



Council of Governors Meeting

Thursday, 20 February 2020

***River Tees Watersports Centre,
North Shore, Stockton on Tees***

PG/SH

6 February 2020

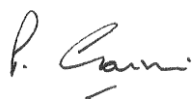
Telephone: 01642 617617
www.nth.nhs.uk

Dear Colleague

A meeting of the **Council of Governors** will be held on **Thursday, 20 February 2020 at 10.00am at the River Tees Watersports Centre, the Slipway North Shore, Stockton on Tees, TS18 2NL.**

Refreshments will be served from 9.30am. A development session will commence at 11.30am. 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) | 10.00am | Minutes of the last meeting held on, 12 December 2019 (enclosed) | Chairman |
| (6) | 10.10am | Matters Arising | Chairman |
| (7) | 10.15am | Chairman's Report and Board Business (BoD agenda 26.03.2020 enclosed) | Chairman |
| (8) | 10.25am | Chief Executive's Report (enclosed) | Julie Gillon |
| (9) | 10.35am | North East and North Cumbria Integrated Care System and Tees Valley Health and Care Partnership Update (enclosed) | Julie Gillon |
| (10) | 10.50am | Integrated Compliance and Performance Report (enclosed) | Kevin Robinson/
Phil Craig /Neil Schneider/Jonathan Erskine |
| (11) | 11.05am | Register of Interests (enclosed) | Barbara Bright |
| (12) | 11.10am | Sub-Committee Minutes
(12.1) Draft Strategy and Service Development Minutes
- 16 December 2019 (enclosed) | Mark White |

(13) 11.15am Any Other Notified Business

Chairman

11.20am Comfort Break

Development Session

(14) 11.30am Quality & Safety / Patient Safety & Quality Standards Committee

Jonathan Erskine &
Julie Lane

(15) 12.15pm Approximate Close

Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday, 7 May 2020 and will be held at the Centre for Excellence, Teaching and Learning, 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

Putting Our Population First

- Create a culture of collaboration and engagement to enable all healthcare professionals to add value to the healthcare experience
- Achieve high standards of patient safety and ensure quality of service
- Promote and demonstrate effective collaboration and engagement
- Develop new approaches that support recovery and wellbeing
- Focus on research to improve services

Valuing People

- Promote and 'live' the NHS values within a healthy organisational culture
- Ensure our staff, patients and their families, feel valued when either working in our hospitals, or experiencing our services within a community setting
- Attract, Develop, and Retain our staff
- Ensure a healthy work environment
- Listen to the 'experts'
- Encourage the future leaders

Transforming Our Services

- Continually review, improve and grow our services whilst maintaining performance and compliance with required standards
- Deliver cost effective and efficient services, maintaining financial stability
- Make better use of information systems and technology
- Provide services that are fit for purpose and delivered from cost effective buildings
- Ensure future clinical sustainability of services

Health and Wellbeing

- Promote and improve the health of the population
- Promote health services through full range of clinical activity
- Increase health life expectancy in collaboration with partners
- Focus on health inequalities of key groups in society
- Promote self-care

North Tees and Hartlepool NHS Foundation Trust

Minutes of the Council of Governors' Meeting
held on Thursday, 20 February 2020
at the River Tees Watersports Centre, Stockton

Present:

Paul Garvin, Chairman

Hartlepool Elected Governors:

George Lee
Geoff Northey
Pauline Robson
Ian Simpson
Alan Smith

Stockton Elected Governors:

Ann Cains
Margaret Docherty
John Edwards
Tony Horrocks (Lead Governor)
Jean Kirby
Victor Manerjero
Mark White
Pat Upton

Easington Elected Governor:

Mary King

Sedgefield Elected Governor:

Wendy Gill
Carole Lawford

Non-Core Public Elected Governor:

Alison McDonaugh

Staff Elected Governors:

Carol Alexander
Manuf Kassem
Asokan Krishnaier
Puthuvalparampu Sivakumar
David Russon
Andrew Simpson

Appointed Governors:

Cllr Jim Beall, Stockton Borough Council
Cllr Eunice Huntington, Durham County Council
Linda Nelson, University of Teesside

In attendance:

Paul Garvin, Chairman
Steve Hall, Non-Executive Director/Vice Chair
Philip Craig, Non-Executive Director
Brian Dinsdale, Non-Executive Director
Jonathan Erskine, Non-Executive Director
Ann Baxter, Associate Non-Executive Director
Neil Schneider, Associate Non-Executive Director
Julie Gillon, Chief Executive
Barbara Bright, Director of Corporate Affairs and Chief of Staff
Levi Buckley, Chief Operating Officer

Samantha Sharp, Personal Assistant (Note taker)

CoG/918 Welcome

The Chairman welcomed members to the meeting including the newly appointed Governors; Geoff Northey, Ian Simpson, Jean Kirby, Carole Lawford and Andrew Simpson and returning Governors, Pat Upton and Puthuvalparampu Sivakumar.

The Chairman reported with sadness that former Elected Governor for Hartlepool, Tom Sant had recently passed away. His funeral would be held at Hartlepool Crematorium at 10:30 am on Friday, 21 February 2020. The Chairman paid tribute to Tom for his contribution as a Governor of the Trust for nine years highlighting that he had been a great advocate of the Trust.

The Chairman reported that Levi Buckley, Chief Operating Officer would be attending future Council of Governors' meeting to provide additional information and answer queries in respect

to the Trusts performance against key metrics.

For the benefit of the new Governors, the Chairman outlined the role of the Governor and how they work in Foundation Trusts explaining that the CE was responsible for the business of the Trust and that the Non-Executive Directors hold the Executive Team to account for the delivery of the business and delve into the detail to gain assurance. Governors were to hold the Non-Executive Directors to account to gain assurance that the Executive Team were delivering the intentions of the Trust in terms of requirements and strategy.

CoG/919 Apologies for Absence

Apologies for Absence were reported from: Roger Campbell, Elected Governor for Hartlepool, Janet Atkins, Elected Governor for Stockton, Gavin Morrigan, Elected Governor for Stockton, Kate Wilson, Elected Governor for Stockton, Dr Dominic Johnson, Appointed Governor for Newcastle University, Cllr Mike Young, Appointed Governor for Hartlepool Borough Council, Kevin Robinson, Non-Executive Director, Rita Taylor, Non-Executive Director/Senior Independent Director.

CoG/920 Declaration of Interest

No declarations of interest were reported.

CoG/921 Minutes of the last meeting held on 12 December 2019

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

Resolved: that, the minutes of the meeting held on Thursday, 12 December 2019 be confirmed as an accurate record.

CoG/922 Matters arising

a. CoG/960(b) Governor Development Sessions

The DoCA&CoS reported that a programme of development sessions was planned following each Council of Governors meeting looking at the work of the Committee structure including the Digital Strategy Board, Planning, Performance and Compliance Committee and the Finance and Audit Committee. A presentation on the work of the Patient Safety and Quality Standards Committee was scheduled for later that morning. In addition, a development session on risk management and the Board Assurance Framework would be arranged to highlight processes and to highlight how assurance was monitored and managed. The DoCA&CoS would also work with the Strategy, Service and Development Committee to schedule development sessions on other areas of interest into their annual work plan going forward.

b. CoG/915 Integrated Compliance and Performance Report: Management of Sickness Absence

A development session for Governors on the work of the Workforce Committee, particularly focusing on the management of sickness absence was scheduled for the next meeting, Thursday, 7 May 2020.

Resolved: (i) that, the verbal updates be noted; and
(ii) that, a Governor development session be included around risk management and the Board Assurance Framework to highlight processes and to highlight how assurance was monitored and managed; and

- (iii) that, the DoCA&CoS work with the Strategy, Service and Development Committee to schedule development sessions on areas of interest going forward.

CoG/923 Chairman's Report and Board Business

The Chairman provided an update on meetings he had attended in respect to the Tees Valley Health and Care Partnership (formerly the South Integrated Care Partnership) highlighting the current position and how the government were seeking a series of schemes ready to go following the spending review when capital would be released to the NHS. A whole system approach to healthcare was to be adopted with capital allocations and the estate being optimised and managed across the system. In addition, technology was to be introduced in the community to help support care closer to home.

The Chairman updated on the current position in respect to organisational form discussions, highlighting the Trust's responsibility to ensure that any potential change in organisational form would need to be made in the best interest of patients and not impact detrimentally on quality, safety, performance or finance. The Chairman clarified that Group/Alliance arrangements were being explored with South Tees Hospital NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust, confirming any change would require an appropriate governance structure and the right leadership. The Group/Alliance arrangement would have representation from the three Trusts in the Tees Valley but would not be a statutory body or have any legal status, each Trust would still retain their statutory, regulatory and legal responsibilities.

The Chairman attended the NHS England/Improvement Annual Summit where operating models and post-election pressures were discussed. It was noted that the role of the Integrate Care System was to ensure that system transformation took place and to take responsibility for the management of system performance.

The Trust had hosted visits with Matt Vickers, MP for Stockton South, Alex Cunningham, MP for Stockton North, Mike Hill, MP for Hartlepool and Ben Houchen, Tees Valley Mayor who all supported the proposed direction of travel for the Trust. A meeting with Graham Morris, MP for Easington was scheduled for Friday, 6 March and a meeting with Paul Howell, MP for Sedgefield was being arranged.

The agenda for the Board of Directors' meeting scheduled for Thursday, 26 March was provided for information. Governors were welcome to attend.

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

CoG/924 Chief Executive's Report

A summary of the report of the Chief Executive included:

- Coronavirus: A national incident had been declared. There were nine diagnosed cases in the UK with two being in the North East who were currently isolated in a Newcastle hospital. The Trust had screened a total of 20 patients with no confirmed cases. The Coronavirus assessment pods were now in place and the process for the use of these was described. To put into context, the CE highlighted that the mortality rate for Coronavirus was just over 2% compared with 30% for the SARs Virus. Symptoms were often the same as the common cold which was prevalent in the community at this time of year;
- The recent staff survey results had been published and was largely positive for the Trust and competitive within the region. The Trust had ranked third in the region with a staff engagement score of 7.2 and had rated above the national average in many of

the 11 themes. The Trust also ranked above the national average for 51 questions out of 54. Workshops and staff focus groups would be arranged to support further improvement in the position for future years;

- Three Executive Directors had been chosen to be 'Locality Directors' to focus on delivery of the strategic objectives, partnership opportunities and place based planning. The MD/CE would hold responsibility for Hartlepool, the DoCA&CoS would be responsible for Stockton and the COO would manage Easington, Sedgefield and parts of County Durham. It was hoped that this would raise the profile of the Trust for the work it was doing around sustainability of services for the population it served and to support the prevention of health inequalities.
- The National Leadership Centre was bringing together Senior Leaders to innovate to create a network to drive forward collaboration across the public sector. The CE highlighted this was a fantastic opportunity and that she would be involved in this work;
- The flu vaccination campaign continued with over 80% of front line staff having received the vaccine. The CE clarified that this included staff who had received the vaccine from another source, i.e. their GP or Pharmacist;
- Key VIPs continued to be invited to the Trust to showcase the work within the organisation and across the wider system. The CE reported on the positive visit of Raj Jain, Chief Executive of the Northern Care Alliance on 31 January 2020;
- The Trust had teamed up with Bede Sixth Form College and Stockton College of further education to help students gain experience working and being trained in the NHS. A member highlighted a successful event where apprentices at the Trust were recognised.

Resolved: that, the content of the report and the pursuance of strategic objectives be noted.

CoG/925 North East and North Cumbria Integrated Care System and Tees Valley Health and Care Partnership Update

The Chief Executive provided an overview of progress regarding the development of the North East and North Cumbria Integrated Care System (ICS) and the Tees Valley Health and Care Partnership.

The ICS Management Group focus was on the national context around the advocacy of the ICS in a 'System First' approach and it was anticipated that whilst the North East and North Cumbria (NENC) was categorised as 'maturing', this approach would require a fundamental review of governance, decision making, oversight and implementation options around priority strategies.

Focus remained on developing an appropriate collaborative partnership model with South Tees Hospitals NHS Foundation Trust and the group/alliance with County Durham and Darlington NHS Foundation Trust. As part of the finance and efficiency workstream, work continued to explore efficiencies and support collaboration in estates and facilities and support services. A Resource and Governance Plan had been developed in discussion with the Tees Valley Local Authorities focusing on displaying a firm grip on decision making, leadership and partnership working and securing a robust work programme to make progress.

The future of Clinical Services within the Tees Valley continued to be discussed and the Trust had offered support to neighbouring organisations. A number of workshops were planned to look at clinical pathways and a clinical services blueprint would be developed to guide a future capital outline business case for the Tees Valley in line with the strategic vision of population health as advocated by the Long Term Plan.

Resolved: (i) that, the national context with regard to the status of Integrated Care System and current thinking locally be noted; and

- (ii) that, the progress and current effort to take the Tees Valley Health and Care Partnership forward into implementation, engagement with key stakeholders and next steps be noted.

CoG/926 Integrated Compliance and Performance Report

The Integrated Compliance and Performance Report for the month of December 2019 and Quarter 3 was presented.

SH reported that overall the Trust had performed relatively well against national and local indicators achieving compliance against most key standards.

Sickness absence and appraisal compliance remained a concern and this continued to be actively managed by the workforce team. NS, Chair of the Workforce and Organisation Development Committee, highlighted work being undertaken and outlined five priorities in respect to sickness absence: The Trust needed to ensure that the culture of the organisation was right; acknowledge the poor health in the communities the Trust serves; help staff to lead better lifestyles; review policies to ensure these were appropriate and consider how sickness was managed throughout the organisation. A development session to cover this in more detail with governors was scheduled for 7 May 2020. In response to a query, the COO highlighted that the use of agency staff to cover sickness was rare and that this in the main was covered by NHS Professionals which consisted mainly of staff employed by the organisation seeking additional shifts.

PC, Chair of the Finance Committee, reported a positive position ahead of plan with a surplus of £2.2m against a planned deficit of £0.8m, therefore the Group was £3m ahead of plan.

JE, Chair of the Patient Safety and Quality Standards Committee reported a relatively positive position against quality and safety standards though pressures remained around the 62-day cancer standard and the diagnostic standard. The COO reported that the Trust was working with its neighbours to collaborate on services to meet demand across the Tees Valley. Readmissions rates remained a key area of focus in 2019/20, supported by robust project management and mitigating action plans.

- Resolved:**
- (i) that, the performance against the key operational, quality, finance and workforce standards December and Quarter 3 be noted; and
 - (ii) that, the on-going financial pressures be recognised, however with a positive month 9 position against plan; and
 - (iii) that, 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 be acknowledged; and
 - (iv) that, the Trusts on-going participation as a pilot site testing the new proposed access standards and continuation of this throughout the winter period be noted; and
 - (v) that, the management of the winter plan to date be noted.

CoG/927 Register of Interests

The DoCA&CoS reported on the process for Governors to declare any interests which may conflict with their position as a Governor of the Trust. In addition, Governors were required to annually declare they remained fit and proper to fulfil the role of Governor, in line with the Trust's provider licence and the Council of Governors' Code of Conduct. This information was recorded in a register, available for public inspection. A copy of the register for February 2020 was appended. Any outstanding declarations had been followed up.

- Resolved:** (i) that, the Register of Interests and annual Fit and Proper Persons declarations for 2020 be noted; and
- (ii) that, the register would be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2019/20.

CoG/928 Sub-Committee Minutes

a. Draft Strategy and Service Development Committee Minutes (16 December 2019)

Mark White, Elected Governor for Stockton presented the minutes of the Strategy and Service Development Committee which was held on 16 December 2019, highlighting the key points. There had been presentations on winter planning, emergency preparedness and volunteer services which were well received.

It was noted that this committee was now Chaired by SH who highlighted that it was his intention to make the committee more strategically focused.

Following a query, the DoCA&CoS highlighted that a review of committee membership would be undertaken now that the new Governors were in post and advised that the Strategy and Service Development Committee was open to all Governors to attend.

- Resolved:** (i) that, the minutes of the Strategy and Service Development Committee held on, 16 December 2019 be noted; and
- (ii) that, a review of committee membership is undertaken.

