stage 2 complaints in March 2018.</td>
</tr>
<tr>
<td>Complaint Stage 3 - Formal Chief Executive Letter</td>
<td>Apr-18</td>
<td>22</td>
<td>18</td>
<td></td>
<td>The Trust is reporting 18 stage 3 for April 2018. This has increased from the 7 stage 3 complaints in March 2018.</td>
</tr>
<tr>
<td>Complaint response times % (25 days)</td>
<td>Mar-18</td>
<td>85.00%</td>
<td>100.00%</td>
<td></td>
<td>The Trust's response rate for Formal - Stage 3 complaints for March 2018 was 100%.</td>
</tr>
<tr>
<td>Never Events</td>
<td>Apr-18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>There have been no Never Events in the reporting period.</td>
</tr>
<tr>
<td>Grade 2 Pressure Ulcers (In-Hospital)</td>
<td>Mar-18</td>
<td>16</td>
<td>15</td>
<td></td>
<td>The Trust is reporting 15 grade 2 pressure ulcers for March 2018. This has decreased from the 20 grade 2 pressure ulcers reported for February 2018.</td>
</tr>
<tr>
<td>Grade 3 Pressure Ulcers (In-Hospital)</td>
<td>Mar-18</td>
<td>0</td>
<td>3</td>
<td></td>
<td>The Trust is reporting 3 grade 3 pressure ulcers for March 2018. This has increased from the two grade 3 pressure ulcers reported for February 2018.</td>
</tr>
<tr>
<td>Grade 4 Pressure Ulcers (In-Hospital)</td>
<td>Mar-18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>The Trust is reporting zero grade 4 pressure ulcers for March 2018. This remains the same as reported for February 2018.</td>
</tr>
<tr>
<td>Fall - No Injury (In-Hospital)</td>
<td>Apr-18</td>
<td>97</td>
<td>119</td>
<td></td>
<td>The Trust is reporting 119 falls resulting in no injury for April 2018. This has increased from the 105 falls reported for March 2018.</td>
</tr>
<tr>
<td>Fall - Injury, No Fracture (In-Hospital)</td>
<td>Apr-18</td>
<td>20</td>
<td>13</td>
<td></td>
<td>The Trust is reporting 13 falls resulting in an injury, but no fracture for April 2018. This has decreased from the 25 falls resulting in an injury reported for March 2018.</td>
</tr>
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</table>
### QUALITY AND SAFETY

#### Integrated Performance and Compliance Dashboard - April 2018

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<tbody>
<tr>
<td>Fall - With Fracture (In-Hospital)</td>
<td>Apr-18</td>
<td>1</td>
<td>1</td>
<td></td>
<td>The Trust is reporting 1 falls resulting in a fracture for April 2018. This has decreased from the 2 falls with fracture reported for March 2018.</td>
</tr>
<tr>
<td>VTE Risk Assessment</td>
<td>Apr-18</td>
<td>95.00%</td>
<td>97.51%</td>
<td></td>
<td>The Trust is reporting that 97.51% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during April 2018.</td>
</tr>
<tr>
<td>Hand Hygiene Compliance</td>
<td>Apr-18</td>
<td>95.00%</td>
<td>98.00%</td>
<td></td>
<td>The overall Trust compliance score for hand hygiene is 98% for April 2018. This exceeds the Trust target of 95%.</td>
</tr>
<tr>
<td>Clostridium difficile (C.diff)</td>
<td>Apr-18</td>
<td>2</td>
<td>4</td>
<td></td>
<td>The Trust is reporting four Trust attributed cases of Clostridium difficile infection for April 2018. This equals the same reported in March 2018. The cases reported in April 2018, is an improvement on the same period for the previous year when 6 cases were reported. The four cases exceeds the monthly trajectory of one case. An improvement plan has been developed and is monitored by the HCAI operational group.</td>
</tr>
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### QUALITY AND SAFETY

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<tbody>
<tr>
<td>Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia</td>
<td>Apr-18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in April 2018. This equals the same reported in March 2018.</td>
</tr>
<tr>
<td>Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia</td>
<td>Apr-18</td>
<td>2</td>
<td>1</td>
<td></td>
<td>The Trust is reporting one trust attributed cases of MSSA bacteraemia for April 2018. This has decreased from the four reported cases in March 2018.</td>
</tr>
<tr>
<td>Escherichia coli (E.coli)</td>
<td>Apr-18</td>
<td>2</td>
<td>3</td>
<td></td>
<td>The Trust has reported three Trust attributed case of E coli bacteraemia in April 2018. This has increased from the one reported case in March 2018. The Trust has set a target of 10% reduction throughout the year, to achieve this the Trust is participating in a Tees-wide collaborative project.</td>
</tr>
<tr>
<td>Klebsiella species bacteraemia (Kleb sp)</td>
<td>Apr-18</td>
<td>0</td>
<td>1</td>
<td></td>
<td>The Trust has reported one Trust attributed case of Klebsiella species bacteraemia in April 2018. This has decreased from the two reported cases in March 2018. The Trust has set a target of 10% reduction throughout the year.</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa bacteraemia (Ps a)</td>
<td>Apr-18</td>
<td>1</td>
<td>0</td>
<td></td>
<td>The Trust has reported zero Trust attributed case of Pseudomonas aeruginosa bacteraemia in April 2018. This equals the same reported in March 2018. The Trust has set a target of 10% reduction throughout the year.</td>
</tr>
<tr>
<td>Friends &amp; Family - (Ward) [National Score based on % ‘extremely likely’ &amp; ‘Likely’ to recommend to F&amp;F]</td>
<td>Apr-18</td>
<td>70.00%</td>
<td>97.00%</td>
<td></td>
<td>The in-patient position for Friends and Family for ‘Would Recommend’ was 97% for April 2018; this has increased from 96% in March 2018.</td>
</tr>
<tr>
<td>Friends &amp; Family - (A&amp;E) [National Score based on % ‘extremely likely’ &amp; ‘Likely’ to recommend to F&amp;F]</td>
<td>Apr-18</td>
<td>70.00%</td>
<td>93.00%</td>
<td></td>
<td>The A&amp;E position for Friends and Family for ‘Would Recommend’ was 93% for April 2018; this has decreased from 98% in March 2018.</td>
</tr>
<tr>
<td>Friends &amp; Family - (Birth) [National Score based on % ‘extremely likely’ &amp; ‘Likely’ to recommend to F&amp;F]</td>
<td>Apr-18</td>
<td>70.00%</td>
<td>100.00%</td>
<td></td>
<td>The maternity - birth position for Friends and Family for ‘Would Recommend’ was 100% for April 2018; this has increased from 87% in March 2018.</td>
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</tbody>
</table>
### QUALITY AND SAFETY

<table>
<thead>
<tr>
<th>Measure (click on measure for trend graphs)</th>
<th>Reporting period</th>
<th>Target</th>
<th>Actual</th>
<th>Trend</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Patient and Staff Experience Score</strong> <em>(100% max)</em></td>
<td>Apr-18</td>
<td>90.00%</td>
<td>91.50%</td>
<td></td>
<td>The Trust has changed the SPEQS process for the 2018-19 reporting year. The process now concentrates solely on Patient and Staff experiences only. The documentation and environment audits are now covered separately. For the month of April 2018 the patient and staff experience score was 91.50%.</td>
</tr>
<tr>
<td><strong>Patient and Staff Experience Survey</strong> Number of surveys undertaken</td>
<td>Apr-18</td>
<td>20</td>
<td>27</td>
<td></td>
<td>For the month of April 2018, there was a total of 27 Patient and Staff audits conducted, all 27 audits were carried out within hospital.</td>
</tr>
<tr>
<td><strong>Registered Nurse/Midwife day shift fill rates</strong></td>
<td>Apr-18</td>
<td>&gt;=80% and &lt;=109.99%</td>
<td>83.13%</td>
<td></td>
<td>Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of April 2018 is 83.13% up from 81.83% in March 2018.</td>
</tr>
<tr>
<td><strong>Registered Nurse/Midwife Night shift fill rates</strong></td>
<td>Apr-18</td>
<td>&gt;=80% and &lt;=109.99%</td>
<td>93.39%</td>
<td></td>
<td>Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of April 2018 is 93.39% up from 92.82% in March 2018.</td>
</tr>
<tr>
<td><strong>Care Staff day shift fill rates</strong></td>
<td>Apr-18</td>
<td>&gt;=80% and &lt;=109.99%</td>
<td>91.61%</td>
<td></td>
<td>Care Staff day shift fill rates across inpatient areas for the month of April 2018 is 91.61% down from 101.10% in March 2018.</td>
</tr>
<tr>
<td><strong>Care Staff Night shift fill rates</strong></td>
<td>Apr-18</td>
<td>&gt;=80% and &lt;=109.99%</td>
<td>108.36%</td>
<td></td>
<td>Care Staff night shift fill rates across inpatient areas for the month of April 2018 is 108.36% down from 124.17% in March 2018.</td>
</tr>
<tr>
<td><strong>Trust - Harm Free Care %</strong></td>
<td>Apr-18</td>
<td>97.79%</td>
<td>98.66%</td>
<td></td>
<td>The Trust's overall Harm Free care in April 2018 was 98.66% this has increased from 97.82% in March 2018.</td>
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</tbody>
</table>
Integrated Performance and Compliance Dashboard - April 2018

QUALITY AND SAFETY

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<thead>
<tr>
<th>Measure (click on measure for trend graphs)</th>
<th>Reporting period</th>
<th>Target</th>
<th>Actual</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Performance Overview / Key Highlights</td>
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<tr>
<td>The Trust HSMR has increased in the latest release; this was expected due to the new data period including the seasonal pressures, resulting in a higher mortality rate during December to February. The Trust continues to remain within the expected range for both HSMR and SHMI values. The one Never Event reported during 2017-18 (August 2017) has been withdrawn, this is after a collaborative investigation and review between the Trust, NHS England and Commissioners. Therefore the number of never events for 2017-18 is now zero.</td>
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<tr>
<td>Conclusion and recommendation</td>
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<tr>
<td>The Board of Directors is asked to note the content of the report, current performance and work to continuously improve</td>
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<tr>
<td>The Board are asked to note the HSMR and SHMI values which continue to remain within the expected range, the excellent performance around dementia and VTE assessments and the continued achievement of hand hygiene against the Trust target.</td>
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### Integrated Performance and Compliance Dashboard - April 2018

#### WORKFORCE

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<thead>
<tr>
<th>Measure (click on measure for trend graphs)</th>
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<th>Target</th>
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<tbody>
<tr>
<td>Sickness</td>
<td>Mar-18</td>
<td>3.50%</td>
<td>4.35%</td>
<td></td>
<td>The sickness absence rate for Quarter 4 2017/18 is 4.83%, a reduction of 0.16% when compared to the previous quarter (4.99%). The sickness absence rate for Quarter 4 2017/18 has shown a reduction of 0.16% when compared to the baseline of 31 March 2017 (4.99%). The long term sickness absence rate for Quarter 4 2017/18 is 2.58%, a reduction of 0.25% when compared to the baseline of 31 March 2017 (2.83%). The cost of sickness absence showed an increase for January 2018 but then reduced for February and March 2018. The total cost of absence for Quarter 4 2017/18 is reported as £1,670,829. This is £102,965 lower when compared to Quarter 3 2017/18 (£1,773,794), and £85,676 lower when compared to Quarter 4 2016/17 (£1,756,505).</td>
</tr>
<tr>
<td>Turnover (inc Foundation Doctors)</td>
<td>Mar-18</td>
<td>10.50%</td>
<td>14.80%</td>
<td></td>
<td>Turnover has increased by 2.97% for Quarter 4 2017/18 (including foundation doctors) when compared to the baseline of 31 March 2017. The higher rate is a direct result of the TUPE transfer of approximately 700 staff to North Tees and Hartlepool Solutions as, although the number of leavers have been excluded from the Trust’s turnover calculation, turnover within the Estates and Facilities service has traditionally been low therefore by removing these staff from the calculation, this has had the effect of increasing the Trust's rate.</td>
</tr>
<tr>
<td>Turnover (excl Foundation Doctors)</td>
<td>Mar-18</td>
<td>10.50%</td>
<td>14.01%</td>
<td></td>
<td>Turnover has increased by 2.85% for Quarter 4 2017/18 (excluding foundation doctors) when compared to the baseline of 31 March 2017.</td>
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<tr>
<td>Mandatory Training</td>
<td>Mar-18</td>
<td>80.00%</td>
<td>84.00%</td>
<td></td>
<td>The overall compliance for mandatory training for Quarter 4 2017/18 is 84%, which is 4% above the target.</td>
</tr>
<tr>
<td>Appraisals</td>
<td>Mar-18</td>
<td>95.00%</td>
<td>73.00%</td>
<td></td>
<td>Appraisal compliance is currently reported at 73%, against a target figure of 95%. The drop in compliance has come from the removal of North Tees and Hartlepool Solutions data from the main report. This continues to be a key area of focus and directorates are sent their RAG reports monthly, with regular reminders issued by the education delivery team to inform directorates of those appraisals that are outstanding. This is regularly reported to the Deputy Executive team meeting to escalate areas of concern and a process of inviting areas of low compliance to attend the Workforce and OD Committee to discuss their action plans will be commencing shortly.</td>
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**Note:**
- The data reflects the performance metrics for Quarter 4 of fiscal year 2017/18.
Integrated Performance and Compliance Dashboard - April 2018

WORKFORCE

Measure (click on measure for trend graphs)

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<th>Reporting period</th>
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Performance Overview / Key Highlights

The performance report for the Workforce Directorate contains information for the period up to 31 March 2018 and demonstrates that sickness absence rate for Quarter 4 2017/18 is 4.83%. The sickness absence rate for the month of March 2018 was 4.35%, a reduction of 0.24% when compared to the previous month (February 2018). Turnover has increased by 2.97% for Quarter 4 2017/18 (including foundation doctors) when compared to the baseline of 31 March 2017.

The overall compliance for mandatory training for Quarter 4 2017/18 is 84%, above the target of 80%, with staff appraisal compliance reported at 73%, below the target of 95%. This is regularly reported to the Deputy Executive team meeting to escalate areas of concern and plans are being developed to invite those areas with low compliance to attend the Workforce Committee to discuss individual action plans.

Compliance for appraisal and sickness absence continues to be significantly adrift from the target position. Plans are in place to monitor and improve percentage compliance.

Conclusion and recommendation

The Board is asked to note the contents within the workforce report and positive performance against standards together with the on-going work to integrate performance reporting.

### APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

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<tbody>
<tr>
<td>AE</td>
<td>Target</td>
<td>Apr-18</td>
<td>95.00%</td>
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<td>Cancer</td>
<td>Emergency Care 4 hr standard</td>
<td>Mar-18</td>
<td>100.00%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer 31 days subsequent Treatment (Drug Therapy)*</td>
<td>Mar-18</td>
<td>94.00%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer 31 days subsequent Treatment (Surgery)*</td>
<td>Mar-18</td>
<td>88.24%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer 62 days (consultant upgrade)*</td>
<td>Mar-18</td>
<td>85.00%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer 62 days (screening)*</td>
<td>Mar-18</td>
<td>90.00%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer GP 62 Day (New Rules)*</td>
<td>Mar-18</td>
<td>97.18%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer Current 31 Day (New Rules)*</td>
<td>Mar-18</td>
<td>96.00%</td>
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<tr>
<td>Cancer</td>
<td>New Cancer Two week Rule (New Rules)*</td>
<td>Mar-18</td>
<td>93.00%</td>
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<tr>
<td>Cancer</td>
<td>Breast Symptomatic Two week Rule (New Rules)*</td>
<td>Mar-18</td>
<td>93.00%</td>
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* Target values for each measure across different periods.
### Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

**APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK**

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<tbody>
<tr>
<td>RTT</td>
<td>Target</td>
<td>Apr-18</td>
<td>92.00%</td>
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<tr>
<td></td>
<td>RTT incomplete pathways wait (92%)</td>
<td>Apr-18</td>
<td>93.05%</td>
<td>92.01%</td>
<td>92.82%</td>
<td>93.66%</td>
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<td>RTT incomplete pathways wait (92nd percentile)</td>
<td>Apr-18</td>
<td>17.30</td>
<td>18.10</td>
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<td>15.90</td>
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<td>RTT incomplete pathways wait (Median)</td>
<td>Apr-18</td>
<td>6.00</td>
<td>5.10</td>
<td>5.40</td>
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<td>RTT incomplete pathways &gt;52 week wait</td>
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<tr>
<td></td>
<td>Number of patients waiting less than 6 weeks for diagnostic procedures</td>
<td>Apr-18</td>
<td>99.00%</td>
<td>99.00%</td>
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<td></td>
<td>CIDs -Referral information*</td>
<td>Mar-18</td>
<td>95.98%</td>
<td>95.96%</td>
<td>96.23%</td>
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<td>CIDs- Referral to Treatment information*</td>
<td>Mar-18</td>
<td>96.59%</td>
<td>96.56%</td>
<td>97.49%</td>
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<tr>
<td></td>
<td>CIDs- Treatment Activity Information*</td>
<td>Mar-18</td>
<td>94.81%</td>
<td>95.70%</td>
<td>96.17%</td>
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**APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY**

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<td>Target</td>
<td>New to Review ratio (cons led)</td>
<td>Feb-18</td>
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<tr>
<td>Target</td>
<td></td>
<td>Apr-18</td>
<td>5.40%</td>
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<tr>
<td>Outpatient DNA (new)</td>
<td></td>
<td>Apr-18</td>
<td>8.93%</td>
<td>8.19%</td>
<td>8.92%</td>
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<tr>
<td>Target</td>
<td></td>
<td>Apr-18</td>
<td>9.00%</td>
<td>9.00%</td>
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<tr>
<td>Outpatient DNA (review)</td>
<td></td>
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### APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

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**Note:** Actual data for Apr-18 has been shown in red, with the target shown in green.
### Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

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<td>Session overruns (&gt;30 minutes)</td>
<td>Apr-18</td>
<td>10.67%</td>
<td>12.43%</td>
<td>12.43%</td>
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<td>A&amp;E Time to Initial Assessment - Ambulance arrivals (99th percentile) - Type 1</td>
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<td>A&amp;E Time to Initial Treatment (Median) - Type 1</td>
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<td>A&amp;E unplanned returns within 7 days - Type 1</td>
<td>Apr-18</td>
<td>5.57%</td>
<td>5.83%</td>
<td>5.30%</td>
<td>6.50%</td>
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### APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

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<td>A&amp;E left without being seen - Type 1</td>
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<td>1.96%</td>
<td>1.41%</td>
<td>2.90%</td>
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<td>A&amp;E Time to departure (95th percentile) - Type 1 **</td>
<td>Apr-18</td>
<td>05:56</td>
<td>05:15</td>
<td>05:34</td>
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<td>Number of ambulance handovers between ambulance and A&amp;E waiting more than 30 minutes***</td>
<td>Apr-18</td>
<td>46</td>
<td>20</td>
<td>31</td>
<td>13</td>
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<td>Number of ambulance handovers between ambulance and A&amp;E waiting more than 60 minutes***</td>
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<td>A&amp;E 12 Hour Trolley waits - Type 1</td>
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<tr>
<td>Diabetic Retinopathy Screening **</td>
<td>Apr-18</td>
<td>98.42%</td>
<td>98.24%</td>
<td>98.42%</td>
<td>98.46%</td>
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## APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

### Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

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<tbody>
<tr>
<td><strong>TCS 19</strong> - % of Community Patients that have had an unplanned admission LOS &lt;=2 days (Defined set of conditions)</td>
<td>Mar-18</td>
<td>23.59%</td>
<td>20.54%</td>
<td>22.71%</td>
<td>14.61%</td>
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<tr>
<td><strong>TCS 24</strong> - % of Patients achieving improvement using a EQ5 validated assessment tool</td>
<td>Mar-18</td>
<td>99.00%</td>
<td>100.00%</td>
<td>98.80%</td>
<td>96.29%</td>
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<tr>
<td><strong>TCS 35</strong> - % of standard wheelchair referrals completed within five days</td>
<td>Mar-18</td>
<td>94.90%</td>
<td>97.76%</td>
<td>85.95%</td>
<td>86.63%</td>
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<tr>
<td><strong>The % patients treated within 18 weeks of referral to audiology (Hpool site)</strong></td>
<td>Mar-18</td>
<td>100.00%</td>
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<td><strong>Audiology non admitted wait (92nd percentile)</strong></td>
<td>Mar-18</td>
<td>4.00</td>
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<tr>
<td>**Patient Identifier Indicator *</td>
<td>Mar-18</td>
<td>94.81%</td>
<td>95.70%</td>
<td>96.17%</td>
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<tr>
<td>**End of Life measure *</td>
<td>Mar-18</td>
<td>86.02%</td>
<td>85.71%</td>
<td>86.96%</td>
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### Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

**APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY**

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<tbody>
<tr>
<td>Target</td>
<td>Emergency admissions for acute conditions that should not usually require hospital admission</td>
<td>Mar-18</td>
<td>172.90</td>
<td>153.70</td>
<td>168.20</td>
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<td></td>
<td>Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</td>
<td>Mar-18</td>
<td>156.70</td>
<td>149.30</td>
<td>169.00</td>
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<tr>
<td>Target</td>
<td>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</td>
<td>Mar-18</td>
<td>28.92</td>
<td>22.25</td>
<td>28.92</td>
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<td></td>
<td>Unplanned hospitalisation for respiratory tract infections in under 19s</td>
<td>Mar-18</td>
<td>16.69</td>
<td>11.12</td>
<td>36.71</td>
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<td>Target</td>
<td>Stroke admissions 90% of time spent on dedicated Stroke unit</td>
<td>Mar-18</td>
<td>79.70</td>
<td>75.10</td>
<td>78.10</td>
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<td>High risk TIs assessed and treated within 24 hours</td>
<td>Mar-18</td>
<td>84.90</td>
<td>58.10</td>
<td>62.20</td>
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| Target  | Stroke admissions 90% of time spent on dedicated Stroke unit | Mar-18 | 51.17  | 23.36  | 27.81  |        |        |        |        |        |        |        |        |        |        |        |        |
|         | Unplanned hospitalisation for respiratory tract infections in under 19s | Mar-18 | 61.18  | 26.70  | 33.37  |        |        |        |        |        |        |        |        |        |        |        |        |
| Target  | Stroke admissions 90% of time spent on dedicated Stroke unit | Mar-18 | 80.00% | 80.00% | 80.00% |        |        |        |        |        |        |        |        |        |        |        |        |
|         | Unplanned hospitalisation for respiratory tract infections in under 19s | Mar-18 | 88.89% | 100.00%| 100.00%|        |        |        |        |        |        |        |        |        |        |        |        |

**Note:** The table above provides a summary of performance metrics for various health-related indicators, comparing actual results against the targets set for the specified periods.
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<td>HMSR</td>
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<td>HSMR Mortality Rates (Rolling 12 month value)</td>
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<td>103.12</td>
<td>104.77</td>
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<td>HSMR Crude mortality Rate (Rolling 12 month value)</td>
<td>Feb-18</td>
<td>3.46%</td>
<td>3.49%</td>
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<td>SHMI</td>
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<td>SHMI Mortality rate (Rolling 12 month value)</td>
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<td>105.91</td>
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<td>SHMI Crude mortality Rate (Rolling 12 month value)</td>
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<td>Dementia</td>
<td>Target</td>
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<td>Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question</td>
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<td>Dementia - % of patients undergone a diagnostic assessment</td>
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### Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

**APPENDIX 3 - QUALITY AND SAFETY**

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### APPENDIX 3 - QUALITY AND SAFETY

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# Integrated Performance and Compliance Dashboard - April 2018 (2018-2019 against target)

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<tr>
<td></td>
<td>Care Staff Night shift fill rates</td>
<td>Apr-18</td>
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<td>123.13%</td>
<td>129.22%</td>
<td>124.17%</td>
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<tr>
<td></td>
<td>Trust - Harm Free Care %</td>
<td>Apr-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>97.95%</td>
<td>97.93%</td>
<td>97.86%</td>
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</table>

**Note:** The table above includes measures such as Patient and Staff Experience Survey Score, Staff Experience Survey, and Trust - Harm Free Care percentages, with specific targets set for each period from January 2018 to March 2019.

