



Board of Directors Meeting

**Thursday, 23 March 2023
at 10.00am**

**Boardroom
University Hospital of North Tees**

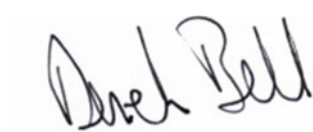
17 March 2023

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Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 24 March 2023 at 10.00am** in the **Boardroom, University Hospital of North Tees.**

Yours sincerely



Professor Derek Bell, OBE
Joint Chair

Agenda

		Led by
1. (10.00am)	Apologies for Absence	Chair
2. (10.00am)	Declaration of Interest	Chair
3. (10.00am)	Patient Story (verbal)	L Robertson
4. (10.20am)	Minutes of the meeting held on, 26 January 2023 (enclosed)	Chair
5. (10.25am)	Minutes of the Annual General Meeting held on, 19 December 2022 (enclosed)	Chair
6. (10.30am)	Matters Arising and Action Log (enclosed)	Chair

Items for Information

7. (10.35am)	Report of the Joint Chair (to follow)	Chair
8. (10.45am)	Joint Partnership Board Update (verbal)	A Baxter
9. (11.00am)	Report of the Chief Executive (enclosed)	J Gillon

Performance Management

10. (11.20am)	Board Assurance Framework Interim Report Quarter 4: 2022/23 (enclosed)	H Heslop
11. (11.30am)	Integrated Performance Report (enclosed)	L Hunter, L Robertson, N Atkinson & S Cook

Strategic Management

12. (11.45am)	Equality Delivery System 2022/23 (enclosed)	S Cook
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Quality

13. (11.55am)	Care Quality Commission & Improvement Journey Update (verbal)	J Gillon /L Robertson
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Operational

14. (12.10pm)	Modern Slavery and Human Trafficking Statement 2023/24 (enclosed)	H Heslop
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Governance

15. (12.15pm)	Guardian of Safe Working Hours Report (enclosed)	D Dwarakanath
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16. (12.25pm)	Any Other Business	
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Date of next meeting

(Thursday, 27 April 2023, Boardroom, University Hospital of Hartlepool)

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 Our 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 a meeting of the Board of Directors held on Thursday, 26 January 2023 at 10.30am at the University Hospital of North Tees / Via Video Link

Present:

Professor Derek Bell, Joint Chair*	Joint Chair
Ann Baxter, Non-Executive Director*	AB
Fay Scullion, Non-Executive Director*	FS
Chris Macklin, Non-Executive Director*	CM
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance/Managing Director*	DoF/MD
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Levi Buckley, Chief Operating Officer*	COO
Gillian Colquhoun, Interim Chief Information and Technology Officer	ICITO
Linda Hunter, Director of Performance and Planning	DoP&P
Susy Cook, Chief People Officer	CPO
Mel Brown, Interim Director of Governance	IDoG
Hilton Heslop, Associate Director of Corporate Affairs & Strategy	ADoCA&S
Ruth Dalton, Associate Director of Communications & Marketing	ADoC&M

In Attendance:

Sarah Hutt, Company Secretary (Items 1 to 10 only)
Heidi Holliday, Secretary to the Trust Board [note taker]

Via video link

Angela Warnes, Lead Governor / Elected Governor for Out of Area
Gareth Lightfoot, Local Democracy Reporter

BoD/4959 Apologies for Absence / Welcome

Apologies for absence were noted from Steve Hall, Vice-Chair/Non-Executive Director.

BoD/4960 Declaration of Interests

Declarations of interest were noted from the DoF/MD for his role as a member of the LLP Management Board.

BoD/4961 Staff Story

The CN/DoPS&Q shared a story from a patient who had accessed the Trust's Breast Screening Services in the spring of 2021. At that time, there were restrictions in place due to the pandemic, which meant the patient had to attend appointments on her own. The patient felt supported by the breast screening service and in particular the patient helpline. One area of concern she raised was in regards to a lack of communication between the three separate departments involved in her care, although she did feel this could have related to the sheer volume of patients at that time. The patient visited the chemotherapy unit prior to her sessions, which was useful and gave her confidence regarding her treatment. Unfortunately, her first session had not been a positive experience however, the date of her sessions going forward were changed and she was with other women who were going through similar situations and were supportive regarding each other's experience. This made a big difference to the patient's journey.

The CN/DoPS&Q reported that the department had since undertaken a number of reviews and positive improvements made. The Joint Chair highlighted the story demonstrated the fear and uncertainty

* voting member

patients felt when dealing with cancer and how the right care and support could make a huge difference to a patient's journey. It was agreed that the story could be shared at a future Council of Governors meeting.

- Resolved:** (i) that, the patient story be noted; and
(ii) that, the patient story be shared at a future Council of Governors meeting.

BoD/4962 Minutes of the meeting held on, Thursday, 24 November 2022

- Resolved:** that, the minutes of the meeting held on, Thursday, 24 November 2022 be confirmed as an accurate record.

BoD/4963 Matters Arising and Action Log

There were no matters arising and an update was provided against the action log.

- Resolved:** that, the verbal update be noted.

BoD/4964 Report of the Joint Chair

A summary of the Joint Chair's report was provided with key points highlighted.

- A meeting of the Membership Strategy Committee was held on 19 January 2023 where useful discussions took place around increasing the Trust's membership and how to fill the vacancies from the 2022 Governor elections. Member events were to be reinstated following the pandemic with the first to be arranged in late spring.
- A visit to Hartlepool Hospital took place the previous day, which included a tour of the Urgent Care Centre, Procurement and Supplies, Endoscopy and the new Energy Centre.
- Two Joint Partnership Board meetings had taken place since the last meeting and agreement reached regarding moving towards a Group model. There would be ongoing engagement with key stakeholders.
- Pressures continued to be seen across the whole system around Covid, Flu and RSV and the impact from the industrial action. The Joint Chair highlighted that staff and the community should continue to be encouraged to have their vaccinations.
- Operational Planning Guidance 2023/24 was published on 23 December 2022.
- NHS Confederation held a briefing session for Chairs on 12 December 2022, which focused on the Covid-19 inquiry.
- The Joint Chair reported that he had been invited to attend the North East North Cumbria Integrated Care Board (NENC ICB) Board Development Session with Dr Bill Kirkup CBE the following week regarding the review into East Kent Maternity and Neonatal Services and would provide an update at the next meeting.

- Resolved:** (i) that, the content of the report be noted; and
(ii) that, a Trust member event be arranged for late Spring.

BoD/4965 Joint Partnership Board Update

The Joint Chair presented the Joint Partnership Board Update Report.