CoG/929 Any Other Notified Business

a. Birthing Centre, University Hospital of North Tees


A member sought an update in respect to the Birthing Centre at the University Hospital of Hartlepool. The COO advised that work continued to raise the profile of the unit and to address concerns and provide confidence to support appropriate women to give birth in Hartlepool. The COO reported that the unit had now be categorised as a category 1 response with the North East Ambulance Service.

Resolved: that, the information be noted.

CoG/930 Date and Time of Next Meeting

The next meeting was due to be held on Thursday, 7 May 2020, at the Centre for Excellence, Teaching and Learning, Brierton Lane, Hartlepool, TS25 4BY.

The meeting closed at 11:45 am

Signed: 

Date: 7 May 2020

Council of Governors Action Log

Date	Ref.	Item Description	Owner	Completed	Notes
2020					
20 February 2020	CoG/922(a)	Governor development session to be included around risk management and the Board Assurance Framework to highlight processes and to highlight how assurance was monitored and managed	B. Bright		
20 February 2020	CoG/922(a)	DoCA&CoS to work with the Strategy, Service and Development Committee to schedule development sessions on areas of interest going forward	B. Bright		
20 February 2020	CoG/928(a)	Review of committee membership to be undertaken	B. Bright		
Completed actions (to be removed following next meeting)					
Date	Ref.	Item Description	Owner	Completed	Notes
12 December 2019	CoG/906(b)	Rolling programme of development sessions to be arranged for Governors in 2020	B. Bright	20 February 2020	CoG 20 February 2020: The DoCA&CoS reported that a programme of development sessions were planned looking at the work of some of the committees included the Digital Steering Group, Performance, Planning and Compliance Committee and the Finance Committee. A presentation on the work of the Patient Safety and Quality Committee was scheduled for later that day. In addition a development session on risk management and the Board Assurance Framework would be arranged to highlight the process taken and how assurance was monitored and managed. The DoCA&CoS would work with the Strategy, Service and Development Committee to schedule development sessions on other areas of interest going forward.
12 December 2019	CoG/915	Development session to be arranged for Governors around the management of sickness absence and how the Trust continues to tackle this	B. Bright	20 February 2020	CoG 20 February 2020:A development session for Governors on the work of the Workforce Committee, particularly focusing on the management of sickness absence was scheduled for the next meeting, Thursday, 7 May 2020

Date	Ref.	Item Description	Owner	Completed	Notes
2019					
12 December 2019	CoG/906(b)	Rolling programme of development sessions to be arranged for Governors in 2020	B. Bright		
12 December 2019	CoG/915	Development session to be arranged for Governors around the management of sickness absence and how the Trust continues to tackle this	B. Bright		

Completed actions (to be removed following next meeting)

Date	Ref.	Item Description	Owner	Completed	Notes
12 December 2019	CoG/917(a)	Action log to be developed and circulated to Governors going forward	S. Sharp	December 2019	CoG Action logged developed for presentation at CoG meetings going forward

Title of report:	Chairman’s Report									
Date:	20 February 2020									
Prepared by:	Paul Garvin, Chairman									
Executive Sponsor:	Paul Garvin, Chairman									
Purpose of the report	This purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.									
Action required:	Approve		Assurance		Discuss		Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X

Executive Summary and the key issues for consideration/ decision:

Meetings

I have attended the following meetings and will provide further details at the meeting:-

(i) National meetings regarding Integrated Care Partnership progress

- Richard Barker, Regional Director for the North, NHS England, Richard Douglas, Deputy Chairman, NHS Improvement and Alan Downey, Chairman, South Tees Hospitals NHS Foundation Trust regarding ICP progress – 16 January 2020

(ii) NHS England/Improvement Summit

- Post-Election pressure
 - “Oven ready schemes
 - Accountability and expectation to deliver for the extra money
 - Pressure to deliver for the new conservative areas
- Operating models
 - System by default but organisations still accountable
 - ICS role – system transformation – management of system performance
 - Range of supporting systems
 - Population health
 - Development/Oversight of place
 - Align and integrate commissioning
 - Good governance

(iii) HFMA Annual Chairs Conference

- Dido Harding, Chair, NHS Improvement repeated the message that Ministers wanted to do things quickly – Air of desperation
- Emphasis on prevention, reducing inequality, improving outcomes, system by default
- Having credible and honest operational system plans
- Some mixed messages

(iv) Political Meetings <ul style="list-style-type: none"> • Matt Vickers, MP Stockton South • Ben Houchen, Tees Valley Mayor 	
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.	
	Items contained in this report will be discussed at Executive Team and other relevant Committees
	The Council of Governors are asked to receive and note the content of this report

PG/SH

February 2020

Telephone: 01642 617617
www.nth.nhs.uk

Dear Colleague

A meeting of the **Board of Directors** will be held on **Thursday, 26 March 2020 at 1.00pm** 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, 30 January 2020 (enclosed)	Chairman
4.	(1.10pm) Matters Arising	Chairman

Items for Information

5.	(1.15pm) Report of the Chairman (enclosed)	Chairman
6.	(1.25pm) Report of the Chief Executive (enclosed)	J Gillon

Strategic Management

7.	(1.35pm) Data Protection & Cyber Assurance Report (enclosed)	G Evans
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Performance Management

8.	(1.45pm) Integrated Compliance and Performance Report (enclosed)	L Taylor, J Lane A Sheppard & N Atkinson
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Paul Garvin
Chairman

Julie Gillon
Chief Executive

Governance

9. (2.05pm) Annual Planning Guidance (**enclosed**) N Atkinson
10. (2.15pm) Any Other Notified Business Chairman

11. Date of Next Meeting
(Tuesday, 28 April 2020, Boardroom, University Hospital of North Tees)

Council of Governors

Title of report:	Report of the Chief Executive										
Date:	20 February 2020										
Prepared by:	Julie Gillon, Chief Executive Barbara Bright, Director of Corporate Affairs and Chief of Staff										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Council of Governors on key local, regional and national issues.										
Action required:	Approve		Assurance		Discuss	x	Information	x			
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x			
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive	x	Well Led	x	
Executive Summary and the key issues for consideration/ decision:											
<p>The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.</p> <p>In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere in the agenda.</p> <p>Key issues for information:</p> <ul style="list-style-type: none"> • Integrated Care System/Integrated Care (ICS/ICP) Partnership Update • Delivering our Strategy: Locality Directors • National Leadership Centre a new era for public leadership • Winter Planning • International Year of the Nurse and Midwife • New Trust Governors; Induction and welcome to the Council • Sunderland University Students • Driving the Vision Forward – Stakeholder Support NHS Improvement and NHS England • Visit from Health Service Journal Reporter • New Partnership helping inspire the next generation of NHS staff • Volunteer funding 											
How this report impacts on current risks or highlights new risks:											
Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.											
Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant Committees within the governance structure to ensure consideration for strategic intent and delivery.										
Recommendation	The Council of Governors is asked to receive and note the content of this report and the pursuance of strategic objectives.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

20 February 2020

Report of the Chief Executive

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda.

2. Key Issues and Planned Actions

2.1 Integrated Care System/Integrated Care (ICS/ICP) Partnership Update

2.1.1 Locality Directors

The Trust has agreed three executive team members as their chosen 'Locality Directors' to focus on delivering the strategic objectives, partnership opportunities and place based planning. Deepak Dwarakanath, Medical Director and Deputy Chief Executive will hold responsibility for Hartlepool, Barbara Bright, Director of Corporate Affairs and Chief of Staff will be responsible for Stockton and Levi Buckley, Chief Operating Officer will manage Easington, Sedgefield and parts of County Durham.

The responsibility of a Locality Director will be to ensure that productive, mutually beneficial relationships are built, grown and maintained within the respective geographical areas assigned. Building on the current successful system working today, this responsibility will work to promote connected communities across the Trust's geographical coverage.

2.2 The National Leadership Centre: a new era for Public Leadership

The national leadership centre, established in 2019 is the first of its kind bringing together Senior Leaders to innovate across to create a network to drive forward collaboration across the public sector.

Following nomination from NHSI&E to take part in this "first of its kind" movement, a recent number of events has enabled creative thinking in readiness to create change in a complex system. Early work has centred on styles of leadership, adaptive behaviour in innovative and ingenious ways to reach potential, the dark net, artificial intelligence and leadership in a fracturing land and distrustful world.

2.3 Winter Planning

2.3.1 *Flu Vaccination* - we continue to progress with our flu vaccination campaign. This year we have pledged to 'get a jab – give a jab', for every staff member who receives a free flu vaccine the Trust donates a vaccine to UNICEF to protect children around the world. To date we have donated 4087 vaccines (3696 Trust staff and 391 LLP staff).

Our current vaccination rate is over 72% with a major saturation campaign now taking place.

2.3.2 *A&E Summit* - A further A&E Summit was held on the 17 January 2020 whereby a number of key challenges and actions were discussed and whilst self-regulation is regarded as appropriate, this session focused on learning, patient safety priorities and preparing realistic plans for the forthcoming challenges on 2020/21.

A task and finish group was to be established to address the operating model in emergency care with North Tees and Hartlepool being held as an exemplar to ensure consistency and to commence work around bed capacity in each organisation as well as reviewing national expectations for next winter.

2.4 International Year of the Nurse and Midwife

2020 has been designated the 'Year of the Nurse and Midwife' by the World Health Organization in honour of the 200th anniversary of the birth of Florence Nightingale. The Trust has developed a comprehensive schedule of communications and marketing activities that will reflect the ambitions for careers within the sector for our ICS, ICP and from within the Trust.

2.5 New Governors

Our Trust welcomed 7 new governors into the organisation on 15 January 2020. The new appointments bring a broad range of experience which will add further depth of knowledge and skill to the important role they play in the strategic direction of the Trust.

2.6 Sunderland University Students

Students from Sunderland Medical School will visit University Hospital of North Tees on Wednesday 22 January 2020. This will be the first of their site visits after starting with the new medical school in 2019. It will be almost 600 days exactly until their first placement within organisations across the patch in 2021.

2.7 Visit from Health Service Journal

On Friday 10 January 2020 the Trust hosted a visit by Matt Didscombe, reporter for the Health Services Journal to meet with colleagues to discuss topical issues pertaining to the Long Term Plan. It was a good opportunity to establish a solid working relationship with the publication in order to share news and updates with the wider health care community.

2.8 Driving the Vision Forward

2.8.1 Members of Parliament

Meetings with Newly appointed and existing MPs has commenced to share the vision for the Trust and Tees Valley to ensure ongoing proactive support.

2.8.2 Visit by Ben Houchen, Mayor of Tees Valley

Tees Valley Combined Authority Chair and Mayor – Ben Houchen visited the University Hospital of Hartlepool on 22 January and University Hospital of North Tees on 19 February to meet with the Chairman and myself before embarking on a tour of Trust services. The Chairman and I took the time to facilitate an informal group discussion with the Mayor to discuss the challenges of our populations and the opportunities for partnership in the future.

2.8.3 Meeting with Richard Barker, Regional Director, NHSE/I

A meeting was held with Richard Barker on 13 December 2019 Regional Director, NHSE/I to discuss work taking place within Tees Valley with specific focus on displaying a firm grip on decision making, leadership and partnership working and securing a robust resource and work programme going forward.

2.8.4 VIP Visits

Throughout the course of 2020 we will continue to invite key VIPs to the Trust to showcase the work within the organisation and across the wider system. These meetings will be used to share our ambitions for the Tees Valley in line with the objectives set out by the Long Term Plan.

On 31 January 2020 we welcomed Mr Raj Jain, Group Chief Executive for the Northern Care Alliance to the Trust. Raj has been in post since April 2019, and we are looking to hearing about his work to date for Salford Royal Foundation Trust and Pennine Acute Hospitals Trust.

2.10 New Partnership Helping Inspire the Next Generation of NHS staff

The Trust is pleased to announce it has teamed up with Bede Sixth Form College in Billingham to help students gain experience working and being trained in the NHS. Over two years, 10 health and social care students will have the opportunity to spend 45 days on work placements in a range of areas. For the first pilot, students will spend 25 days at the Trust and will be placed in specialisms including research, community nursing, elderly care, outpatient care, elective care and urgent care. This is a fantastic opportunity for them to get a real insight into what it's like to work in the NHS and will hopefully mark the start of a long career in the health service.

2.11 Volunteer funding

The Trust has been successful in a bid for £25k from NHSE/I Response Volunteer Programme to help the Trust manage patient flow and expedite early discharges during periods of winter surge via the purchase of vocera handsets and additional wheelchairs.

3. Recommendations

The Council of Governors is asked to note the content of this report and the pursuance of strategic objectives.

Julie Gillon
Chief Executive

Title of report:	North East and North Cumbria Integrated Care System (ICS) and Tees Valley Health and Care Partnership Update									
Date:	20 February 2020									
Prepared by:	Julie Gillon, Chief Executive									
Executive Sponsor:	Julie Gillon. Chief Executive									
Purpose of the report	This report presents an overview of the progress since the time of the last formal report to the meeting held on 10 October 2019, specifically with regard to current and future plans for the North East and North Cumbria (NENC) Integrated Care System (ICS) and advancements made locally with regard to the Tees Valley Health and Care Partnership									
Action required:	Approve		Assurance		Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing our People	X	Transforming our Services	X	Health and Wellbeing	X		
Which CQC Standards apply to this report	Safe	X	Caring	X	Effective	X	Responsive	X	Well Led	X
Executive Summary and the key issues for consideration/ decision:										
<p>The key issues of note are as follows:</p> <ul style="list-style-type: none"> • The report provides an update on the ‘System First’ approach nationally and current thinking across the North East and North Cumbria ICS • The Accountable Officer appointment to the CCGs across the Tees Valley. • The Trust continues to work with the delivery arm of the Tees Valley Health and Care Partnership ‘Improving our NHS Together – Tees Valley Integration and Transformation Programme’ and support the four key work streams; future governance structures in development. • Overview of the next phase of the System Leadership programme focusing on Digital Transformation. • The ambition of developing a collaborative bid for capital for the Tees Valley 										
How this report impacts on current risks or highlights new risks:										
This report impacts on the current strategic risk identified on the Board Assurance Framework in relation to delivery within the Integrated Care Partnership which is managed and monitored through the Planning, Performance and Compliance Committee and Transformation Committee.										
Committees/groups where this item has been discussed	Executive Management Team; ICS & ICP Programme Board Transformation Committee, Planning and Performance Committee									
Recommendation	<p>To note:</p> <ul style="list-style-type: none"> • The progress and current effort to take the (ICP) TVH&CP forward into implementation with key stakeholders and next steps. • The future of the ICS model in the North East and North Cumbria. 									

North Tees and Hartlepool NHS Foundation Trust

Council of Governors

20 February 2020

North East and North Cumbria Integrated Care System (ICS) and Tees Valley Health & Care Partnership (TVHCP)

Report of the Chief Executive

1. Introduction

- 1.1 This report presents an overview of the progress since the time of the last formal report to the Council of Governors meeting held on 10 October 2019, specifically with regard to the North East and North Cumbria (NENC) Integrated Care System (ICS) plans and to the current and future plans for the Tees Valley Health and Care Partnership (TVHCP).

2. Integrated Care System (ICS)

- 2.1 The ICS Management Group was held on 17th January with a heavy focus on the national context around the advocacy of the ICS in a 'System First' approach. It is anticipated and trialled through the Long Term Plan (January, 2019), that whilst the NENC ICS is categorised as 'maturing' this approach will require a fundamental review of governance, decision making, oversight and implementation options around priority strategies. All Sustainability and Transformation Partnership (STPs) will deliver ICS status by April 2021. A development session, ICS Summit, is to be held on 14th February to set the direction, review the current work streams leadership options and align thinking to the Operational Planning and Contracting Guidance (February 2020) including the vision and exemplar good practice operating models from developed ICS and the LTP Implementation Framework.

2.2 Clinical Care Commissioning Groups (CCGs)

Following the agreement that there will be a combined CCG for Hartlepool, Stockton, Darlington and South Tees (Tees Valley) an Accountable Officer has now been appointed to commence March 2020.

3. Tees Valley Health and Care Partnership

- 3.1 Following a meeting with the Regional Director, NHSI/E a resource and governance plan has been drafted in discussion with the Tees Valley Local Authorities but with specific focus on displaying a firm grip on decision making, leadership and partnership working and securing a robust work programme to make progress.
- 3.2 *The Improving our NHS Together* – Tees Valley Integration and Transformation Programme continues the work on the four key work streams.