### APPENDIX 4 - WORKFORCE

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<tbody>
<tr>
<td>Staff</td>
<td>Target</td>
<td></td>
<td>3.50%</td>
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<tr>
<td>Staff</td>
<td>Sickness</td>
<td>Mar-18</td>
<td>5.49%</td>
<td>4.59%</td>
<td>4.35%</td>
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<tr>
<td>Staff</td>
<td>Target</td>
<td></td>
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<td>10.50%</td>
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<tr>
<td>Staff</td>
<td>Turnover (inc Foundation Doctors)</td>
<td>Mar-18</td>
<td>12.55%</td>
<td>12.97%</td>
<td>14.80%</td>
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<td>Staff</td>
<td>Target</td>
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<td>10.50%</td>
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<tr>
<td>Staff</td>
<td>Turnover (excl Foundation Doctors)</td>
<td>Mar-18</td>
<td>12.22%</td>
<td>12.15%</td>
<td>14.01%</td>
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<tr>
<td>Staff</td>
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<td>80.00%</td>
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<tr>
<td>Staff</td>
<td>Mandatory Training</td>
<td>Mar-18</td>
<td>84.00%</td>
<td>84.00%</td>
<td>84.00%</td>
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<tr>
<td>Staff</td>
<td>Target</td>
<td></td>
<td>95.00%</td>
<td>95.00%</td>
<td>95.00%</td>
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<tr>
<td>Staff</td>
<td>Appraisals</td>
<td>Mar-18</td>
<td>73.00%</td>
<td>73.00%</td>
<td>73.00%</td>
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### Statement of Comprehensive Income (SoCI)

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<th></th>
<th>Annual Budget (£'000s)</th>
<th>Current Month (£'000s)</th>
<th>Year to Date (£'000s)</th>
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<tr>
<td><strong>Income</strong></td>
<td>282,276</td>
<td>22,594</td>
<td>22,549</td>
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<td>Pay</td>
<td>206,686</td>
<td>17,222</td>
<td>17,025</td>
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<td>Operating Non Pay</td>
<td>72,130</td>
<td>6,062</td>
<td>6,044</td>
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<tr>
<td>Pass through drugs and c</td>
<td>13,919</td>
<td>1,160</td>
<td>1,113</td>
</tr>
<tr>
<td><strong>Total Operating Costs</strong></td>
<td>292,736</td>
<td>24,444</td>
<td>24,183</td>
</tr>
<tr>
<td><strong>EBITDA</strong></td>
<td>(10,460)</td>
<td>(1,856)</td>
<td>(1,634)</td>
</tr>
<tr>
<td>Interest, Depreciation and amort.</td>
<td>13,544</td>
<td>1,105</td>
<td>1,143</td>
</tr>
<tr>
<td>Surplus/Deficit before PSF</td>
<td>(24,064)</td>
<td>(2,955)</td>
<td>(2,777)</td>
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<tr>
<td><strong>PSF</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Surplus/Deficit after PSF</td>
<td>(24,064)</td>
<td>(2,955)</td>
<td>(2,777)</td>
</tr>
</tbody>
</table>

**Commentary**

The Group Month 1 April position is a deficit of £(2.3)m, which is £0.2m ahead of the Group budget (excl. STF) and NHSI submitted plan by £0.2m. The Group is therefore performing broadly in line with expected levels at this point in the year.

### Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>Plan (£'000s)</th>
<th>Actual (£'000s)</th>
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<tbody>
<tr>
<td><strong>Assets, Non Current</strong></td>
<td>119,806</td>
<td>116,343</td>
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<tr>
<td>Assets, Current</td>
<td>36,288</td>
<td>36,482</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>156,094</td>
<td>155,425</td>
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<tr>
<td><strong>Liabilities, current</strong></td>
<td>(41,486)</td>
<td>(40,936)</td>
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<tr>
<td><strong>Net current assets</strong> (current assets less current liabilities)</td>
<td>(5,200)</td>
<td>(2,453)</td>
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<tr>
<td><strong>Liabilities, non current</strong></td>
<td>(17,594)</td>
<td>(14,500)</td>
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<tr>
<td><strong>Total Assets Employed</strong></td>
<td>97,012</td>
<td>99,989</td>
</tr>
<tr>
<td><strong>Taxpayers Equity</strong></td>
<td>97,011</td>
<td>99,989</td>
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</table>

**Commentary**

Cash levels have improved since last month by £1.6m. This is primarily due to high levels of invoices being raised to the Trust rather than NHS Solutions in error, providing the Group with a cash holiday whilst invoices are cancelled and re-raised to the correct entity. Cash holdings currently stand at £13.8m.

Capital additions year to date are £1.3m with commitments for 18/19 of £3.5m. The draft capital additions plan for 18/19 is £22.1m, to be agreed by the Board of Directors in May.
### Integrated Performance and Compliance Dashboard - April 2018 Benchmark Regional

<table>
<thead>
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<tbody>
<tr>
<td><strong>RTT</strong></td>
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</tr>
<tr>
<td>Incomplete Pathways waiting &lt;18 weeks</td>
<td>87.2%</td>
<td>92.82%</td>
<td>95.6%</td>
<td>93.0%</td>
<td>64.2%</td>
<td>93.1%</td>
<td>93.6%</td>
<td>92.1%</td>
<td>84.2%</td>
<td>93.1%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Half of patients wait less than</td>
<td>7 weeks</td>
<td>5 weeks</td>
<td>4 weeks</td>
<td>5 weeks</td>
<td>9 weeks</td>
<td>6 weeks</td>
<td>7 weeks</td>
<td>7 weeks</td>
<td>7 weeks</td>
<td>5 weeks</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Half of admitted patients wait less than</td>
<td>10 weeks</td>
<td>6 weeks</td>
<td>5 weeks</td>
<td>10 weeks</td>
<td>16 weeks</td>
<td>6 weeks</td>
<td>10 weeks</td>
<td>6 weeks</td>
<td>10 weeks</td>
<td>32 weeks</td>
<td>32 weeks</td>
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<tr>
<td>19 out of 20 patients wait less than</td>
<td>34 weeks</td>
<td>26 weeks</td>
<td>17 weeks</td>
<td>26 weeks</td>
<td>44 weeks</td>
<td>29 weeks</td>
<td>23 weeks</td>
<td>30 weeks</td>
<td>29 weeks</td>
<td>32 weeks</td>
<td>32 weeks</td>
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<tr>
<td>Half of Non admitted Pathways waited less than</td>
<td>5 weeks</td>
<td>2 weeks</td>
<td>4 weeks</td>
<td>5 weeks</td>
<td>7 weeks</td>
<td>4 weeks</td>
<td>6 weeks</td>
<td>5 weeks</td>
<td>3 weeks</td>
<td>4 weeks</td>
<td>3 weeks</td>
</tr>
<tr>
<td>19 out of 20 patients wait less than</td>
<td>24 weeks</td>
<td>17 weeks</td>
<td>16 weeks</td>
<td>19 weeks</td>
<td>29 weeks</td>
<td>23 weeks</td>
<td>18 weeks</td>
<td>22 weeks</td>
<td>16 weeks</td>
<td>17 weeks</td>
<td>17 weeks</td>
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<tr>
<td><strong>A&amp;E - April 18</strong></td>
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<tr>
<td>A&amp;E 4 hour target</td>
<td>88.5%</td>
<td>93.1%</td>
<td>97.75%</td>
<td>93.2%</td>
<td>84.7%</td>
<td>95.8%</td>
<td>94.2%</td>
<td>98.8%</td>
<td>95.4%</td>
<td>89.8%</td>
<td>95.4%</td>
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<tr>
<td><strong>Cancer 62 Day Standard - March 18</strong></td>
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<tr>
<td>Breast</td>
<td>94.10</td>
<td>98.95 (94.5/95.5)</td>
<td>100 (72.5/72.5)</td>
<td>100 (0.5/0.5)</td>
<td>0 (0/0)</td>
<td>100 (7.5/7.5)</td>
<td>85.56 (21.5/22.5)</td>
<td>100 (10/10)</td>
<td>100 (12/12)</td>
<td>100 (8/8)</td>
<td>100 (11/11)</td>
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<tr>
<td>Lung</td>
<td>78.80</td>
<td>84.27 (75/80)</td>
<td>100 (15.5/15.5)</td>
<td>100 (2/2)</td>
<td>61.6 (23/32)</td>
<td>81.25 (6.5/8.5)</td>
<td>85.29 (14.5/17)</td>
<td>100 (10.5/10.5)</td>
<td>84.7 (13.5/13.5)</td>
<td>92.4 (14/14)</td>
<td>92.4 (14/14)</td>
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<tr>
<td>Gynae</td>
<td>83.40</td>
<td>97.5 (39/40)</td>
<td>100 (1.5/1.5)</td>
<td>100 (1)</td>
<td>100 (2/2)</td>
<td>100 (4/4)</td>
<td>90.91 (5.5/5.5)</td>
<td>100 (4/4)</td>
<td>100 (10/10)</td>
<td>100 (4/4)</td>
<td>100 (4/4)</td>
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<tr>
<td>Upper GI</td>
<td>75.90</td>
<td>84.21 (32/38)</td>
<td>100 (2.5/2.5)</td>
<td>0 (0/0)</td>
<td>84.24 (7.5/8.5)</td>
<td>63.64 (3.5/5.5)</td>
<td>100 (11/11)</td>
<td>57.14 (4.7)</td>
<td>100 (1.5/1.5)</td>
<td>100 (7.5/7.5)</td>
<td>100 (4/4.5)</td>
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<tr>
<td>Lower GI</td>
<td>78.10</td>
<td>82.66 (74/89.5)</td>
<td>90.48 (9.5/10.5)</td>
<td>100 (5.5/5.5)</td>
<td>100 (6.5/6.5)</td>
<td>72.73 (8/11)</td>
<td>100 (5/5)</td>
<td>76.67 (11.5/15)</td>
<td>78.57 (5.5/7)</td>
<td>83.33 (15/18)</td>
<td>64.16 (7.5/11)</td>
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<tr>
<td>Uro (exc testes)</td>
<td>80.30</td>
<td>85.71 (156/162)</td>
<td>85.42 (20.5/24)</td>
<td>100 (0.5/0.5)</td>
<td>84.44 (8/45)</td>
<td>92.11 (17.5/19)</td>
<td>75 (4.5/6)</td>
<td>80.56 (14/19)</td>
<td>76.32 (14/15)</td>
<td>92.59 (9.5/10.5)</td>
<td>85 (8.5/10)</td>
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<tr>
<td>Haem (exc AL)</td>
<td>80.10</td>
<td>73.53 (25/34)</td>
<td>77.78 (3.5/4.5)</td>
<td>0 (0/1)</td>
<td>33.33 (1/3)</td>
<td>75 (6/8)</td>
<td>100 (1/1)</td>
<td>57.14 (2/3.5)</td>
<td>80 (2/2.5)</td>
<td>84.62 (5.5/6.5)</td>
<td>100 (4/4)</td>
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<td>Head &amp; Neck</td>
<td>70.40</td>
<td>87.1 (27/31)</td>
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<td>100 (0.5/0.5)</td>
<td>100 (5/5)</td>
<td>100 (1/1)</td>
<td>0 (0/0)</td>
<td>100 (12.5/12.5)</td>
<td>0 (0/0)</td>
<td>75 (7.5/10)</td>
<td>25 (0.5/2)</td>
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<td>Skin</td>
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<td>85.71 (3.5/3.5)</td>
<td>90.91 (10/11)</td>
<td>0 (0/0)</td>
<td>100 (75.5/75.5)</td>
<td>100 (5/5)</td>
<td>97.01 (32.5/33.5)</td>
<td>88.72 (38.5/39)</td>
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<tr>
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<td>72.10</td>
<td>75 (3/4)</td>
<td>100 (11/11)</td>
<td>0 (0/0)</td>
<td>100 (11/11)</td>
<td>100 (0.5/0.5)</td>
<td>0 (0/0)</td>
<td>33.33 (0.5/1.5)</td>
<td>0 (0/0)</td>
<td>0 (0/0)</td>
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<td>Brain/CNS</td>
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<td>100 (1/1)</td>
<td>0 (0/0)</td>
<td>0 (0/0)</td>
<td>0 (0/0)</td>
<td>0 (0/0)</td>
<td>0 (0/0)</td>
<td>100 (1/1)</td>
<td>0 (0/0)</td>
<td>100 (1/1)</td>
<td>0 (0/0)</td>
</tr>
<tr>
<td>Other</td>
<td>73.80</td>
<td>85.71 (67/8)</td>
<td>0 (0/0)</td>
<td>100 (2/2)</td>
<td>100 (11/11)</td>
<td>0 (0/0)</td>
<td>100 (1/1)</td>
<td>0 (0/1)</td>
<td>100 (1/1)</td>
<td>100 (1/1)</td>
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<tr>
<td>AI</td>
<td>84.50</td>
<td>89.54 (697.5/779)</td>
<td>92.9 (72/77.5)</td>
<td>92.31 (12/13)</td>
<td>85.35 (67/78.5)</td>
<td>85.53 (65/76)</td>
<td>88.57 (46.5/62.5)</td>
<td>90.69 (151/166.5)</td>
<td>89.05 (61/68.5)</td>
<td>90.55 (139/153.5)</td>
<td>90.32 (84/93)</td>
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### Integrated Performance and Compliance Dashboard - April 2018 Benchmark HED

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<th>Segment Name</th>
<th>Indicator</th>
<th>Period</th>
<th>Trust</th>
<th>Peer</th>
<th>Score</th>
<th>Performance</th>
<th>Trend</th>
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<tr>
<td>Operational Efficiency</td>
<td>Day case rate</td>
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<td>0.71</td>
<td>-0.07</td>
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<td>Operational Efficiency</td>
<td>Day case conversion rate</td>
<td>February 2017 - January 2018</td>
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<td>0.04</td>
<td>-0.07</td>
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<td>Operational Efficiency</td>
<td>Elective average length of stay</td>
<td>February 2017 - January 2018</td>
<td>1.95</td>
<td>3.26</td>
<td>-0.86</td>
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<tr>
<td>Operational Efficiency</td>
<td>Non-elective average length of stay</td>
<td>February 2017 - January 2018</td>
<td>3.78</td>
<td>4.29</td>
<td>-0.59</td>
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<td></td>
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<tr>
<td>Operational Efficiency</td>
<td>Zero day length of stay</td>
<td>February 2017 - January 2018</td>
<td>0.35</td>
<td>0.3</td>
<td>0.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Elective pre-operative length of stay over 3 days</td>
<td>February 2017 - January 2018</td>
<td>0</td>
<td>0.01</td>
<td>-0.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Average excess bed days</td>
<td>February 2017 - January 2018</td>
<td>0.28</td>
<td>0.45</td>
<td>-0.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Percentage of inpatients with a length of stay over 30 days</td>
<td>February 2017 - January 2018</td>
<td>0.02</td>
<td>0.02</td>
<td>-0.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Trust outpatient appointment cancellation rate</td>
<td>February 2017 - January 2018</td>
<td>0</td>
<td>0.08</td>
<td>-1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Outpatient appointment non-attendance rate</td>
<td>February 2017 - January 2018</td>
<td>0.09</td>
<td>0.08</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Ratio of first and follow-up outpatient appointments</td>
<td>February 2017 - January 2018</td>
<td>2.28</td>
<td>2.1</td>
<td>0.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Arthroscopy of the knee</td>
<td>February 2017 - January 2018</td>
<td>0.91</td>
<td>0.83</td>
<td>-0.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Coronary angiography</td>
<td>February 2017 - January 2018</td>
<td>0.99</td>
<td>0.9</td>
<td>-1.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Pacemaker implantation</td>
<td>February 2017 - January 2018</td>
<td>0.73</td>
<td>0.68</td>
<td>-0.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Repair of hand tendon</td>
<td>February 2017 - January 2018</td>
<td>0.83</td>
<td>0.83</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Repair of inguinal hernia</td>
<td>February 2017 - January 2018</td>
<td>0.75</td>
<td>0.73</td>
<td>-0.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Repair of umbilical hernia</td>
<td>February 2017 - January 2018</td>
<td>0.72</td>
<td>0.76</td>
<td>0.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Efficiency</td>
<td>Day Case Rate - Surgery for Dupuytren's contracture</td>
<td>February 2017 - January 2018</td>
<td>0.82</td>
<td>0.92</td>
<td>0.69</td>
<td></td>
<td></td>
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</tbody>
</table>
North Tees & Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Executive Summary

NHS National Staff Survey Results 2017

Strategic Aim *(The full set of Trust Aims can be found at the beginning of the Council of Governors Reports)*

Valuing our People

1. Introduction

This report provides detail relating to the 2017 staff survey results; specifically in relation to how the Trust compares to similar Trusts nationally; highlighting good practice and areas where focus may be required.

From a sample of 1250 people 620 surveys were completed. This equates to a response rate of 51% which is above average when compared to similar Trusts nationally (43%).

It is positive to note that out of the 32 key findings contained within that report the Trust rated better than average in 17 of them and average in a further 10. The remaining 5 were ranked as worse than average.

2. Summary of Key Findings

2.1 Top Scores

The Trust’s five top scores in the 2017 Staff Survey were in the following key findings:

- People believing that the organisation provides equal opportunities for career progression or promotion (higher the better)
- People working extra hours (lower the better)
- People feeling satisfied with the quality of work and care they are able to deliver (higher the better)
- People reporting violence (higher the better)
- People witnessing potentially harmful errors, near misses or incidents (lower the better)

2.2 Bottom Scores

The Trust’s five bottom scores were in the following key findings:

- People experience physical violence from patients, relatives or public (lower the better)
- People experiencing physical violence from staff (lower the better)
- Number of people appraised (higher the better)
- People experiencing harassment, bullying or abuse from patients, relatives or the public (lower the better)
- Number of staff agreeing that their role makes a difference to patients/service users (higher the better)
3. Recommendation

The Council of Governors are asked to note the contents of this report.

Presented by
Kevin Robinson
Non-Executive Director

Report prepared by
Alan Sheppard
Director of Workforce (Interim)
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

NHS National Staff Survey Results 2017

1. Introduction

This report provides detail relating to the 2017 staff survey results; specifically in relation to the benchmarked report produced by Picker on behalf of the Department of Health. These reports provide the Trust with a national view on the staff survey responses and highlights good practice and areas where focus may be required when compared against other similar Trusts.

Out of a sample of 1250 people 620 surveys were completed. This equates to a response rate of 51% which is above average when compared to similar Trusts nationally (43%).

2. Trust Results 2017

It is positive to note that of the 32 key findings contained within the Trust benchmarked report the Trust rated better than average in 17 and average in a further 10. The remaining 5 were ranked as worse than average.

The survey responses are arranged under 10 themes this year:
- Staff Engagement
- Appraisals & support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying

2.1 Staff Engagement

This indicator concerns the ability of staff to contribute to improvements at work; willingness to recommend the Trust as a place to work or receive treatment and the extent to which staff feel motivated and engaged in their work.

The Trust score of 3.81 (out of 5) was relatively static when looking at the 2016 engagement score and was average when compared to other similar Trusts.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>3.64</td>
<td>3.75</td>
<td>3.82</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Although there is static position this year it is positive to note a steady and sustained improvement in the Trust engagement score over previous years which is a reflection on the activities developed and implemented with the 4 key priority areas in mind:
- Increasing compliance and quality of performance appraisals across the Trust;
- Ensuring all staff know how they can / do make positive impact on patient care;
- Recognising and celebrating good practice;
- Communicate the strategic vision and the part we all play in making the vision a reality.

2.2 Appraisal & support for development

It is positive to note that the Trust saw an improvement in the quality of non-mandatory training, learning or development; which was a bottom ranked score in 2016. A response of 4.11 (out of 5) was rated as above average when compared to other similar Trusts.

However, despite seeing an increase in relation to the percentage of staff having an appraisal over the last 12 months (from 74% to 77%), this was rated below average when compared to other similar Trusts and is one of the Trust bottom 5 scores.

2.3 Equality and diversity

The Trust has seen a 2% improvement in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion; rating better than average nationally (93% compared to a national average of 85%).

2.4 Errors and incidents

Responses to 3 of the 4 key findings in this section were rated as better than average. The Trust had less people than average witnessing potentially harmful errors, near misses or incidents (25% compared to 29% national average); more people than average reporting potentially harmful errors, near misses or incidents (92% against a national average of 91%) and more people than average telling the Trust that the procedures for reporting such incidents are fair and effective (3.80 out of 5 against a national average of 3.73).

2.5 Health and wellbeing

It is positive to note that the Trust rated as above average in all aspects of the health and wellbeing section of the survey when compared to other similar Trusts.