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

BoD/4966 Report of the Chief Executive

The Chief Executive presented the Report of the Chief Executive and highlighted key points.

- The Trust's Emergency and Urgent Care Department continued to see a significant increase in activity and the acuity of patients, adding further pressure to staff, the ambulance service and overarching system.

- Flu and Covid patient numbers in the Trust continued to fall, however, the impact of screening and cohorting of patients was affecting patient flow and capacity including staff absence. Engagement continued to increase uptake of the flu vaccination and Covid booster.
- The 4-hour emergency care standard was being reintroduced outwith the previous target of 95% and set at 76% with effect from 1 April 2023 in line with the 2023/24 priorities and operational planning guidance. The Trust was currently over 80% and continued to measure against the metrics time to assessment, time in department and time to admission.
- Outbreaks of norovirus and other infections in care homes were affecting capacity within the Trust and work continued to ensure effective and efficient discharge to the community.
- Ambulance handover delays continued to present a national and system challenge however, the Trust was reporting an improved position and continued to be one of the top performing organisations.
- The Trust began its elective recovery planning during the first wave of the pandemic and continued to perform well against the elective waiting time standards of 52, 78 and 104 weeks. The Trust continued to focus on health inequalities and offered a 'waiting well' programme to eligible patients with alternative pathway options.
- The Trust was making preparatory arrangements in respect of the confirmed industrial action. There was planned action by nursing and ambulance staff unions to take place concurrently, which could impact patient flow and pathways. The CE reported that the organisation reviewed plans and took forward any lessons learnt as part of its preparedness and resilience plans.
- The Chief Executive reported on the big conversation, staff engagement work whereby 11% of staff had taken part.
- The Trust's Leadership Strategy was complete and work continued to develop the three levels of leadership programmes; It all starts with me, Leading with CARE and Leading with Unity.
- Patient recruitment during 2022 was positive with over 2,488 participants in the National Institute for Health and Care Research (NIHR) portfolio compared to the 737 participants the previous year. The Research team had developed a real time newsletter, which was available to all staff and would be updated regularly with recruitment information.
- Following approval of the Estates Strategy and the resulting case for investment into future service and estate provision, the Board of Directors briefly discussed the Strategic Outline Case (SOC) at a Board Seminar held on 12 January 2023. It was agreed that a further discussion was required at an additional Board Seminar to seek formal approval of the SOC and the development of an Outline Business Case (OBC) to build upon work to date with wider engagement from the Trust's collaborative partners. The Trust's deteriorating estate and 9 years remaining life, rated as a red risk in the Board Assurance Framework was noted as a driver.
- As part of the strategic plan for a health system in the Tees Valley, it had been agreed to build a new Community Diagnostic Centre (CDC) on the Castlegate Campus in Stockton-On-Tees, which would be part of Stockton Borough Council's Waterfront Masterplan development. This was a major step forward for the Tees Valley focusing on early diagnosis and treatment and improved core outcomes under economic regeneration in the strive to improve health inequalities.
- The Endoscopy Training Academy at the University Hospital of Hartlepool (UHH) officially opened on 16 December 2022 with the latest virtual and simulation technology to aid trainees in their academic journey. The facility was recognised in the recent accreditation assessment by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.
- The North Tees and Hartlepool Education Alliance (NTHEA) continued to support the development of staff working within care homes across Stockton and Hartlepool. Following a successful roll out of 'Soft Signs', work had been undertaken to develop the concept in the Trust's Community Services, which proved beneficial with regards to hospital admittance and hospital avoidance.
- The Trust hosted a positive visit by Dr Joanne Lee from the Secretary of State's Private Office on 16 December 2022 to showcase the OPTICA discharge tool, and the Trust's discharge management processes.
- Dr Catherine Monaghan, Clinical Lead for Healthy Lives had joined a Cabinet Meeting chaired by the Prime Minister and Secretary of State for Health on 7 January 2023 to discuss the key challenges faced by the NHS, and allow clinical leaders to share best practice and ideas to improve the quality of care provided to patients throughout the country.

AB reported that a presentation regarding the Trust's innovation and positive work to reduce ambulance handover delays had been given by community services colleagues, which would be a good topic for a Board Seminar.

The Joint Chair highlighted the important link between research and universities, which could be showcased at a Board Seminar.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, the red risk of deteriorating estate be noted and the requirement to approve the development of the outline business case be approved at a future Board Seminar; and
 - (iii) that, a presentation regarding the Trust's innovation and positive work to reduce ambulance handover delays be brought to a future Board Seminar meeting; and
 - (iv) that, Research be a topic at a future Board Seminar meeting.

BoD/4967 Board of Directors Declaration of Interests and Fit & Proper Person Declaration

An updated register of interest was presented by the ADoCA&S, where the Board of Directors were required annually to declare any interests that may conflict with their position as a Director or Non-Executive Director of the Trust. The interests were required to be made at an open meeting of the Board of Directors and to be recorded in a register, which was referred to in the Trust's Annual Report and should be available for inspection by the public. Following the introduction of the 'fit and proper persons' standard in November 2014, an annual declaration was required for an Executive Director/Non-Executive Director or equivalent, to demonstrate continued fitness to undertake the role and such declarations would be recorded as part of the register. The CE reported that the fit and proper person's declaration and declaration of interests for Deputies should also be reported at Board for completeness.

- Resolved:**
- (i) that, the content of the appended register be noted; and
 - (ii) that, the register would be referred to in the Annual Report 2022/23 and be made available for public inspection; and
 - (iii) that, the register of Fit and Proper Person and Declarations of Interest for Deputies also be presented at Board for completeness.

BoD/4968 Board Assurance Framework Quarter 3 Report 2022/23

The ADoCA&S presented the Board Assurance Framework (BAF) Report for Quarter 3 and highlighted the key points.

The Board of Directors reviewed the risk appetite and the appropriateness of its strategic risks on a regular basis and Board Committees had been asked to review individual risks and threats by Quarter 4, which would then be presented at a future Board meeting in order to agree the Trust's overall risk appetite. The BAF had 12 risk domains associated with the delivery of the four strategic objectives. In 2018/19, the Trust received substantial assurance from the Good Governance Institute (GGI) review that it was operating strong and robust governance procedures and in order to demonstrate evidential assurance in 2023, the Trust commissioned GGI to undertake a further independent governance review, which commenced on 12 December 2022. The review would be based around the Trust's responsibility for maintaining a sound system of internal control and governance and would also review the BAF structure. The review was in the early stages and an update would be taken to a future Board Seminar for discussion.