3.2.1 Clinical Services Strategy - Acute Care Reconfiguration

The Clinical Services Strategy Board took place in February 2020. It was agreed that this group would focus on the developing managed clinical networks for Urgent & Emergency Care, Stroke and Women & Children's Services.

Notwithstanding the emerging networks a number of workshops are planned to look at key pathways within the elective services. The sessions are planned to work through further detail of any changes for those pathways that already form part of this work stream with a focus on progress.

Urology remains a service in urgent need of reconfiguration to optimise pathways and care outcomes with the focus of a recent meeting to work through how this service will develop at pace.

Funding for the required capital works for a hub model for breast symptomatic services

aligned to the centre for screening on the North Tees site is being explored with Commissioners.

A clinical services blueprint will be developed to guide a future capital outline business case for the Tees Valley in line with the strategic vision of population health as advocated by the LTP.

3.2.2 Finance and Efficiencies

Work continues to benchmark the model according to Hospital, GIRFT, and Right Care to develop a plan going forward, with specific emphasis on early delivery in estates and facilities, support services such as procurement and finance.

3.2.3 Organisational Form

Whilst maintaining the framework of the right way forward for the Tees Valley and taking into account discussions at both the Board of Directors and Council of Governors on this matter. The focus remains on developing an appropriate collaborative partnership model with South Tees NHS Foundation Trust and the group/alliance with County Durham & Darlington NHS Foundation Trust.

3.2.4 Long Term Plan (LTP)

With the advent of the Operational Planning and Contracting Guidance, a planning timetable has been published to guide future submissions and delivery.

4. Global System Leadership

4.1 Phase I

The smoking in pregnancy project continues to gather pace. The group has commissioned a promotion video from Steven Sturgiss, a Consultant in Obstetrics and Fetal Medicine within the North East and North Cumbria network. The idea of the production is to create a narrative that speaks to the obstetrician community about the importance of the work and the role they need to play. The North Tees and Hartlepool Communications and Marketing team have met with Steven to 'storyboard' and develop the production.

5. Capital Plans

- 5.1 The change in the political environment across the Tees Valley will provide the opportunity to work together to tailor an ambitious bid for the capital development aligned to the clinical services strategy and the digital enablement potential around population health and a new model for the future. Visits have been hosted with Matt Vickers, MP for Stockton South and Ben Houchen, Tees Valley Mayor and further work is ongoing.

6. Summary

- 6.1 The Trust continues to proactively participate and lead in the following programmes of work:
- Thought leadership in the ICS.
 - Leadership in the work streams in the TVHCP including the Clinical Services Strategy, the development of the managed clinical networks and financial sustainability plans, ensuring that quality, patient safety and evidence based practice are at the heart of the developing models and methodologies
 - Focus on the sustainable partnership options across Acute Providers in the Tees Valley
 - Global System Leadership Programme roll out.
 - Development of Capital Plans and potential for the Tees Valley.

7. Recommendations

- 7.1 The Council of Governors is asked to note the work to date and specifically:
- To note the national context with regard to the status of Integrated Care Systems and current thinking locally.
 - To note the progress and current effort to take the (ICP) TVH&CP forward into

implementation engagement with key stakeholders and next steps.

Council of Governors

Title of report:	Integrated Compliance and Performance Report									
Date:	20 February 2020									
Prepared by:	Lindsey Wallace									
Non-Executive Sponsors:	Kevin Robinson, Phil Craig, Neil Schneider and Jonathan Erskine									
Purpose of the report	To provide an overview of the integrated performance for compliance, quality, finance and workforce for December and Q3 2020.									
Action required:	Approve		Assurance	x	Discuss	x	Information	x		
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services		Health and Wellbeing	x		
Which CQC Standards apply to this report	Safe	x	Caring	x	Effective	x	Responsive		Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<ul style="list-style-type: none"> The report outlines the Trust's compliance against key access standards in December and Q3, including quality, workforce and finance in accordance with the SOF. The Trust has experienced significant pressures across many standards this quarter however has performed relatively well in comparison to national and local outcomes. Pressures remain within Cancer 62 days and Diagnostics. Field Testing continues into the Emergency Care Standards with the revised pilot standards currently being monitored in place of the 4-hour standard. These are not reportable during the testing stage. Operational efficiency standards indicate improvement, however with further work required across readmission rates, DNA rates and theatre utilisation. Quality standards indicate positive performance against a number of key indicators, including HSMR/SHMI, C-difficile, Dementia standards and level 1 and 2 pressure ulcers. Sickness absence remains the key pressure within the Workforce standards, however with multiple actions implemented to understand the underlying reasons. The year to date position is a surplus (£2.2m). This compares to a planned deficit of (£0.8m). The Trust is therefore £3m ahead of plan at this point in the year. 										
How this report impacts on current risks or highlights new risks:										
<p>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.</p> <p>Financial recovery continues to be the Trust's key challenge.</p> <p>Compliance for sickness absence continues to be a key pressure.</p> <p>Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections.</p>										
Committees/groups where this item has been discussed	Executive Team Meeting , Audit and Finance Committee Planning, Performance and Compliance Committee Board of Directors									
Recommendation	The Council of Governors are asked to note the performance against standards within compliance, quality, finance and workforce whilst recognising on-going pressures.									

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Council of Governors

20 February 2020

Integrated Compliance and Performance Report

Report of the Director of Planning and Performance, Director of Nursing, Patient Safety and Quality, Director of Workforce and Director of Finance

Strategic Aim and Strategic Objective: Putting Patients First

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 December and Q3 2019. Due consideration has been given to both positive and negative variances and progress against monthly, annual and in year improvement targets.
- 1.2 The Integrated Dashboard is attached in Appendix 1- 5, with additional commentary provided against key metrics, providing month on month trend analysis. 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 The Trust has experienced significant pressures across many standards during December and Q3 period however has performed relatively well in comparison to national and local outcomes.
- 2.2 Pressures remain in Q3 across a number of the cancer pathways, which continues to impact upon the delivery of the 62-day standard, despite recovering the November position, reporting at 85.5% (51.5/60), (latest validated position). Sustainment of this has proved difficult in December which is reporting a provisional position of 69% (44.5/64.5) subsequently impacting on the overall quarter position (77.9%). The Trust remains above national (77.4%) and local (80.6%) benchmarking in November, with only 3 Trusts regionally achieving the 62 standard. Most tumour groups struggled to achieve, other than breast and skin.
- 2.3 The Trust continues to address issues within the weekly cancer PTL meeting to escalate any delays immediately and is working in collaboration with the Cancer Alliance and CCG colleagues to understand the system wide pressures. Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures; therefore, collaborative working is on-going, linked into the ICP work. In general, the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.
- 2.4 The Trust reported compliance against the RTT standard in both December and Q3; Care Groups have been asked to review their waiting lists to enable a deep dive into

key issues and reasons for delays with clock stops. An action plan has been developed to help drive lessons learnt, improve position against the RTT standard, reduce the overall size of the waiting list and improve patient experience.

- 2.5 Non obstetric ultrasound continues to experience pressures as a result of unexpected staffing issues, which has resulted in non-compliance against the 6-week Diagnostic standard in December and Q3, extending the expected recovery period. An action plan has been submitted which includes converting all general sessions to MSK sonography where possible, consultant vetting of requests to reduce demand, and additional evening and weekend sessions. An additional Sonographer commenced in November with a Physiotherapist re-training in MSK sonography to provide resilience at periods of high demand.
- 2.6 The Trust continues to work with NHS England in 'testing' the revised emergency care standards therefore no A&E 4-hour performance data is reported within Integrated Performance report. Data collection will continue over the winter period.
- 2.7 Emergency activity across the organisation has seen a marginal increase of 3.01% (n=117) in December and a 5.19% (n=607) increase in Q3 compared to the same period last year, with emergency activity including 3120 who were treated via Ambulatory Care, equating to 25.35% of total emergency admissions in Q3 (compared to Q3 last year which saw 2579 patients).
- 2.8 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. A positive position remains evident against Delayed Transfers of Care (DToC) and super stranded patients, which is on trajectory for achieving the year end position of 64. Readmissions remain a key area of focus in 2019/20, supported by robust project management and mitigating action plans.
- 2.9 The Trust continues to remain within the expected range for both HSMR and SHMI values. The latest data for HSMR is 92.90 (September 2018 to August 2019) increasing from 92.00 (August 2018 to July 2019). The latest SHMI position sees a decrease to 96.15 (July 2018 to June 2019) from the previous reported period value of 96.88 (June 2018 to May 2019).
- 2.10 For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare). For quarter 3, the Trust reported 14 Trust attributed cases of Clostridium difficile infection, against trajectory of 13. The Trust total for the financial year stands at 46, against a trajectory of 41 by the end of December 2019.
- 2.11 The Trust is reporting 9 stage 3 complaints for December 2019. This has decreased from the 16 stage 3 complaints in November 2019. For quarter 3, the Trust reported 40 stage 3 complaints, against a 2018/19 quarter 3 total of 60.
- 2.12 The Trust is reporting zero falls resulting in a fracture for December 2019. This has remained the same from the previous reporting period. The Trust reported zero falls resulting in a fracture, against a 2018/19 quarter 3 total of 8.
- 2.13 The Trust continues with its excellent performance in relation to dementia standards maintaining 100% compliance.

- 2.14 Increased acuity of patients and a significant increase in patients requiring enhanced care has led to an increase in HCA fill rate on night duty. An evaluation of the current enhanced care provision is complete and will be presented to Executive team for consideration.
- 2.15 Overall quality of care for the patients cared for by the Trust remains high with some challenges particularly within pressure ulcer care which is being taken forward through the tissue viability working group with representation from all clinical directorates.
- 2.17 The sickness absence rate for November 2019 (latest available data) is reported at 5.42%, which is 1.42% above the revised target of 4% in comparison to the previous months' sickness absence rate of 5.3% there has been a marginal increase in the Trust's sickness absence rate of 0.12%.
- 2.18 The long term sickness absence rate for November 2019 is reported at 3.38% an increase of 0.34% when compared to the previous month (3.04%). The short-term sickness absence rate is reported at 2.04%, a reduction of 0.22% when compared to the previous month (2.26%).
- 2.20 The cost of sickness absence is reported as £218,949 for the month of November 2019 which has increased by £25,481 compared to October (£193,468).
- 2.21 'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 34% for November, which is an increase of 1.21% compared to October 2019 (32.8%).
- 2.22 Departments with a higher than expected absence rate will attend and present at Workforce Committee in order to provide assurance that actions are in place locally and absence is being managed. The next Workforce Committee is due to take place on 13 February 2020.
- 2.23 Support continues to be provided to the management of short term, intermittent absences which can cause inconsistency in service and is largely difficult to cover.
- 2.24 Initiatives are being developed to provide targeted support for the management of anxiety/stress/depression/other psychiatric illnesses and other musculoskeletal absences. These continue to be the top two reasons for absence, however, the percentage attributed to this is at its highest for several years.
- 2.23 The turnover rate for December 2019 is reported at 9.73% which has remained constant compared to the previous group. The attrition figure for December 2019 is reported at 1.37%, an increase of 0.03% when compared to the previous month (1.34%).
- 2.25 The overall compliance for mandatory training for December 2019 is 88%, which has increased by 1% from 87% in the previous month.
- 2.26 Appraisal compliance is reported at 86% for December 2019, which has remained the same compared to the previous month.
- 2.27 As at 31 December 2019 the Trust has 206 internal volunteers and 165 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). Numbers have continued to increase during December, which is positive as the Trust moves towards a time of winter pressures. The time on average that

internal volunteers contribute per week equates to 901 hours, taking into account any notified absences, which is the equivalent to 24 WTE. The Trust reached a milestone in December when it welcomed its 200th internal volunteer. A former staff member and governor will be supporting the Home 'but not Alone' Programme as it develops across the Trust.

- 1.16 The number of applicants for volunteer posts continues at a steady pace. An assessment centre was not held during December, however, a small number of volunteers were interviewed who are looking to be involved with the soon to be relaunched Breast Feeding Support Group. Assessment centres will recommence in January with plans to hold at least one per month.
- 1.17 Work continues with the 'Home but not Alone' programme, a nationally funded project, where the pilot areas have been extended to include Wards 30,33 and 36. Following review and evaluation roll out of this initiative across the Trust will be considered on a phased basis during 2020/21 and will include exploring options to develop within A&E and Urgent Care. Targeted recruitment continues for these areas to maximise the effect of the programme. As part of the funding agreement, discussions have taken place with Helpforce in terms of sharing the learning from the pilot stage with other trusts across the country, with a number already expressing an interest, especially in volunteer drivers.
- 1.18 The Trust has been successful in securing funding from NHS England and NHS Improvement to develop the role of volunteers during periods of severe pressure. During January an action plan will be developed with key stakeholders to deliver an effective and responsive volunteer resource. The existing cohort of volunteers will be approached to get involved in the first instance leading to a quick launch of this development.
- 1.19 A new role profile has been agreed to develop a pilot to support patients undergoing cancer treatment, which will commence at the Hartlepool site. Following evaluation, this service will be developed and rollout out further in 2020.

3. Finance Overview

- 3.1 The Group Month 9 (December) year to date position is a surplus of (£2.2m). This compares to a planned deficit of (£0.8m). The Group is therefore £3m ahead of plan at this point in the year.
- 3.2 The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.
- 3.3 Cash levels stand at £21.4m at the end of December. Creditor metrics have improved in recent months and operational issues have reduced substantially consequently. Similarly, debtor performance has improved.

4. Key Challenges

- 4.1 Continuous and sustainable achievement of key access standards across elective, emergency, cancer and diagnostic pathways, alongside managing the winter pressures.

- 4.2 Delivery against the Lord Carter operational efficiency recommendations and associated cash releasing savings.
- 4.3 Continuous and sustainable achievement of key quality indicators including Healthcare Acquired Infections which is reflected within the Board Assurance Framework.
- 4.4 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.
- 4.5 Financial recovery continues to be the Trust's key challenge, however is on track to deliver in 2019/20.

5. Conclusion/Summary

- 5.1 The Trust has performed relatively well against the majority of key operational national and local standards within December and Q3, notwithstanding the on-going capacity pressures, compounded by the seasonal increases in activity. 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.
- 5.2 The Trust continues to work closely with NHSI colleagues to deliver robust financial recovery plans.

6. Recommendations

The Council of Governors are asked to note:

- The performance against the key operational, quality and workforce standards during December and Q3.
- Recognise the on-going financial pressures, however with a positive month 9 position against plan.
- Acknowledge 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.
- Note the Trusts participation to be a pilot site testing the new proposed access standards and continuation of this throughout the winter period.
- Note the management of the Winter Plan to date.