However, when reviewing the annual comparison of Trust scores, there was an increase of 3% (to 34%) in the percentage of staff feeling unwell due to work related stress and an increase of 1% (to 52%) in the number of staff attending work despite feeling unwell due to pressure from their manager, colleague or themselves.

2.6 Working patterns

The Trust was better than average when considering opportunities for flexible working patterns (54% against a national average of 51%) and the low numbers of staff working extra hours (63% compared to a national average of 71%).

2.7 Job satisfaction

The Trust scored well compared to other similar Trust when considering themes linked to job satisfaction; particularly the number of staff that would recommend the Trust as a place to work or receive treatment. This was particularly noticeable in the responses linked to staff working extra hours which decreased from 65% to 63% this year.

However, there was a decrease of 2% from last year in relation to staff feeling able to contribute towards improvements at work (from 72% to 70%).
2.8 Managers

Whilst rating better than average on recognition and value of staff by managers and the Trust, there was a slight deterioration in the annual score from last year (from 3.53 to 3.51 out of 5).

2.9 Patient care and experience

The Trust rated better than average in 2 of the 3 elements included in this section. This considers people being satisfied with the quality of work and care they are able to give (4.05 out of 5 against a national average of 3.90) and the effective use of feedback from patients (3.76 against a national average of 3.69).

However, the Trust rated worse than average in relation to people believing that their role makes a difference to patients / service users, having seen a 3% decline from the 2016 results (from 92% to 89%).

2.10 Violence, harassment and bullying

Responses received in this section were mixed. It is important to note that any case of this nature is unacceptable and the Trust exercises a zero tolerance to this behaviour. This report however considers how the Trust fared compared to others nationally.

Of the 6 key findings contained within this section of the report, the Trust ranked worse than average in 3; staff experiencing physical violence from patients, relatives or the public, staff experiencing physical violence from staff and staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The Trust ranked better than average to the key finding relating to staff reporting their experience of violence.

When considering the Trust annual comparison of responses, this shows a positive trend in relation to physical violence from patients, relatives or the public, despite being ranked as worse than average against other Trusts (from 19% to 15%). This is also true of the key finding linked to staff experiencing physical violence from staff (from 3% to 2%).

3. Positive scores

The areas where the Trust compares most favourably when compared with other similar Trusts are:

3.1 Percentage of staff working extra hours (lower the better)

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>63%</td>
<td>65%</td>
<td>71%</td>
</tr>
</tbody>
</table>

3.2 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (higher the better)

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>93%</td>
<td>85%</td>
<td>93%</td>
</tr>
</tbody>
</table>
3.3 Staff satisfaction with the quality of work and care they are able to deliver (higher the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.05</td>
<td>4.01</td>
<td>3.90</td>
<td></td>
<td>4.16</td>
</tr>
</tbody>
</table>

3.4 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (lower the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>25%</td>
<td>29%</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

3.5 Percentage of staff reporting most recent experience of violence (higher the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>81%</td>
<td>67%</td>
<td></td>
<td>82%</td>
</tr>
</tbody>
</table>

4. Negative scores

The areas where the Trust compares least favourably with other similar Trusts are:

4.1 Percentage of staff appraised in the last 12 months (higher the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>74%</td>
<td>86%</td>
<td></td>
<td>95%</td>
</tr>
</tbody>
</table>

4.2 People experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (lower the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>28%</td>
<td>27%</td>
<td></td>
<td>19%</td>
</tr>
</tbody>
</table>

4.3 Percentage of staff experiencing physical violence from staff in the last 12 months (lower the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td></td>
<td>1%</td>
</tr>
</tbody>
</table>

4.4 Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months (lower the better)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>19%</td>
<td>14%</td>
<td></td>
<td>9%</td>
</tr>
</tbody>
</table>

4.5 Percentage of staff agreeing that their role makes a difference to patients/service users (higher the better)
5. Significant Changes

The Trust has not seen any significant changes in any of the key findings from last years’ survey; whether that is positive or negative.

6. Taking things forward

It is encouraging to note there are a number of positive trends apparent from the staff survey results this year. There has been a significant rise in engagement activity over the past year which appears to be reflected in the staff survey results. It is accepted that such activities take time to embed and have a positive influence on the culture of an organisation; however it is anticipated that this will continue over the next year, improving overall engagement and as a result be reflected in the 2018 survey results.

Results are being analysed via the Trust culture group with input from staff and staff side representatives across the Trust regarding priorities and making continuous improvements. This will be included within the staff survey action plan, which will be monitored through the culture group and reported to the Workforce Committee.

It is important to note that the staff survey results are not considered in isolation, but form part of the wider engagement agenda. This ensures appropriate trend analysis takes place with any actions reflecting this analysis.

6.1 Working with directorates

The Employee Relations team are working with Directorates across the Trust in relation to their local staff survey results; providing support and guidance in relation to the development of local action plans. These action plans will be monitored through the Deputy Executive Team meeting and reported to the Workforce Committee. The analysis of local reports includes exemplar practices to ensure Trust wide learning and sharing good practice in areas where results were less positive. It is also vital that specific areas of concern are focused upon which will be picked up during the Heat Map related activity that is currently in place through the Quality Reference Groups with individual areas.

6.2 Feedback

It is important that the results from the survey are shared widely with staff; providing all with the opportunity to provide their view and thoughts on the results and how things could be improved; including working with staff side colleagues. Feeding back to staff is a vital part of engagement and the Trust is developing alternative and innovative ways of feeding what ‘we said, we did’ back to staff. It is anticipated that this will have a positive impact on the response rate for the 2018 survey.

7. Recommendation

The Council of Governors is requested to note the content of this paper; noting in particular the on-going activity relating to analysing and action planning going forward.

<table>
<thead>
<tr>
<th>2017</th>
<th>2016</th>
<th>2017 average</th>
<th>Similar Trust best score</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>92%</td>
<td>90%</td>
<td>93%</td>
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</table>
North Tees and Hartlepool NHS Foundation Trust

Council of Governors

7 June 2018

Cumbria and the North East Integrated Care System and Integrated Care Partnership Proposals and Progress

Report of the Chief Executive

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governor Reports)

Putting Patients First; Valuing our People; Transforming our Services; Health and Wellbeing.

1. Introduction

1.1 An overview of the current and future plans for the Cumbria and North East (CNE) Sustainability and Transformation Partnership (Integrated Care System) are outlined in the paper. In addition an update on progress made locally with regard to the work of the Committee in Common is provided.

2. Regional Position

2.1 The CNE Health Strategy Group has broadly agreed how an Integrated Care System (ICS) encompassing four Integrated Care Partnerships (ICPs) could operate in the North East and North Cumbria.

2.2 The establishment of one overarching ICS for the North East and North Cumbria and four ICPs has been agreed.

3. Proposed Role and Remit of the ICS

3.1 The ICS will set the overall health and care strategy, as well as providing leadership and support to cross-cutting work streams and will delegate delivery to ICPs.

3.2 The ICS will aspire to devolve control of key financial and staffing resources with a single leadership architecture, joint financial management and the lead role in coordinating shared improvement initiatives and will hold the ICPs to account for the delivery of outcomes.

3.4 A governance framework for the ICS has been proposed to illustrate how proposals generated by the STP work streams can secure the approval of the whole system before going forward for statutory decision-making if required.

4. Proposed Role and Remit of the ICPs

4.1 ICP provider partnerships will be commissioned to deliver non-specialist acute care with the initial focus being on bringing together critical mass to sustain vulnerable acute services with the option to standardise pathways as well as further streamline both commissioning activities and provider overheads based on defined footprints.

5. Role of the STP /ICS Lead

5.1 The STP/ICS Lead will continue to liaise with NHS Improvement and NHS England and the relevant central offices on how the proposed ICS Framework for CNE will operate.
5.2 Regional programmes have been identified and Senior Responsible Officers (SRO) aligned to programmes to oversee the delivery and report progress against deliverables to the Health Strategy Group.

6. Local Care Partnership – Governance

6.1 Independent governance has been agreed to drive the development of a ‘blueprint’ to support the overarching programme of work toward appropriate acute care reconfiguration. Delegated responsibility has been given to the three provider Chief Executive Officers to progress the ‘blueprint’

6.2 Regular meetings are in place to provide oversight as to the development of reconfiguration plans and the drive to provide streamlined acute care provision, local access, improved outcomes and a cost effective approach to the system provider financial challenge.

6.3 Independent clinical oversight has been agreed with NHS England and the North West Clinical Senate is being mobilised to provide support and credence to the future option appraisal and modelling work.

6.4 An internal structure to support programme management and governance processes has been developed to mobilise resources and coordinate milestone delivery and supporting documentation in the lead up to the formal and legal requirements of service change and development.

7. Next Steps

7.1 Following a positive meeting with Matthew Swindells, National Director; Operations and Information, NHS England, on 4 May 2018, an Expression of Interest will be developed in accordance with the required criteria in readiness to commence operation in April 2019.

8. Capital Plans

8.1 Delivering the 5-Year Forward View Wave 4 capital bids are currently being coordinated by the STP/ICS team.

9. Digital Enabling Work

9.1 The Trust had agreed in principle to support the Great North Care Record (GNCR) exemplar programme and to match fund the programme and make revenue contributions to support in the longer term.

10. Summary and Recommendations

10.1 The Trust is fully participating in the current and future plans for the Cumbria and North East Sustainability and Transformation Partnership (Integrated Care System), is representative on programmes of work and fully endorses the triple aim.

10.2 Whilst the maturity of planning and collaboration across the provider sector in the south is a risk there are a number of mitigations in place to support planning and pace of delivery.

10.3 The Council of Governors is asked to note the work to date, the tenacity of panning and delivery, the emerging CNE ICS expression of interest and the position on the blueprint, the capital bid and the digital enabling work to support the clinical and financial sustainability of the Trust.

Julie Gillon
Chief Executive (Interim)
North Tees and Hartlepool NHS Foundation Trust

Briefing Paper for Council of Governors

7 June 2018

North Tees and Hartlepool Solutions LLP

1. Introduction

In July 2017 North Tees and Hartlepool NHS Foundation Trust decided to develop a full business case to consider the establishment of a limited liability partnership (LLP) entity to primarily deliver the estates, facilities and procurement services to the Trust. On the 22 February 2018 the Trust Board giving careful consideration to the business case determined it appropriate to establish North Tees and Hartlepool Solutions LLP with effect from 1 March 2018. This paper provides an update to Council of Governors on the progress and performance of the LLP.

2. Background

Wholly owned subsidiaries are an organisational and governance form that NHS providers can legally adopt to manage part of their organisation. They are used widely throughout the NHS for different purposes to deliver a variety of services and are being used to put into operation national initiatives set out in the Five Year Forward View, and responding to recommendations in the Carter review on productivity in NHS hospitals by sharing services and back office functions. They are an alternative to outsourcing services to the private sector; it is inaccurate and misleading to say that they are being used to avoid VAT or as a backdoor to privatisation. The wholly owned subsidiary enables the trusts to reinvest savings to improve patient care as well as being able to offer a range of employment and pay flexibilities for staff by offering a different mix of salary and pension benefits.

Only foundation trusts, as legally independent public benefit corporations, have the statutory power to set up subsidiary companies on their own, they are not a new concept in the NHS; the legislation enabling trusts to create wholly owned subsidiaries has been in place since 2006. NHS Trusts have been actively setting up wholly owned subsidiaries since 2010. This is in response to a new strategic direction in the NHS requiring trusts to support new models of service delivery, pursue system collaboration and integration and deliver operational productivity improvements. The use of wholly owned subsidiaries deliberately builds on the best practice that has developed over the last eight years.

3. Key Issues and Planned Actions

3.1 North Tees and Hartlepool Solutions LLP was registered at Companies House with Partnership No. OC419412 on the 9 October 2017, it is a limited liability partnership with Northumbria Healthcare Facilities Management Limited (NHFML), a wholly owned subsidiary of Northumbria Healthcare Trust. NHFML have a 5% voting share but extract 0% profit from the agreement.

3.2 The LLP and the Trust have considered and thought fit to authorise a master service agreement (MSA) with the Trust for the provision by the LLP to the Trust of a range of estates, facilities, supplies and procurement services to provide fully managed
healthcare facilities. The MSA places the authority with the Trust to appoint and dismiss directors of the LLP and to cancel the agreement should it deem necessary to do so.

3.3 Formal consultation with those staff affected commenced on the 13 September 2017 and concluded on the 31 October 2017. The LLP commenced its operational phase on the 1 March 2018 with the TUPE transfer of 697 staff. Existing staff retain their existing terms and conditions; new staff are employed on alternative terms and conditions. The LLP has recruited a number of employees to these terms and conditions without issue.

3.4 The Trust and the LLP has received confirmation from the NHS Business Authority that the Pension Direction Order request has been accepted and the staff who undertook the TUPE transfer are eligible to continue to access the NHS Pension Scheme in exactly the same manner as they did when they were NHS employees. This approval cannot be given prior to the TUPE transfer.

3.5 The LLP has secured independent Public and Employers Liability Insurance cover to the value of £10M.

3.6 Since trading commenced, the LLP has delivered all of the requisite services to the Trust; no complaints have been received from service users, patients or staff relating to any of the contracted services provided.

3.7 Since trading commenced, no staff complaints have been received or staff concerns registered with the LLP. One member of staff resigned their employment on the 28 February 2018 declining to TUPE transfer to the LLP; there are no other staff concerns to report.

3.8 The LLP held its first Management Board meeting on the 14 May 2018, no significant issues or concerns were raised.

3.9 The LLP’s immediate concerns are to consolidate performance. A business plan for growth of the LLP is under development, key-areas being explored are:

3.9.1 Transfer the operation of the Panacea pharmacy service to the LLP;

3.9.2 Scope the benefit of further Trust provided support services being transferred into the LLP;

3.9.3 Commercially exploit the expertise within the LLP relating to Scan for Safety and Care Scan+ to the wider NHS community;

3.9.4 Expand decontamination services currently provided to South Tees Hospitals Trust and potential decontamination opportunities at the Nuffield Hospital.

3.9.5 Measurably improve the quality of services provided to the Trust through the establishment of a central Helpdesk for the LLP and electronic recording of all portering activities.

3.9.6 Review inventory and logistics management services.
4. **Governance arrangements**

4.1 NT&H NHS FT is the controlling (‘Senior’) partner, and group accounts apply for all of NT&H NHS FT interests in the LLP. The Board of NT&H NHS FT has the authority to withdraw from the partnership agreement at any point in time and for any given reason and transfer all assets and staff back to the Trust. The control of the membership of the LLP is determined by NT&H NHS FT as senior partner which would allow it to retain responsibility for the LLP board of directors and be able to appoint and dismiss a director.

4.2 Legal advice has been provided to the LLP by Addleshaw Goddard LLP who are experienced in the establishment of Facilities Management Companies within the healthcare setting. Further legal advice specifically to protect the interests of the Trust has been received and acted upon from Beachcroft LLP.

4.3 The LLP has established an independent Board of Directors; comprising of one executive director, one Non-Executive director who will be the Chairperson, a representative from NHFML; a part-time finance director is to be appointed. The Trust's Company Secretary is currently also undertaking the role of Company Secretary for the LLP.

4.4 A compliance and performance governance group has been established. The group has broad representation from the Executive Directors of the Trust and the Managing Director of the LLP, its purpose being to review the quantitative and qualitative performance of the LLP against the key performance indicators of the Master Service Agreement (MSA). The LLP presented its first report to the Trust on the 14 May 2018, no significant issues or concerns were raised. Trend analysis will be provided in future months to evidence continuous improvement.

4.5 The contract will be managed on behalf of the Trust by the Trust’s Finance Director in a similar manner to any other major external contract.

4.6 The LLP will provide regular reports to the Trust Board regarding the performance of the LLP.

4.7 AuditOne will provide an independent audit opinion. The Trust’s external auditors Price Waterhouse Cooper will provide the external audit opinion to the LLP.

5. **Conclusion / Summary**

5.1 Wholly owned subsidiaries are a key tool to deliver the current strategic requirements expected of the Trust. Developing a wholly owned subsidiary delivers a variety of benefits to the Trust, staff, patients and the broader NHS.

5.2 The LLP has achieved its initial objective of commencing operation at the beginning of March 2018; this has been achieved without disruption or detriment to the Trust or staff transferred.

5.3 The overall financial benefit to the Group up to March 2018 is £2,199K. This figure is net of LLP set up costs and insurance premiums.

6. **Recommendation**

6.1 The Council of Governors is asked to note the content of this report.
Executive Summary

Financial Performance Update

Report of the Director of Finance

Strategic Aim (*The full set of Strategic Aims can be found at the beginning of the agenda*)

Transforming our services

1. Introduction/Background

1.1 This report outlines the financial performance for 2017/18 as well as outlining the plan for the 2018/19 financial year.

2. Main content of Executive Summary

2.1 The Trust has experienced significant financial challenges in the 2017/18 financial year. It has reported an underlying deficit of £21.5m. In addition to this, the Trust has incurred a number of material non-recurrent (one off) items of expenditure totaling £18.6m.

2.2 The Trust faces another challenging financial year in 2018/19 with a planned deficit of £24m which includes £11.9m of Cost Improvement Plans.

2.3 Generating cost improvements has been challenging for the Trust over the last few years. Greater focus is placed on procurement savings, appropriate use of drugs and support services redesign, with a view to looking further at shared services and collaboration across the local NHS system / patch. The Trust continues to build on its successes in managing temporary staffing expenditure.

2.4 The efficiency programme continues to be developed alongside service planning to ensure safe services can be sustained and will drive quality improvement, in recognition that high quality and value for money are not competing alternatives.

2.5 The Trust is delivering action plans for the areas highlighted by Lord Carter and Model Hospital data to understand further the opportunity / reasons for the difference when comparing the cost of the services with those comparable Trusts that appear to be more cost effective.

3. Conclusion/Summary

3.1 The Trust faces another challenging year financially in 2018/19 but has continued to build on the successes from 2017/18 – particularly in relation to managing premium costs associated with temporary staffing.

4. Recommendation

4.1 The Council of Governors are requested to note the financial performance of the Trust for 2017-18 and the financial challenges facing the Trust in 2018-19.

Neil Atkinson
Director of Finance
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Financial Performance Update

Report of the Director of Finance

1. Introduction/Background

1.1 This report outlines the financial performance for 2017/18 as well as outlining the plan for the 2018/19 financial year.

2. Main content of report

Financial Performance 2017-18

2.1 The challenging demands on NHS services and wider economic environment continues to impact on the Trust increasing the financial challenge it faces and which has led this year to a significant deficit position. This emphasises that under the current funding system the Trust operates in an underlying deficit position. Notwithstanding this, there remains a continuing focus on delivering high quality patient care, which has been achieved throughout the year, as demonstrated by the CQC rating the Trust as good in all categories including well-led.

2.2 The Trust complies with IAS 27 which requires the preparation of consolidated accounts for a group of entities under the “control” of a parent. Control is defined as “the power to govern the financial and operating policies of an entity so as to obtain benefit from its activities”.

2.3 The Trust has therefore consolidated the Charitable Funds and its wholly owned subsidiary companies into the Group position for 2017-18.

2.4 This is the third year that the Trust has consolidated the accounts of its wholly owned subsidiary, Optimus Health Limited. This company trades as Panacea Pharmacy and offers a dispensing service for outpatients on the North Tees site, as well as retail goods to all visitors and staff. The Trust has also consolidated North Tees and Hartlepool Solutions, a wholly owned subsidiary company, established on 1st March 2018.

<table>
<thead>
<tr>
<th>Analysis of Surplus/(Deficit) for the year</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(Deficit) from continuing operations – before consolidation of the charity</td>
<td>(40,086)</td>
<td>(2,453)</td>
</tr>
<tr>
<td>Movement in fair value of investment property and other investments</td>
<td>(11,439)</td>
<td>(5,418)</td>
</tr>
<tr>
<td>Gain losses on asset disposals</td>
<td>-</td>
<td>122</td>
</tr>
<tr>
<td>Remove capital donations/grants I&amp;E impact</td>
<td>953</td>
<td>110</td>
</tr>
<tr>
<td>Surplus/(Deficit) for the financial period before impairments, revaluations and charitable funds including STF</td>
<td>(27,694)</td>
<td>3,197</td>
</tr>
<tr>
<td>Remove impact of STF</td>
<td>(1,187)</td>
<td>(8,953)</td>
</tr>
<tr>
<td>Surplus/(Deficit) for the financial period before impairments</td>
<td>(28,881)</td>
<td>(5,756)</td>
</tr>
</tbody>
</table>
The result for the financial period before impairment, revaluation and the impact of the charitable funds is one of the primary financial KPIs used by the Trust and Monitor/ (NHSI). This Non-GAAP measure has been referred to as ‘Operational Deficit’ in the Annual Report.

2.5 The further consolidated group (including charity adjustments) is a deficit of £(40.420)m. This includes an exceptional item of £(11.439)m of asset impairments, which, along with donated asset and asset disposal adjustments, does not count against NHS Improvement control total target. This exceptional item arose because the Trust is required to report its capital assets at fair value. This is a non-cash technical adjustment and it is appropriate to show this loss in the statement of comprehensive income for the year. There are a number of other exceptional items impacting upon the 2017/18 financial position; these include Historical Balance Sheet items and settlement of Prior Year contracts. These items are identified in the table below which identifies the normalised position of the Trust (i.e. the position excluding these non-recurrent items).