The ADoCA&S provided an overview of the high rated risks and threats reported in Quarter 3. Three risks had a risk rating of 16 which were; Risk 6188 Delivery of Savings, 6581 Ageing Estate (new risk) and 6379 Insufficient Microbiology and Histology Consultant staff with substantive availability to support/advise clinical services.

Following discussion around the risk structure and how it was embedded in the organisation review of

risk management and the BAF within the organisation was taking place to ensure there was appropriate challenge, which would be discussed at the next Audit Committee meeting on 13 February 2023.

The Company Secretary left the meeting.

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

BoD/4969 Integrated Compliance and Performance Report

The DoP&P presented the Integrated Compliance and Performance report and highlighted the key points.

Performance:

- The Trust continued to aspire to deliver against the trajectories outlined in the NHS priorities and operational planning for 2022/23. The 2023/24 priorities and operational planning guidance was released in December 2022 and work had begun to plan for delivery against the trajectories.
- The Trust achieved four out of the nine cancer standards and demonstrated an improved position comparative to the region with a continued improvement against the Two Week Rule and achievement of the 28 day faster diagnosis standard. The Trust met the November improvement trajectory for the Cancer 62 days standard with an overall reduction in the number of patients waiting longer than 62 days albeit did not achieve against the 85% standard reporting at 64.63%. However, both standards were reporting above the regional and national position. The Clinical Cancer Lead continued to support the focused work with colleagues across the organisation and beyond with a clear understanding of the issues and complexity faced by encouraging change solutions to help recover the Trust's position and improve overall waiting times and patient experience.
- The Trust reported at 75.32% for the RTT incomplete standard in December 2022 and the latest benchmarking position for November 2022 showed the Trust reporting higher than the regional and national position. There were 33 patients reported waiting over 52 weeks, placing the Trust second best in the region. The Trust maintained its trajectory in line with Phase 1 and Phase 2 of elective recovery with zero patients waiting longer than 78 and 104 weeks. The Trust continued to strive to reduce the number of long waits, and currently reported the lowest number of patients waiting 40 weeks across the region.
- Diagnostic performance had seen a decrease in December reporting 66.90% compliance from 74.36% the previous month. Non-Obstetric Ultrasound had seen an increase in the number of patients waiting more than 6 weeks with an overall increase in the waiting list. The increase was as a result of reduced capacity due to bank holidays and staff long-term sickness absence. It was anticipated an improved position would be reported by March 2023.
- Unprecedented pressures had been seen in urgent and emergency care during the month of December due to the impact of an increased prevalence of flu and other respiratory illnesses and the impact of industrial action. Significant pressures were noted across the region affecting ambulance handovers and the Trust continued to receive a number of ambulance divers, deflections and mutual aid requests from neighbouring trusts. 143 patients were transferred during December, which was an increase from 122 patients in November. 79 of the patients transferred were admitted with an average Length of Stay (ALOS) of 5 days. The 2-hour Urgent Community Response standard continued to report above the required target reporting at 78.93%.

Quality and Safety:

- The total number of Stage 1 complaints received was 90 which was a decrease of 30 from the previous month.
- The total number of compliments received in December 2022 was 382, which was higher than the mean of 278 compliments and was consistently higher than the number of complaints received.
- There had been a slight increase in the number of falls reported in December 2022 with the highest number in the category of falls with no harm. All falls with significant harm were investigated appropriately.

- The Trust achieved five out of the seven infection standards. One case of MRSA bacteraemia was reported and a full post-infection review was underway with learning to be shared across the Care Groups.
- The Trust received 1,163 Friends and Family Test returns in December 2022, which was a decrease on the previous month. The Very Good or Good responses returned for December was 89.76%.

Workforce

- The overall sickness absence rate saw a decrease across the organisation in November 2022. Short term absences were reported slightly higher than long term absence reporting at 3.08% with long term absences reporting at 2.97%. A review of pathways for both short and long term absence management processes continued as well as a further review of the sickness absence policy.
- A further reduction had been seen in turnover from 10.55% to 10.21%, which was the closest to the target of 10% in more than a year. Feedback from staff was vital in addressing retention issues.
- Mandatory training remained a concern for the organisation especially in terms of health and safety however, work continued to improve this position and was regularly reviewed at the Planning, Performance and Compliance Committee.

Finance:

- The Trust was reporting ahead of surplus plan at the end of December 2022 and was ahead of metrics in terms of spend.

It was noted that future reports would include performance against the 4 hour emergency access standard, which was being reintroduced.

Following a member's query regarding complaint themes an update was provided regarding the various work streams that were taking place. In respect of complaints linked to communication, it was noted they were mainly around long waits and a focused piece of work was being undertaken.

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

BoD/4970 Capital Programme Performance Quarter 3: 2022/23

The DoF presented the Capital Programme Performance Quarter 3 2022/3 and provided an update as at Month 9.

The Trust's overall Capital Programme Plan was £21.983m. The programme demonstrated a continued commitment to investment in reducing the estates backlog, medical equipment, IT developments and supporting the Pathology collaboration.

The annual phasing of the capital plan was highlighted within the report and it was noted that 58% of the programme needed to be spent during Quarter 4. As at month 9, the Trust had spent £9.7m against the year-to-date CDEL plan of £9.0m. Detailed work around the forecast position had taken place and due to the identified delays relating to pathology collaboration and robot enabling work, the forecast underspend was £2m.

The 2022/23 estates backlog maintenance capital allocation was broken down into categories and specific projects to target high and significant risk backlog issues. The Critical Infrastructure Risks (CIR) were currently reporting at £19.6m out of the overall Trust backlog allocation of £49.2m.

An overview of other estates capital developments was provided including the Community Diagnostic Hub, the Pathology collaboration, theatre robots and carbon reduction at the University Hospital of North Tees.

The ICITO provided an overview of the Information and Technology Services and broader Digital Programmes capital projects. It was reported that the majority of the schemes identified for the current

year were complete and assurance was provided the remainder would be completed by year-end. There were a number of challenges faced with regards to resources from suppliers and work was ongoing to mitigate them.

Clinical “show and tell” validation sessions around the Nurse Admission Documentation (NAD) had taken place in January 2023, full user acceptance testing was planned to take place in February and training was scheduled to take place during March.

Three potential organisations/services had expressed an interest in CareScan+ and a paper was due to be taken to an Executive Team Meeting (ETM) in two weeks’ time on the future direction of the programme.

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

BoD/4971 Elective Recovery Update

The COO presented the Elective Recovery Report and highlighted the key issues.