Lynne Taylor, Director of Planning and Performance
Julie Lane, Director of Nursing, Patient Safety and Quality
Alan Sheppard, Director of Workforce
Neil Atkinson, Director of Finance



Integrated Performance and Compliance Report

December 2019



Integrated Performance & Compliance

Integrated Performance and Compliance Dashboard - December 2019

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Emergency Care Activity	Dec-19	Not applicable during Emergency Care Standards testing period				<p>On aggregate, activity saw an increase compared to the same time last year with the overall IUC activity (Type 1 and Type 3) seeing a net increase of 9.31% (n=1382) in the month of December and 6.37% (n=2779) for Q3 in comparison to the same period last year, with admissions seeing a slight decrease of 1.61% (n=37) in December however a 2.28% increase (n=152) in the quarter.</p> <p>Field testing of the new Emergency Care standards continues. Data will remain non disclosable including the four hour target.</p> <p>The Trust has experienced a significant increase in the number of mutual aid requests and the number of diverts and deflections received from neighbouring organisations (84 received in Q3 compared to 17 in Q3 2018/19). That said the Trust has managed ambulance handovers well keeping delays to a minimum and one of the lowest in the region (details can be found in subsequent section, handover delays >30 and >60 mins). The maximum delay was 1 hour 54 minutes within the organisation compared to over 5 hours at a neighbouring Trust. Trolley waits were also kept to a minimum and one of the lowest in the region.</p>
New Cancer 31 days subsequent Treatment (Drug Therapy)	Nov-19	98.0%	100.0%	99.1%		<p>The Trust achieved against this standard for the month of November (Validated position). A provisional position for December and Q3 suggest the Trust has achieved.</p>
New Cancer 31 days subsequent Treatment (Surgery)	Nov-19	94.0%	100.0%	97.7%		
New Cancer 62 days (consultant upgrade)	Nov-19	85.0%	95.7%	88.0%		
New Cancer 62 days (screening)	Nov-19	90.0%	92.5%	90.5%		
New Cancer GP 62 Day (New Rules)	Nov-19	85.0%	85.8%	77.9%		<p>Pressures have continued in Q3 across most of the pathways which has unfortunately impacted upon the 62-day standard, despite recovering in November reporting at 85.8% (latest validated position). Sustainment of this has proved difficult in December which is reporting a provisional position of 69%, subsequently impacting on the overall quarter position (77.9%). The Trust remains above national and local (80.5%) benchmarking for the month of November, with only 3 Trusts regionally achieving the 62 standard. Most tumour groups struggled to achieve.</p> <p>Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures, therefore collaborative working is under review, linked to the ICP work. In general the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.</p> <p>The Trust continues to address issues within the weekly and monthly cancer PTL meeting to escalate issues immediately and continues to work in collaboration with Tertiary colleagues, the cancer alliance and CCG to review pathways.</p> <p>The Trust continues to support successful implementation of the optimal pathways, supports delivery of the 28 day faster diagnosis standard and managing patient choice where possible.</p> <p>A review of all pathways takes place on a monthly basis.</p>

Integrated Performance and Compliance Dashboard - December 2019

SINGLE OVERSIGHT FRAMEWORK



Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
New Cancer Current 31 Day (New Rules)	Nov-19	96.0%	100.0%	99.5%		
New Cancer Two week Rule (New Rules)	Nov-19	93.0%	93.3%	93.1%		The Trust continues to address issues within the weekly Cancer PTL meeting to escalate any delays immediately and continues to work in collaboration with Tertiary colleagues, the cancer alliance and CCG to review pathways. Key issues include; increase in two-week rule referrals, patient choice, pressures with diagnostic and elective capacity, Radiology and Histology reporting and capacity versus demand across most tumour groups. The Tertiary centre has similar pressures, therefore collaborative working is under review, linked to the ICP work. In general the Trust is seeing more complex pathways emerging, with increasing patients crossing multiple provider sites before diagnosis and treatment.
Breast Symptomatic Two week Rule (New Rules)	Nov-19	93.0%	95.9%	94.5%		

Integrated Performance and Compliance Dashboard - December 2019

SINGLE OVERSIGHT FRAMEWORK



Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
RTT incomplete pathways wait (92%)	Dec-19	92.00%	92.62%	92.71%		The Trust reported compliance against the incomplete RTT standard. That said the waiting list has seen a 3.02% (n=332) increase in December compared to March 2019 though has reduced by 414 (3.52%) compared to the previous month (November). Care Groups continue to review long waits in an attempt to reduce the overall waiting list size, understand the reasons for any long waits, adhere to the waiting list policy in managing clinic cancellations and patient choice and implement actions to recover the wait within Radiology reporting for non urgent diagnostics.
RTT incomplete pathways wait (92nd percentile)	Dec-19	28.00	17.70	17.30		The average incomplete waiting time is 8 weeks demonstrating the majority of patients have a relatively short waiting time ranking in the upper quartile nationally. The Trust remains above national and local position. To add context to long waits, the Trust reported 216 patients waiting over 26 weeks in December compared to 219 in November (284 in October) which equates to 2.7% of the overall RTT waiting list (excluding MSK and Dental).
RTT incomplete pathways wait (Median)	Dec-19	7.20	6.10	5.60		From 1st April 2020 NHS England propose that all providers offer patients an alternative choice if they are unable to treat them within 26 weeks however details of this policy have not yet been released. Trusts have been asked to work together and with their local Clinical Commissioning Groups to outline their proposals for implementation and will be a key focus for the organisation going forward.
RTT incomplete pathways >52 week wait	Dec-19	0	0	0		No patient has waited more than 52 weeks for treatment.
Number of patients waiting less than 6 weeks for diagnostic procedures	Dec-19	99.00%	87.50%	91.70%		Pressures have continued throughout December and Q3 within non obstetric ultrasound in the main. Recovery was initially planned for this quarter however on-going sickness has continued, resulting in a protracted recovery. In addition to this, Endoscopy are experiencing pressures with capacity, with additional lists accommodated were possible. The risk in relation to this standard will remain open until full assurance is given in terms of recovery as both departments continues to review processes, capacity and demand and escalation process to ensure effective management. Endoscopy to commence a 100 day challenge to review booking processes in January 2020.
CIDs -Referral information	Nov-19	50.00%	95.84%	96.07%		The Trust continues to perform well against the Community Information Datasets, with all standards reporting above the 50% targets.
CIDs- Referral to Treatment information	Nov-19	50.00%	97.17%	95.64%		
CIDs- Treatment Activity Information	Nov-19	50.00%	96.10%	95.28%		



SINGLE OVERSIGHT FRAMEWORK

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights	<p>The Trust has experienced significant pressures particularly around the cancer standards and non obstetric ultrasound diagnostic tests in December and Q3, however has performed relatively well against a number of other standards. The Trust is also managing emergency care pathways well under winter pressures.</p>					
Conclusion and recommendation	<p>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.</p> <p>Please note:</p> <ul style="list-style-type: none"> • Performance against the key operational, quality and workforce standards. • Recognise the on-going financial and operational pressures. • The detailed review of performance against the Single Oversight Framework and NHS Long Term Plans requirements and the key national indicators including compliance, workforce, quality and finance. • 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. <p>The effective management to date of winter pressures.</p>					

***Q3 Cancer is a provisional position**

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
New to Review ratio (cons led)	Nov-19	1.45	1.37	1.28		
Outpatient DNA (new)	Dec-19	7.20%	8.11%	7.74%		<p>DNA rates have shown a downward trend over the year however have seen a slight increase in December which is typical of the festive period. Work continues via the project group to review the terms and conditions of the reminder service to ensure maximum utilisation and functionality. Latest HED data suggests the Trust is moving in the right direction with a further reduction noted.</p> <p>Actions include; From mid October the Trust embarked on trialling different times of the day to 'remind' patients of their appointment which appears to have had a positive impact. A communication drive will take place to ensure mobile telephone numbers are up to date within the PAS systems to ensure text messaging can be maximised. 2 way text messaging is under consideration with a business case proposed if this is thought to prove beneficial. A patient survey is underway with the Pulmonary Function clinic as a trial to glean an understanding from a patients perspective. Reducing avoidable face to face DNAs is likely to impact on the number of DNAs for this cohort of patients</p>
Outpatient DNA (review)	Dec-19	9.00%	10.54%	9.86%		
Length of Stay Elective	Aug-19	3.15	2.03	-		
Length of Stay Emergency	Aug-19	4.08	3.40	-		The Trust is reporting within target and significantly below the peer target (HED latest data)
Day case Rate	Aug-19	76.65%	77.14%	-		No exceptions to report. The Trust works well to ensure appropriate procedures are undertaken as a day case where clinically appropriate to do so. Work will take place to review conversion rates.
Pre - Op Stays	Dec-19	4.50%	1.75%	1.66%		The internal pre-op stay data indicates the Trust is reporting in a very positive position keeping pre op stays to a minimum.

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Revised Occupancy Trust	Dec-19	85.00%	90.07%	91.65%		Bed pressures continue to be felt across the organisation during times of surge with resilience beds opened in accordance with the winter plan and as staffing resource allows. 344 resilience beds were open over the month of December (range 0-35). The resilience ward was open for 3 days to a maximum of 5 beds.
Readmission rate 30 days (Elective admission)	Oct-19	0.00%	4.25%			
Readmission rate 30 days (Emergency admission)*	Oct-19	9.73%	14.64%			The Trust recognises further work is required to reduce potential avoidable readmissions. Care Groups review readmissions and present findings, and lessons learnt, to the 'Excellence as our standard' group.
Readmission rate 30 days (Total)	Oct-19	7.70%	10.09%			Results are monitored on a quarterly basis via the Planning, Performance and Compliance Committee. Care Groups have submitted action plans to demonstrate learning following audits.
ASI's - (No SLOT analysis)	Nov-19	4.00%	6.10%			The Trust has experienced pressures with capacity in December resulting in an increase in slot issues however remain the lowest in region (23% with a range of 6.1% to 34.8%) and nationally (23.6%).
Cancelled procedures (Non medical)	Dec-19	0.80%	0.67%	0.47%		The Trust had 20 procedures cancelled on the day for non clinical reasons which is within tolerance with 'out of time' being the main reason.
Readmission within 28 days of non medical cancelled operation	Dec-19	0	0	1		No patient waited more than 28 days.

Integrated Performance and Compliance Dashboard - December 2019



EFFICIENCY AND PRODUCTIVITY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Dec-19	0	38	66		In December the Trust reported 38 ambulance handovers greater than 30 minutes and 7 greater than 60 minutes. In comparison, the North East average handovers greater than 30 minutes reported at 236 (range 99-723), with the average over 60 minutes reporting at 57 (range 0 – 240).
Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Dec-19	0	7	15		
TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Dec-19	17.00%	14.93%	14.08%		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. No exceptions to report.
TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Dec-19	93.50%	94.40%	98.25%		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. No exceptions to report.
TCS 35 - % of standard wheelchair referrals completed within five days	Nov-19	90.00%	71.35%	-		The service has experienced supply issues however these have now been resolved with a new supplier sought for future reference. The wheelchair service migrated to electronic records onto SystmOne at the start of November with some short term loss of capacity during this transition together with some technical issues in relation to data collection and validation. Work continues to resolve these issues. The new system is now deployed and the service has recruited a new member of staff which should result in an improved position over the coming months. The service continues to benchmark well nationally against the 18 week access standards.
Delayed Transfers of Care	Dec-19	3.50%	1.56%	1.67%		The Trust continues to submit a 'Discharge Patient Tracking List (PTL)' as part of the national pilot. The Trust is already working hard as part of an Integrated Discharge Team which is led by a senior member of the team who has devolved responsibility to escalate actions required to progress individual discharges more promptly.
Super Stranded Reduction (per day average)	Dec-19	66	62	62		DTOC is reporting a downward trend and is reporting the lowest this year at 1.56%. The Trust continues to see an improved position with reduced number of stranded patients and is ahead of trajectory to reduce to an average of 64 by the end of March 2020.



EFFICIENCY AND PRODUCTIVITY

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
Performance Overview / Key Highlights	<p>The Hospital Evaluation Data (HED) within the main report provides a summary of the Trusts benchmark position against a number of performance indicators covering clinical quality, operational efficiency, patient safety and finance. Success against the reduction in super stranded patients. 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.</p>					

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
HSMR Mortality Rates (Rolling 12 month value)	Aug-19	108.00	92.90		The latest HSMR value is now 92.90 (September 2018 to August 2019), this has increased from the previously reported 92.00 (August 2018 to July 2019). The value of 92.90 continues to remain inside the 'as expected' range; the national mean is 100. When benchmarked against the same period last year (September 2017 to August 2018) this has decreased from 102.20 to 92.90.
HSMR Crude mortality Rate (Rolling 12 month value)	Aug-19	3.60%	3.39%		The Trust crude mortality rate for HSMR has increased slightly to 3.39% (September 2018 to August 2019) from 3.31% (August 2018 to July 2019). When benchmarked against the same period last year (September 2018 to August 2019) this has decreased from 3.60% to 3.39%.
SHMI Mortality rate (Rolling 12 month value)	Jul-19	109.00	96.19		The latest SHMI value is now 96.19 (August 2018 to July 2019), this has increased slightly from the previously reported 96.15 (July 2018 to June 2019) value.
SHMI Crude mortality Rate (Rolling 12 month value)	Jul-19	3.60%	3.34%		The Trust crude mortality rate for SHMI is now 3.34% (August 2018 to July 2019), this has increased slightly from the previously reported 3.32% (July 2018 to June 2019) value. When benchmarked against the same period last year (August 2017 to July 2018) this has decreased from 3.60% to 3.34%.
Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Dec-19	90.00%	100.00%		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.
Dementia - % of patients undergone a diagnostic assessment	Dec-19	90.00%	100.00%		The Trust is reporting that 100% of patients identified as potentially having dementia underwent a diagnostic assessment.
Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Dec-19	90.00%	100.00%		The Trust is reporting that 100% of those that received a diagnostic assessment were referred onto another service or back to GP.

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Complaint Stage 1 - Informal	Dec-19	50	66		<p>The Trust is reporting 66 stage 1 complaints for December 2019. This has decreased from the 75 stage 1 complaints in November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has increased from 50 to 66.</p> <p>For quarter 3, the Trust reported 238 stage 1 complaints, against a 2018/19 quarter 3 total of 163.</p>
Complaint Stage 2 - Formal Meeting	Dec-19	6	7		<p>The Trust is reporting 7 stage 2 complaints for December 2019. This has remained the same from the previous reporting period of November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has increased from 6 to 7.</p> <p>For quarter 3, the Trust reported 22 stage 2 complaints, against a 2018/19 quarter 3 total of 21.</p>
Complaint Stage 3 - Formal Chief Executive Letter	Dec-19	12	9		<p>The Trust is reporting 9 stage 3 complaints for December 2019. This has decreased from the 16 stage 3 complaints in November 2019.</p> <p>When benchmarked against the same period last year (December 18) this has decreased from 12 to 9.</p> <p>For quarter 3, the Trust reported 40 stage 3 complaints, against a 2018/19 quarter 3 total of 60.</p>
Never Events	Dec-19	0	0		<p>There has been no Never Events reported in this period.</p>
Category 2 Pressure Ulcers (In-Hospital)	Nov-19	19	19		<p>The Trust is reporting 19 category 2 pressure ulcers for November 2019. This has decreased from 20 category 2 ulcers reported for October 2019.</p> <p>When benchmarked against the same period last year (November 18) this has remained the same at 19 cases.</p>



QUALITY AND SAFETY

Category 3 Pressure Ulcers (In-Hospital)	Nov-19	2	1		<p>The Trust is reporting 1 category 3 pressure ulcers for November 2019. This has decreased from the 3 category 3 ulcers reported for October 2019.</p> <p>When benchmarked against the same period last year (November 18) this has decreased from 2 to 1.</p>
Category 4 Pressure Ulcers (In-Hospital)	Nov-19	0	0		<p>The Trust is reporting zero category 4 pressure ulcer for November 2019. This has remained the same from October 2019 when zero case was reported.</p> <p>When benchmarked against the same period last year (November 18) this has remained at zero.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Fall - No Injury (In-Hospital)	Dec-19	79	69		<p>The Trust is reporting 69 falls resulting in no injury for December 2019. This has increased from the 67 falls reported for November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 79 to 69.</p> <p>For quarter 3, the Trust reported 218 falls resulting in no injury, against a 2018/19 quarter 3 total of 239.</p>
Fall - Injury, No Fracture (In-Hospital)	Dec-19	23	21		<p>The Trust is reporting 21 falls resulting in an injury, but no fracture for December 2019. This has decreased from the 22 falls resulting in an injury reported for November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 23 to 21.</p> <p>For quarter 3, the Trust reported 55 falls resulting in an injury, but no fracture, against a 2018/19 quarter 3 total of 62.</p>
Fall - With Fracture (In-Hospital)	Dec-19	4	0		<p>The Trust is reporting zero falls resulting in a fracture for December 2019. This has remained the same from the previous reporting period.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 4 to zero.</p> <p>For quarter 3, the Trust reported zero falls resulting in a fracture, against a 2018/19 quarter 3 total of 8.</p>
VTE Risk Assessment	Dec-19	95.00%	97.08%		<p>The Trust is reporting that 97.08% of patients admitted to hospital were risk assessed for venous thromboembolism (VTE) during December 2019. This has decreased from 97.39% reported in November 2019.</p> <p>For quarter 3, the Trust reported 97.33% VTE Risk Assessment, against a 2018/19 quarter 3 total of 97.75%.</p>
Hand Hygiene Compliance	Dec-19	95.00%	99.00%		<p>The overall Trust compliance score for hand hygiene is 99% for December 2019; this has increased from 98% in November 2019.</p> <p>For quarter 3, the Trust reported 98% hand hygiene compliance, against a 2018/19 quarter 3 average of 98%.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Clostridium difficile (C.diff)	Dec-19	4	3		<p>For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare Acquired, this has decreased from the previous reporting period when 6 cases of Clostridium difficile infection (5 HOHA - Hospital Onset Healthcare Acquired and 1 COHA - Community Onset Healthcare Acquired) was reported.</p> <p>The Trust total stands at 46, against a trajectory of 41 by the end of December 2019.</p> <p>For quarter 3, the Trust reported 14 Trust attributed cases of Clostridium difficile, against a trajectory of 13.</p>
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Dec-19	0	0		<p>The Trust is reporting zero Trust attributed cases of MRSA bacteraemia in December 2019. This remains the same from previous reporting period and the target of zero cases.</p> <p>For quarter 3, the Trust reported Zero Trust attributed cases of MRSA, against a trajectory of Zero.</p>
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Dec-19	4	2		<p>The Trust is reporting 2 Trust attributed case of MSSA bacteraemia for December 2019. This remains the same from previous reporting period</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 4 to 2.</p> <p>For quarter 3, the Trust reported 6 Trust attributed cases of MSSA, against a 2018/19 quarter 3 total of 8 cases.</p>
Escherichia coli (E.coli)	Dec-19	2	2		<p>The Trust is reporting 2 Trust attributed cases of E coli bacteraemia in December 2019. This has decreased from the 6 reported case in November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has remained the same at 2 cases.</p> <p>For quarter 3, the Trust reported 13 Trust attributed cases of Ecoli, against a 2018/19 quarter 3 total of 10 cases.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Klebsiella species bacteraemia (Kleb sp)	Dec-19	1	0		<p>The Trust has reported zero Trust attributed case of Klebsiella species bacteraemia in December 2019. This has decreased from 1 in the previous reporting period of November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 1 to zero.</p> <p>For quarter 3, the Trust reported 2 Trust attributed cases of Klebsiella species, against a 2018/19 quarter 3 total of 4 cases.</p>
Pseudomonas aeruginosa bacteraemia (Ps a)	Dec-19	2	0		<p>The Trust has reported zero Trust attributed cases of Pseudomonas aeruginosa bacteraemia in December 2019. This has decreased from 1 case in November 2019.</p> <p>When benchmarked against the same period last year (December 2018) this has decreased from 2 to zero.</p> <p>For quarter 3, the Trust reported 3 Trust attributed cases of Pseudomonas aeruginosa, against a 2018/19 quarter 3 total of 4 cases.</p>