<table>
<thead>
<tr>
<th>Reporting period 1 April 2017 to 31 March 2018</th>
<th>Actual</th>
<th>Exceptional Items</th>
<th>Normalised Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>278,793</td>
<td>1,802</td>
<td>280,595</td>
</tr>
<tr>
<td>Pay expenditure</td>
<td>201,094</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non pay expenditure</td>
<td>94,374</td>
<td>4,536</td>
<td>89,838</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>295,468</td>
<td>4,536</td>
<td>290,932</td>
</tr>
<tr>
<td>EBITDA</td>
<td>(16,675)</td>
<td>6,338</td>
<td>(10,337)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>8,469</td>
<td>2,012</td>
<td>6,457</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>(44)</td>
<td>-</td>
<td>(44)</td>
</tr>
<tr>
<td>Interest payable</td>
<td>334</td>
<td>-</td>
<td>334</td>
</tr>
<tr>
<td>PDC</td>
<td>4,401</td>
<td>-</td>
<td>4,401</td>
</tr>
<tr>
<td>Interest, Depreciation and PDC</td>
<td>13,160</td>
<td>2,012</td>
<td>11,148</td>
</tr>
<tr>
<td>Surplus/(Deficit) before impairments</td>
<td>(29,835)</td>
<td>8,350</td>
<td>(21,485)</td>
</tr>
<tr>
<td>Impairment</td>
<td>11,439</td>
<td>11,439</td>
<td>-</td>
</tr>
<tr>
<td>Surplus/(Deficit) after impairments</td>
<td>(41,273)</td>
<td>19,789</td>
<td>(21,485)</td>
</tr>
<tr>
<td>STF Income</td>
<td>1,187</td>
<td>(1,187)</td>
<td>-</td>
</tr>
<tr>
<td>Total Trust Surplus/(Deficit)</td>
<td>(40,086)</td>
<td>18,602</td>
<td>(21,485)</td>
</tr>
</tbody>
</table>

2.6 The Trust was set a control total by Monitor (operating under the name NHS Improvement) at the start of the financial year. This control total was to achieve a deficit of £(3.858)m (excluding charitable funds and exceptional items) which, if achieved, would enable the Trust to access £6.876m of Sustainability and Transformation Funding (STF), leading to control total of a surplus of £3.018m, including STF.

2.7 For 2017-18 the Trust did not achieve the required control total and subsequently did not receive the core STF allocation. The Trust, however, did receive a general STF allocation of £1.187m.

2.8 Operational pay budgets for the Directorates have remained under pressure with recourse to locum and agency staff to meet the demand for services although the Trust has made substantial progress in
reducing Locum and Agency Costs. Agency Spend for the year (including locums) was £4.0m. This was a reduction of £3.1m compared to the 2016/17 reported position. The Trust had an agency ceiling target from NHSI of £5.7m and therefore came in £1.7m under this target.

2.9 The very significant Efficiency Savings (Cost Reduction Target of £18.893m) Programme regrettably was not met, with the challenge both to deliver as a result of the demand placed on services throughout the whole year and the ability to fully identify opportunities which could be delivered within the year. At the year end, the programme delivered £12.492m, £6.211m more than in 2016-17.

2.10 Additionally the Trust incurred in 2017-18 a number of items requiring correction and which principally related to Historic Balance Sheet Issues. These are provided below to allow a view of the Trust’s underlying position at the end of 2017-18.

The table below summarises the financial performance 2017-18 and 2016-17.

<table>
<thead>
<tr>
<th>Income and expenditure Summary as at 31 March 2018</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-18</td>
</tr>
<tr>
<td>Operating income from patient care activities</td>
<td>257,440</td>
</tr>
<tr>
<td>Other operating income</td>
<td>23,229</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(316,415)</td>
</tr>
<tr>
<td>Operating surplus(deficit) from continuing operations</td>
<td>(35,746)</td>
</tr>
<tr>
<td>Finance income</td>
<td>93</td>
</tr>
<tr>
<td>Finance expenses</td>
<td>(291)</td>
</tr>
<tr>
<td>PDC dividends payable</td>
<td>(4,401)</td>
</tr>
<tr>
<td>Net finance costs</td>
<td>(4,599)</td>
</tr>
<tr>
<td>Other gains/(losses)</td>
<td>(75)</td>
</tr>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>(40,420)</td>
</tr>
</tbody>
</table>

Other comprehensive income
Will not be reclassified to income and expenditure:

Impairments                               | (7,302)  | -      |
Revaluations                               | 6,706    | 485    |
Other reserve movements                    | -        | (34)   |

May be reclassified to income and expenditure when certain conditions are met:

Fair value gains/(losses) on available-for-sale financial investments | 39    | 202   |

Total comprehensive income/(expense) for the period | (40,977) | (1,897) |

Surplus/(deficit) for the period attributable to:

North Tees and Hartlepool NHS Foundation Trust | (40,420) | (2,550) |
Total                                         | (40,420) | (2,550) |

Total comprehensive income/(expense) for the period attributable to:

North Tees and Hartlepool NHS Foundation Trust | (40,977) | (1,897) |
Total                                         | (40,977) | (1,897) |

Table 1 – Financial Performance against Plan 2017-18
### Plan and Actual Variance

<table>
<thead>
<tr>
<th>Description</th>
<th>Plan</th>
<th>Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closing Cash Balance (Excluding Charitable Funds)</td>
<td>£20.291m</td>
<td>£12.163m</td>
<td>(£8.128m)</td>
</tr>
<tr>
<td>Delivery of Cost Efficiencies - Recurring &amp; Non Recurring</td>
<td>£18.893m</td>
<td>£12.492m</td>
<td>(£6.401m)</td>
</tr>
</tbody>
</table>

### Income and Contract Performance

**2.11** Income in 2017-18 totalled £280.669m. The majority of the Group’s income (£249.474m, 89%) was derived from Clinical Commissioning Groups (CCGs) and NHS England in relation to healthcare services provided to patients during the year. Other operating income relates to services provided to other Trusts, including training and education and miscellaneous fees and charges.

**2.12** A summary of total income is provided in table 2 and the chart below:

**Table 2 – Analysis of Sources of Operating Income 1 April 2017 to 31 March 2018**

- **CCGs and NHS England**: £249.474m (89%)
- **Other Patient Care Income**: £7.966m (3%)
- **Education, Training and R&D**: £9.759m (3%)
- **Non-patient Care Services to Other Bodies**: £2.402m (1%)
- **Other**: £11.068m (4%)
- **Total Operating Income**: £280.669m (100%)

**2.13** Services provided to the patients of Hartlepool and Stockton CCG accounted for 71% of total income received from Clinical Commissioning Groups.

**2.14** A summary of income from Clinical Commissioning Groups and NHS England is provided in table 3 and the chart below:
Table 3 – Analysis of Income from Clinical Commissioning Groups and NHS England 1 April 2017 to 31 March 2018

<table>
<thead>
<tr>
<th>CCGs and NHS England</th>
<th>£m’s</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Hartlepool &amp; Stockton-on-Tees CCG</td>
<td>180.665</td>
<td>71%</td>
</tr>
<tr>
<td>NHS Durham, Dales, Easington &amp; Sedgefield CCG</td>
<td>34.169</td>
<td>14%</td>
</tr>
<tr>
<td>Cumbria, Northumberland, Tyne and Wear Area Team</td>
<td>9.224</td>
<td>4%</td>
</tr>
<tr>
<td>North East Commissioning Hub</td>
<td>14.806</td>
<td>6%</td>
</tr>
<tr>
<td>NHS South Tees CCG</td>
<td>3.904</td>
<td>2%</td>
</tr>
<tr>
<td>NHS Darlington CCG</td>
<td>1.517</td>
<td>1%</td>
</tr>
<tr>
<td>Other CCGs and NHS England</td>
<td>5.189</td>
<td>2%</td>
</tr>
<tr>
<td>Total CCGs and NHS England</td>
<td>249.474</td>
<td>100%</td>
</tr>
</tbody>
</table>

Expenditure

2.15 An analysis of the Group’s operating expenditure is presented in table 4 and the chart below:

Table 4 – Analysis of Operating Expenses 1 April 2017 to 31 March 2018
### Operating Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>£m's</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Expenses</td>
<td>201.136</td>
<td>63%</td>
</tr>
<tr>
<td>Drugs Costs</td>
<td>20.383</td>
<td>6%</td>
</tr>
<tr>
<td>Supplies and services - clinical (excluding drug costs)</td>
<td>25.123</td>
<td>8%</td>
</tr>
<tr>
<td>Supplies and services - general</td>
<td>8.260</td>
<td>3%</td>
</tr>
<tr>
<td>Services from NHS Organisations</td>
<td>4.810</td>
<td>2%</td>
</tr>
<tr>
<td>Other Costs</td>
<td>56.703</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>316.415</td>
<td>100%</td>
</tr>
</tbody>
</table>

2.16 Tables 5 and 6 below show the Trust’s activity profile over current and previous years. The key highlights to note are as follows:

- Elective performance shows a decrease of 939 (13.3%) spells compared to 2016-17. Procedures within a day case setting have a decrease of 76 (0.3%) spells.
- Non-elective performance (excluding well babies) shows an increase of 590 (+1.1%) spells;
- First outpatient attendances have decreased by 2,126 (3.4%);
- Follow-up attendances have increased by 1,148 (+0.7%); and
- Outpatient procedures have increased by 4,837 (+20.2%).

**Table 5 – Analysis of the financial components of the 2017-18; 2016-17; 2015-16; 2014-15; and 2013-14 Contracts**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Case Spells</td>
<td>29,671</td>
<td>29,747</td>
<td>33,839</td>
<td>32,267</td>
<td>30,839</td>
</tr>
<tr>
<td>Elective Inpatient Spells</td>
<td>6,099</td>
<td>7,038</td>
<td>5,318</td>
<td>5,506</td>
<td>5,983</td>
</tr>
<tr>
<td>Non Elective (Emergency Spells) and Ambulatory</td>
<td>51,907</td>
<td>51,317</td>
<td>47,069</td>
<td>44,288</td>
<td>45,597</td>
</tr>
</tbody>
</table>
Table 6 – Analysis of the 2017-18; 2016-17; 2015-16; 2014-15; and 2013-14 Contract Activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Outpatient Attendances</td>
<td>61,204</td>
<td>63,330</td>
<td>61,004</td>
<td>60,091</td>
<td>59,485</td>
</tr>
<tr>
<td>Follow-up Outpatient Attendances</td>
<td>156,632</td>
<td>155,484</td>
<td>161,277</td>
<td>164,475</td>
<td>179,465</td>
</tr>
<tr>
<td>Outpatient Procedures</td>
<td>28,794</td>
<td>23,957</td>
<td>18,098</td>
<td>15,482</td>
<td>13,243</td>
</tr>
</tbody>
</table>

Capital investment

2.17 The Trust invested £14,045m in the following areas during 2017-18:

- Medical Equipment – £1.967m
- ICT schemes – £1.565m
- Service developments and transformation – £0.592m
- Estates and backlog maintenance schemes – £1.053m
- Estates Infrastructure and Energy Centre scheme – £8.660m
- Donated Assets from Charitable Funds – £0.208m

Financial Outlook for 2018-19

Financial Overview

2.18 The Trust financial plan aims to improve its financial position from the out-turn position, reducing its deficit to £ (24)m without negatively impacting on patient safety or the quality of care that patients receive. The financial plan supports the longer term strategic direction of the Trust as it focuses on the Clinical Services Strategy over the next five years.

2.19 The planned deficit is predicated on delivering a c£11.9m cost improvement target.

2.20 The Board of Directors recognises the need to balance the requirement for maintaining high quality and safe care against delivering efficiency savings. The ability to continually deliver efficiencies which reduce costs over the next year and into the future will continue to be extremely challenging.
Financial Outlook

2.21 It is acknowledged that in the long term the financial systems which the Trust operates within needs to change. This will require developing a more holistic approach, aligned to ensuring that the total resources across the whole health and social care system are used to the advantage of patients and their carers.

2.22 The Trust is continuing to work with NHS Improvement as one of the change agent sites to gain greater clinical ownership of costs incurred in treating patients, with a view to advancing the accuracy and relevance of financial information; this will help in ensuring any future financial models are based on realistic activity and financial drivers going forward.

2.23 The Trust aims to both deliver the challenging financial agenda and maintain as a minimum its CQC rating of good and continue to improve its quality, patient experience and service performance.

2.24 Work continues across the health and social care settings to develop systems to ensure resources are used to the advantage of patients and their carers including the continued roll out of the Electronic Patient Record, and the development of partnership working across the wider health and social care locality.

2.25 Efficiency Improvements enabling cost reduction are integral to the Trust’s financial planning and require good, sustained performance in order to be achieved. The Trust confronts a national tariff with built-in efficiency savings, rising pay and non-pay inflationary pressures and increasing acuity of patients with ageing demographics and limited commissioner financial resources.

2.26 Generating cost improvements has been challenging for the Trust over the last few years. Greater focus is placed on procurement savings, appropriate use of drugs and support services redesign, with a view to looking further at shared services and collaboration across the local NHS system / patch.

2.27 The efficiency programme continues to be developed alongside service planning to ensure safe services can be sustained and will drive quality improvement, in recognition that high quality and value for money are not competing alternatives.

2.28 The Trust is delivering action plans for the areas highlighted by Lord Carter and Model Hospital data to understand further the opportunity / reasons for the difference when comparing the cost of the services with those comparable Trusts that appear to be more cost effective.

2.29 The Trust has delivered significant savings associated with managing locums and agency staff effectively in recent years and intends to continue to improve efficiency in this area.

Capital Planning

2.30 Significant capital investment will be required on the North Tees site in the next 5 years and the 2018-19 capital programme reflects this position. The capital plan for 2018-19 includes drawing down the remaining element of a £25m loan secured from the Independent Trust Financing Facility (ITFF). This funding is to support the Estates Strategy and the development of the Trust’s electrical, heating, water and steam infrastructure. It also includes the building of an energy centre for the North Tees Hospital site. In addition, Global Digital Exemplar Fast Follower (GDEFF) funding has also been secured totalling £5m between the years of 2017-18 and 2019-20, of which, the funding for 2018-19 is £2.4m.

2.31 In total the capital programme is funded to the value of £22.060m in 2018-19 with the Trust continuing to invest in equipment replacement plans to ensure patients receive high quality care. The capital allocations are categorised into the following main areas of work:
3. Conclusion/Summary

3.1 In setting the financial plan for 2018-19 the Board of Directors recognise the need to maintain high quality and safe care and deliver financial balance. The efficiency target of c. £11.9m set within the plan is challenging and the Trust will continue to build on work to address unwarranted variation arising from analysis of the model hospital data.

3.2 The Trust will continue to deliver a capital programme that will result in a significant upgrade to the site infrastructure and an ambitious technology programme which will ultimately drive future efficiencies and improve both patient safety and the delivery of patient care. This will complement the development of the Sustainability and Transformation Plan that is being developed across the wider health and social care economy.

Key Performance Targets

3.3 The Trust will meet a number of targets, as set out by NHS Improvement and detailed in the Single Oversight framework.

Regulatory Ratings

3.4 A number of key financial measures are translated into the Use of Resources (UOR) rating, which are reviewed on a monthly basis, based on the Trust's actual performance. The risk rating represents NHS Improvement's assessment of how likely the organisation is in relation to breaching its operating licence. There are five elements: liquidity, capital servicing capacity, agency spend, income and expenditure margin and variance from plan in relation to the income and expenditure margin. The Trust aims to improve performance against the UOR rating in 2018-19.

4. Recommendation

4.1 The Council of Governors are requested to note the financial performance of the Trust for 2017-18 and the financial challenges faced by the Trust in 2018-19.

Neil Atkinson  
Director of Finance
North Tees & Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Executive Summary

Trust Strategy Development Progress Report

Report of the Chief Executive (Interim)

Strategic Aim and Objectives (the full set of Trust Aims can be found at the beginning of the Council of Governors Reports)

Putting Patients First; Transforming our Services

1. Introduction

1.1 This report provides an update for the Council of Governors on the current progress relating to the delivery of the Clinical Services Strategy, the review of the Corporate Strategy and monitoring of the strategic objectives, the Delivering Productivity Programme and the Business Planning cycle.

2. Progress Report

2.1 The Trust’s Clinical Services Strategy and Corporate Strategy continues to closely reflect the developing and emerging plans within the regional Integrated Care System (formerly known as the STP), and these two documents provide the overall vision for future local health services.

2.2 In line with the ICS, the Clinical Services Strategy Review has placed an emphasis on delivering the best possible service across clinical and geographical areas through collaborative arrangements that provide quality, safe and efficient services with greater local access for the patient. Collaborative discussions have been taking place with both South Tees and County Durham and Darlington providers.

2.3 The CSSR continues to focus on all clinical pathways but with a distinction drawn against those services that are categorised as ‘core’ to the Trust and those that can be classed as ‘discretionary’. However, the potential discretionary nature of such services can make them vulnerable and the Trust has taken great steps to ensure that these services are provided in the right place by the right people with collaborative arrangements across Teesside focusing on Breast Symptomatic, Urology, Rheumatology and Haematology, and Pathology.

2.4 The Trust published its Corporate Strategy earlier in 2017 with a revised set of corporate and strategic aims underpinned by a set of eleven strategic measures which were aligned with the four corporate and strategic objectives. Performance during 2017/18 in all but one of the strategic measures has either been achieved/exceeded or ‘on track’ with the current financial position being the main outlier. Monitoring of the Corporate Strategy will continue at six monthly intervals with reports to Board and Council of Governors.
The Trust’s Delivering Productivity Programme (DPP) has established a broad Programme Management Improvement Office (PMIO) to tackle the range of CIP projects that were originally part of the Trust’s Transformation programme. In addition to the five projects that started the process with NHSI collaboration, the Trust has also established a DPP focus on Theatres, Outpatients, and Medicine Management.

The Trust continues to work with its colleagues at NHS Improvement to understand best practice that exists across the network and implement efficiency savings/gains within the organisation that will make a direct contribution to cost improvement plans.

Directorates have worked closely to align the review and development of Business Plans with the budget setting process and to realise the potential financial opportunity going forward through benchmarking and the development of operational and productivity plans.

A review of the Business Planning process is currently underway; to ensure the methodology fully encompasses on-going development and delivery of the Annual Planning cycle, including robust workforce and financial forecasting.

Recommendations

The Council of Governors is asked to:

- Note the work on-going review of the Clinical Services Strategy and the level of work required to support the continued delivery of future clinical, operational and financial sustainability during the re-shaping/re-design of services in line with the ICS programme;
- Acknowledge the Corporate Strategy performance achievements as denoted by the achievement (and better) of the strategic measures and metrics in 2017/18;
- Acknowledge the continued commitment of the Delivering Productivity Programme with regard to efficiency and productivity savings;
- Note the progress of the Business Planning cycle strongly linked to clinical, operational and financial delivery, and the continuation of strict criteria for approval of business cases relating to Service Developments.

Prepared by Lynne Taylor
Director of Planning and Performance (Interim)

Presented by Julie Gillon
Chief Executive (Interim)
North Tees & Hartlepool NHS Foundation Trust  
Meeting of the Council of Governors  
7 June 2018  
Trust Strategy Development Progress Report  
Report of the Chief Executive (Interim)

1. Introduction

1.1 This report provides an update for Council of Governors on the background and progress of current and impending strategic developments including the current Clinical Services Strategy Review (CSSR); an update on the performance monitoring of the Corporate Strategy; Delivering Productivity Programme (DPP) and Business Planning 2018/19.

2. Background

2.1 The Trust’s Clinical Services Strategy and Corporate Strategy continues to closely reflect the developing and emerging plans within the regional Integrated Care System (formerly known as the STP), and the two strategies support and reflect the overall vision for future local health services across Tees Valley, ensuring they are aligned with those of the Cumbria & North of England Integrated Care System (ICS).

2.2 In line with the ICS, the Clinical Services Strategy Review has placed an emphasis on delivering the best possible service across clinical and geographical areas through collaborative arrangements that provide quality, safe and efficient services with greater local access for the patient. Collaborative discussions have been taking place with both South Tees and County Durham and Darlington providers.

2.3 The CSSR continues to focus on all clinical pathways but with a distinction drawn against those services that are categorised as ‘core’ to the Trust and those that can be classed as ‘discretionary’. However, the potential discretionary nature of such services can make them vulnerable and the Trust has taken great steps to ensure that these services are provided in the right place by the right people with collaborative arrangements across Teesside focussing on Breast Symptomatic, Urology, Rheumatology and Haematology, and Pathology.

2.4 Key to this is the collaborative efforts of the Trust and its strategic/delivery partners to establish the current and future state of services and to explore more enhanced clinical and operational sustainability within a more stable financial setting for the wider health population Tees-wide.

2.5 This is an on-going piece of work which will continue to analyse and further explore opportunities to develop new models of care and new ways of working which make the Trust more efficient without compromising on quality or safety.

2.6 The Trust published its Corporate Strategy earlier in 2017 with a revised set of corporate and strategic aims underpinned by a set of eleven strategic measures which were aligned with the four corporate and strategic objectives. Performance during 2017/18 in all but one of the strategic measures has either been achieved/exceeded or ‘on track’ with the current financial position being the main
Monitoring of the Corporate Strategy will continue at six monthly intervals with reports to Board and Council of Governors.

2.7 The Trust’s Delivering Productivity Programme (DPP) has established a broad programme of efficiency projects with all projects, where practicable, showing alignment with the overall cost improvement programme within the Trust. In addition to the five projects that started the process with NHSI collaboration, the Trust has also established a DPP focus on Theatres, Outpatients, and Medicine Management.

2.8 The drive and focus to make efficiency gains continues at pace with monthly reports to Executive Financial Management Group (EFMG).

3. **Clinical Services Strategy Review**

3.1 The Trust’s Clinical Services Strategy Review (CSSR) is currently reviewing all clinical services that were deemed ‘discretionary’ as part of the initial drafting of the Clinical Services Strategy (2016/17).

3.2 All services and priorities within the Directorate’s Business Plans have been reviewed and evaluated against key criteria linked to clinical, operational and financial sustainability. However, whilst the intention is to reshape those services that are categorised as ‘discretionary’ through redesign and collaboration, it also provides the Trust with the opportunity to review the vision for core services for the future. This allows the Trust to give assurance to ICS partners, NHS Improvement, NHS England and commissioners of its alignment with the broader strategic plans for integrated healthcare in the region.

3.3 The discretionary element of these services makes provides a vulnerability across the various Trust geographies and ensures that the services are therefore shaped and influenced by the former STP footprint – Integrated Care System (ICS) and some progress has been made with regard to collaborative arrangements with South Tees Hospital in relation to Breast, Urology, Rheumatology and Haematology, and Pathology, with other specialty services yet to develop in relationship terms.

3.4 The Trust is in the process of completing a bid for the 4th Wave of STP Capital Funding Scheme in collaboration with South Tees and County Durham & Darlington Trusts. The bid from this Trust will mirror the original capital estate plans drawn-up in 2016, with the focus on the strengthening and streamlining of front of house services and frail elderly pathway management.