The Trust remained one of the top performing organisations within the NENC system and nationally against the Elective Recovery Fund, which attracted £6.964m income during 2021/22 and a 2022/23 year to date total of £5.45m as at month 9. This supported the organisation in undertaking additional activity both internally and to support the system with over 78 and over 104 week waits. The Trust had also reported the top performing organisation with regards to over 52 week waits for the two previous weeks.

The Trust was ranked the fifth highest performer nationally and the second highest performer in the region with regards to Referral to Treatment (RTT). Recovery plans for Quarter 4 focused on further reductions of incomplete pathways and over 40 week waits.

Quarter 3 saw significant increases in both elective and non-elective activity and further impact from increased Covid and flu admissions, with 110% of referrals received compared to the 2019/20 baseline. In spite of challenges faced, the Trust continued to reduce long waits for elective procedures with significant increases in activity. The report highlighted the month on month variance from plan across all care groups, which was monitored on a regular basis.

Workforce pressures remained a key constraint within the Trust and the wider system. It was agreed that Graph 3 would be circulated to members as it was not clear in the report.

The Trust agreed to participate in the externally funded NHS England (NHSE) programme to introduce Improving Elective Care Coordination for Patients Programme (IECCPP). South Tees Hospitals NHS Foundation Trust were also participating in the programme, which would be one of the enablers for the collaborative work and would bring together information currently held in both organisations.

The Trust was actively using the metrics of the Getting It Right First Time (GIRFT) High Volume Low Complexity programme to improve its efficiency and productivity across its elective procedures and was performing well in a number of key metrics with focused work taking place in areas where improvements were required.

The letter and guidance issued by NHSE with regards to 78 week waits did not apply to the Trust however, had been applied against the reduction of the Trust’s 52 week waits.

The Board of Directors acknowledged and commended the incredible work and aspirations of staff.

Resolved: (i) that, the content of the report be noted; and
(ii) that, Graph 3 be circulated to members.

BoD/4972 Professional Workforce Annual Report

The CN/DoPS&Q provided the Monthly Registered Nursing and Midwifery Workforce Report and the Bi-annual Workforce Review report and highlighted the key issues.

The RN vacancy position for November 2022 was 53.57 wte (3.9%) and continued to reduce month on month with a forecasted position for the end of January 2023 of 17.12wte (1.24%).

An area of increased focus remained Registered Maternity and Midwives vacancies as this was currently higher than the regional average. Work had been undertaken to ensure risks in relation to the vacancies had been mitigated and actions agreed included the top of the pay band for NHSP shifts, incentivised schemes and Matrons working half of their clinical time.

The Trust had seen an increase in turnover during November 2022, which was higher than those planned to start. There was an increase in temporary staffing usage following the implementation of the incentivised scheme.

The Safe Care Live and Birth Rate Plus tools were both above recommended compliance for November 2022, with the exception of the Pre and Post Natal Ward, which was slightly lower.

Seven red flags were raised in relation to shortfalls in registered nurse time and the RESET tool was used 71 times across a number of wards. The Heads of Nursing had recently reviewed the criteria to trigger to a RESET and had provided further education to support the use of the tool with Senior Clinical Matrons.

The Nursing and Midwifery workforce position was presented to the Executive Team on a monthly basis and would now report on a monthly basis to the Board of Directors and a bi-annual review every 6 months. It was noted that the pre and post-natal ward compliance data would be presented at the next meeting.

From a Trust wide perspective, safe staffing was maintained throughout the reporting period with a positive variance between required and actual Care Hours per Patient Day (CHPPD) of +1.05.

A total number of 821 falls had occurred during the period with 686 (84%) resulting in no injury, 135 (16%) resulting in low harm and zero (0%) falls resulting in severe harm. An investigation of the falls took place which confirmed that none of the falls related to workforce issues and that the right plans and care had been put in place for those patients.

Following a review of the number of hospital and community acquired pressure ulcers during the reporting period it was identified that there were 313 validated pressure ulcers, 55.3% in the hospital and 44.7% in the community. The highest level of pressure ulcers were categories 1 and 2 across both settings. Whilst it was recognised nationally that pressure ulcers were a Nurse Sensitive Indicator, there was no evidence that the pressure ulcers were directly linked to staffing levels.

A number of specific areas to note were highlighted which included:

- The summary of the areas of exception for over establishment and under establishment of staff highlighted in section 10.7.
- The Emergency Assessment Area was now fully established in relation to workforce as at the end of December 2022.
- The redeployment of Community Matrons, Specialty Matrons and incentivised shifts within maternity services. However, this could not be sustained and further work was being carried out on revised planning of community caseload numbers.
- Agreement for recruitment to a Nutritional Specialist Nurse role with further discussions planned with Lead Consultants.

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

BoD/4973 Care Quality Commission (CQC) & Improvement Journey Update

The CE and CN/DoPS&Q provided an update with regards to the CQC and Improvement Journey and highlighted the key issues.

The CQC carried out a focused inspection of the Trust in May 2022, which culminated in a Well Led review. Following the inspection, work was ongoing with regards to the 'must do's' which were monitored on a regular basis. A brief overview was provided of the 'must do's' and it was noted that 38% of the actions were complete, 57% were ongoing and there were delays in 4%.

Following a comprehensive review of leadership within Maternity Services an Assistant Director of Midwifery had been appointed commencing in March 2023, in addition four maternity leadership posts had been recruited to and two Trust Level Doctors in the Obstetrics and Gynaecology Team. The preceptorship model had been reviewed with the Trust the first in the region to do so. The Trust was reporting a compliance rate of 65% against the training needs analysis and focused work was being undertaken to improve compliance. The foetal monitoring guidance had been updated.

An engagement session with the CQC had been held the previous day and agreement was made that the CQC would visit the Trust the following month to provide support regarding the remaining 'must do' actions. It was important for the CQC to understand the culture of the organisation to build relationships as part of the engagement. It was agreed that work needed to be carried out across the system with regards to the CQCs relationship with organisations going forward. It was noted that there had been numerous changes to the Relationship Manager and a further change was expected.

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

BoD/4974 Maternity Report – CNST Maternity Incentive Scheme Year 4

Maternity Board Report Quarter 3

The CN/DoPS&Q and Elaine Gouk, Deputy Medical Director presented the Maternity Board Report Quarter 3 and highlighted the key issues.

The Trust was declaring compliance against six of the ten safety actions at the beginning of January 2023. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on 2 February 2023.

The Trust had reported one serious incident and an overview was given regarding the incident and actions taken. A full investigation was being undertaken following which a full multidisciplinary case review would be carried out.