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	70.00%	98%		The in-patient position for Friends and Family for 'Would Recommend' was 98% for December 2019; this increased from the previously reported 96% in November 2019.
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	70.00%	100%		The A&E position for Friends and Family for 'Would Recommend' was 100% for December 2019; this has increased from the reported 82% in November 2019.
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	70.00%	100%		For maternity – (Question 2 – birth) the Friends and Family 'Would Recommend' is 100% for December 2019; this has increased from the previously reported 94% for November 2019.
Registered Nurse/Midwife day shift fill rates	Dec-19	>=80% and <=109.99%	86.17%		Registered Nurse/Midwife day shift fill rates across inpatient areas for the month of December 2019 is 86.17%, up from 86.08% in November 2019.
Registered Nurse/Midwife Night shift fill rates	Dec-19	>=80% and <=109.99%	91.53%		Registered Nurse/Midwife night shift fill rates across inpatient areas for the month of December 2019 is 91.53%, up from 91.44% in November 2019.

Integrated Performance and Compliance Dashboard - December 2019



QUALITY AND SAFETY

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Trend	Details
Care Staff day shift fill rates	Dec-19	>=80% and <=109.99%	99.05%		Care Staff day shift fill rates across inpatient areas for the month of December 2019 is 99.05% up from 98.97% in November 2019.
Care Staff Night shift fill rates	Dec-19	>=110% and <=125.99%	138.69%		Care Staff night shift fill rates across inpatient areas for the month of December 2019 is 138.69%, up from 138.41% in November 2019.
Trust - Harm Free Care %	Nov-19	97.50%	98.23%		The Trusts overall Harm Free care in November 2019 was 98.23% this has increased from 98.16% in October 2019.

Performance Overview / Key Highlights

The latest data for the Trusts HSMR is 92.90; this has increased slightly from the previously reported 92.00, with the Trusts latest SHMI at 96.15 decreased from the previously reported position of 96.88

For December 2019 the Trust is reporting 3 Trust attributed cases of Clostridium difficile infection (3 HOHA - Hospital Onset Healthcare Acquired), this has decreased from 6 cases in the previous reporting period. The Trust total stands at 46 cases of Clostridium difficile infection (31 HOHA - Hospital Onset Healthcare Acquired and 15 COHA - Community Onset Healthcare Acquired), against a trajectory of 41 by the end of December 2019.

Conclusion and recommendation

The Board of Directors is asked to note the content of the report; current performance and work to continuously improve. The Board are asked to note the excellent HSMR and SHMI values which continue to remain within the expected range.

Integrated Performance and Compliance Dashboard - December 2019



WORKFORCE

Measure (click on measure for trend graphs)	Reporting period	Target	Actual	Q3	Trend	Details
Sickness	Nov-19	4.00%	5.42%			<p>The sickness absence rate for November 2019 (latest available data) is reported at 5.42%, 1.42% above the revised Trust target of 4.0%.</p> <p>When comparing November 2019 to the previous months' sickness absence rate there has been an increase of 0.12%.</p> <p>The long term sickness absence rate for November 2019 is reported at 3.38% an increase of 0.34% compared to the previous month (3.04%).</p> <p>The short-term sickness absence rate for November 2019 is reported at 2.04%, a reduction of 0.22 % when compared to the previous month (2.26%).</p> <p>The cost of sickness absence is reported as £218,949. This has increased by £25,481 compared to October 2019 (£193,468).</p> <p>Benchmarking</p> <p>The latest national sickness absence data available is for the month of August 2019 and supplied by NHS Digital.</p> <p>NHS Digital Sickness absence data may vary from internal reported figures due to the variance in methodology and time of data collection.</p> <p>North Tees and Hartlepool NHS Foundation Trust ranks 5th out of the 9 North East NHS Trusts reported on, in terms of sickness absence rate (lowest to highest) for August 2019, with a reported sickness absence rate of 4.56%.</p>
Turnover (12 months rolling data)	Dec-19	10.00%	9.73%	9.65%		<p>The turnover rate for December 2019 is reported at 9.73% which has remained constant when compared to the previous month.</p> <p>The attrition figure for December 2019 is reported at 1.37%, an increase of 0.03% when compared to the previous month (1.34%).</p>
Mandatory Training	Dec-19	80%	88%	87%		<p>The overall compliance for mandatory training for December 2019 is 88%, which has increased by 1% from 87% in the previous month.</p>
Appraisals	Dec-19	95%	86%	86%		<p>Appraisal compliance is reported at 86% for December 2019, which has remained the same compared to the previous month.</p>



WORKFORCE

Measure <i>(click on measure for trend graphs)</i>	Reporting period	Target	Actual	Q3	Trend	Details
<p>Performance Overview / Key Highlights</p>						<p>North Tees & Hartlepool NHS Foundation Trust</p> <p>When comparing November 2019 to the previous months' sickness absence rate of 5.3%, there has been an increase in the Trust's sickness absence rate of 0.12%.</p> <p>Over the period from January 2015 - November 2019 the Trust has not achieved a sickness absence rate at or below the 4% target (*was 3.5% until August 2019). The lowest sickness absence rate occurred in June 2015 at 4.01 %, which was 0.51% above the Trust target.</p> <p>'Anxiety/stress/depression/other psychiatric illnesses' continues to account for the highest proportion of all sickness absence reasons at 34% for November, which is an increase of 1.2% compared to October 2019 (32.8%).</p> <p>Departments with a higher than expected absence rate will attend and present at Workforce Committee in order to provide assurance that actions are in place locally and absence is being managed. The next Workforce Committee is due to take place on 13 February 2020.</p> <p>As at 31 December 2019 the Trust has 206 internal volunteers and 165 external volunteers (supporting Radio Stitch, RVS, League of Friends and Bookbase). Numbers have continued to increase during December, which is positive as the Trust moves towards a time of winter pressures. The time on average that internal volunteers contribute per week equates to 901 hours, taking into account any notified absences, which is the equivalent to 24 WTE. The Trust reached a milestone in December when it welcomed its 200th internal volunteer. Pat Ferguson, a former staff member and governor, will be supporting the Home 'but not Alone' Programme as it develops across the Trust.</p>
<p>Conclusion and recommendation</p>						<p>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.</p>

Integrated Performance and Compliance Dashboard - December 2019

APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK



Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
	<i>Target</i>		98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%		98.0%				
Cancer	New Cancer 31 days subsequent Treatment (Drug Therapy)	Nov-19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.1%				
	<i>Target</i>		94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%		94.0%				
	New Cancer 31 days subsequent Treatment (Surgery)	Nov-19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	97.7%	100.0%	100.0%		97.7%				
	<i>Target</i>		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		85.0%				
	New Cancer 62 days (consultant upgrade)	Nov-19	80.0%	75.0%	88.9%	80.0%	95.5%	88.9%	85.7%	90.4%	77.8%	95.7%		88.0%				
	<i>Target</i>		90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		90.0%				
	New Cancer 62 days (screening)	Nov-19	97.2%	97.4%	100.0%	98.2%	96.2%	92.3%	96.8%	95.3%	90.3%	92.5%		90.5%				
	<i>Target</i>		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%		85.0%				
	New Cancer GP 62 Day (New Rules)	Nov-19	80.1%	80.2%	90.3%	83.3%	78.1%	82.4%	80.7%	80.1%	79.2%	85.8%		77.9%				
	<i>Target</i>		96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%		96.0%				
New Cancer Current 31 Day (New Rules)	Nov-19	97.9%	96.5%	98.4%	97.6%	99.4%	99.1%	98.6%	99.0%	100.0%	100.0%		99.5%					
<i>Target</i>		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		93.0%					
New Cancer Two week Rule (New Rules)	Nov-19	90.6%	91.8%	91.1%	91.1%	93.3%	93.2%	93.0%	93.2%	93.6%	93.3%		93.1%					
<i>Target</i>		93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		93.0%					
Breast Symptomatic Two week Rule (New Rules)	Nov-19	88.8%	92.6%	94.7%	91.7%	95.5%	97.7%	98.0%	96.9%	94.4%	95.9%		94.5%					

Integrated Performance and Compliance Dashboard - December 2019



APPENDIX 1 - SINGLE OVERSIGHT FRAMEWORK

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
RTT	Target		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%				
	RTT incomplete pathways wait (92%)	Dec-19	94.00%	94.24%	94.06%	94.10%	93.85%	92.82%	92.37%	93.02%	92.53%	92.98%	92.62%	92.71%				
	Target		28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00				
	RTT incomplete pathways wait (92nd percentile)	Dec-19	15.70	16.30	16.40	16.10	16.40	17.40	17.70	17.30	17.60	16.70	17.70	17.30				
	Target		7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20	7.20				
RTT incomplete pathways wait (Median)	Dec-19	5.40	5.30	5.40	5.40	5.40	5.70	5.70	5.70	5.70	5.40	5.40	6.10	5.60				
Target		0	0	0	0	0	0	0	0	0	0	0	0					
RTT incomplete pathways >52 week wait	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0					
Diagnostics	Target		99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%				
	Number of patients waiting less than 6 weeks for diagnostic procedures	Dec-19	98.11%	99.19%	99.69%	99.01%	99.02%	90.66%	89.29%	93.09%	94.44%	93.24%	87.50%	91.70%				
CIDS	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%						
	CIDs -Referral information	Nov-19	96.23%	95.98%	96.37%	96.16%	95.82%	96.15%	96.25%	96.07%	96.35%	95.84%						
	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%						
	CIDs- Referral to Treatment information	Nov-19	95.82%	95.44%	95.72%	95.65%	95.61%	94.52%	96.59%	95.64%	96.62%	97.17%						
Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%							
CIDs- Treatment Activity Information	Nov-19	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%							

*Q3 Cancer is a provisional position

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
New to review	<i>Target</i>		1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45	1.45						
	New to Review ratio (cons led)	Nov-19	1.20	1.34	1.31	1.26	1.32	1.26	1.27	1.28	1.35	1.37						
DNA	<i>Target</i>		7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%	7.20%				
	Outpatient DNA (new)	Dec-19	8.84%	8.65%	8.26%	8.50%	7.68%	7.83%	7.25%	7.52%	7.89%	7.26%	8.11%	7.74%				
	<i>Target</i>		9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%	9.00%				
	Outpatient DNA (review)	Dec-19	11.26%	11.56%	9.78%	10.85%	10.10%	9.97%	10.50%	10.13%	9.88%	9.25%	10.54%	9.86%				
Coding	<i>Target</i>		3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01	3.01						
	Average depth of coding	Nov-19	7.03	7.00	6.92	6.92	6.92	6.94	6.92	6.92	6.92	6.92						
LOS	<i>Target</i>		3.20	3.20	3.18	3.19	3.34	3.15										
	Length of Stay Elective	Aug-19	1.75	1.81	1.85	1.85	1.89	2.03										
	<i>Target</i>		4.08	4.09	4.08	4.08	4.20	4.08										
	<i>Target</i>		3.42	3.43	3.40	3.40	3.41	3.40										
	Length of Stay Emergency	Aug-19	3.42	3.43	3.40	3.40	3.41	3.40										
Day case	<i>Target</i>		76.59%	76.54%	76.66%	76.60%	76.66%	76.65%										
	Day case Rate	Aug-19	77.17%	76.64%	77.16%	77.16%	76.95%	77.14%										
	<i>Target</i>		4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%				
	<i>Target</i>		2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%				
	Pre - Op Stays	Dec-19	2.87%	2.13%	2.37%	2.71%	1.65%	2.55%	2.57%	2.34%	1.36%	1.35%	1.75%	1.66%				
Occupancy	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%				
	Revised Occupancy North Tees	Dec-19	89.94%	91.11%	92.08%	91.04%	92.24%	91.06%	92.53%	91.94%	92.52%	95.27%	90.47%	92.73%				
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%				
	Revised Occupancy Hartlepool	Dec-19	72.72%	75.91%	77.99%	75.54%	67.11%	64.87%	66.45%	66.83%	67.30%	78.12%	83.05%	75.71%				
	<i>Target</i>		85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%				
	Revised Occupancy Trust	Dec-19	88.80%	90.09%	91.14%	90.01%	90.59%	89.35%	90.81%	90.28%	90.83%	94.06%	90.07%	91.65%				

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
Bed days	Target		998	998	998	2994	998	998	998	2994	998	998						
	Excess bed days	Nov-19	485	339	403	1227	684	509	889	2082	384	337						
	Target		535	535	535	1605	535	535	535	1605	535	535	535	1605				
Bed days	Delayed bed days	Dec-19	371	324	365	955	469	376	348	1193	277	270	244	791				
	Target		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%							
Readmissions *	Readmission rate 30 days (Elective admission)	Oct-19	3.97%	3.89%	4.55%	4.09%	3.89%	4.66%	4.79%	4.60%	4.25%							
	Target		9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%	9.73%							
	Readmission rate 30 days (Emergency admission)*	Oct-19	14.77%	14.87%	15.06%	15.06%	12.40%	14.36%	14.73%	14.70%	14.64%							
	Target		7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%	7.70%							
Readmissions *	Readmission rate 30 days (Total)	Oct-19	10.37%	9.91%	10.43%	10.31%	8.71%	10.24%	10.38%	10.32%	10.09%							
	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				
EDS	Electronic Discharge Summaries within 24 hours (incl. A&E)	Dec-19	89.59%	91.86%	93.15%	91.55%	91.56%	90.71%	89.84%	90.72%	91.48%	92.28%	90.94%	91.58%				
	Target		15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%	15.60%				
C-sections	Emergency c-section rates	Dec-19	15.12%	11.76%	19.91%	15.54%	12.98%	12.28%	14.51%	13.20%	10.95%	16.75%	14.29%	14.00%				
	Target		4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%						
ASI's	ASI's - (No SLOT analysis)	Nov-19	5.40%	3.80%	3.10%	4.10%	3.20%	3.40%	4.10%	3.57%	4.00%	6.10%						
	Target		72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%	72.86%				
Theatres	Operation Time Utilisation	Dec-19	75.70%	71.80%	75.06%	74.10%	75.25%	72.83%	77.48%	75.40%	74.55%	76.17%	69.41%	73.63%				
	Target		87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%	87.07%				
	Run Time Utilisation	Dec-19	88.61%	88.01%	89.05%	89.19%	90.92%	87.41%	94.05%	91.25%	89.39%	88.40%	84.01%	87.53%				
	Target		92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%	92.50%				
Theatres	Planned Session Utilisation *	Dec-19	95.16%	94.95%	93.09%	92.64%	75.11%	90.98%	91.22%	91.17%	92.43%	91.82%	91.29%	91.18%				
	Target																	