4. **Corporate Strategy**

4.1 The Trust’s Corporate Strategy was refreshed and published during 2016/17 with four corporate strategic objectives: Putting Patients First, Valuing our People, Transforming our Services and Health and Wellbeing underpinned by the following strategic measures:

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>Patient Satisfaction</th>
<th>Staff Satisfaction</th>
<th>Clinical Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Services</td>
<td>Governance and Licence Conditions</td>
<td>Financial Stability</td>
<td>Improved Facilities &amp; Technology</td>
</tr>
<tr>
<td>Health &amp; Social Care Integration</td>
<td>Research &amp; Development</td>
<td></td>
<td>Health &amp; Wellbeing</td>
</tr>
</tbody>
</table>

4.2 Key metrics were developed using Trust internal key performance indicators and measured towards the end of 2017/18.
4.3 Progress to date has been exceptionally strong with all but one of the strategic measures either achieved or exceeded with financial delivery the only notable exception. Key highlights for the Trust include CQC overall and well led inspection outcomes, A&E performance receiving national acclaim, consistent achievement of access standards despite seasonal pressures, and the Digital Maturity Standard where the Trust is ranked joint first nationally.

4.4 There are a small number of targets which require a renewed focus throughout 2018. Financial improvement is an on-going key priority with the Trust, through the number of programmes and projects that focus on this, has signalled its commitment to closing the gap. Programmes involving staff at all levels from DPP to Think Save Change support assurance that there is a strong appetite Trust-wide to make a direct impact on the Trust’s financial disposition.

4.5 Other areas for focus will be Patient Safety (7 Day Services and Infection Control), Research & Development (increase recruitment into commercially sponsored studies) and Health & Wellbeing (improve bowel screening and greater concentration on partnership working).

4.6 Monitoring and measurement of the Corporate Strategy strategic metrics and measures will remain as part of the Board Assurance Framework as well as checking the relevance and appropriateness of the strategy, and this will take place at dedicated Strategy Sessions, with regular reports to Board and Council of Governors. The first Corporate Strategy review took place at the Executive Strategic Development day on the 15th May.

5. Delivering Productivity Programme (DPP)

5.1 The Trust’s commitment to reviewing efficiency within the organisation continues at pace. The DPP work streams remain a pivotal aspect of the Trust’s cost improvement programme and the work streams continue to strive for early indications of positive impact on the deficit reduction agenda.

5.2 This area of work is being embraced Trust-wide and is showing a level of commitment from a broad range of staff which demonstrates a more joined-up approach at an operational level within the organisation to the Think, Change Save campaign. The Trust is using good practice and focused expertise across the network to accelerate efficiency savings over a range of service areas and continues to use the knowledge and insight within NHSI and NECS to unearth good practices elsewhere in the network.

5.3 The Trust recognises the need to move at pace to deliver on further efficiencies to support recovery and stability of the financial position. In 2017/18 and going forward into 2018/19 and beyond The Trust continues to work collaboratively with the NHSI team to ensure full delivery of the DPP programme.

5.4 An important element of this work is the need for robust financial analysis to provide the programme with the most accurate financial data from which to monitor efficiency savings, and access to financial and operational best practice via NHSI is key to this process. Each Work Stream is therefore supported through financial and clinical expertise within the DPP.

5.5 The programme will continue to identify projected savings for each programme of work, supporting the cost reduction targets for 2018/19 and overall delivery of financial stability and will continue to monitor delivery through the agreed governance structure.
6. **Business Planning**

6.1 The Directorate business plans and associated budgets have supported the development of the revised Annual Operating Plan, taking into account clinical, operational and financial delivery, alongside the system wide service change proposals of the STP programme. The Trust’s Annual Operating Plan 2018/19 was submitted on the 30th April 2018, in line with the required deadline.

6.2 The governance structure for the scrutiny of all Business Cases prior to presentation at Deputy Executive Team has been reviewed to ensure that all business cases presented are robust and of a high standard. The Trust has an agreed business case approval process which is overseen by the Executive Team through a dedicated Capital Management Group.

6.3 A review of the Business Planning process is currently underway; to ensure the methodology fully encompasses on-going development and delivery of the Annual Planning cycle, including robust workforce and financial forecasting.

7 **Summary**

7.1 The Clinical Services Strategy Review continues with dedicated strategy sessions involving Directorate presentations aimed at identifying streamlining of services, improving and reviewing pathways and exploring greater opportunities for collaboration within the system and aligning vulnerable services within the strategic planning for the ICS.

7.2 The analysis and exploration of core services provides the opportunity for Directorates to explore improvements to clinical pathways and local access for patients and partner providers. The Trust’s joint bid as part of Wave 4 Capital Funding Scheme allows the Trust to demonstrate greater need in relation to improving the hospital footprint at North Tees to support streamlined front of house service re-design and the delivery of improved, innovative, frailty pathways.

7.3 The Delivering Productivity Programme (DPP) has engendered a strong commitment from staff at all levels to re-shape and deliver efficiencies through the alignment of the Cost Improvement Programme (CIP) to achieve long lasting efficiency savings within the programme to contribute to tackling the Trust’s forecasted deficit reduction.

7.4 The strategic measures within the Corporate Strategy have been monitored in-year, with excellent performance recorded throughout 2017/18. There have been key highlights during the year particularly in relation to CQC and the national acclaim regarding A&E performance with access standards also consistently performing well. The Corporate Strategy will continue to be measured by the Trust’s performance against the strategic measures and metrics through dedicated strategic sessions on a six-monthly basis.

7.5 The Directorate Business Plans continue to provide the shape and focus for operational activity across the Trust whilst paying due regard to the financial position of the Trust. The Business Plans and associated budgets have supported the development of the Annual Operating Plan and the drive towards improvements across quality and safety of services.

8. **Recommendations**

8.1 The Council of Governors is recommended to:
• Note the work on-going review of the Clinical Services Strategy and the level of work required to support the continued delivery of future clinical, operational and financial sustainability during the re-shaping/re-design of services in line with the ICS programme;
• Acknowledge the Corporate Strategy performance achievements as denoted by the achievement (and better) of the strategic measures and metrics in 2017/18:
• Acknowledge the continued commitment of the Delivering Productivity Programme with regard to efficiency and productivity savings;
• Note the progress of the Business Planning cycle strongly linked to clinical, operational and financial delivery, and the continuation of strict criteria for approval of business cases relating to Service Developments.

Prepared by Lynne Taylor
Director of Performance and Planning (Interim)

Presented by Julie Gillon
Chief Executive (Interim)
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Operational Resilience Report

Report of the Chief Executive (Interim)

Strategic Aim and Objective (the full set of Trust Aims can be found at the beginning of the Council of Governors Reports)

Putting Patients First

1. Introduction

1.1 Year on year effective winter planning and surge management has been a key priority within both the NHS and the Trust with this year being no exception. Whilst the Trust is well rehearsed in planning for winter and surge, needless to say each year is different bringing with it individual and unexpected challenges from which the Trust reflects and plans for the future, working collaboratively with commissioners and other key stakeholders.

1.2 To prepare for the winter of 2017/18 and future surges in activity the Trust reflected on 2016/17 and learnt from the application of plans and responses.

1.3 The Trusts Operational Resilience Plan 2017/18 was produced in line with the national context and requirements articulated by NHS England.

2. Summary

2.1 This report summarises the current position of the organisation and the pressures faced during the winter period and how they were managed by strong leadership, proactive options and robust planning.

2.2 This report also provides a reflection with regard to how winter resilience has been managed in a number of ways including:

- Planned implementation of winter resources and initiatives
- Focused approach to admission avoidance and timely discharge
- Provision of appropriate assessment in a timely manner and channelling patients to an appropriate place of care
- Robust management of patient flow and coordination of resources
- Strong leadership and engagement at all levels both clinical and Non-Clinical
- Resilient operational, tactical and strategic command and control
- Robust governance and assurance.

2.3 In addition, the organisation continues to contribute to the Tees wide urgent and emergency care agenda and resilience planning to ensure a full system approach to surge management and is proactively engaged in the A&E Delivery Board.
3. **Summary and Recommendations**

3.1 The Trust's emergency preparedness and resilience plan, in addition to numerous supplementary measures, has been fully implemented to support the delivery of emergency services and maintain the safety and quality of patient care. Daily governance structures have been implemented to support the delivery of core services, with the aim to reinforce the front line services. The Trust continues to work closely in partnership with the local authorities and social care to improve discharge processes.

3.2 Whilst resources have been managed to optimise efficiency and safety of service provision in a cost effective manner, as anticipated the system wide approach has not had a significant bearing on the demand on acute services, thus presenting a real risk to the Trust.

3.3 Despite the additional pressures of increased emergency activity and the acuity of patients, the Trust plans were robust and enabled a controlled approach borne out in the introduction of quality initiatives, clear lines of accountability in the command and control structure and robust financial management whilst focussing on maintaining patient safety and quality outcomes.

3.4 The Council of Governors is asked to note:

- The content of this report and acknowledge the due diligence applied to the operational resilience and management of surges in activity over the winter months.

- The context of the winter pressures and the system related risks; the further emphasis this year on the emergency care 4 hour standard and the Regional oversight of A&E Delivery Boards and forthcoming assurance testing of plans.

- The emphasis on the A&EDB to bring about demonstrable change in the system and on commissioners to lead change through intelligent commissioning with national objectives at the forefront of delivery.

**Prepared by Julie Parkes**  
**Director of Operations**

**Presented by Julie Gillon**  
**Chief Executive (Interim)**
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Operational Resilience Report

Report of the Chief Executive (Interim)

1. Introduction

1.1 Year on year effective winter planning and surge management has been a key priority within both the NHS and the Trust with this year being no exception. Whilst the Trust is well rehearsed in planning for winter and surge, needless to say each year is different bringing with it individual and unexpected challenges from which the Trust reflects and plans for the future, working collaboratively with commissioners and other key stakeholders. There is also a national drive to ensure additional assurance in the system with regard to emergency departments and core delivery and system resilience. In the planning for winter resilience the Trust not only concentrates on the management of surges in activity but, more especially, on patient safety, quality and experience.

1.2 System Resilience Groups (SRG) have merged into local A&E Delivery Boards to focus solely on urgent and emergency care with the emphasis remaining on the whole system approach to improvement.

1.3 Winter 2017/18 presented unprecedented surges in activity and tested the effectiveness and resilience of emergency care provision locally and nationally and data trends would suggest there has been an increase in admissions and the level of patient acuity and complexity. From November 2017 to March 2018 the monthly conversion rate of A&E attendees to hospital admissions ranged from 38.9% to 41.4% with the average daily conversion rate of 39.9%, peaking at 54.2%. The average monthly conversion rate for the same period in 2016/17 was 29.1%.

1.4 The implementation of the Integrated Urgent Care (IUC) facilities on both hospital sites, encompassing both minor injuries and minor illnesses, has seen a significant increase in the activity being seen and treated at front of house, with the November to March period indicating a 96.34% (n=34,160) increase on the same period last year. However the IUC’s have had a positive impact on patient flow, with the streamlining of patients at front of house, and ultimately performance against the 4 hour emergency care standard.

1.5 Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires system planning to be on going and robust. Whilst the Trust has maintained focus on overall resilience there is no doubt that concentrated emergency activity at the University Hospital of North Tees (UHNT), in addition to patient acuity and an increase in complexity of elective activity, has put continued pressure on the system. Working with partners, the Trust has worked towards a proactive system of year round operational resilience.

1.6 The resilience funding allocation for 2017/18 was significantly lower than previous years, with some additional funding released in December 2017 to support improvements in pathway delivery through new initiatives. Funding has also been allocated to other organisations within the system to address all areas of resilience.
required in health, social and primary care; however this has not fully mitigated the system pressure and demographic challenges that have been felt in the Trust.

1.7 There continues to be extensive media coverage of A&E performance and under achievement of the four hour clinical indicator at a national level. Although there has been an increase in the volume of patients attending A&E, the increase in four hour breaches has resulted from several pressures in the system. The waits to see a consultant in A&E are, on occasions, an issue, however the acuity of patients on wards, increased length of stay, high occupancy and delayed processes in discharge, in addition to limited impact on admission avoidance, have also contributed to a number of breaches of the four hour standard.

1.8 In preparation for the winter of 2017/18 and future surges in activity the Trust reflected on previous years and learnt from the application of plans and responses. Further work continued to improve patient flow and efficiencies within the system including the participation in the Action on A&E initiative. The national ‘Operational Pressure and Escalation Framework’ and the supporting Operational Pressure and Escalation Levels (OPEL) continues to utilised within the Trust, with an internal ‘OPEL’ trigger tool used to predict daily pressures based on an agreed set of metrics.

1.9 The Interim Chief Executive is Chair of the A&E Delivery Board and, with membership at the Urgent and Emergency Care Network, the Trust feeds back concerns and constructive solutions, with regard to system wide issues and continues to attend to influence options for the future. It is essential that robust and transparent escalation and timely response is enacted across the system to support admission avoidance and timely safe discharge.

1.10 Further work is on-going with CCGs and the local authorities to improve the timeliness of continuing health care and social care assessments and the commencement and recommencement of social care packages with the introduction of ‘discharge to assess’ and the ‘trusted assessor’ pathways.

1.11 Risks have continued to be identified to ensure that mitigation can be introduced into the system to minimise any impact on safety, quality and financial and operational efficiency.

1.13 This report summarises the current position of the organisation and the pressures faced during the winter period and how they were managed by strong leadership, command and control options and robust planning.

2. Context and System Governance

2.1 The Five Year Forward View gives emphasis to Urgent and Emergency Care and the requirement to take the strain off A&E. Trusts and CCGs were required to meet the Governments 2017/18 mandate to the NHS that by September 2017 A&E departments will achieve over 90% of patients treated, admitted or transferred within 4 hours, returning to 95% within the course or 2018. In order to deliver, key deliverables were set out for 2017/18 and 2018/19 including:
- Front door clinical streaming
- Appropriate patient flow
- Reduce delayed transfers of care (DTOC)
- Focus upon stranded patients
- Focus on frailty
- Specialist mental health in A&Es
• Enhanced NHS 111
• Evening and weekend GP appointments
• Strengthened support to care homes
• Roll out of Urgent Care Centres
• Implementation of the Ambulance Response Programme.

2.2 On 14 July 2017 NHS Improvement and NHS England issued the overarching three priorities in preparation for Winter 2017/18:
   1. Ensuring there is enough capacity to meet the pressures of winter
      a. Reducing delayed transfers of care (DTOC)
      b. Reducing variation in best practice
      c. Primary care streaming
   2. Reforming and redesigning the wider Urgent and Emergency Care system
      a. Urgent treatment centres
      b. The ambulance response programme
   3. Flu planning

2.3 A programme of work is on-going within the organisation to manage the delivery of these priorities, notwithstanding the system requirements to ensure successful implementation.

2.4 The Urgent and Emergency Care Network, as part of the Vanguard Initiative has concentrated on:
   • The development of an integrated Urgent Care Hub
   • Information sharing and information governance
   • GP Bookings via NHS 111
   • Review of Directory of Services (DOS)
   • Flight Deck development
   • System wide implementation of National Early Warning Scores (NEWS)

2.5 With varying degrees of success the Network governance structure will continue however, national funding has now discontinued, there is a further discussion to be had on the infrastructure of support for on-going initiatives/changes.

2.6 The Trust continues to participate in the Action on A&E programme led by NHS Improvement. Having embraced the challenge, at all levels within the Trust, over 50 PDSA projects have been undertaken. This programme has been refreshed for 2018/19 with the Trust focus upon the theme of ‘Discharge and recovery – why not home? Why not today?’

2.7 A number of resource and planning initiatives were instigated in the 2017/18 winter period, highlighted in the following sections.

3. Winter Resources and Initiatives

3.1 Resilience Beds and Emergency Access

3.1.1 A bed re-profiling exercise was undertaken in 2017 and in readiness for the winter months, with a staged approach planned to provide additional bed capacity during each stage of OPEL escalation. Elective capacity was also swung to non-elective capacity minimising the financial impact. The re-profiling was based on reducing the occupancy and to accommodate the requirements of escalation, however occupancy continued to report consistently above 90%.
3.1.2 The successful nurse/therapy led care model introduced in the winter of 2016/17 was once again fully utilised to support winter resilience beds in 2017/18, implementing a nurse/therapy led care approach for patients who did not require medical intervention. This model ensures that patients who are ‘medically ready’ for transfer receive the intense support required to enable them to be transferred home as soon as any packages of care have been established, or to care homes as their placement becomes available.

3.1.3 A further bed re-profiling exercise is underway to continue the focus on occupancy reduction and to strengthen resilience for 2018/19 winter surge, with an additional review of ‘stranded patients’ (>7 day stay) and extended stay patients (>21 day stay), to support a reduction in avoidable bed days and ensure appropriate expenditure and minimise the financial risk. Chart 1 provides the month on month occupied bed days associated with stranded patients by ward.

Chart 1: Stranded patient – bed days occupied (2017-18)

3.1.4 This piece of work is aimed at releasing capacity to absorb the expected increases in activity within limited supplementary resources, for example a reduction in 35% of the daily ‘extended stays’ (>21 day) equates to a 30 bedded ward.

3.2 Workforce

3.2.1 Building upon previous work in relation to supporting a resilient nursing workforce model, the introduction of the safer care live tool and the enhanced care model to support the most vulnerable patients has released time to care and has enhanced clinical oversight.

3.2.2 Additional plans have progressed during and beyond winter including investment in leadership roles and Majors Nurse Practitioners (MNP) in A&E, the utilisation of nurses in non-clinical roles in clinical areas, strengthening senior clinical presence 24/7 and introducing pharmacy technicians to ward areas.

3.2.3 In partnership with stakeholders the Integrated Discharge Team were further enhanced with the addition of support from social workers, voluntary services and Tees Esk and Wear Valley (TEWV) Mental Health Trust. Consultation with Therapy services both in and out of hospital has progressed to enable 7 day services and extended working days to further support transfers of care from hospital. Additional
short term investment via NHSI monies supported innovative pathways for frail older people in terms of proactive case management to avoid admission and or minimise length of stay.

3.2.4 The combination of a number of the above initiatives has enable a reduction in Delayed Transfers of Care (DTOC) to the final year end position of 3.02% (see appendix 1)

3.3 Initiatives

3.3.1 ‘The Perfect Week’ was undertaken to kick start January 2018 during the first week of the new year when expected pressures were realised. During the week issues with delayed discharges were escalated on a daily conference call to the local authorities to facilitate a timely resolution. The week concentrated on discharge processes and initiated a full review of the discharge model and utilisation of resources to optimise performance.

3.3.2 The Trust developed an elective resilience plan for the winter period, including front loading of elective activity pre the start of the winter pressure periods (November-March), with a reduction in elective inpatient activity in January, increasing Day Case procedures at North Tees and moving additional activity to the Hartlepool site.

3.3.3 However, due to the significant pressures highlighted nationally, a further NHSI directive requested the cancellation of all routine elective procedures in January, including a reduction in outpatient clinics, to release capacity to absorb the winter pressures. This resulted in multiple elective cancellations and reductions in outpatient activity, which resulted in an increased backlog of activity to recover. The decision was made to re instate elective activity on the Hartlepool site in the second week of January as, being a ‘cold’ site, there were no positive benefits to capacity within the Trust and to continue would also negatively impact upon income and ability to manage recovery effectively.

3.3.4 Despite the continuous pressures across both attendances to and admissions from A&E, the Trusts performance has remained above the national average consistently in 2017/18, as illustrated in appendix 1, graph 2, and managed to remain in the top 7 throughout the country, achieving best performing Trust in February 2018.

3.3.5 The Trust continues to implement the SAFER patient flow bundle through the robust management of projects and piloting different ways of working to monitor effectiveness.

3.3.6 Several initiatives are in place to support both an immediate and long term benefit to resilience, leadership, safety and quality, as listed in appendix 2.

3.3.7 Ambulatory care and direct admissions’ pathways are well established within the organisation, which improve the flow from A&E, and an extended consultant presence in A&E and EAU seven days a week is in place.

4 Finance

4.1 In the current financial climate and whilst striving to maintain the regulatory requirements of the Terms of Licence and the Single Oversight Framework the planning associated with operational resilience and specifically the preparation for the expected winter surge took due cognisance of allocated budget and financial
constraints. Planning incorporated a financial sensitivity analysis and in doing so, the risks posed by the expected insufficiency of system resilience and the impact of triggers for escalation during periods of intense surges in activity.

4.2 The allocated funding for 2017/18 winter resilience amounted to £719,000. The allocation of resilience funding was optimally managed under the direction of the Executive Team and, as expected, focussed on putting patients first and maintaining patient safety, quality and experience.

4.3 On 22 November the Chancellor announced additional funding for the NHS in 2017/18. The funding allocated to the Trust was in two tranches: the first allocated on a fair shares basis to reflect the cost of emergency and elective activity across winter that is already in operational plans and incurred by providers. The allocation being based on emergency services in Trusts with a Type 1 A&E with an expectation of a corresponding improvement in the month 7 forecast financial outturn. The second tranche of funding allocated to the Trust was in line with the business cases presented to NHSI for new initiatives to support performance. The table below outlines the schemes funded from additional monies:

<table>
<thead>
<tr>
<th>Funding</th>
<th>Schemes</th>
</tr>
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<tbody>
<tr>
<td>Tranche 1</td>
<td>To reflect existing costs of winter in plans.</td>
</tr>
<tr>
<td>Tranche 2</td>
<td>6 non acute beds</td>
</tr>
<tr>
<td></td>
<td>Frailty Multidisciplinary Services</td>
</tr>
<tr>
<td></td>
<td>Home safe Sooner: In patient frailty pathway</td>
</tr>
</tbody>
</table>

4.4 The above schemes were effectively mobilised and have contributed to supporting the evidence base to inform the further development of an integrated approach to supporting Frail Older People.

5 Leadership

5.1 Firm leadership arrangements are consistently present to ensure that planning, preparation and proactive resilience is prevalent throughout the organisation.

5.2 The Interim Chief Executive is supported by Senior Managers and Clinical Directors who are responsible for communicating key messages, and supporting tactical responses to key challenges.

5.3 All other Directors have a stake hold not only in supervising planning, preparation and response tactics but also in the expertise required for decision making in the management of sustained surges in activity, as experienced during the winter months, and process change to support resilience.

5.4 It is imperative that the Trust has identified leaders who have clearly defined roles and responsibilities; therefore, during times of surges in activity over winter, senior decision makers remained at the forefront of operational services to make timely and appropriate decisions. Directors, Senior Managers, Matrons and Senior Nurses provided continuous support to this infrastructure; co-ordinating and controlling the patient flows within the clinical and non-clinical services. This was demonstrated with a senior on call rota and a bed management capacity and patient flow rota, supported by robust processes. These measures remain in place throughout the year.
The strengthened leadership structures provided the staff on the wards with the feeling of a stronger focus on quality and safety. Although the winter pressures were more severe than 2017/18, with greater activity and acuity of patients, compounded by higher levels of Flu admissions, the staff perception was that it was managed well through the agreed resilience plans.