A number of service improvement projects had been established and were highlighted within the report along with objectives and progress made to date, which included an improvement plan for early detection of mother and baby, early intervention for managing haemorrhages and training ward staff to undertake scans and to provide flu vaccinations.

Key improvements included a quality improvement action and deep dive into still birth rates to identify themes, the promotion of smoking cessation, work ongoing with mothers and families to improve communication and the review of the staffing model for the Rowan Midwifery Continuity of Care.

The CN/DoPS&Q highlighted the increase in vacancy rate and the work that had been carried out to address the matter. Following the significant uptake of overtime a vacancy gap of 3.2wte was reported, which was reviewed on a daily basis as part of the daily safe staffing meetings. A bid had been submitted for international recruitment and the outcome was awaited.

In Quarter 3, the Trust was reporting 95.7% compliance against the Special Care Staffing standard. Workforce reviews were carried out every six months and a gap analysis was being undertaken with information being presented to the Maternity Quality and Safety Council meeting the following month.

Recruitment to an Assistant Director of Maternity and a Child Bereavement Midwife had taken place and positive feedback had been received from university students around how it felt to work in the department and the changes in culture that were taking place.

In addition to the report there was an established schedule for the Trust's Maternity and Neonatal Safety Champions to meet bi-monthly with the Board level Safety Champion and the Maternity Non-Executive Director Champion, to undertake monthly visits to the clinical areas and share feedback from staff and patients with monthly oversight being carried out by the Patient Safety and Quality Standards (PS&Qs) Committee. AB provided assurance that the improvements made were already positively influencing the culture.

It was noted that the Quarter 4 report would reflect the standard template developed by the Local Maternity Neonatal System (LMNS) and would provide information required for internal and system oversight.

Following a members' query the DMD reported that there was an Integrated Care Board (ICB) level dashboard, which all organisations reported against, and work was ongoing around metrics. It was noted that when information was submitted against the regional dashboard not all organisations were submitting the same information and work on this continued.

The CE reported that AQUA had been commissioned to provide an independent review of culture, listening and engaging staff and information was to be shared with and agreed by staff. It was agreed that recommendations would be included in future reports.

The Board of Directors thanked the CN/DoPS&Q and DMD for their excellent leadership and work done to date.

Trust Progress Against the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year 4 Report

The CN/DoPS&Q and DMD presented the Trust Progress Against the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year 4 Report and highlighted the key issues.

The Maternity Incentive Scheme applied to all acute trusts that delivered maternity services and were members of the CNST. Members contributed an additional 10% of the CNST maternity premium to the scheme and if the maternity safety actions were met funding was returned to the organisation.

Overall, the Trust had achieved full compliance in six of the ten maternity safety actions once evidenced and minuted at the Board. There was partial, but not complete compliance in four of the ten safety actions.

It was noted that there was a clear structure and oversight programme in place and targeted approach to deal with those areas not fully compliant regarding training. Medical leadership support for the MD/DCE had been looked in to and work was ongoing with the CPO to ensure standardisation within such professional groups.

The Board of Directors were in support and gave delegated authority to the Chief Executive to sign the Board declaration form confirming satisfaction that evidence provided demonstrated compliance with six of the maternity safety actions, and the standards of the Maternity Incentive Scheme were met.

- Resolved:**
- (i) that, the content of the report be noted; and
 - (ii) that, the Board give delegated authority to the CE to sign the Board declaration confirming they are satisfied that evidence provided to demonstrate compliance with six of the maternity safety actions, meets the standards of the Maternity Incentive Scheme.

BoD/4975 Learning from Deaths Report Q3: 2022/23

The MD/DCE provided an overview of the Learning from Deaths Report for Quarter 3 and highlighted the key issues.

The Trust's HSMR value saw a slight increase from the previous period however, remained in the expected range reporting as 93.28 compared to the previous period of 92.24. The regional position saw the Trust second lowest of the eight regional trusts.

The latest SHMI value had increased to 99.19 from the previous rebased value of 98.61 however, remained in the expected range. The regional position saw the Trust fourth lowest of the eight regional trusts.

The Trust was currently maintaining a high level of clinical coding, with a current average of eight co-morbidities. It was reported that a separate report stated that the current average was six co-morbidities and work was ongoing to ensure consistent reporting.

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

BoD/4976 Any Other Business

There was no any other business reported.

BoD/4977 Date and Time of Next Meeting

Resolved: that, the next meeting be held on, Thursday, 23 March 2023 in the Boardroom at the University Hospital of North Tees.

The meeting closed at 1.45pm.

Signed:



Date: 23 March 2023

North Tees and Hartlepool NHS Foundation Trust

Minutes of the Annual General Meeting held on Monday, 19 December 2022 Board Room, University Hospital of North Tees

Present:

Derek Bell, Joint Chair
Steve Hall, Non-Executive Director
Chris Macklin, Non-Executive Director
Fay Scullion, Non-Executive Director
Julie Gillon, Chief Executive
Deepak Dwarakanath, Medical Director/Deputy Chief Executive
Neil Atkinson, Director of Finance
Levi Buckley, Chief Operating Officer
Lindsey Robertson, Chief Nurse/Director of Patient Safety & Quality
Mel Brown, Interim Director of Governance
Ruth Dalton, Associate Director of Communications and Marketing
Linda Hunter, Director of Planning & Performance
Ray Martin-Wells, Associate Director of Governance and Transformation

In attendance:

Matt Wynne, Care Group Director – Healthy Lives
Michael Houghton, Care Group Director – Responsive Care
Rowena Dean, Care Group Director – Collaborative Care
Sarah Hutt, Company Secretary
Heidi Holliday, Secretary to the Board (note taker)

Governors:

Angela Warnes, Lead Governor
Christopher Akers-Belcher, HealthWatch Hartlepool

Trust Members:

Mr Alan Jordison
Mr Ian Smith

1. Care Group Presentations

The Medical Director/Deputy Chief Executive and Chief Operating Officer introduced the Care Group Directors. The Chief Operating Officer shared the Trust's key headline performance messages, which included being in the top 10 nationally for over 52 week waits, consistently in the top 3 regionally for timely discharge and currently the top performing Trust regionally for ambulance handovers.

Matt Wynne, Care Group Director: Healthy Lives introduced the Healthy Lives Care Group highlighting that a key focus was to increase community care capacity to be able to deliver the right care, at the right time in the right place working at place and across the system.

A number of successful service developments were shared including the implementation of an Urgent Community Response service and Virtual Frailty Ward.