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
	Target		0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%				
	Cancelled procedures (Non medical)	Dec-19	0.42%	0.46%	0.33%	0.40%	0.46%	0.71%	0.83%	0.66%	0.14%	0.67%	0.67%	0.47%				
	Target		0	0	0	0	0	0	0	0	0	0	0	0				
	Readmission within 28 days of non medical cancelled operation	Dec-19	0	0	0	0	1	1	1	3	0	1	0	1				
	Target		0	0	0	0	0	0	0	0	0	0	0	0				
	Cancelled Urgent Operations for second time	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0				
	Target		8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%	8.80%				
	Cancelled on day of operation	Dec-19	8.01%	7.80%	7.28%	7.69%	8.27%	9.21%	7.21%	8.27%	9.23%	6.35%	7.64%	7.86%				
	Target		33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%	33.11%				
	Late Start %	Dec-19	32.44%	41.08%	34.63%	36.10%	35.50%	38.81%	40.37%	37.96%	39.93%	45.00%	42.74%	42.27%				
	Target		46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%	46.13%				
	Early Finishes %	Dec-19	44.27%	43.77%	43.11%	43.71%	46.95%	46.12%	36.30%	42.93%	44.37%	36.00%	47.72%	42.27%				
	Target		12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%	12.89%				
	Session overruns (>30 minutes)	Dec-19	14.50%	13.80%	14.13%	14.13%	16.03%	14.16%	15.19%	15.50%	12.97%	19.67%	12.03%	14.98%				
A&E	Target		00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15	00:15				
	A&E Time to Initial Assessment -Ambulance arrivals (95th percentile) - Type 1	Dec-19	00:44	00:41	00:46	00:44	00:52	00:46	00:49	00:49	00:46	00:56	01:01	00:53				
	Target		01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00	01:00				
	A&E Time to Initial Treatment (Median) - Type 1	Dec-19	01:03	01:00	01:03	01:02	01:14	01:07	01:08	01:09	01:03	01:30	01:23	01:18				
	Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%				
A&E unplanned returns within 7 days - Type 1	Dec-19	1.67%	1.60%	1.36%	1.54%	1.46%	1.49%	1.37%	1.44%	1.06%	1.60%	1.53%	1.40%					
Target		5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%					
A&E left without being seen - Type 1	Dec-19	3.45%	3.22%	3.43%	3.43%	3.92%	3.93%	3.73%	3.86%	3.23%	4.33%	3.86%	3.81%					

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
	<i>Target</i>																	
	A&E Time to departure (95th percentile) - Type 1	Dec-19	05:51	05:47	06:19	06:02	06:31	06:25	06:43	06:34	06:26	07:33	07:29	07:15				
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0				
	Number of ambulance handovers between ambulance and A&E waiting more than 30 minutes	Dec-19	10	9	12	31	10	17	8	35	5	23	38	66				
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0				
	Number of ambulance handovers between ambulance and A&E waiting more than 60 minutes	Dec-19	0	0	0	0	0	0	0	0	1	7	7	15				
	<i>Target</i>		0	0	0	0	0	0	0	0	0	0	0	0				
	A&E 12 Hour Trolley waits - Type 1	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0				
	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				
Screening	Diabetic Retinopathy Screening	Dec-19	98.52%	98.54%	98.47%	98.51%	98.60%	98.24%	98.28%	98.37%	98.40%	98.11%	98.33%	98.28%				
	<i>Target</i>		17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%	17.00%				
TCS	TCS 19 - % of Community Patients that have had an unplanned admission LOS <=2 days (Defined set of conditions)	Dec-19	13.33%	9.52%	11.92%	11.39%	11.43%	9.13%	8.86%	9.60%	13.13%	14.37%	14.93%	14.08%				
	<i>Target</i>		93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%				
	TCS 24 - % of Patients achieving improvement using a EQ5 validated assessment tool	Dec-19	100.00%	100.00%	98.70%	99.58%	98.02%	99.00%	97.50%	98.35%	98.11%	98.39%	94.40%	98.25%				
	<i>Target</i>		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%				
	TCS 35 - % of standard wheelchair referrals completed within five days	Nov-19	94.16%	91.26%	95.54%	93.42%	76.24%	70.89%	61.01%	69.03%	61.46%	71.35%						
	<i>Target</i>		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				
Audiology	The % patients treated within 18 weeks of referral to audiology (Hpool site)	Dec-19	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
	<i>Target</i>		18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30	18.30				
	Audiology non admitted wait (92nd percentile)	Dec-19	6.00	4.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00	5.00	5.00	5.00				
	<i>Target</i>		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%				
Patient identifier	Patient Identifier Indicator	Nov-19	95.46%	95.50%	95.87%	95.68%	94.42%	96.01%	95.51%	95.28%	95.69%	96.10%						

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
EOL	Target		50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%						
	End of Life measure	Nov-19	83.08%	84.95%	82.20%	83.64%	80.81%	87.65%	82.89%	83.81%	79.45%	81.88%						
DTC	Target		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%				
	Delayed Transfers of Care	Dec-19	2.52%	2.08%	2.43%	2.34%	3.02%	2.43%	2.31%	2.59%	1.77%	1.67%	1.56%	1.67%				
Super Stranded	Target		68	68	68	68	67	67	67	67	66	66	66	66	65	65	64	
	Super Stranded Reduction (per day average)	Dec-19	61	66	65	64	62	72	76	70	63	62	62	62				

* Validated Position - August 19

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



APPENDIX 2 - EFFICIENCY AND PRODUCTIVITY

Measure	KPI	Period	Apr 19	May 19	Jun 19	Q1	Jul 19	Aug 19	Sep 19	Q2	Oct 19	Nov-19	Dec 19	Q3	Jan 20	Feb 20	Mar-20	Q4
Unplanned	Target		169.8	169.8	169.8	169.8	154.4	154.4	154.4	154.4	167.9	167.9						
	Emergency admissions for acute conditions that should not usually require hospital admission	Nov-19	151.2	163.8	159.7	160.6	171.2	161.1	150.7	164.7	123.8	175.0						
	Target		20.02	20.02	20.02	20.02	23.0	22.99	22.99	22.99	23.36	23.36						
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Nov-19	13.35	16.69	21.13	17.1	22.3	10.01	26.70	19.65	15.57	23.36						
	Target		56.8	56.8	56.8	56.8	60.5	60.5	60.5	60.5	67.4	67.4						
Stroke	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Nov-19	85.3	67.0	55.5	70.7	53.0	55.8	60.3	58.0	82.1	74.0						
	Target		23.36	23.36	23.36	23.36	14.46	14.46	14.46	14.46	105.67	105.67						
	Unplanned hospitalisation for respiratory tract infections in under 19s	Nov-19	28.92	21.13	16.69	22.3	8.90	5.56	16.69	10.38	34.48	81.20						
Stroke	Target		80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%						
	Stroke admissions 90% of time spent on dedicated Stroke unit	Nov-19	82.61%	92.86%	96.30%	89.70%	97.67%	92.59%	96.00%	95.24%	96.72%	96.55%						
	Target		75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%						
Stroke	High risk TIAs assessed and treated within 24 hours	Nov-19	77.78%	100.00%	66.67%	80.00%	100.00%	83.33%	100.00%	92.86%	100.00%	100.00%						

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



APPENDIX 4 - WORKFORCE

Measure	KPI	Period	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Staff	Target		3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	4.00%	4.00%	4.00%	4.00%						
	Sickness	Nov-19	4.55%	4.94%	4.91%	4.77%	4.64%	4.62%	4.15%	4.39%	5.30%	5.42%						
	Target		10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%				
	Turnover (12 months rolling data) - revised methodology from Nov-18 *	Dec-19	8.59%	8.92%	8.97%	8.97%	9.39%	9.54%	9.65%	9.65%	9.86%	9.73%	9.73%					
	Target		80.0%	80.0%	80.0%	80.0%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%				
Mandatory Training	Dec-19	86.0%	87.0%	87.0%	87.0%	88.00%	87.00%	87.00%	87.00%	87.00%	87.00%	88.00%	88.00%					
Target		95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%					
Appraisals	Dec-19	84.0%	83.0%	83.0%	83.0%	84.00%	85.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%					

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4	
HMSR	Target HSMR Mortality Rates (Rolling 12 month value)	Aug-19	109.00	109.00	109.00		108.00	108.00	108.00		108.00	108.00											
			96.17	95.80	93.66		91.07	92.20	91.40		92.00	92.90											
HMSR	Target HSMR Crude mortality Rate (Rolling 12 month value)	Aug-19	3.46%	3.49%	3.54%		3.72%	3.66%	3.68%		3.63%	3.60%											
			3.45%	3.41%	3.29%		3.26%	3.30%	3.27%		3.31%	3.39%											
SHMI	Target SHMI Mortality rate (Rolling 12 month value)	Jul-19	110.00	110.00	110.00		109.00	109.00	109.00		109.00												
			98.71	98.01	97.11		96.20	96.88	96.15		96.19												
SHMI	Target SHMI Crude mortality Rate (Rolling 12 month value)	Jul-19	3.64%	3.64%	3.66%		3.67%	3.59%	3.58%		3.60%												
			3.40%	3.38%	3.37%		3.35%	3.37%	3.32%		3.34%												
Dementia	Target Dementia - % of patients aged 75 and over, admitted as emergencies, stayed more than 72 hours and were asked the dementia case finding question	Dec-19	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	100.00%
			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Dementia	Target Dementia - % of patients undergone a diagnostic assessment	Dec-19	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	100.00%
			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Dementia	Target Dementia - % of those that received a diagnostic assessment that were referred onto another service or back to GP	Dec-19	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	100.00%
			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Complaints			74	60	59	193	57	42	55	154	63	78	70	211	64	49	50	163					
	Complaint Stage 1 - Informal	Dec-19	73	64	60	197	61	79	87	227	83	85	99	267	97	75	66	238					
			10	10	8	28	7	9	6	22	14	8	8	30	7	9	6	22					
	Complaint Stage 2 - Formal Meeting	Dec-19	5	13	8	26	7	5	6	18	13	4	9	26	7	7	7	21					
		18	19	7	44	18	6	10	34	16	16	12	44	28	20	12	60						
Complaint Stage 3 - Formal Chief Executive Letter	Dec-19	14	30	10	54	13	12	13	38	9	15	14	38	15	16	9	40						

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



APPENDIX 3 - QUALITY AND SAFETY

Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May 19	Jun-19	Q1	Jul 19	Aug-19	Sep-19	Q2	Oct 19	Nov 19	Dec 19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Risks	Corporate & Departmental Risks (Red)	Dec-19	5	4	4	13	3	3	3	9	6	9	8	23	8	10	8	26					
			9	7	7	23	6	6	7	19	7	7	7	21	7	7	6	20					
Never Events	Never Events	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
			0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0				
Pressure Ulcers	Target		0	3	3	6	0	2	2	4	3	4	3	10	4	6							
	Category 1 Pressure Ulcers (In-Hospital)	Nov-19	8	6	8	22	7	11	7	25	19	7	3	29	9	3							
	Target		13	19	16	48	13	26	13	52	14	17	14	45	9	19							
	Category 2 Pressure Ulcers (In-Hospital)	Nov-19	15	28	15	58	23	26	27	76	24	24	28	76	20	19							
	Target		1	2	0	3	5	5	1	11	0	2	4	6	3	2							
Category 3 Pressure Ulcers (In-Hospital)	Nov-19	3	4	5	12	4	3	1	8	4	3	5	12	3	1								
Target		0	0	0	0	0	1	0	1	0	0	0	0	0	0								
Category 4 Pressure Ulcers (In-Hospital)	Nov-19	0	1	0	1	1	0	0	1	1	0	0	1	0	0								
Falls	Fall - No Injury (In-Hospital)		90	106	105	301	119	98	79	296	82	82	87	251	81	79	79	239					
		Dec-19	84	72	80	236	74	90	76	240	67	87	77	231	82	67	69	218					
	Fall - Injury, No Fracture (In-Hospital)		32	27	25	84	13	11	8	32	15	10	9	34	18	21	23	62					
		Dec-19	28	20	16	64	19	22	21	62	21	20	17	58	12	22	21	55					
Fall - With Fracture (In-Hospital)		2	1	2	5	1	1	1	3	1	1	1	3	1	3	4	8						
	Dec-19	2	3	4	9	1	3	0	4	2	1	2	5	0	0	0	0						
VTE	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%					
	VTE Risk Assessment	Dec-19	97.83%	96.90%	97.86%	97.53%	97.75%	97.16%	97.57%	97.49%	96.71%	97.02%	97.30%	97.01%	97.52%	97.39%	97.08%	97.33%					

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4
Hand Hygiene Compliance	Target		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%				
	Hand Hygiene Compliance	Dec-19	96.00%	96.00%	97.00%	96.00%	96.00%	97.00%	98.00%	97.00%	98.00%	98.00%	98.00%	98.00%	97.00%	98.00%	99.00%	98.00%				
Infections	Target		1	1	1	3	5	5	5	15	4	5	4	13	4	5	4	13				
	Clostridium difficile (C.diff)	Dec-19	5	5	2	12	4	7	3	14	2	6	10	18	5	6	3	14				
	Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	Dec-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	Target		1	3	4	8	1	2	1	4	0	2	2	4	3	1	4	8				
	Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia	Dec-19	1	3	1	5	0	7	1	8	4	2	2	8	2	2	2	6				
	Target		5	1	1	7	4	3	3	10	8	2	3	13	5	3	2	10				
Escherichia coli (E.coli)	Dec-19	2	1	3	6	3	6	4	13	4	7	4	15	5	6	2	13					
Target		6	1	2	9	1	2	3	6	2	2	2	6	0	3	1	4					
Klebsiella species bacteraemia (Kleb sp)	Dec-19	1	2	1	4	2	0	0	2	1	0	1	2	1	1	0	2					
Target		1	0	0	1	0	1	2	3	0	0	1	1	1	1	2	4					
Pseudomonas aeruginosa bacteraemia (Ps a)	Dec-19	1	0	0	1	0	0	0	0	0	0	0	0	2	1	0	3					
FFT	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%				
	Friends & Family - (Ward) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	97.00%	97.00%	98.00%	97.00%	99.00%	98.00%	97.00%	98.00%	95.00%	97.00%	99.00%	97.00%	98.00%	96.00%	98.00%	97.00%				
	Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%				
Friends & Family - (A&E) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	91.00%	89.00%	88.00%	89.00%	89.00%	84.00%	92.00%	88.00%	74.00%	80.00%	88.00%	81.00%	75.00%	82.00%	100.00%	86.00%					
Target		70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%				
Friends & Family - (Birth) [National Score based on % 'extremely likely' & 'Likely' to recommend to F&F]	Dec-19	100.00%	100.00%	98.00%	99.00%	97.00%	99.00%	100.00%	99.00%	100.00%	100.00%	95.00%	98.00%	89.00%	94.00%	100.00%	94.00%					