Policies and operational guidelines further support the leadership infrastructure with the expectation of standardised practices and procedures, ensuring quality and patient safety are at the forefront of operational, tactical and strategic decisions.

Operational, Tactical and Strategic Command and Control

The successful and tested implementation of the Resilience Command and Control Centre function served to support escalation during the winter surges, whereby the operational leads were supported with regard to coordination of advice, guidance and logistics.

The key to the management of winter and surges in activity was the command and control process. The Clinical Site Coordinator and the patient flow team provided the operational command and management of patient flow.

The Manager on Call provided the tactical response and the Director on Call provided the strategic response and takes command at OPEL 3.

Governance and Assurance

Strengthened clinical leadership, particularly out of hours, supported the focus on safety and quality of care provision.

Regional networking via the Action on A&E programme provided a level of assurance with regard to the standard of practice and performance and facilitated the learning and sharing of best practice.

The secondment of a consultant physician to the national Emergency Care Intensive Support Team (ECIST) also provides reassurance to the standards of clinical leadership and care within the Trust.

Audits completed and to be undertaken by Audit North as part of the annual audit plan, including community and A&E indicators, provide additional assurance and identify areas for improvement.

There was limited assurance that the primary and social care plans would support the Trust in managing the expected increase in demand. The impact of such therefore experienced in the provider Trust sector and despite robust planning there was a responsibility for the CCG to accommodate and financially support plans for the population they serve but, as anticipated, the system wide approach has not had a significant bearing on the demand on acute services, thus presenting a real risk to the Trust. The risks were mitigated within the plans placing emphasis and focus on patient safety and quality.

Summary

The Trust reflected on the winter months of 2016/17 and the challenging and unprecedented pressures on the system resulting in expenditure on additional
resources to manage patient flow, safe staffing and quality of service provision, which in turn, informed the preparation and planning for operational resilience and surge management for winter 2017/18 and the initiatives introduced and optimisation value applied to the allocation of resources.

8.2 Resources were managed to optimise efficiency and safety of service provision in a cost effective manner, as anticipated the system wide approach did not have significant bearing on the demand on acute services, thus presenting a real risk to the Trust.

8.3 Additional funding was made available by NHSI that enabled mobilisation of resources to support Frailty pathways both in and out of hospital; albeit for Q4 only and thus limiting the overall impact.

8.4 Despite the additional pressures of increased emergency activity and the acuity of patients, the Trusts plans were robust and enabled a controlled approach borne out in the introduction of quality initiatives, clear lines of accountability in the command and control structure and robust financial management whilst focussing on maintaining patient safety and quality outcomes.

8.5 The NHSI directive to cancel additional elective activity in January, outside the planned reduction, resulted in further backlog to accommodate in the February to March period, however this was managed appropriately through additional in-week and weekend lists.

8.6 All expenditure was monitored weekly by the Executive Team, however, the finances were finite and escalation decisions provided periods of challenge to allocate resources to optimise patient flow, safety and quality of service provision. During extended periods of escalation and system pressure the Trust placed an onus on CCGs to provide continued or additional services beyond and out with the budgetary allocation / plan, which did not materialise.

8.7 The Trust continues to participate in the Urgent and Emergency Care Network governance and feedback concerns and constructive solutions, with regard to system wide issues and will continue to attend resilience forums to influence options for the future.

9 **Recommendations**

9.1 The Council of Governors is asked to note:

- The content of this report and acknowledge the due diligence applied to the operational resilience and management of surges in activity over the winter months.
- The context of the winter pressures and the system related risks; the further emphasis this year on the emergency care 4 hour standard and the Regional oversight of A&E Delivery Boards and forthcoming assurance testing of plans.
- The emphasis on the A&EDB to bring about demonstrable change in the system and on commissioners to lead change through intelligent commissioning with national objectives at the forefront of delivery.
Appendix 1

Graph 1

% Delayed Transfers of Care
Month and Annual Comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 15/16</th>
<th>May 15/16</th>
<th>Jun 15/16</th>
<th>Jul 15/16</th>
<th>Aug 15/16</th>
<th>Sep 15/16</th>
<th>Oct 15/16</th>
<th>Nov 15/16</th>
<th>Dec 15/16</th>
<th>Jan 15/16</th>
<th>Feb 15/16</th>
<th>Mar 15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>2.10%</td>
<td>1.93%</td>
<td>1.39%</td>
<td>1.54%</td>
<td>2.06%</td>
<td>1.45%</td>
<td>1.40%</td>
<td>1.74%</td>
<td>1.42%</td>
<td>2.55%</td>
<td>2.15%</td>
<td>1.58%</td>
</tr>
<tr>
<td>2016/17</td>
<td>1.95%</td>
<td>3.07%</td>
<td>3.19%</td>
<td>3.08%</td>
<td>3.19%</td>
<td>5.50%</td>
<td>5.67%</td>
<td>6.64%</td>
<td>5.28%</td>
<td>4.21%</td>
<td>3.67%</td>
<td>3.63%</td>
</tr>
<tr>
<td>2017/18</td>
<td>3.74%</td>
<td>4.25%</td>
<td>3.56%</td>
<td>3.17%</td>
<td>3.05%</td>
<td>3.15%</td>
<td>2.75%</td>
<td>3.39%</td>
<td>2.96%</td>
<td>3.81%</td>
<td>2.31%</td>
<td>3.02%</td>
</tr>
</tbody>
</table>

Graph 2

A&E Four Hour Standard Performance
Appendix 2

Immediate and long term benefit to resilience, leadership, safety and quality

- **Twilight shifts**
  - Increasing the nursing establishment during the twilight hours when surges in activity are experienced.

- **Hospital at night**
  - A coordinated Trust wide approach bringing all senior nursing and medical staff together to prioritise the clinical workload as a team.

- **Bed bureau with the Single Point of Access (SPA)**
  - To facilitate clinical triage of GP admissions to identify if alternative solutions could be utilised to manage the patient at home, avoiding hospital admission.

- **Streaming**
  - Redirecting patients attending A&E to alternative appropriate services including the urgent care centre (previously to walk in centres, GPs and pharmacies).

- **Direct pathways**
  - Admitting patients directly to EAU, SDU and PDU to avoid unnecessary waits in A&E.

- **Majors nurse practitioners**
  - Advanced practitioners who manage majors patients in A&E to support the medical teams, particularly out of hours. Autonomous practitioners in the urgent care centre.

- **Improved patient discharge management**
  - SAFER patient flow bundle and review of the discharge lounge.

- **Nurse led discharge**
  - Medically directed criteria to support nurses to discharge patients without medical review.

- **Out of hospital intravenous antibiotics, Out of hospital outreach model and COPD hospital at home**
  - To prevent avoidable admissions by managing patients in their own home.
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Executive Summary

Care Quality Commission Update

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Board Reports)
Putting Patients First

Strategic Objective (The full set of Trust Objectives can be found at the beginning of the Board Reports)
Putting Patients First/Patient Safety

1. Introduction

1.1 This paper seeks to provide the Council of Governors with the outcome of the recent CQC inspection including both the unannounced and the well led inspections undertaken in November and December 2017.

1.2 Provide response to the recommendations including progress of the CQC improvement plan.

1.3 Provide an update in relation to on-going engagement of the organisation with the CQC local team.

2. 2017 Inspection

2.1 The Trust was inspected by the Care Quality Commission (CQC) under the new regime of inspection at the end of 2017. The new inspection includes an unannounced inspection which took place from 21 to 23 November 2017 and a planned well-led inspection which took place from the 19 to 21 December 2017.

2.2 The overall CQC rating from the recent inspection improved to ‘Good’.

2.3 The CQC identified outstanding practice in maternity services in relation to training and in the emergency department where they saw staff going the extra mile for patients and families and their care and support exceeded good care standards.

2.4 The CQC report identified a number of areas for improvement which included compliance with mandatory training, improvement to be noted in the Royal College of Emergency Medicine audits and Maternity Staffing.

3. CQC Improvement Plan

3.1 The improvement was submitted to CQC on Wednesday 11 April 2018 specifically outlining improvements in place in relation to the ‘must’ and ‘should’ do actions.
4. CQC Engagement

4.1 Following the inspection The Trust maintains quarterly engagement with the CQC.

3. Recommendations

The Council of Governors are asked to note the improvement in the CQC rating in all five of the domains to ‘good’;

The outstanding practice being delivered by Maternity Services and the Emergency Department;

The on-going mechanisms in place to monitor progress of the improvement plan.

Prepared by:
Julie Lane
Director of Nursing, Patient Safety & Quality

Presented by:
Jonathan Erskine
Non Executive Director
Strategic Objective (The full set of Trust Objectives can be found at the beginning of the Board Reports)
Putting Patients First/Patient Safety

1. Introduction

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2.2 The overall rating from the recent inspection improved from requires improvement to ‘Good’ in all five of the domains below:

<table>
<thead>
<tr>
<th>Safe Good</th>
<th>Effective Good</th>
<th>Caring Good</th>
<th>Responsive Good</th>
<th>Well-led Good</th>
<th>Overall Good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2.2 The CQC identified outstanding practice in Maternity services in relation to training and in the emergency department where they saw staff going the extra mile for patients and families and their care and support exceeded good care standards.

2.3 It must be noted that the CQC report identified significant levels of good practice in all areas inspected which must be celebrated and built upon to sustain and continue improvements to patient care. This good practice included direct care provision, responding to individual needs of women, access and flow across the Trust
improved Referral to Treatment time and improvements in discharge and length of stay lower that the England average for elective and non-elective medical patients.

2.3 The CQC inspection and subsequent report identified a number of areas for improvement across the three areas inspected of Emergency Care, In hospital care and Maternity

2.5 The well-led element of inspection was also rated as good noting that there was a clear statement of vision, driven by quality and sustainability and those leaders at every level were visible and approachable. However, sustainable delivery of quality care was at risk by the financial challenge we face.

3. CQC Improvement Plan (Appendix 1)

3.1 The improvement plan was submitted to CQC on Wednesday 10 April 2018 in line with the required deadline.

3.2 The review and monitoring of the improvement plan continues to be via the embedded process of the improvement group led by the Deputy Director of Nursing, Patient Safety & Quality and improvement board led by the Director of Nursing, Patient Safety and Quality; the electronic assurance audits will be revised to capture the improvement’s and ensure that these are embedded across the organisation.

4. CQC Engagement

4.1 The Trust maintains quarterly engagement with the CQC. The next meeting will be held in early June 2018 when the Trust will ascertain timescales in relation to future inspections including the Annual Well Led inspection and the Use of Resources review.

5. Recommendations

5.1 The Council of Governors are asked to note the improvement in the CQC rating in all five of the domains to ‘good’;

5.2 The outstanding practice being delivered by maternity and the Emergency Department;

5.3 The on-going governance processes in place to monitor progress against the improvement plan.

Prepared by:
Julie Lane
Director of Nursing, Patient Safety & Quality

Presented by:
Jonathan Erskine
Non Executive Director
North Tees & Hartlepool NHS Foundation Trust

CQC Inspection 2017/2018

Improvement Plan
## Improvement Plan

<table>
<thead>
<tr>
<th>Area of Development</th>
<th>Intended Outcome</th>
<th>Actions</th>
<th>Date for Completion</th>
<th>Lead(s)</th>
<th>Progress/ status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECD</strong></td>
<td>Emergency Care Directorate (ECD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff in Emergency Department (ED) will be supported to be compliant with all aspects of mandatory training; All staff will have training needs analysis which reflects their role and will have the necessary time available to undertake mandatory training; Mandatory training compliance figures will improve and targets will be achieved;</td>
<td>Improvement plans with identified trajectories to be developed to ensure compliance is achieved and sustained; Training needs analysis to be undertaken in relation to resuscitation skills and requirements supported by Trust resuscitation committee; Monthly training days will be scheduled and maintained; Priority training will be identified to ensure appropriate use of resources;</td>
<td><strong>End June 2018</strong></td>
<td>General Manager Emergency Care</td>
<td>Matrix being developed to track compliance and ensure compliance is achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>June 2018</strong></td>
<td>General Manager Emergency Care</td>
<td>Proposal developed to be agreed at Resus Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Monthly</strong></td>
<td>General Manager Emergency Care</td>
<td>Complete, additional catch up days scheduled</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>June 2018</strong></td>
<td>General Manager Emergency Care</td>
<td>Bespoke Safeguarding level 3 foundation training agreed.</td>
</tr>
</tbody>
</table>

Final CQC 2017/18 Improvement Plan
<table>
<thead>
<tr>
<th>Area of Development</th>
<th>Intended Outcome</th>
<th>Actions</th>
<th>Date for Completion</th>
<th>Lead(s)</th>
<th>Progress/ status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 ECD</td>
<td>RCEM audits undertaken in ED will demonstrate significant improvements in relation to:</td>
<td>‘Track &amp; Trigger’ standard operating procedure to be developed and monitored by identified training lead in the ECD; All staff will have access to training rooms with IT equipment to ensure access to ‘My ESR’ which will capture live data upon completion of training; Improvements will be noted in comparison to previous audit results; Improvement plan in place for severe asthma; new audit in progress;</td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care</td>
<td>Lead identified within department and link educator to liaise with lead.</td>
</tr>
<tr>
<td></td>
<td>• Severe asthma;</td>
<td></td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure that appropriate support is available to undertake audit within ED;</td>
<td>On-going 2018</td>
<td>Audit Lead Emergency Department</td>
<td>Clinical effectiveness supports the audit programme. Discussions on-going as there are limitations regarding report function in Trakcare inhibits process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Completed May 2018</td>
<td>Audit Lead Emergency Department</td>
<td>Re-audit complete, significant improvement. QIP to be progressed Nationally compare well to other units</td>
</tr>
</tbody>
</table>

Final CQC 2017/18 Improvement Plan
<table>
<thead>
<tr>
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<th>Lead(s)</th>
<th>Progress/ status</th>
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</thead>
<tbody>
<tr>
<td>• Consultant sign off;</td>
<td>• Vital signs</td>
<td>Improvement plan in place for Consultant sign off; Emergency Care data set will be updated and to be re-enforced in training and at induction of new employees; local audit to be developed and agreed</td>
<td>End of June 2018</td>
<td>Audit Lead Emergency Department</td>
<td>Action plan in place Data now captured within Trakcare.</td>
</tr>
<tr>
<td>• Procedural sedation</td>
<td>• VTE;</td>
<td>Improvement plan in place for procedural sedation; tool will be adapted and re-audit undertaken;</td>
<td>On-going 2018</td>
<td>Audit Lead Emergency Department</td>
<td>This will be a National audit again starting in August, results by February/March 2019.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VTE is not an audit undertaken by ED; orthopaedics lead as requirement if for assessment within 48 hours;</td>
<td>N/A</td>
<td>GD to request a decision from the CEM on the appropriateness of this audit in ED</td>
<td>Alerts in place when midazolam is removed from the Omnicell to ensure the process can be audited.</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
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<tr>
<td>IHC</td>
<td>In Hospital Care (IHC) Mandatory training compliance in relation to appraisal will improve;</td>
<td>All staff will have an appraisal annually which will be within timescales; Mandatory training compliance figures will improve and targets will be achieved;</td>
<td>Improvement plans to be developed which identify trajectories to ensure compliance is achieved and sustained; Training and education in relation to appraisers to be delivered across all bands to ensure appropriate capacity and available time to deliver appraisal; Proactive planning to be in place to ensure that training dates are brought forward prior to becoming out of compliance; Training lead to be identified to monitor compliance with escalation process developed;</td>
<td>On-going review June 2018; On-going review June 2018; On-going review June 2018; Completed May 2018;</td>
<td>General Manager General Manager General Manager General Manager</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
<td>Progress/status</td>
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<tr>
<td>Maternity Services (MS)</td>
<td>Women accessing maternity services will have sufficient choice and access to care delivered by staff with the right skill, in the right place at the right time. Improved experience reported by women;</td>
<td>Utilise Birthrate plus and acuity tools to ensure staffing levels meet requirements. Promote the successful preceptorship programme as part of an ongoing recruitment drive. Support flexible working arrangements i.e. flexi retirement to ensure the service maintains experienced staff as part of the workforce.</td>
<td>End June 2018</td>
<td>Head of Midwifery</td>
<td>Evaluation:- Compliance with identified outcomes in line with LMS and Better Births; Improved experience reported by women;</td>
</tr>
<tr>
<td>All staff (where relevant) will be compliant with Level 1 and Level 3 safeguarding; Improvement in compliance with mandatory training in both level 1 and 3 safeguarding and targets achieved;</td>
<td>Data cleansing and validation to be undertaken by the Directorate; Proactive planning to be in place to ensure that training dates are</td>
<td>End June 2018</td>
<td>General Manager Women &amp; Children’s; Training lead for Women &amp; Children’s and</td>
<td>Training plan agreed and lead identified within maternity services.</td>
<td></td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
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</tr>
<tr>
<td>ECD</td>
<td></td>
<td>brought forward prior to becoming out of compliance; Training lead to be identified to monitor compliance with escalation process developed; Improvement plans with identified trajectories will be developed to ensure compliance is achieved and sustained;</td>
<td>Completed May 2018; End June 2018</td>
<td>Safeguarding; Training lead for Women &amp; Children’s</td>
<td>As above.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ECD will develop contingency plans to ensure there is cover for RSCN’s on leave; To ensure that ED comply with required staffing levels and maintain two RSCN’s per shift; Separate duty rota to be in place for paediatric ED; Annual Leave rules to be established and applied to ensure compliance with agreed staffing levels. NHSp codes to be changed to ensure that any RSCN qualified nurses</td>
<td>Completed May 2018; Completed May 2018; Completed May 2018</td>
<td>General Manager Emergency Care General Manager Emergency Care General Manager Emergency Care</td>
<td>Complete Complete Complete</td>
</tr>
</tbody>
</table>

Final CQC 2017/18 Improvement Plan
<table>
<thead>
<tr>
<th>Area of Development</th>
<th>Intended Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>are able to view the shifts available; this will be in line with non-RSCN’s; RSCNs will supersede any RN’s who have already secured the shift; Paediatric Day Unit and ED will develop a shared resource to utilise across both areas</td>
<td>August 2018</td>
<td>General Manager Emergency Care</td>
<td>Discussed in daily staffing meetings and staff moved as appropriate to maintain safe staffing levels</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
<td>Progress/ status</td>
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<tr>
<td>2 ECD</td>
<td>ED will improve process for those patients who re-attend on an unplanned basis;</td>
<td>Patients will receive the right care in the right place and the right time with appropriate support plans in place to meet their needs; There will be a reduction in those patients who re-attend the ED un-planned</td>
<td>Monthly audits to be undertaken to review re-attendances; Information from audit to be available on the emergency care dashboard; Liaison with other Directorates and external stakeholders including primary care to ensure where possible re-attendances can be minimised. Frequent attenders will be flagged via existing processes</td>
<td>On-going</td>
<td>General Manager Emergency Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June 2018</td>
<td>General Manager Emergency Care</td>
<td>Note: ED will continue to be an outlier for this standard following the reconfiguration of urgent and emergency care services; the denominator for this is Type 1 attendances only so therefore the re-attendance rate will be higher;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June 2018</td>
<td>General Manager Emergency Care</td>
<td>Discussed within frequent attenders meeting. Patient and GP receives a copy of the management plan and a copy is available on Trackcare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>End June 2018</td>
<td>General Manager Emergency Care</td>
<td>Process to be agreed to exclude frequent attender patients with management plans from the unplanned re-attendance data</td>
</tr>
<tr>
<td>3 ECD</td>
<td>ECD will manage complaints in line with Trust policy timescales;</td>
<td>ECD will be compliant with the Trust complaints policy ensuring</td>
<td>Data cleanse and review current timescales for all current complaints;</td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care; Tracking process developed. Reviewed twice weekly by the team and timescales are agreed with the complainant as per Trust Policy</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
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<td>Lead(s)</td>
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<tr>
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<td></td>
<td>complainants receive a timely response to their concerns and appropriate improvements can be identified;</td>
<td>Database to be developed identifying current complaints and progress; Track and trigger to be in place and reviewed at weekly patient safety meetings;</td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compliance with policy and timescales;</td>
<td></td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care</td>
</tr>
<tr>
<td>4 ECD</td>
<td>The ECD will ensure that areas used for assessing the mental health of patients in the ED are safe and suitable;</td>
<td>Patients with presenting mental health concerns will be assessed in an environment which maintains their safety and dignity. There will be no harm due to environmental risks - to those patients accessing ED services who have a presenting or emerging mental health concern;</td>
<td>The ECD will assess the ED environment in line with current mental health standards with support from psychiatric liaison; An appropriate risk assessment will be in place and improvements identified;</td>
<td>End June 2018</td>
<td>General Manager Emergency Care; General Manager Emergency Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed May 2018</td>
<td>General Manager Emergency Care</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
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<td>---------</td>
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</tr>
<tr>
<td>1 IHC</td>
<td>In Hospital Care (IHC)</td>
<td>Staff will have identified time to undertake clinical supervision in line with the current Trust policy; Compliance with Trust Supervision policy will improve; Staff will report that they feel valued and supported;</td>
<td>All staff will be identified and time allocated in health roster to ensure clinical supervision is planned for all staff; Departments not on health roster allocate clinical supervision on the roster to ensure it is planned The directorate to utilise Terms of Reference (ToR) meetings and debriefs post serious incidents to capture clinical supervision with those staff involved</td>
<td>In line with next production of staff rota by June 2018</td>
<td>General Manager IHC; Head of Nurse Education;</td>
</tr>
<tr>
<td>2 IHC</td>
<td>IHC will consider improvements in relation to time taken to respond to complaints in line with Trust policy;</td>
<td>IHC will be compliant with the Trust complaints policy ensuring complainants receive a timely response to their complaints; Data cleanse and review current timescales for all current complaints;</td>
<td>June 2018</td>
<td>General Manager IHC</td>
<td>30/4/18 – Directorate CQC meeting – all complaints are reviewed in the directorate twice weekly. Individual timescales for complaints are agreed with complainants but IHC plans to comply with 25 and 40 day as per previous policy.</td>
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<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
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<tr>
<td>Maternity Services (MS)</td>
<td>Maternity services will demonstrate improvements in access times for antenatal women; All women presenting in early pregnancy, will be booked for maternity care by 10 weeks of pregnancy; Improved compliance with antenatal booking standard;</td>
<td>Database to be developed identifying current complaints and progress; Track and trigger to be in place and reviewed at weekly patient safety meetings; Frequency of ‘Early Bird’ first contact session will increased; Early Bird offer and booking appointment will be aligned; Maternity services will review service offer and working hours to include out of hours and weekends where appropriate. Utilise social media and other</td>
<td>On-going review June 2018</td>
<td>September 2018</td>
<td>Head of Midwifery</td>
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30/4/18 – Directorate CQC meeting – DATIX is used as a database to hold all information on complaints. Progress will be discussed at the weekly safety meeting.