Michael Houghton, Care Group Director: Responsive Care provided an overview of the Responsive Care Group, its aims, its urgent and emergency care pathways and services provided. It was well established with excellent clinical teams and support services. It was noted that there was significant pressure across the whole system with patients presenting later to services with more complex needs. The next steps for the Care Group focused around transforming acute, emergency and urgent care pathways, diagnostic services and improving patient experience and population health.

Rowena Dean, Care Group Director: Collaborative Care provided an overview of the Collaborative Care Group with a focus on Breast Services. The service was split into two main models of delivery: breast screening services and breast symptomatic services. The breast screening service was

provided for the whole of the Tees Valley and the breast symptomatic service was delivered across North Tees, Hartlepool, Middlesbrough and Redcar and Cleveland.

The breast screening service was stepped down from April 2020 due to the pandemic, which incurred a loss of 13,000 appointments, however the Trust was the first in the Region to recommence on 13 July 2020 and had been recognised as the second most successful in the UK in meeting screening targets. Future plans for the Care Group were shared which included the introduction of breast free flap reconstruction surgery jointly with South Tees, and a breast pain pathway.

2. Service Showcase Video

A video showcasing North Tees and Hartlepool – Our Year in Review was played. The video can be accessed via https://www.youtube.com/watch?v=Gtl_TqwwLgg.

3. Welcome and Introduction

The Joint Chair welcomed members to the formal Annual General Meeting (AGM), the first held in person since the pandemic. The meeting was taking place later in the year than usual, due to the period of official mourning for the Queen.

4. Minutes of the last Annual General Meeting (7 August 2019)

The Joint Chair presented the minutes of the last Annual General Meeting, which had taken place on 7 August 2019 and had been presented to the Board of Directors on 31 October 2019 for approval.

5. Chief Executive's presentation

The Chief Executive presented the Annual Report for 2021/22, outlining the statutory requirements of foundation trusts, including the requirement for the Annual Report and Accounts to be laid before parliament.

The Trust's performance during 2021/22 remained positive, with key achievements outlined, specifically around the Hospital Standardised Mortality Ratio (HSMR) indicator and the Summary Hospital level Mortality Indicator (SHMI), data and coding, urgent and emergency care standards, referral to treatment standards, and the continued reduction in delayed transfers. The Trust performed well against the 62 day cancer standard despite significant pressure being faced across the whole pathway. The Trust was also the second best performing organisation in the country for Research and Development trial recruitment, which was a huge accolade.

The Chief Executive reported on the Trust's vision and ambitions and the collaborative work that had commenced with key partners ensuring the very best patient care was provided across Teesside and parts of North Yorkshire. New ways of working and innovative models of care were being developed, with a strong focus on the prevention agenda.

The Trust was inspected by the Care Quality Commission (CQC) in May 2022 as part of the inspection regime and received an overall rating of 'requires improvement', which was disappointing having been rated as 'good' following in 2018. It was noted that a number of organisations had been downgraded in recent inspections, and inspections were now risk assessment based. Maternity Services across the country had been subject to intense scrutiny following a number of independent inquiries, including the Ockenden Review. The Trust had undertaken a number of developments to improve its services and support staff through the process. An Improvement and Transformation plan was in place to ensure continuous improvement and appropriate change.

The CE shared a number of service developments during the year, which included the development of the under-fives Neurodevelopmental pathway, the implementation of the rapid diagnostic pathway for patients presenting with vague symptoms pathway, and the delivery of the Covid-19 vaccination programme for staff and patients.

6. Annual Report and Accounts 2021/22

The Director of Finance presented the Trust's Annual Accounts for 2021/22, which had been audited by Deloitte, the Trust's external auditors, and received an unqualified opinion of 'true and fair view'. Internal Audit had reviewed the Trust's internal controls and received a 'good' Head of Internal Audit opinion. The Annual Report and Accounts were laid before parliament prior to the deadline of 9 November 2022.

It was noted that 2021/22 had been a difficult and challenging year with recovery from the pandemic and returning to business as usual. The Trust continued to maintain services and provide good patient safety and quality. The reported position for the Trust's Group Accounts, included Charitable Funds and the two subsidiary companies Optimus Health Limited and NTH Solutions. A total operating surplus of £12.5m was generated. The Trust had spent a total of £29.9m on capital expenditure in 2021/22 and breakdown of spend was provided.

The Trust's control total, included an adjusted financial performance/operating surplus of £12,541 for 2021/22 and the consolidated Statement of Comprehensive Income (SoCI) reported a £5,644 deficit/surplus for the year. The Statement of Financial Position (SoFP) Assets, Statement of Financial Position (SoFP) and Statement of Cash Flow (SoCF) reported £109,476, £22,640 and £82,096 respectively.

The Trust continued to improve its financial position, invest in vital infrastructure and capital schemes, maintain positive working relationships with its commissioners, and proactively engage and contribute to the overall development of the Integrated Care System (ICS) across the wider health and social economy. It was forecast that the financial recovery would continue and at a break even position would be reported for 2022/23.

7. Quality Accounts 2021/22

The Chief Nurse/Director of Patient Safety and Quality presented the Quality Accounts for 2021/22 highlighting the Trust's three overarching priorities: patient safety, effectiveness of care and patient experience, and the individual areas of focus.

The Trust were reporting significantly under the national average with regards to its Hospital Standardised Mortality Ratio (HSMR) at 87.81, which was a decrease of 9.31 points from the previous year. The Summary level Hospital Mortality Indicator (SHMI) reported at 97.95 and the Trust's raw mortality data showed that there had been a decrease in the number of cumulative deaths compared to 2019/20 and 2020/21.

The challenges the Trust faced regarding patients admitted with a diagnosis of Dementia/Delirium had previously seen an increasing trend from 2013 to 2019, however due to COVID-19 during 2020-21 and 2021-22 an accurate picture was not available due to the number of reduced admissions for that period. The number of admissions was expected to increase significantly by 2025. An audit of all patients coming into the Trust was carried out and all patients with a diagnosis received the best possible care and experience, with a dedicated area being available for those patients. Mandatory training in this area was now included across the whole Trust.

Infection control remained at the forefront and an increase in the total number of healthcare associated infections had been seen in 2021/22, however it was noted that trajectories had been reintroduced after having none for the period of 2020-21 due to the Covid-19 pandemic. The reporting criteria for bacteraemia had changed and all healthcare *associated* cases were reported whether their onset was in hospital or community.

The Trust was committed to ensuring that the accessible information standard was met and all services provided made reasonable adjustments for this.