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

APPENDIX 3 - QUALITY AND SAFETY



Measure	KPI	Period	Jan-19	Feb-19	Mar-19	Q4	Apr-19	May-19	Jun-19	Q1	Jul-19	Aug-19	Sep-19	Q2	Oct-19	Nov-19	Dec-19	Q3	Jan-20	Feb-20	Mar-20	Q4	
Workforce	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%					
	Registered Nurse/Midwife day shift fill rates	Dec-19	90.33%	85.38%	84.82%	86.84%	84.71%	84.71%	84.26%	84.56%	85.14%	83.02%	82.70%	83.62%	84.11%	86.08%	86.17%	85.45%					
	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%				
	Registered Nurse/Midwife Night shift fill rates	Dec-19	96.42%	93.56%	91.32%	93.77%	92.44%	92.79%	93.26%	92.83%	94.69%	93.47%	93.01%	93.72%	94.21%	91.44%	91.53%	92.39%					
Workforce	Target		>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%	>=80% and <=109.99%					
	Care Staff day shift fill rates	Dec-19	88.71%	89.11%	92.55%	90.12%	91.73%	92.03%	95.66%	93.14%	97.80%	99.74%	96.22%	97.92%	97.43%	98.97%	99.05%	98.48%					
Workforce	Target		>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%	>=110% and <=125.99%					
	Care Staff Night shift fill rates	Dec-19	129.77%	117.87%	119.03%	122.22%	123.39%	122.06%	119.22%	121.56%	118.05%	132.00%	133.03%	127.69%	131.66%	138.41%	138.69%	136.25%					
Safety Thermometer	Target		97.84%	97.84%		97.84%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%	97.50%							
	Trust - Harm Free Care %	Nov-19	97.86%	98.75%		98.37%	98.57%	98.53%	97.25%	98.12%	98.75%	99.30%	97.80%	98.62%	98.16%	98.23%							
Safety Thermometer	Target		2.16%	2.16%		2.16%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%							
	Trust - New Harm %	Nov-19	2.14%	1.25%		1.63%	1.43%	1.47%	2.75%	1.88%	1.25%	0.70%	2.20%	1.38%	1.84%	1.77%							

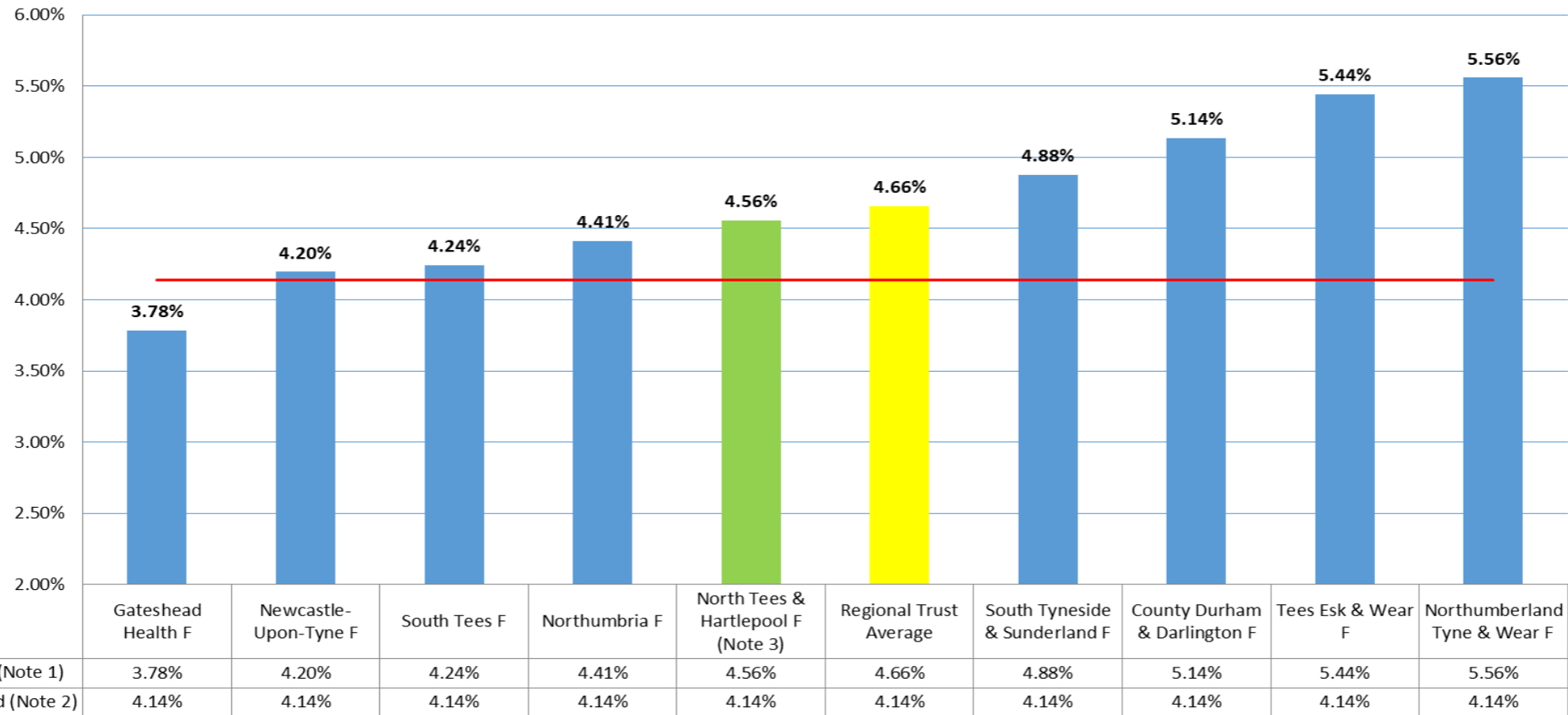


Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - November 19										
Incomplete Pathways waiting <18 weeks	84.4%		93.0%	92.5%	N/A	92.0%	89.5%	92.1%	82.2%	88.9%
Half of patients wait less than	8		5	6	N/A	7	8	7	8	6
Half of admitted patients wait less than	10		6	12	N/A	10	10	9	6	12
19 out of 20 patients wait less than	38		24	29	N/A	31	35	28	37	35
Half of Non admitted Pathways waited less than	6		3	6	N/A	4	7	6	5	5
19 out of 20 patients wait less than	28		21	20	N/A	21	23	25	24	18

Cancer 62 Day Standard - November 19	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast		94.87 (111/117)	100 (18.5/18.5)	75 (1.5/2)	100 (6/6)	89.58 (21.5/24)	82.76 (12/14.5)	100 (25/25)	100 (9.5/9.5)	97.14 (17/17.5)
Lung		60.87 (42/69)	60 (1.5/2.5)	29.41 (2.5/8.5)	80 (2/2.5)	64.29 (4.5/7)	51.85 (7/13.5)	100 (5/5)	73.68 (14/19)	59.09 (5.5/11)
Gynae		57.5 (23/40)	80 (4/5)	75 (1.5/2)	60 (1.5/2.5)	35.29 (3/8.5)	54.55 (3/5.5)	100 (3/3)	50 (5/10)	57.14 (2/3.5)
Upper GI		64.44 (29/45)	87.5 (3.5/4)	50 (1.5/3)	0 (0/0)	71.43 (2.5/3.5)	61.29 (9.5/15.5)	75 (3/4)	52.94 (4.5/8.5)	69.23 (4.5/6.5)
Lower GI		76.47 (65/85)	63.16 (6/9.5)	100 (8/8)	50 (2/4)	66.67 (4/6)	43.48 (5/11.5)	87.5 (14/16)	96.88 (15.5/16)	82.14 (10.5/14)
Uro (incl testes)		78.66 (129/164)	91.67 (11/12)	75.64 (29.5/39)	80.95 (8.5/10.5)	75 (6/8)	68 (17/25)	75.47 (20/26.5)	86.05 (37/43)	0 (0/0)
Haem (incl AL)	Data not available	83.72 (36/43)	80 (6/7.5)	100 (8/8)	100 (2/2)	100 (0.5/0.5)	90.48 (9.5/10.5)	100 (2.5/2.5)	42.86 (3/7)	90 (4.5/5)
Head & Neck		75 (30/40)	0 (0/0)	94.44 (8.5/9)	0 (0/0)	0 (0/0)	93.75 (15/16)	0 (0/0)	46.15 (6/13)	50 (0.5/2)
Skin		96.64 (144/149)	0 (0/0)	100 (10/10)	100 (19/19)	0 (0/0)	97.52 (59/60.5)	86.96 (10/11.5)	96.88 (31/32)	93.75 (15/16)
Sarcoma		33.33 (1/3)	0 (0/0)	0 (0/0)	100 (0.5/0.5)	0 (0/1)	33.33 (0.5/1.5)	0 (0/0)	0 (0/0)	0 (0/0)
Brain/CNS		100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Other		50 (3/6)	100 (1/1)	50 (1/2)	0 (0/0.5)	66.67 (1/1.5)	0 (0/1)	0 (0/0)	0 (0/0)	0 (0/0)
All		80.58 (614/762)	85.83 (51.5/60)	78.69 (72/91.5)	87.37 (41.5/47.5)	71.67 (43/60)	78.69 (138.5/176)	88.24 (82.5/93.5)	79.43 (125.5/158)	78.81 (59.5/75.5)



North East Region Trusts - Sickness Rates August 2019



North East Region Trusts - Sickness Rates August 2019 (*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for August 2019. North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column. The red line is the average rate for the whole of the NHS in England.

Gateshead report the lowest sickness absence rate for August 2019 at 3.78%. Gateshead are also the only North East Trust with a rate lower than the national NHS average.

The highest sickness absence rate in the North East region for August 2019 is reported by Northumberland, Tyne and Wear NHS Foundation Trust at 5.56%.

North Tees and Hartlepool NHS Foundation Trust ranks 5th out of the 9 North East NHS Trusts reported on, in terms of sickness absence rate (lowest to highest) for August 2019, with a reported sickness absence rate of 4.56%.

The sickness rate for North Tees this month is lower than the regional average of 4.66%.

Integrated Performance and Compliance Dashboard - December 2019 Benchmark HED



Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		Position ⓘ	Module Link
Indicator	Current	Previous	Change	Peer	National			
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	9.21% (Aug 2018 - Jul 2019)	9.21% (Jul 2018 - Jun 2019)	No Change	7.47%	7.48%			
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	2.02% (Aug 2018 - Jul 2019)	2.03% (Jul 2018 - Jun 2019)	-0.01 ↓	1.93%	1.94%			
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	5.03% (Aug 2018 - Jul 2019)	4.99% (Jul 2018 - Jun 2019)	0.04 ↑	4.42%	4.15%			
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	7.47% (Aug 2018 - Jul 2019)	7.46% (Jul 2018 - Jun 2019)	0.01 ↑	6.51%	5.93%			
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	10.47% (Aug 2018 - Jul 2019)	10.48% (Jul 2018 - Jun 2019)	-0.01 ↓	9.09%	8.08%			
Outpatient DNA rate (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	8.44% (Sep 2018 - Aug 2019)	8.48% (Aug 2018 - Jul 2019)	-0.04 ↓	7.81%	7.47%			
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	2.33 (Sep 2018 - Aug 2019)	2.33 (Aug 2018 - Jul 2019)	0.01 ↑	2.33	2.15			
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Nov 2019) ⓘ	0.00% (Sep 2018 - Aug 2019)	0.00% (Aug 2018 - Jul 2019)	No Change	8.43%	8.04%			
DTOC - Proportion of delayed bed days (12 mth rolling) DTOC (Nov 2019) ⓘ	2.24% (Oct 2018 - Sep 2019)	2.22% (Sep 2018 - Aug 2019)	0.02 ↑	2.33%	4.08%			
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	89.05% (Oct 2018 - Sep 2019)	89.36% (Sep 2018 - Aug 2019)	-0.31 ↓	76.80%	70.25%			
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	96.44% (Oct 2018 - Sep 2019)	96.54% (Sep 2018 - Aug 2019)	-0.10 ↓	91.40%	86.65%			
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Nov 2019) ⓘ	93.88% (Oct 2018 - Sep 2019)	94.00% (Sep 2018 - Aug 2019)	-0.12 ↓	89.47%	84.73%			
Day case realisation rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	97.05% (Sep 2018 - Aug 2019)	97.04% (Aug 2018 - Jul 2019)	0.01 ↑	95.16%	95.80%			
Day case rate (12 mth rolling) HES Inpatients (Nov 2019) ⓘ	86.02% (Sep 2018 - Aug 2019)	85.23% (Aug 2018 - Jul 2019)	0.79 ↑	83.28%	71.20%			

Integrated Performance and Compliance Dashboard - December 2019 Benchmark HED



Average excess length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.09 (Sep 2018 - Aug 2019)	0.10 (Aug 2018 - Jul 2019)	No Change	0.36	0.47		
Average length of stay (12 mth rolling) HES Inpatients (Nov 2019)	3.27 (Sep 2018 - Aug 2019)	3.26 (Aug 2018 - Jul 2019)	0.01 ↑	4.16	4.53		
Average elective length of stay (12 mth rolling) HES Inpatients (Nov 2019)	2.03 (Sep 2018 - Aug 2019)	1.89 (Aug 2018 - Jul 2019)	0.14 ↑	3.32	4.46		
Average non-elective length of stay (12 mth rolling) HES Inpatients (Nov 2019)	3.40 (Sep 2018 - Aug 2019)	3.41 (Aug 2018 - Jul 2019)	-0.01 ↓	4.30	4.53		
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.20 (Sep 2018 - Aug 2019)	0.20 (Aug 2018 - Jul 2019)	No Change	0.24	0.23		
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.01 (Sep 2018 - Aug 2019)	0.01 (Aug 2018 - Jul 2019)	No Change	0.03	0.03		
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.34 (Sep 2018 - Aug 2019)	0.34 (Aug 2018 - Jul 2019)	No Change	0.47	0.46		
Average post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.82 (Sep 2018 - Aug 2019)	0.82 (Aug 2018 - Jul 2019)	No Change	0.99	0.89		
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	0.22 (Sep 2018 - Aug 2019)	0.22 (Aug 2018 - Jul 2019)	No Change	0.35	0.29		
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Nov 2019)	1.27 (Sep 2018 - Aug 2019)	1.27 (Aug 2018 - Jul 2019)	No Change	1.72	1.63		
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Nov 2019)	34.96% (Sep 2018 - Aug 2019)	34.96% (Aug 2018 - Jul 2019)	No Change	31.83%	33.33%		
Elective stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	5.82% (Sep 2018 - Aug 2019)	5.35% (Aug 2018 - Jul 2019)	0.47 ↑	11.07%	12.05%		
Emergency stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	15.98% (Sep 2018 - Aug 2019)	15.96% (Aug 2018 - Jul 2019)	0.02 ↑	19.02%	19.43%		
Elective super-stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	0.86% (Sep 2018 - Aug 2019)	0.73% (Aug 2018 - Jul 2019)	0.13 ↑	2.13%	3.09%		
Emergency super-stranded rate (12 mth rolling) HES Inpatients (Nov 2019)	3.38% (Sep 2018 - Aug 2019)	3.37% (Aug 2018 - Jul 2019)	0.01 ↑	4.78%	5.15%		
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Nov 2019)	92.08% (Sep 2018 - Aug 2019)	92.22% (Aug 2018 - Jul 2019)	-0.14 ↓	78.80%	78.33%		
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Nov 2019)	0.41% (Sep 2018 - Aug 2019)	0.34% (Aug 2018 - Jul 2019)	0.07 ↑	0.88%	0.82%		
Relative risk length of stay (12 mth rolling) HES Inpatients (Nov 2019)	82.51 (Sep 2018 - Aug 2019)	82.31 (Aug 2018 - Jul 2019)	0.20 ↑	104.81	99.08	Low (>95%)	

Integrated Performance and Compliance Dashboard - December 2019 Finance

APPENDIX 5 - FINANCE



REPORTS FOR INCLUSION IN THE INTEGRATED PERFORMANCE REPORT MONTHLY

Statement of Comprehensive Income (SoCI)

	Annual Budget (£'000s)	Current Month £000's			Year to Date £000's		
		Budget (£'000s)	Actual (£'000s)	Variance (£'000s)	Budget (£'000s)	Actual (£'000s)	Variance (£'000s)
Income	303,505	24,664	25,886	1,222	228,006	229,744	1,738
Pay	211,338	17,613	18,114	(501)	153,114	153,848	(734)
Operating Non Pay	76,020	6,346	7,076	(730)	56,561	55,578	983
Pass through drugs and device	13,070	1,078	1,158	(79)	9,957	9,798	159
Total Operating Costs	300,428	25,037	26,347	(1,310)	225,632	225,225	407
EBITDA	3,077	(373)	(461)	(88)	2,375	4,520	2,145
Interest, Depreciation and PDC	13,285	1,107	1,189	(82)	9,964	9,150	814
Surplus/Deficit before PSF	(10,208)	(1,480)	(1,649)	(169)	(7,589)	(4,630)	2,959
Impairment			0	0		0	0
PSF	10,208	990	988	(2)	6,807	6,807	0
Surplus/Deficit after PSF	0	(490)	(661)	(171)	(782)	2,177	2,959

Statement of Financial Position

	Plan (£'000s)	Actual
Assets, Non Current	127,144	126,162
Assets, Current	32,006	40,347
Total Assets	159,150	166,509
Liabilities, current	(46,157)	(48,491)
Net current assets (current assets less current liabilities)	(14,151)	(8,143)
Liabilities, non current	(25,086)	(25,223)
Total Assets Employed	87,908	92,795
Taxpayers Equity	87,908	92,795

Commentary

The Group Month 9 (December) year to date position is a surplus of £2.2m. This compares to a planned deficit of (£0.8m). The Group is therefore £3m ahead of plan at this point in the year.