30/4/18 – Directorate CQC meeting – previously agreed escalation plans to be maintained. Any issues to be discussed at the weekly patient safety meeting plus progress on any complaints due in the following week.
<table>
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<tr>
<th>Area of Development</th>
<th>Intended Outcome</th>
<th>Actions</th>
<th>Date for Completion</th>
<th>Lead(s)</th>
<th>Progress/ status</th>
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<tr>
<td>1 Well Led</td>
<td>The Freedom to Speak up Guardian will undertake formal training and have dedicated time to undertake Guardian responsibilities; Staff will have the confidence to speak up effectively and are supported appropriately; Speaking up processes are effective and continuously improved; A culture of speaking up is instilled throughout the organisation; The Trust Board is engaged in all</td>
<td>The Freedom to Speak up Guardian will be competent to undertake the role and have capacity to respond; Ensure appropriate training is undertaken to fulfill the role;</td>
<td>Completed May 2018 Upon induction and within 3 months of recruitment;</td>
<td>Director of Workforce</td>
<td>Job description developed and banded. Interviews 16.4.18. Complete</td>
</tr>
<tr>
<td>Area of Development</td>
<td>Intended Outcome</td>
<td>Actions</td>
<td>Date for Completion</td>
<td>Lead(s)</td>
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<tr>
<td>Freedom to Speak Up matters and issues that are raised;</td>
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North Tees and Hartlepool NHS Foundation Trust
Minutes of the Strategy and Service Development Committee
held on Monday, 12 March 2018
in the Lecture Theatre, University Hospital of North Tees

Present: Jonathan Erskine, Non-Executive Director (Chair)
Lynne Taylor, Director of Planning and Performance
Julie Parkes, Director of Operations
Janet Atkins, Elected Governor (Stockton)
Ann Cains, Elected Governor (Stockton)
Wendy Gill, Elected Governor (Sedgefield)
Val Scollen, Elected Governor (Stockton)
Alan Smith, Elected Governor (Hartlepool)
Mark White, Elected Governor (Stockton)
Kate Wilson, Elected Governor (Stockton)
Steven Yull, Elected Governor (Staff)
Tom Sant, Elected Governor (Hartlepool)
Margaret Docherty, Elected Governor (Stockton)
John Edwards, Elected Governor (Stockton)
James Newton, Elected Governor (Stockton)

In attendance: Donna Fairhurst, PA (note taker)

In attendance for Item 5: Belinda Peckett, Respiratory Clinical Lead, Amy Wynne, Respiratory Clinical Lead
In attendance for Item 6: Siobhan Smith, Discharge Liaison, Rebecca Phillips, Frailty Co-ordinator, Jen Relf, Senior Physiotherapist

1. Welcome/Apologies for Absence

The Chair welcomed members to the meeting.

Apologies were received for Mary King, Elected Governor (Easington), Tony Horrocks, Elected Governor (Stockton), Roger Campbell, Elected Governor (Hartlepool) and Alison McDonough, Elected Governor (Non-core Public).

2. Terms of Reference

Members reviewed the Terms of Reference and advised discussion was due to take place at the Council of Governors meeting regarding future membership of the Strategy and Service Development Committee.

3. Compliance and Performance Position

Lynne Taylor gave an overview of the performance position for the Trust reviewing both January and February 2018. She pointed out the performance against the A&E 4 hour standard in January was 96.38% and the organisation was ranked 4th on the national league table. In February the Trust consistently achieved over 97% and was rated 1st in the country which is a fantastic achievement. The organisation has also continued to see an increase in activity through the front of house since the integrated urgent care service opened on 1 April 2017, an additional 7,000 patients have been seen in January compared to the same period last year. Tom Sant queried whether the Trust would receive additional funding for the number of patients seen. It was confirmed the Trust is reviewing the current tariff with the commissioners. The Chairman advised the Trust chose to accept some level of risk when bidding for the tender in 2017 and the organisation is in a positive position with regards to the contracting round for 2018/19.

Ann Cains drew members’ attention to a recent article in the Times Newspaper around the
process for recording attendance times in A&E. Lynne Taylor advised the patient clock commences as soon as they present to the reception in A&E. If the patient attends via ambulance it is at point of handover or within 15 minutes of arriving in the department.

**Trust Occupancy** – Lynne Taylor advised occupancy was high in January and an additional 63 beds were opened due to on-going winter pressures. Delayed transfers of care rose to 3.81%, however, this has since reduced to 2.3% in February and work is underway in the organisation to review discharge processes.

**Cancer Standards** - The Trust met all of the cancer standards in December 2017 and January 2018; however, it needs to be noted that it is difficult to consistently achieve the standards due to a number of complex issues. The Cancer Network has provided some additional funding to allow an independent review of pathways between the Trust and James Cook Hospitals NHS Foundation Trust to help streamline processes in the future to ensure patients are seen and treated quicker.

**Referral to Treatment (RTT)** – The organisation achieved the RTT standards in January and February; however, work is underway to ensure all non-urgent cases which were cancelled as part of the NHSE directive are re-booked within 26 weeks.

**Diagnostic Waiting Times** – The Trust position against the standard was 99.29% which is a fantastic achievement, with at least 99% of patients expected to have a diagnostic appointment within 6 weeks of referral.

**C-Difficile** – The Trust reported 29 cases of C-Difficile year to date in January 2018 and 2 cases were reported in February. The trajectory for 2018/19 has been set at 12 cases. James Newton queried the position against neighbouring organisations. Lynne Taylor confirmed the Trust’s C-Difficile rates are benchmarked relatively high, however the Trust has sought peer reviews and expert opinions and it is recognised that this organisation tends to rigorously test samples compared to other organisations, therefore potentially identifies more cases. Tom Sant queried the restrictions on antibiotics; Julie Parkes advised the Consultant Microbiologist will make the final decision on the correct antibiotic to use.

**Single Oversight Framework** – The Trust is currently in segmentation 2 and are being closely monitored by NHS Improvement due to the financial position.

The Chairman pointed out in conclusion the Trust is performing consistently well against all performance standards and whilst there are still risks in the system, the main issues for the organisation are financial.

4. **Annual Plan 2018/19**

Lynne Taylor presented the draft Annual Plan for 2018/19 to members which all Trusts are required to submit as part of NHSI Planning Requirements. A control total of £1.8m surplus has been set which will be discussed further at the Board of Directors meeting in March. An overview of the key timetable was discussed with members and Lynne Taylor reported the final plan needs to be submitted by 30 April 2018 and will reflect the outcome of contract negotiations with Commissioners.

An overview was given on the age deprivation for County Durham, Stockton and Hartlepool which are published by Public Health England on a monthly basis and it was agreed to share the link to the report with members.

Lynne Taylor explained STP themes are in place to help redesign primary and community services and ensuring there is governance and structure in place to ensure partnership working is delivered to allow pathways to be developed and commissioned for patients to ensure they are seen in the right place at the right time.

**LT**
The Annual Plan is delivered via the annual business planning cycle and budgets are developed based on the plans in place to deliver service change with support from the Project Management Office (PMO).

5. Hospital at Home

Belinda Peckett and Amy Wynne, Respiratory Clinical Leads attended to give members an overview of the Hospital at Home project which is linked to COPD and the Frailty model. The Practitioners deliver a service to try and reduce the number of hospital admissions, operating 7 days per week and providing care at home by a multi-disciplinary team. Patients can be referred into the service by any Health Professional and patients can also self-refer once they have already been seen within the service by contacting the Single Point of Access (SPA). Home visits are offered within 2 hours of referral and a programme of care is developed tailored to patient’s needs.

Key Performance Indicators (KPI’s) have been developed and to date there has been 3,092 referrals, of these, 2,800 are new patients and the team have undertaken 16,000 home visits. On average, there are 200 referrals made each month, and following implementation of the service Length of Stay (LoS) has reduced from 6 days to 2.2 days.

The Chair and members of the Committee thanked Belinda and Amy for an excellent presentation and felt this should be shared at a full Council of Governors meeting.

6. Frailty Pathway

Julie Parkes introduced the team to members and advised NHS Improvement provided a resource to test the concept of a frailty pathway front of house and the purpose of the presentation today was to show what the team would like to deliver over the coming year.

The team advised members their goal was to avoid hospital admissions and ensure safe discharges. The understanding of the term frailty is a misconception; it is a health state where the body loses its reserves or where a patient has adverse outcomes following a minor event. Anyone in hospital for 7 days is categorised as a ‘stranded patient’ and this is being addressed through the frailty service. The pilot commenced on the 15 January and the team comprises three band 7 coordinators, 2 members of nursing staff and a therapy lead who are working closely with Tees, Esk and Wear Valleys NHS Trust (TEWV) and the emergency care team who try to identify patients in a proactive manner to be assessed. There is also direct access to geriatricians on the rapid access clinics for patients who require more oversight. To date 200 patients have been seen, recognizing that there is cross over with the ECTT caseload, 155 patients have been discharged, and while some patients will have a hospital stay the majority of patients will be discharged within 7 days.

Regular case conferences are held with partner organisations to ensure there is a clear plan in place for the patient and the service has been positively received with relatives commenting that it has been useful to ensure the continuity of care is in place whilst the next step will be an overarching strategy in both acute and community settings. Members agreed this is a very impressive piece of work which has been undertaken within a short period of times and allows the Trust to have intelligence in forming a frailty strategy.

7. Notes of Previous Meeting held 11 December 2018

The notes of the last meeting were accepted as a true and accurate record.

Action Point:

External Review of Well Led – Lynne Taylor to look into and report back to the next meeting.
8. Any Other Business

*FM Company* – James Newton queried the effect of implementing the FM Company on budgets and savings. Following discussion it was agreed that representatives from the FM Company be approached to attend the meeting on Monday, 25 June 2018.

9. Feedback to the Council of Governors’ Meeting

It was agreed that Stephen Yull would present the minutes of this meeting at the next Council of Governors meeting.

10. Date and Time of Next Meeting

The next meeting of the Governors’ Strategy & Service Development Committee is scheduled to be held on Monday 25 June 2018 at 1.30pm in the Boardroom, University Hospital of North Tees.
North Tees and Hartlepool NHS Foundation Trust

Minutes of the Membership Strategy Committee
held on Monday 5 February 2018

University Hospital of North Tees

Present: Wendy Gill, Elected Governor (Sedgefield) (WG) Chair
Mary King, Elected Governor (Easington) (MK)
Tony Horrocks, Elected Governor (Stockton) (TH)
Ann Cains, Elected Governor (Stockton) (AC)
Pauline Robson, Elected Governor (Hartlepool) (PR)
Janet Atkins, Elected Governor (Stockton) (JA)
John Hugill, Staff Elected Governor (JH)

In Attendance: Barbara Bright, Company Secretary (BB)

1. Welcome

WG welcomed members to the meeting.

2. Apologies for Absence

Apologies for absence were received from Carol Alexander, Staff Elected Governor, Paul Wharton, Volunteer Co-ordinator (PW) and Janet Clarke, (JC)

3. Minutes of the last meeting held 20 November 2017

The minutes of the last meeting were confirmed as an accurate record with one minor amendment to the initials of Ann Cains.

4. Matters Arising

Governor Elections

BB advised that a number of proposals had been suggested in relation to governor elections, terms of office and other matters however, to instigate any changes then the Trusts Constitution would need to be reviewed and amended. In order to progress BB suggested that the Membership Working Group take responsibility for this and undertake a review of the Constitution at one of their meetings which would consider and build in any changes. A dedicated meeting would be held on this with any changes requiring full ratification at the Council of Governors.

Action: A meeting of the Membership Working Group to be arranged which would be dedicated to review of the Constitution.
BB to circulate to all members a copy of the current Constitution.

Governor Activity Report

BB confirmed that the Governor Activity report had been discussed at the Council of Governors meeting held on 23 November 2017. Following discussion it was agreed that the Membership Working Group would take this forward, taking on board comments from Governors on its use. The Membership Working Group considered the form at its meeting on 2 February 2018 and agreed that the rationale for its development was still relevant, however, rather than mandatory monthly returns, to make it less formal and prescriptive, Governors would be asked to voluntarily complete the form as and when they had attended or undertaken an activity. This would be piloted to gauge response.
**Action:** Governor Activity form to be circulated with communication to explain use and voluntary completion.

**Christmas Fairs**

WG asked for an update on the success of the membership stalls at the Christmas fairs. BB reported that AC and JA had facilitated a stall at North Tees with minimal success and little uptake of new members. Unfortunately, due to an administrative error, the stall at Hartlepool did not take place. It was agreed that the worth of continuing to hold membership stalls at events and in the foyers of the hospitals needed to be carefully considered in the future.

**5. Review of Terms of Reference**

BB presented the terms of reference for the Committee and outlined it was good practice to review them, at least annually, to ensure they remained fit for purpose and reflected the remit of the group.

Discussion ensued and a minor amendment was agreed to section 7, which referenced the agenda and minutes. BB agreed to make the amendment and circulate a revised copy to all members.

WG requested that the membership of the Committee be reviewed as a couple of members had either stood down or come to the end of their term of office. BB advised this was under review and would be taken forward as part of the wider review of all Committees.

WG noted that Alan Smith had expressed an interest in joining the group, which BB agreed to take forward.

**Action:** BB to amend the terms of reference to reflect changes and circulate to all members. Membership of the Committee to be reviewed as part of the wider piece of work underway across all Committees.

**6. Membership Statistics**

**6.1 Membership Breakdown Report & Comparison**

The membership breakdown report reflected the current position and included the figures reported at the meeting held in November 2017 as comparison.

BB gave an overview of the information contained within the reports which was broken down into staff and public members and highlighted that the Trust had seen a decrease of six public members since the meeting held in November 2017.

It was noted that over the last 12 months there had been little variation in the number of members, with membership remaining static circa 5,700. Although recruitment was constant, the numbers recruited were offset each month against those deceased or returned for removal.

**6.2 Eligibility Report & Comparison**

BB gave an overview of the report which provided a breakdown of members and governors in each catchment area and by constituency. It was reported that the numbers of younger members had maintained at a steady level since the previous report. BB explained this was directly related to the work around volunteering with more activity involving schools and colleges.
6.3 Membership Data and Recruitment

BB gave an overview of the report which provided an update on new members recruited from 20 November 2017 to 29 January 2018. BB reported that the total public membership for the Trust was 5,767 which included a total of 237 non-core members and the total number for staff was 6,115.

A query was raised over the staff numbers as this seemed to have increased significantly from the last report by over 400. BB agreed that the figures were not consistent and agreed to review these and feedback at the next meeting.

Once again the committee discussed the difficulties of increasing membership in under-represented groups, for example, certain age ranges, specifically the 18-50 categories, male membership and in the diverse communities that the Trust serves. It was agreed that further work and analysis was required in this area and this aspect of work would be part of the overall plan for recruitment.

JA raised a particular concern from the transgender community, in relation to recruitment as members and the fear of potential discrimination. BB reported that any information supplied as part of the recruitment process was held securely on the membership database with restricted access by a few individuals. Any sensitive equality and diversity information would only be used for statistical purposes, with the Membership Strategy Committee being the recipient. JA agreed to feedback to those concerned with the aim being to positively encourage them to become members.

BB presented the breakdown by ward area, which in current format was a complete listing. For ease of reading and analysis, BB advised future reports would group these under each constituency area.

It was agreed that maintaining the membership at circa 6,000 was the most appropriate course of action.

**Action:** Increasing membership in under-represented groups to be part of the overall recruitment plan.

7. Feedback from Working Group Meeting 2 February 2018

BB reported on a positive meeting of the Working Group on 2 February 2018 and provided an overview of the discussions and the actions agreed.

All members of the Committee had been in attendance at the Working Group and discussion ensued on the key actions to be taken forward. It was agreed that the Working Group would meet regularly in between meetings of this Committee, therefore it was agreed to schedule the next Working Group meeting for end of April 2018.

8. Volunteer/Membership Engagement/Recruitment

In the absence of PW, Volunteer Co-ordinator, BB briefed the committee on the work that had been undertaken to date and how work with volunteers and the different communities can support membership within the Trust.

BB noted that work was still underway with further education colleges to recruit students into volunteer roles and as a result would also encourage membership recruitment. In addition, BB confirmed that student nurses had recently commenced placements with the Trust and as part of their induction had been encouraged to become members.

It was reported that PW would pick up actions from the Membership Working Group in terms of the utilisation of volunteers to promote membership and recruit members going forward.
9. Members Event 13 December 2017 feedback

BB tabled a briefing of the Member Event which was held on Wednesday 13 December 2017 in the Lecture Theatre and Coffee Lounge at the University Hospital of North Tees. There were 9 members, 10 governors and a number of staff in attendance at the event. BB expressed her concern that the attendance numbers were lower than usual.

Three presentations were scheduled covering different aspects of Cancer services within the Trust. Jo Mackintosh, Macmillan Engagement and Co Design Project Manager presented on the Northern Cancer Alliance, outlining her role, the background and structure of the Alliance, and its purpose. The main aims included improving outcomes for patients and increasing cancer survival rates. It was reported that the Northern Cancer Alliance had developed a work plan spanning 2017-21 and integral to the work was the involvement of patients and the wider public which was being achieved through the establishment of a regional steering group and a number of smaller task and finish groups. A virtual group was also being explored which would operate remotely with members reviewing and commenting on proposals. In addition there are local opportunities for people to get involved with individual Cancer Patient Groups, which were run at individual trusts, and would welcome new members.

Alan Chandler, Macmillan Cancer Information and Survivorship Manager presented on the Cancer Information Centres based at the Trust. The Centre at the University Hospital of North Tees began operating in April 2016 with the formal opening in June. A centre was also opened at the University Hospital of Hartlepool in July 2016. The Centres were run by members of staff and a number of volunteers. The Centres provided a free service, offering advice, information and support for anyone affected by cancer, and now established were seeing a rise in contacts from 80 in May 2016 to 292 in October 2017.

Future plans included establishing a gardening group, utilising a plot of land at the University Hospital of North Tees subject to obtaining sponsorship to take the project forward. There were also plans to extend both the in-reach and out-reach services. Funding for the Information Centres was due to end in May 2018 so other options were being explored for the service to continue.

Mel McEvoy, Nurse Consultant in Cancer and Palliative Care presented on the development of the Family Voice Diary, which was an initiative that began in 2010 to provide families with a diary to record thoughts and comments regarding their loved ones care during the end stages of their life, as part of the work around Care for the Dying Patient, and wanting to provide a good death for patients. The concept of the diary had been widely shared and was in use in a number of organisations nationally receiving accreditation by Public Health England.

John Sheridan, Macmillan Lead Nurse, End of Life Care presented on the Trust’s Specialist Palliative Care Team, which was a multi-disciplinary team working both in hospital and in the community providing specialist care and support for palliative care patients including holistic care, symptom management and psychological support. Palliative Care was for patients anticipated to be in the last 12 months of life.

The Specialist Palliative Care Team had been nominated for a number of awards and spoken at regional and national conferences about the work at the Trust.

BB reported that feedback collected about the event had been positive. Discussion ensued on future topics for member events over the next 6-12 months, with suggestions including the performance of the trust, good news stories and hot topics in the press currently, for example prostate cancer. BB confirmed dates would be considered and scheduled to continue on a day during the week.
10. **Any Other Business**

   No other business was notified or discussed.

**Date and Time of the Next Meeting**

   The next meeting is scheduled to take place on Monday, 14 May 2018 at 11:00am, in the Board Room, University Hospital of North Tees.
North Tees & Hartlepool NHS Foundation Trust

Notes of
Travel & Transport Committee Meeting
Monday 26 March 2018

Present:
Peter Mitchell Managing Director North Tees & Hartlepool Solutions
George Lee Councillor
Norman Mackey Patient Representative
Brian Christelow Portering/Transport Manager
Kara Pickering Communications Assistant

In attendance Pam Richardson Note Taker (Support Secretary)

Action
PM notified the committee that since the formation of North Tees & Hartlepool Solutions he was required to give a declaration of interest at certain meetings; however it was felt that there was no conflict of interest for this meeting.

1 Apologies for absence

Apologies for absence were received from Ann Cains, Tom Sant, Reg Ramsden, Ian Fraser, Michelle Taylor.

2 Notes of the last meeting held on 4 September 2017

a) Matters arising
KP confirmed that the Trust’s website had been updated to reflect the Trust’s car parks and pricing structures.

b) Acceptance
The notes of the meeting held on Monday 4 September 2017 were accepted as an accurate record of the meeting.

3 ParkingEye

The system is continuing to work well and the number of complaints is at its lowest. The original ParkingEye contract was for 3 years with the opportunity to extend for a further 2 years. The Trust has requested information on what systems are now available as the contract only has 15 months left. The current system has minimal admin costs and no operational costs. An ANPR system as opposed to a barrier system would be preferred. However any new contract will have to go through the Procurement process. The Department of Health’s guidance is that the company operating the system should not be making all of its income from charges.

The system installed at Peterlee Community Hospital was more up to date but was more problematic and for the foreseeable future the original machines were reinstated. There are still some issues regarding parking at PCH, regarding parking on the highway, the Trust introduced a £1.00 charge per hour to help alleviate, however the problem continues and is a historical one.

Hardwick car park is now generating in the region of £150k per annum, more than was initially expected. Pricing is slightly lower than the Trust’s visitor car parks, but this is to remain competitive with the private car parks in the vicinity.

Car parking management, income and expenditure will sit with the LLP company.
4 Volunteer Drivers

With the establishment of NT&H Solutions, management of the volunteer drivers was passed to the Trust’s Volunteer Coordinator, Paul Wharton, who manages all Trust volunteer services. Paul has been successful in recruiting volunteers for all areas and there are no issues to report with the volunteer drivers.