There had been an increase in violent incidents reported compared to the previous year following a change to the reporting process in 2020/21 which allowed for increased reporting that were previously not being logged. A Keeping People Safe Steering Group had been established to manage and decompress incidents and to ensure the right controls were in place to monitor this effectively.

The Trust received a total of 17,396 responses for the Friends and Family Test (FFT) with 92.24% rated as very good or good and 4.23% for very poor or poor. The Trust focused on the key themes to identify improvements and worked with other service users such as HealthWatch and Patient Experience.

An increase in Stage 1 (informal) complaints had been seen, which was positive as it showed that issues were resolved at the time of the event with fewer progressing to Stage 2 and Stage 3. Complaints were taken very seriously and there was Executive oversight ensuring changes were implemented swiftly. An overview of the Stage 3 complaints seen in 2021/22 was provided, with the top themes being attitude of staff, communications and treatment/procedure delays.

The Trust was reporting a steady increase in compliments, with an increase of 1,776 from the previous year. Staff were acknowledged and rewarded for their hard work and dedication through Teams of the Month and Shining Stars awards.

8. Any Other Business and Members Questions


A number of questions were posed by Governors and members which were responded to during the meeting.

9. Date and Time of Next Meeting

The date of the next Annual General Meeting is scheduled to take place on Thursday, 7 September 2023, at 1.00pm, in the Lecture Theatre, University Hospital of North Tees.

The meeting closed at: 5.40pm.

Signed:



Date: 23 March 2023

[illegible]

Board of Directors

Title of report:	Joint Chair's Report										
Date:	23 March 2023										
Prepared by:	Sarah Hutt, Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
Purpose of the report	The purpose of the report is to update the Board of Directors 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 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.</p> <p>Key issues for Information:</p> <ul style="list-style-type: none"> • Industrial action • Governors site visit • Joint Collaborative Working • Joint Council of Governors 											
How this report impacts on current risks or highlights new risks:											
There are no risk implications associated with this report.											
Committees/groups where this item has been discussed	N/A										
Recommendation	The Board of Directors are asked to note the content of this report.										

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

23 March 2023

Report of the Joint Chair

1. Introduction

This report provides information to the Board of Directors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 Industrial Action

Following recent industrial action by the Royal College of Nursing and Ambulance Service, Juniors Doctors undertook a 72-hour strike from Monday 13 March which concluded at 7am on Thursday 16 March. I visited A&E during the strike in support of staff and would like to place on record thanks to all staff for their assistance during that period.

2.2 Governor Site Visit

We were pleased to invite Governors to take part in a site visit at North Tees as part of the Strategy and Service Development Committee on 16 March. The Governors were accompanied by two members of staff from NTH Solutions LLP visiting Central Sterile Services Department (CSSD), the Energy Centre, Mattress Decontamination, Procurement and Portering. The visit was well received and I would like to thank NTH Solutions for their assistance.

2.3 Joint Collaborative Working

Since the last report, the Joint Partnership Board met on 15 February at the University Hospital of Hartlepool and the Non-Executive Directors undertook a visit to Surgical Services and the Integrated Single Point of Access (iSPA). The development of a Group model between the two organisations continues and arrangements have put in place to make it easier for staff to work across the sites of the two Trusts. The next meeting is scheduled for 22 March.

2.4 Joint Council of Governors

Following the joint development session with Council of Governors from North Tees and South Tees in January a number of other sessions and joint meetings are planned to take place in the coming months.

3. Recommendation

The Board of Directors are asked to note the content of this report.

Professor Derek Bell
Joint Chair

Board of Directors

Title of report:	Chief Executive Report										
Date:	23 March 2023										
Prepared by:	Julie Gillon, Chief Executive Donna Fairhurst, Personal Assistant										
Executive Sponsor:	Julie Gillon, Chief Executive										
Purpose of the report	The purpose of the report is to provide information to the Board of Directors 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 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 England, Care Quality Commission and the Department of Health and Social Care. In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:</p> <ul style="list-style-type: none"> • Operational Challenges • Culture and Leadership Development • Research and Development • 2023/24 Priorities and Operational Planning Guidance • Integrated Care System and Integrated Care Board • North East and North Cumbria Provider Collaborative • Tees Provider Collaborative • North Tees and Hartlepool NHS Foundation Trust Estates Strategy • Community Diagnostic Centre • Faculty of Learning, Leadership and Improvement • Workforce Development • Wider National and Regional Contribution 											
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 are discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.										
Recommendation	The Board of Directors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.										

North Tees and Hartlepool NHS Foundation Trust
Meeting of the Board of Directors

23 March 2023

Report of the Chief Executive

1. Introduction

This report provides information to the Board of Directors 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. Strategic Objective: Putting our Population First

2.1 Operational Challenges

Within the Trust operational pressures continue with emergency attendances showing an overall increase of 10% (n = 1,238) with increase in patients with higher acuity (resuscitation) of 20%. There was a significant (35%) increase in paediatric attendances compared to the previous year. In addition emergency admissions via A&E increased by 6.1% (n = 205).

The challenges remain with regard to Industrial Action and planned risk mitigation.

Following an intense Improvement Week in January 2023 services have continued to focus on continuous improvements to maintain timely flow and actions that will continue to reduce long waits within services that can have an impact on patient safety and quality. This will contribute to the development of a new operating model with a focus on operational resilience and fit for the challenges of the future.

2.1.1 Discharge

The Trust was an early implementer of the Urgent Care response model and provides all services in line with national requirements.

The service continues to innovate including further development of a 'push/pull' model working with NEAS to manage patients requiring an ambulance into alternative care pathways. This has demonstrated a number of opportunities to ensure patients are directed to community pathways in a timely manner, reducing the requirement for an ambulance, and providing care within their own homes. The Trust is exploring how to support NEAS and the wider NENC system in scaling this intervention and helping to address continuing pressures in emergency and urgent care.

The Trust will be presenting aspects of this model at an ICS event on 9 March 2023 and continues to support provider colleagues in the deployment of innovative out of hospital services model.

2.1.2 Delivery Plan for Urgent and Emergency Care Services

At the end of January 2023, the government published a new plan to help recover urgent and emergency care services, reduce waiting times, and improve patient experience. The plan described increasing frontline capacity including 800 new ambulances, 100 specialist mental health vehicles, and 5,000 more hospital beds backed by a £1 billion dedicated fund.

The two-year delivery plan recognises the significant demand for NHS services, with the latest data showing higher A&E attendances than ever before and increasing numbers of category 1 ambulance call outs. In line with the Trust's evolving operating model there is a call for expanding the range of urgent care services provided in the community to ensure people can get the care they need at home, without the need for a hospital admission.