The Trust is forecasting to deliver the 2019/20 CIP requirements through a combination of corporate, directorate and non-recurrent schemes. The year to date delivery is on plan with the emphasis remaining on converting non recurrent schemes into recurrent cost improvement.

Cash levels stand at £21.4m at the end of December. Creditor metrics have improved in recent months and operational issues have reduced substantially consequently. Similarly, debtor performance has improved.

Council of Governors

Title of report:	Register of Interests								
Date:	20 February 2020								
Prepared by:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Executive Sponsor:	Barbara Bright, Director of Corporate Affairs and Chief of Staff								
Purpose of the report	The purpose of the report is to present the annual declaration of interests and fit and proper persons register for Governors.								
Action required:	Approve		Assurance	x	Discuss		Information	x	
Strategic Objectives supported by this paper:	Putting our Population First	x	Valuing our People	x	Transforming our Services	x	Health and Wellbeing	x	
Which CQC Standards apply to this report	Safe		Caring		Effective		Responsive	Well Led	x
Executive Summary and the key issues for consideration/ decision:									
<p>In accordance with Annex 7, of the Trust's Constitution, the Council of Governors are required to declare interests that may conflict with their position as a Governor of the Trust. In addition, Governors must certify on appointment, and each year, that they remain a fit and proper person in accordance with the Trust's Licence and Council of Governors Code of Conduct. Interests are to be recorded in a register which is referred to in the Trust's Annual Report and is available for inspection on request.</p> <p>The requirement for Directors and Governors to meet a fit and proper persons' test is included in the provider licence for NHS Foundation Trusts and the Trust's Constitution, Section 12, identifies the criteria as to why Governors may not become or continue as a member of the Council of Governors. The 'fit and proper persons' standard is part of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) which was introduced in November 2014 and broadened the requirements in terms of scope and nature of the test. As good practice the Trust ensures fit and proper person declarations are completed on appointment and on an annual basis for both Directors and Governors, and recorded in a register.</p> <p>A copy of the register is appended to this report for information.</p>									
How this report impacts on current risks or highlights new risks:									
No risks were identified in relation to this report.									
Committees/groups where this item has been discussed	Not applicable								
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the contents of the appended updated register; and • note that the register will be available to the public via the Council of Governors papers and minutes published on the Trust's website and referred to in the Annual Report 2019/20. 								

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

Name	Directorship including non-executive directorships held in private companies or PLCs (with the exception of dormant companies)	Ownership, or part ownership, of private companies businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in a field of social care	Any connection with a voluntary or other body contracting for NHS services	Signed Fit and Proper Person Dec
Roger Campbell Public Governor (Hartlepool constituency)	None	None	None	None	None	✓
George Edward Lee Public Governor (Hartlepool constituency)	None	None	None	None	Member of Executive Committee (Voluntary) Durham Association of Boys and Girls Clubs Chairman of Board (Voluntary) Central Estate Management Organisation, Hartlepool	
Geoff Northey Public Governor (Hartlepool constituency)	None	None	None	None	None	✓
Pauline Robson Public Governor (Hartlepool constituency)		Self-employed Social Worker – Psychotherapist, Practice Educator and Hypnotherapist	None	Counselling and Hypnotherapy – Hartlepool Carers Board Member	None	
Colonel (retired) Ian Simpson (MBE, JP) Public Governor (Hartlepool constituency)	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Alan Smith Public Governor (Hartlepool constituency)	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Janet Atkins Public Governor (Stockton constituency)	None	None	None	None	Volunteer Community Health Ambassador – DoH/HaST CCG Healthwatch Information Champion	✓
Ann Cains Public Governor (Stockton constituency)	None	None	None	None	Committee Member of Patients' Group, Norton Medical Centre	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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<p>Margaret Docherty Public Governor</p> <p>(Stockton constituency)</p>	None	None	None	None	<p>Committee Member of patient group, Norton Medical Centre</p> <p>Committee Member of NHS Podiatry patient group, One Life Centre</p> <p>Volunteer Community Health Ambassador – DoH/HaST CCG</p> <p>Q member of Academic Health Science Network for North East and North Cumbria</p> <p>Healthwatch Champion and enter and view representative</p> <p>NHS Health Education England Trainee GP Assessor e- learning training completed</p>	✓
<p>John Edwards Public Governor</p> <p>(Stockton constituency)</p>	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Tony Horrocks Public Governor (Stockton constituency)	None	None	None	Member of Stockton North Conservative Party	None	✓
Jean Kirby Public Governor (Stockton constituency)	None	None	None	Treasurer for Ingleby Barwick Independent Society	None	✓
Victor Manerjero Public Governor (Stockton Constituency)	None	None	None	None	None	
Gavin Morigan Public Governor (Stockton Constituency)	Cleveland Care at Home Ltd Home Instead Senior Care (Cleveland) Director	None	None	None	None	✓
Pat Upton Public Governor (Stockton constituency)	None	None	None	None	None	✓
Mark White Public Governor (Stockton constituency)	Director Association of Colleges (sport)	None	None	Trustee The Halo Project	Member of Labour Party and Unison Chair of Education Training Collective (formerly Stockton Riverside College Group)	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Kate Wilson Public Governor (Stockton constituency)	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Mrs Mary King Public Governor (Easington constituency)	None	None	None	None	None	✓

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Dr Wendy Gill Public Governor (Sedgefield constituency)	None	None	None	None	None	✓
Carole Lawford Public Governor (Sedgefield constituency)					Provides free training to vulnerable people at The Market Garden (Sedgefield) CIC	✓

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Mrs Alison McDonough Public Governor (Non-core constituency)	Director of Small Business Matters (Northern) Ltd (Consultancy Business)	None	None	None	None	

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Mrs Carol Alexander (Staff Governor)	None	None	None	None	None	✓
Mr Manuf Kassem (Staff Governor)	None	None	None	None	None	✓
Asokan Krishnaier (Staff Governor)	None	None	None	None	Undertakes elective surgery at Nuffield Tees Hospital and Woodland BMI Hospital	
Siva Kumar						✓
David Russon (Staff Governor)	None	None	None	None	None	
Andrew Simpson (Staff Governor)						

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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Prof Tony Alabaster (Appointed Governor, Sunderland University)	None	None	None	None	None	
Cllr Jim Beall (Appointed Governor, Stockton-on-Tees Borough Council)	None	None	None	None	Deputy Leader and Cabinet Member for Health, Leisure and Culture Stockton-on-Tees Borough Council Chair Eastern Ravens Trust Chair, Stockton Health and Wellbeing Board	✓
Dr Andrew Gennery (Appointed Governor, Newcastle University) Stood down						
Cllr Eunice Huntington (Appointed Governor, Durham County Council)	None	None	None	Member of Shotton Parish Council Governor of Shotton Primary School	Durham County Council Councillor	
Linda Nelson (Appointed Governor, Teesside)	None	None	None	None	None	✓

Declaration of Interest by Council of Governors of North Tees and Hartlepool NHS Foundation Trust

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University)						
Cllr Mike Young (Appointed Governor, Hartlepool Borough Council)	Chairman, Miles for Men Charity Director/ Secretary, Hartlepool Regeneration Group Ltd	Director and shareholder, Pulse Technologies NE Ltd Self Employed Consultant for regeneration and business development		Councillor/ Deputy Leader/ Chair of Planning, Hartlepool Borough Council		

North Tees and Hartlepool NHS Foundation Trust
Minutes of Strategy and Service Development Committee

held on Monday, 16 December 2019 at 2.30 pm

in Boardroom, 4th Floor, North Wing
University Hospital of North Tees

Present: Steve Hall, Non-Executive Director (Chair)
Lynne Taylor, Director of Planning and Performance (DoP&P)
Janet Atkins, Elected Governor, Stockton (JA)
Ann Cains, Elected Governor, Stockton (AC)
Margaret Docherty, Elected Governor, Stockton (MD)
John Edwards, Elected Governor, Stockton (JE)
Tony Horrocks, Elected Governor, Stockton (TH)
Gavin Morrigan, Elected Governor, Stockton (GM)
Mark White, Elected Governor, Stockton (MW)
Kate Wilson, Elected Governor, Stockton (KW)
Alan Smith, Elected Governor, Hartlepool (AS)

In attendance: Sarah Hutt, Assistant Company Secretary (note taker)

In attendance for agenda items: Lindsey Wallace (LW), Head of Planning, Performance & Development
Liz Harvey (LH), Emergency Planning Officer
Paul Wharton (PW), Volunteer Co-ordinator
Hilton Heslop (HH), Strategic Development Manager

		Action
1.	<p>Apologies for Absence</p> <p>Apologies for absence were noted from Mary King, Elected Governor, Easington, George Lee, Elected Governor, Hartlepool, Wendy Gill, Elected Governor, Sedgefield, Dave Russon, Elected Governor, Staff and Alison McDonough, Elected Governor, Non-core Public.</p>	
2.	<p>Declarations of Interest</p> <p>The Chair declared an interest in his role as Chair of NTH Solutions and Director of Optimus, however it was noted he would be standing down from NTH Solutions on 31 December 2019.</p> <p>LT declared that she was a Board member of North Tees and Hartlepool Solutions LLP.</p> <p>TH welcomed SH as the new Chair of the Committee. SH placed on record thanks to Jonathan Erskine for his chairmanship of the Committee.</p>	
3.	<p>Integrated Performance Report</p> <p>This item was opened up for questions as the formal report had been presented at the Council of Governors Meeting on 12 December 2019. Members reiterated a range of queries that had previously been raised including: readmission rates, theatre utilization, staff appraisal compliance rates, falls with fracture and the presentation of data within the Integrated Performance Report. Taking each item in turn, it was reported that a working group had been</p>	

	<p>established to review readmission rates; Care Group 3 would be undertaking an extensive review of theatre utilization across the Trust to understand causative factors impacting performance. In respect of Appraisals it was agreed a stand-alone session would be arranged to understand the issues, the policy and processes in place and gain assurance from the Non-Executive representation at the Workforce Committee around the work to date to improve compliance levels. Regarding other performance metrics it was explained that gaining assurance from the Non-Executives would provide more rigour than reviewing individual metrics, which was also the case with the work of the Committees that had Non-Executive Director membership, rather than members being directly involved themselves when often the remit of the committees was wholly operational.</p> <p>The Chair shared his vision for the Committee to become more strategic and to utilize the varied skill sets of its members to best effect, holding planning sessions throughout the year, which was welcomed. Of the four planned meetings for the year; one would be dedicated to blue sky thinking / future strategic ideas and one would be to invite the Non-Executive Directors to present their individual portfolios and describe how they gain assurance in each of the areas. The remaining two meetings would be used to review the progress of ideas and to provide updates on the wider strategic agenda.</p>	
<p>4.</p>	<p>Winter Planning</p> <p>LW attended the meeting to present the Trust's Winter Plan reporting that preparation commences in July reflecting on the previous year around what went well, how capacity was managed and what lessons were learnt. Guidance from NHS England and NHS Improvement in respect of key issues was also taken into account. The Five Year Forward View and the NHS Long Term Plan set out key deliverables for organisations to achieve to reduce front of house pressures, such as managing frail patients and integrated discharge teams. The Trust had already established many of the initiatives which was positive. Both elective and non-elective activity needed to be closely managed during the winter period, however, it was unlikely the Trust would agree to cancel elective activity as had happened a few years ago following a directive from the Department of Health.</p> <p>An important aspect of resilience during winter pressures was the workforce and ensuring adequate staffing was in place across all wards, and having the ability to flex capacity to meet demand. This may involve patients and staff being moved onto medical or surgical wards or vice versus and as much support as possible was provided.</p> <p>This year a winter plan on a page had been developed which provided an effective snap shot of the Trust's key aims and objectives.</p>	
<p>5.</p>	<p>Emergency Preparedness Resilience and Response</p> <p>LH presented to the Committee Emergency Preparedness Resilience and Response (EPRR) describing the remit, how the Trust complies with legislation and what preparations were in place to respond to incidents and operate as business as usual.</p> <p>Current legislation was derived from the Civil Contingencies Act 2014 which was developed following 4 major incidents that affected the UK; fuel strikes,</p>	

	<p>flooding, fire service strikes and foot and mouth outbreak. The Act set out what arrangements organisations with civil protection responsibilities needed to have in place split into Category 1 and Category 2 Responders. The Trust was a Category 1 Responder and was part of the Cleveland Local Resilience Forum along with such bodies as the Fire Brigade, Police Form, and Environment Agency etc. which have emergency plans, business continuity plans and the sharing of information between other responders. Our control centre was in the Tees Meeting Room and drills were undertaken monthly to practice alerts to the key members of staff in the Trust to test the responses received.</p> <p>A number of local and regional plans were in place to deal with critical and major incidents along with regular simulation exercises to test the arrangements across all stakeholders in the region and make improvements where required.</p>	
<p>6.</p>	<p>Volunteering Update</p> <p>PW and HH attended the Committee to provide an overview of the Trust's Volunteering Service, outlining progress to date with the Service, how it links into the national volunteering agenda for the NHS, and aspirations for the future. Currently there were 200 volunteers at the Trust contributing over 900 hours per week, and there now existed strong links with the voluntary sector including NAVSM and HelpForce. In December 2018 the Daily Mail newspaper in conjunction with HelpForce launched a campaign to encourage more volunteers into the NHS. The campaign exceeded expectations receiving over 30,000 applicants and from this the Trust had received a number of new volunteers.</p> <p>The range of roles for volunteers to get involved with was growing all the time and there were plans to expand the service even more, spurred on by the success of the Volunteer Drivers from the Trust winning a prestigious Team of the Year award from Helpforce. A new project being developed was the Home but not Alone initiative to support patients getting home from discharge, particularly those living alone by utilising volunteers, transporting them home, collecting medications, settling the patient back at home ensuring they have adequate food and the heating is working staying in touch for up to 28 days liaising with other agencies where necessary. Ultimately the Trust would like to have 400 active volunteers by April 2021. It was noted that although continuously growing the service always operated within the strict boundaries set and did not breach job substitution criteria.</p> <p>Following a query by a member further consideration would be given to support required by staff that could be provided by volunteers.</p> <p>On top of the internal ambitions the Trust as an organisation would like to explore becoming a green hospital and being a training provider to develop skills and qualifications for staff and volunteers ultimately achieving accredited status. Part of becoming greener would include having a living wall and better utilising under used areas replacing them with planted areas.</p>	
<p>7.</p>	<p>Minutes of the Meeting held on 9 September 2019.</p> <p>The minutes of the meeting held on 9 September 2019 were agreed as an accurate record.</p>	

8.	<p>Feedback to Council of Governors Meeting</p> <p>MW agreed to provide feedback to the February Council of Governors meeting.</p>	
9.	<p>Any other business</p> <p>The Chair confirmed he was delighted to have been appointed to lead the Committee and given the opportunity to develop its remit and status, actively seeking assurance from the Non-Executives when required. It was felt this could be further enhanced by directly seeking the views of Governors on topics being presented. Members suggested a whole range of topics that would be of interest going forward for future meetings.</p> <p>In addition, JE raised a query regarding the formation of the Trust's Care Groups and their position within the overall structure of the organisation. The Chair explained that how the Trust was structured was for the Chief Executive to decide, and commented that the Trust had been commended nationally following the introduction of the care groups. What the Non-Executive Directors role was to hold the Executives to account that functions within the organisation were performing as they should in terms of key performance indicators and metrics, and in turn provide assurance to the Council of Governors. A future meeting could be utilised for a session on the role of the Non-Executive Directors and the ways in which they obtain assurance.</p>	
10.	<p>Date & Time of Next Meeting</p> <p>Monday 9 March 2020 1.30 – 4.00pm Boardroom, UHNT</p>	

Meeting closed at 4.50pm.