5 Shuttle Service Update

The shuttle bus service was introduced following the relocation of staff from Hartlepool to North Tees. The 4 year protection period for this came to an end in October 2017 for the majority of staff, with only 20 staff remaining who are still entitled to this for the next 9 months. Staff are also encouraged to use the shuttle service for inter-site travel. The Trust’s board made the decision to reduce the number of journeys from 1 December 2017. However, 23 Taxis provide additional journeys whereby staff can pay £3 per single journey. Visitors and patients also continue to use the service. Only a small proportion of staff using the shuttle bus expressed concern over the changes, mainly due to a lack of alternative transport. A paper will be discussed at the March board meeting to discuss the future of the shuttle bus.

6 Website

The website has been updated and is clear in showing the car parks available at the hospital, together with any pricing structures. Communications are currently looking at updating the maps on the website to reflect these changes and information has also been added regarding the drop off bays.

7 Any other business

None

8 Proposal for future Travel & Transport Committee

PM stated that he would no longer be chairing the committee in view of his appointment to NT&H Solutions. As the original purpose of the Committee was to focus on travel and transport around the development of the new Hospital site at Wynyard, the Trust has suggested that the there is no longer a need for the Committee to continue. PM concluded that all elements of the Committee’s focus - parking, shuttle service, and volunteer drivers are all established and stable and asked if there were any objections or opposition to this decision. GL agreed also with the decision as there was very little to discuss. No objections were received. PM thanked the Committee for their support, encouragement and involvement.

Signed: .................................................. (Chair)

Date: ..................................................
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Nominations Committee Report

Report of the Company Secretary

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governors Reports)
Putting Patients First; Transforming our Services

1. Introduction

The Nominations Committee met on 30 May 2018 to receive information and consider proposals in respect of the following:

- Chairman and Non-Executive Directors Appraisal;
- Proposals for replacement and reappointment of the Chairman and Non-Executive Directors;
- Recruitment Plan; and
- Non-Executive Director Remuneration.

The report summarises each matter considered by the Nominations Committee with the recommendations from the meeting being presented for the Council of Governors consideration and approval.

2. Background

The Nominations Committee is a sub-committee of the Council of Governors and has delegated responsibility for the recruitment, appointment, retention and removal of the Chairman and Non-Executive Directors, including matters of remuneration and conditions of appointment. It can agree in principle and make recommendations to the Council of Governors on whether appointments should be advertised or whether existing Chair/Non-Executive Directors should be considered for further terms of office (subject to legislative requirements of the NHS 2006 Act, the Trust’s Constitution, satisfactory appraisal and Monitor’s Code of Governance).

The Nominations Committee at its meeting on 18 February 2009 agreed a systematic approach to appointments and re-appointments for the Chair/Non-Executive Directors.

Legislative requirements of NHS Foundation Trusts state that terms of office can be offered for a maximum of 3 years followed by re-appointment to a maximum of 9 years. Thereafter appointments are required to be considered annually in line with legislative and governance best practice guidelines.

3. Outcome of Chairman’s Appraisal (not in the presence of the Chairman)

The Company Secretary presented the outcome of the Chairman’s appraisal for 2017/18 and outlined the process. A total of 43 questionnaires had been distributed to Board and Council of Governors members, with 30 completed forms returned (a response rate of 70%), which was a significant improvement on the previous year (49%). The process for the evaluation of the Chairman’s performance was provided, along with an overview of the comments received, grouped into themes.
The conclusions outlined there were no significant development needs or skill shortages identified and a number of objectives were proposed and agreed.

4. Chairman’s Re-appointment Proposal (not in the presence of the Chairman)

The Company Secretary presented re-appointment proposals for Paul Garvin, Chairman whose term of office was due to expire on 31 October 2018. It was noted that he had completed the recommended period of office of 9 years; therefore, any further appointment would need to be considered on an annual basis in line with legislative and governance best practice.

The Company Secretary confirmed that the Chairman was a long standing and valued member of the Board of Directors and Council of Governors who brought a plethora of experience and skills; his appraisal demonstrated he continued to make an outstanding contribution to the work of the Trust, the Board of Directors and the Council of Governors; re-appointment proposals had the support of the STP Lead, Chief Executive (Interim) and other Board members, and that his contribution had assisted the Trust to maintain exemplary performance despite significant financial challenges.

The Company Secretary explained that the proposal had the full support of the Chief Executive (Interim) especially at a time of significant uncertainty for the Trust in view of potential changes under the sustainability and transformation partnership, locally changing relationships through the Committee in Common and the financial challenges facing the organisation, involving now greater scrutiny from the regulator. In light of other changes taking place at Non-Executive Director level and significant changes in the Executive team, there was a need for on-going stability and support at Board level.

The Nominations Committee agreed a further 1 year term of office.

5. Non-Executive Director Remuneration Review (not in the presence of the Chairman)

The Company Secretary presented the Chairman and Non-Executive Director Remuneration Review, providing comparative benchmarking data from similar sized trusts which was available following a national remuneration survey undertaken by NHS Providers in 2017.

The Company Secretary provided an overview with respect to the national position on inflationary pay awards for agenda for change staff, the largest staff group in the NHS highlighting that increases had been capped since 2013/14 and that for 2018/19 a three year deal had been proposed, subject to consultation,

It was noted that a review of remuneration was undertaken by the Committee on an annual basis and since 2009 no cost of living increase had been awarded to the Chairman or Non-Executive Directors. The Company Secretary proposed, being cognisant of the national pay position, the findings from the NHS Providers Remuneration Survey 2017 and the 9 years of pay freeze which had been applied to Non-Executive Director salaries that remuneration going forward should be linked to agenda for change inflationary pay proposals. It was stressed that consideration would still need to be given on an annual basis as to whether an increase was appropriate taking account of factors including individual and organisational performance.

The Committee considered the proposal and the information provided, agreeing that a 3% cost of living rise should be recommended to the Council of Governors, backdated to 1 April 2018 and that this should be reviewed on an annual basis in line with agenda for change pay proposals.

6. Outcome of Non-Executive Directors Appraisal

The Chairman presented the outcome of the Non-Executive Directors’ appraisals for 2017/18, outlining the process, and explaining that appraisals including self-appraisal had been carried
out for Brian Dinsdale, Rita Taylor, Steve Hall, Kevin Robinson and Jonathan Erskine against set criteria.

The Chairman reported that there were no significant development needs or skill requirements, with all demonstrating that they maintained and enhanced their personal development by attendance at training sessions, seminars, national and regional conferences/networks. The Chairman confirmed that each of the Non-Executive Directors continued to challenge the Executive Directors and make an important contribution to the work of the Trust. A number of collective objectives had been set in addition to specific objectives, which were aligned to the portfolios of each Non-Executive Director.

7. Rita Taylor, Non-Executive Director Replacement Proposal

The Chairman presented arrangements in respect of Rita Taylor, Non-Executive Director/Senior Independent Director whose term of office was due to expire on 31 December 2018. This would conclude Rita’s second 1 year term of office, after having previously completed the recommended period of office, therefore, it was proposed that a suitable replacement be sought.

The Chairman explained that a recruitment campaign should be undertaken to source a replacement Non-Executive Director and after review of the profile and skill set of current incumbents, the requirements of the role would include knowledge and experience in respect to patient safety and experience, women’s and children’s services, as well as the generic board level and strategic experience gained in a diverse, complex and customer focused organisation.

It was noted that Rita would be willing to be considered for a further term of office and following discussion the Committee agreed that in the event an appointment was not made then a further 1 year term of office would be approved whilst options were considered and arrangements made to undertake further recruitment plans.

8. Brian Dinsdale, Re-appointment/Recruitment Proposal

The Chairman presented re-appointment proposals for Brian Dinsdale whose term of office was due to expire on 30 November 2018. It was noted that he had completed the recommended period of office in 2017 and approval had been given for a one year appointment ratified by the Council of Governors at its meeting on 28 September 2017.

The Chairman confirmed that Brian would be willing to stand for a further term of office and he outlined that given the financial challenges facing the Trust and to provide continuity, balance and stability over what would be a difficult period, he would support this coupled with a planned recruitment process to secure a replacement.

The Chairman highlighted that Brian’s appraisal demonstrated he continued to make an outstanding contribution to the work of the Trust, the Board of Directors and the Council of Governors; re-appointment proposals had the support of the Chairman, and that Brian’s contribution had assisted the Trust to maintain exemplary performance despite significant financial challenges.

For the Chair of the Audit Committee, Finance Committee and Charitable Funds Committee it was noted that there was a regulatory requirement for the postholder to have a recognised financial qualification as well as other senior level experience. In light of this requirement, the current financial challenges and to ensure appropriate transition for a new appointee to the role, it was proposed that a further 1 year term of office be approved for Brian with recruitment undertaken in 2018 for a replacement. The successful candidate would commence early in 2019 and during the period up until the end of Brian’s term of office, would shadow and transition into the role, completing as part of the process a full year-end procedure.
As this would be an additional Non-Executive Director role, the Chairman outlined a proposal to appoint the successful candidate as an Associate Non-Executive Director for the first year; this would be a non-voting position on the Board of Directors and would attract a salary of £13,500.

The Committee agreed they would support the reappointment of Brian Dinsdale for a further 1 year term of office with effect from 1 December 2018. In addition, as part of succession planning it was agreed to commence a recruitment campaign to source a suitable replacement during Brian’s last year of office and to appoint the successful candidate as an Associate Non-Executive Director for that period.

9. Jonathan Erskine and Kevin Robinson, Non-Executive Director Re-appointment Proposal

The Chairman presented re-appointment proposals for Jonathan Erskine and Kevin Robinson, Non-Executive Directors whose terms of office were due to expire on 31 July 2018 confirming both would have completed their first term of office. As part of the appraisal process confirmation had been sought from both that they wished to be considered for re-appointment.

The Chairman highlighted that the appraisals of Jonathan and Kevin demonstrated they continued to make an outstanding contribution to the work of the Trust, the Board of Directors and the Council of Governors; re-appointment proposals had the support of the Chairman, and that their contribution had assisted the Trust to maintain exemplary performance despite significant financial challenges. The Chairman reported that their experience would be a crucial factor in maintaining a level of stability, continuity and expertise as the Trust moves forward with a challenging agenda, especially in light of other changes at Non-Executive Director level.

The Committee agreed they would support the reappointment of Jonathan Erskine and Kevin Robinson for a further 3 year term of office with effect from 1 August 2018.

10. Non-Executive Director Vacancies Recruitment Plan

The Company Secretary presented a proposed recruitment plan in order to secure replacements for the two Non-Executive Directors. The plan outlined proposals to undertake the recruitment process on a similar basis to that implemented in 2015, which would involve internal teams and the use of advertising options at no cost. The Company Secretary advised that a candidate pack, job description and person specification had been developed and would be shared with the Committee for approval. It was confirmed after considering the experience and skill set requirements that the two posts, in addition to the generic core specification would also include:

Post 1 – candidates with extensive financial management experience and recognised financial qualification; and
Post 2 – candidates with extensive knowledge of women’s and children’s services, patient safety, quality and patient experience.

The Committee agreed the recruitment plan.

11. Recommendations

The Nominations Committee recommends to the Council of Governors:

(i) that, the report be accepted as a true reflection of the Chairman’s Appraisal process; and
(ii) that, a one year term of office be approved for Paul Garvin, Chairman with effect from 1 November 2018; and
(iii) that, remuneration for the Chairman and Non-Executive Directors’ going forward should be linked to agenda for change inflationary pay proposals, reviewed on an annual basis; and
(iv) that, the Chairman and Non-Executive Directors’ remuneration be increased from 1 April 2018 in line with agenda for change proposals; and
(v) that, a recruitment campaign to source a replacement for two Non-Executive Directors commences in 2018 in line with the recruitment plan; and
(vi) that, in the event the recruitment campaign was unsuccessful then a further 1 year term of office be approved for Rita Taylor with effect from 1 January 2019 whilst further options and recruitment were undertaken; and
(vii) that, a further one year term of office be approved for Brian Dinsdale with effect from 1 December 2018; and
(viii) that, the replacement for the Finance Non-Executive Director be approved for the transition period up to 30 November 2019 as Associate Non-Executive Director on a salary of £13,500; and
(ix) that, a further 3 year term of office be approved for Jonathan Erskine and Kevin Robinson effective from 1 August 2018; and
(x) that, the Nominations Committee has devolved responsibility to undertake the recruitment process on behalf of the Council of Governors; and
(xi) that, a recommendation on preferred candidates would be presented to the Council of Governors for ratification.
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Council of Governors Sub-Committee Membership Review

Report of the Company Secretary

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governors Reports)
Transforming our Services

1. Introduction

1.1 This report outlines the work undertaken to review the membership for each of the Council of Governor Sub-Committees.

2. Background

2.1 The Trust has five Governor Sub-Committees, which report to the Council of Governors. These include:
   - Strategy and Service Development Committee;
   - Membership Strategy Committee;
   - Nominations Committee;
   - Travel and Transport Committee;
   - External Audit Working Group.

2.2 In line with good practice, terms of reference and membership requirements should be reviewed regularly, but as a minimum every three years.

3. Terms of Reference

3.1 The terms of reference for each of the Sub-Committees are reviewed on an annual basis, with a review last undertaken in 2017. It is proposed that in 2018 each of the Sub-Committees consider and review the terms of reference for their meeting to ensure they continue to be fit for purpose and have fair representation.

4. Membership

4.1 The membership number for each of the Sub-Committees remains unchanged and as a result of Governor resignations and changes, expressions of interest were invited to fill any vacancies. A revised list of membership has been compiled and is appended as Appendix 1.
5. **Review of Travel and Transport Committee**

5.1 Following the establishment of North Tees and Hartlepool Solutions Limited Liability Partnership on 1 March 2018, a review of the Travel and Transport Committee was undertaken at its meeting on 26 March 2018. The original function of the Committee was to focus on travel and transport in relation to the development of the new Hospital site at Wynyard, however, as this proposal is no longer being taken forward, the merits of continuing with the Committee was considered.

5.2 The Committee members felt that the areas discussed as part of the agenda are well established and that there were no real concerns to be taken forward or addressed. It was agreed to discontinue the Committee and should updates be required or issues raised, these would be taken forward via other mechanisms.

6. **Recommendations**

6.1 The Council of Governors are asked to;
- note the proposed amendments to the Sub-Committee membership; and
- note the discontinuation of the Travel and Transport Committee.

Barbara Bright
Company Secretary
North Tees and Hartlepool NHS Foundation Trust

Governor Representation on Sub-committees

7 June 2018

Strategy and Service Development Committee
Chair: Jonathan Erskine, Non-Executive Director
Executive Director: Lynne Taylor
Janet Atkins, Elected Governor (Stockton)
Ann Cains, Elected Governor (Stockton)
Roger Campbell, Elected Governor (Hartlepool)
Margaret Docherty, Elected Governor (Stockton)
John Edwards, Elected Governor (Stockton)
Wendy Gill, Elected Governor (Sedgefield)
Tony Horrocks, Elected Governor (Stockton)
Mary King, Elected Governor (Easington)
Alison McDonough, Elected Governor (Non-core public)
James Newton, Elected Governor (Stockton)
Tom Sant, Elected Governor (Hartlepool)
Alan Smith, Elected Governor (Hartlepool)
Mark White, Elected Governor (Stockton)
Kate Wilson, Elected Governor (Stockton)
Michelle Ferguson Elected Governor (Staff)
Steven Yull, Elected Governor (Staff)

Membership Strategy Committee
Chair: Wendy Gill, Elected Governor (Sedgefield)
Executive Director: Barbara Bright
Carol Alexander, Elected Governor (Staff)
Janet Atkins, Elected Governor (Stockton)
Janine Browne, Elected Governor (Stockton)
Ann Cains, Elected Governor (Stockton)
Tony Horrocks, Elected Governor (Stockton)
Mary King, Elected Governor (Easington)
Pauline Robson, Elected Governor (Hartlepool)
Alan Smith, Elected Governor (Hartlepool)

Nominations Committee
Chair: Paul Garvin, Chairman
Carol Alexander, Elected Governor (Staff)
Wendy Gill, Elected Governor (Sedgefield)
Tony Horrocks, Elected Governor (Stockton)
Janet Atkins, Elected Governor (Stockton)
Alan Smith, Elected Governor (Hartlepool)
Linda Nelson, Appointed Governor, Teesside University
Appendix 1

External Audit Working Group
Chair: Brian Dinsdale
Executive Director: Neil Atkinson
Janet Atkins, Elected Governor (Stockton)
Roger Campbell, Elected Governor (Hartlepool)
John Edwards, Elected Governor (Stockton)
Mark White, Elected Governor (Stockton)

Sub-committees/Informal Groups which DO NOT report to the Council of Governors

Healthcare User Group (HUG) Bill Johnson [no further members required]
Janet Atkins, Elected Governor (Stockton)
Wendy Gill, Elected Governor (Sedgefield)
Kate Wilson, Elected Governor (Stockton)

Trust Patient Information Panel (TPIP) (J Blenkinsopp)
Janet Atkins, Elected Governor (Stockton)
Ann Cains, Elected Governor (Stockton)
Margaret Docherty, Elected Governor (Stockton)
Wendy Gill, Elected Governor (Sedgefield)
Mary King, Elected Governor (Easington)
Tom Sant, Elected Governor (Hartlepool)
Alan Smith, Elected Governor (Hartlepool)
John Hugill, Elected Governor (Staff)
*2 Governors per meeting attend on a rota basis

Trust Research Awareness and Governance Group (TRAG)
Wendy Gill, Elected Governor (Sedgefield)

Food and Menu Group (Sub Group of Nutrition and Hydration Steering Group)
Wendy Gill, Elected Governor (Sedgefield)

Essential Nutrition Group (Sub Group of Nutrition and Hydration Steering Group)
Wendy Gill, Elected Governor (Sedgefield)

Governors with no Committee/Group responsibility:
Val Scollen, Elected Governor (Stockton)
George Lee, Elected Governor (Hartlepool)
Manuf Kassem, Elected Governor (Staff)
Asokah Krishnaier, Elected Governor (Staff)
Jim Beall, Appointed Governor, Stockton Borough Council
Eunice Huntington, Appointed Governor, Durham County Council
Andre Gennery, Appointed Governor, Newcastle University
Tony Alabaster, Appointed Governor, Sunderland University
North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

7 June 2018

Governor Elections Timetable 2018

Report of the Company Secretary

Strategic Aim (The full set of Trust Aims can be found at the beginning of the Council of Governors Reports)
Transforming our Services

1. Background

1.1 The Trust’s Constitution (Annex 4 – Model Rules for Elections) requires it to hold annual Governor elections to fill positions that have become vacant as a result of Governors’ terms of office that are due to end on 30 November 2018, and for any vacancies that have arisen throughout the year due to Governor resignations or were unfilled at the previous election.

1.2 There are a total of 12 Governor vacancies in the following constituencies:

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stockton</td>
<td>5</td>
</tr>
<tr>
<td>Hartlepool</td>
<td>3</td>
</tr>
<tr>
<td>Sedgefield</td>
<td>1</td>
</tr>
<tr>
<td>Easington</td>
<td>1</td>
</tr>
<tr>
<td>Staff</td>
<td>2</td>
</tr>
</tbody>
</table>

1.3 The vacancies comprise 10 Public Governors and 2 Staff Governors and are for 3 year terms of office with the exception of those highlighted (*) which are unfilled seats from previous elections and have 2 year terms of office.

<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Newton</td>
<td>Stockton Constituency</td>
</tr>
<tr>
<td>Janet Atkins</td>
<td>Stockton Constituency</td>
</tr>
<tr>
<td>Kate Wilson</td>
<td>Stockton Constituency</td>
</tr>
<tr>
<td>Mark White</td>
<td>Stockton Constituency</td>
</tr>
<tr>
<td>Vacant Seat</td>
<td>Stockton Constituency*</td>
</tr>
<tr>
<td>Alan Smith</td>
<td>Hartlepool Constituency</td>
</tr>
<tr>
<td>George Lee</td>
<td>Hartlepool Constituency</td>
</tr>
<tr>
<td>Vacant Seat</td>
<td>Hartlepool Constituency*</td>
</tr>
<tr>
<td>Vacant Seat</td>
<td>Easington Constituency</td>
</tr>
<tr>
<td>Vacant Seat</td>
<td>Sedgefield Constituency*</td>
</tr>
<tr>
<td>Manuf Kassem</td>
<td>Staff</td>
</tr>
<tr>
<td>Steven Yull</td>
<td>Staff</td>
</tr>
</tbody>
</table>

2. Key Issues & Planned Actions

2.1 In order that the Trust can comply with the Model Rules for Elections, and report the results of the elections at the beginning of December 2018, it is proposed that the Governor Election Timetable (Appendix A) be approved and arrangements be confirmed with Electoral Reform Services (ERS) to assist the Trust with its elections.
2.2 The Constitution was amended in 2015 to incorporate the use of e-voting technology, and it is proposed that for the Governor elections in 2018 this functionality is offered again for member use.

3. Recommendations

3.1 The Council of Governors are asked to approve the Governor Elections Timetable (Appendix A).

Barbara Bright  
Company Secretary
### Appendix A

#### Council of Governors Election Timetable 2018

<table>
<thead>
<tr>
<th>Notes</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust to supply copy and data material for nomination mailing (if applicable).</td>
<td>Monday, 3 September 2018</td>
</tr>
<tr>
<td>Returning Officer/Trust issue the Notice of Election. Nomination forms to be made available to Trust members.</td>
<td>Friday, 21 September 2018</td>
</tr>
<tr>
<td>Deadline for receipt of nominations.</td>
<td>Tuesday, 9 October 2018</td>
</tr>
<tr>
<td>Returning Officer and Trust to publish summary of nominated candidates.</td>
<td>Wednesday, 10 October 2018</td>
</tr>
<tr>
<td>Final date for candidate withdrawal.</td>
<td>Friday, 12 October 2018</td>
</tr>
<tr>
<td>Trust to make arrangements to provide electoral data to Returning Officer.</td>
<td>Monday, 15 October 2018</td>
</tr>
<tr>
<td>Returning Officer/Trust issue the Notice of Poll.</td>
<td>Friday, 26 October 2018</td>
</tr>
<tr>
<td>Voting packs despatched by Returning Officer to members.</td>
<td>Monday, 29 October 2018</td>
</tr>
<tr>
<td>Closing date for Election.</td>
<td>Friday, 16 November 2018</td>
</tr>
<tr>
<td>Returning Officer provides Election results/report, and the Trust write to successful/unsuccessful applicants.</td>
<td>Monday, 19 November 2018</td>
</tr>
</tbody>
</table>