The plan includes a focus on expanding medical bed capacity and the Trust has submitted proposals as part of the current operational planning cycle for investment. This is integral to reducing bed

occupancy and the associated impact on flow and patient experience. It is anticipated that the outcome of the investment proposals will be confirmed during the month of March.

2.1.3 Elective Recovery

The Trust continues to perform as one of the top in the region and the country for 52 week waits. Patient choice continues to be a recurrent theme in delays to treatment and the Trust is engaged in system wide work to ensure consistent approaches to addressing delays in this category.

A decrease in the percentage of backlog of patients in cancer pathways can be seen, at 7.19%. The Cancer Improvement Plan is currently being refined to ensure alignment against the priorities as outlined within the latest planning guidance and tumour specific pathway expectations highlighted via the clinically led Cancer Delivery Groups.

2.1.4 Industrial Action

Following recent industrial action by the RCN and NEAS, the BMA and HCSA have announced that a 72-hour strike by junior doctors will take place Monday 13 March and conclude on the morning of Thursday 16 March.

The Trust, and other providers in the NENC, have undertaken extensive preparations for managing the implications and risks associated with this action. Consultant and nursing colleagues will be providing additional cover during the three days of industrial action to minimise the risks associated with the junior doctor absence. Activity plans across outpatient and elective pathways are also under review to minimise the disruption to planned activity. The normal Emergency Preparedness and Resilience Response escalation and incident management will be in place to support operational management and escalation.

While industrial action by the RCN is currently suspended due to negotiations with the government, there continues to be a programme of action from ambulance services including NEAS. Together with planned industrial action by teaching unions and other public sector bodies the Trust continues to monitor and plan the impact for our staff and for the provision of safe and timely patient care.

3. Strategic Objective: Health and Wellbeing

3.1 Culture and Leadership Development

Working with *Clever Together* the Trust launched 'Our Trust, Our Future' in November to engage with all staff to gather a range of different perspectives, to identify strengths and understand required improvements. Over 600 staff took part in the first conversation which represented 11% of the Trust including clinical and non-clinical. There were 6,000 contributions in the form of ideas, comments and votes. There were four questions posed as part of the conversation themed on behaviours, providing the best care, outstanding ambitions and leadership.

During February 2023, an inclusive steering group considered the possible actions to take forward. The report focussed on four key areas; well-led, well-managed, Meaningful work and fit for purpose. Following analysis, a second conversation will be hosted to allow staff the opportunity to share thoughts and ideas to ensure positive actions. The second big conversation will take place during March 2023.

The Leadership strategic plan has been developed and is being communicated across the organisation. The strategy describes the three levels of leadership, which will form the development programme to support delivery. Working in collaboration with Teesside University programmes will equip leaders within the organisation with the right skills, behaviours and understanding of leadership expectations at the Trust.

The foundation of the leadership programme 'It all starts with me' will be for every member of staff within the organisation. To complement the face-to-face delivery the Trust has been working in

collaboration with *Limehouse* to provide digital learning solutions. The platform will share the values and behaviours, which are important to support a positive culture. This is for all staff and will be achieved across three years as a journey of change.

3.2 Research and Development

3.2.1 Recruitment

Patient recruitment is higher than any preceding year. With 3405 participants recruited into the National Institute for Health and Care Research (NIHR) portfolio trials. There are several high recruiting studies within reproductive health and children's portfolios that have contributed to this (60% of total recruitment is from these two specialties).

3.2.2 Embedding Research

Clinical midwives are actively supporting research delivery teams with recruitment into a study to determine the level of antibody needed to protect against Strep B in infants.

Through successful funding applications to the North East and North Cumbria Local Clinical Research Network (NENC LCRN) the Trust has been able to extend the secondment of the heart failure specialist nurse (1 day a week) and offer an additional secondment for a second specialist nurse (1 day a week). Work continues to embed research within clinical directorates with nursing, midwifery and AHP colleagues.

4. Strategic Objective: Transforming our Services

4.1 2023/2024 Priorities and Operational Planning Guidance

Following the publication of the 2023/24 priorities and operational planning guidance a draft submission was submitted in February with a continued focus on the development of the final submission due in mid-March.

4.2 Integrated Care System (ICS)

Chief Executives from across the North East and North Cumbria continue to meet with the ICB Executive Team to support the ongoing development of the system governance. There has been an increased focus on operational resilience, discharge planning, system working, performance and financial planning during February and March.

4.3 North East and North Cumbria Provider Collaborative (PvCv)

The Provider Leadership Board (PLB) continues to deliver in elective care recovery, clinical services strategy, cost efficiency and health and wellbeing. At the Board in March 2023 the discussion centred on current pressures within the system particularly around elective recovery and urgent care, on smoke free NHS and treating tobacco dependency and standardising medical pay rates (agency) across the NE and NC.

There has been substantial progress with the development of the business case required to drawdown the nationally allocated capital, and with the planning for implementation of the Aseptics (Injectable Medicines) Manufacturing Hub. A Full Business Case will be developed for 2023.

4.4 Tees Provider Collaborative

Work continues to develop the group model between North Tees and South Tees Trusts. A programme group has been established including both Managing Directors from each Trust supported by the Joint Strategy and Partnerships Director to establish momentum to the furtherance of group arrangements and reporting to the Joint Partnership Board.

4.5 Service and Estate Developments

4.5.1 Trust Estates Strategy

Discussion is to take place at the Board Seminar to be held on the 16 March with regard to the next steps in relation to the Outline Business Case to support the Trust estate strategy and to manage the associated risk in the Board Assurance Framework.

A strategic plan for the health system in the Tees Valley to develop diagnostic capacity, including a new build Community Diagnostic Centre (CDC) has been agreed by the Tees system. This is a collaborative approach between North Tees and Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust.

The estates team as part of North Tees and Hartlepool Solutions LLP lead the procurement process and continue to work in collaboration with Stockton on Tees Borough Council. The programme plan is progressing at pace. Enabling work is underway on the site in preparation for the construction phase commencing.

Clinical teams and service leads from both Trusts and the wider Integrated Care System, including public health and primary care are developing the pathways and have finalised the detailed room layouts and flows within the CDC. Work is also continuing on the development of an operating model with associated workforce plans, ways of working and digital schemes to support the CDC and diagnostic spokes sites at University Hospital Hartlepool, Friarage Hospital and Redcar Primary Care Hospital. This model ensures that diagnostic capacity and services are accessible in areas where there are poorer health outcomes.

This is a major step forward for the Tees Valley, focusing on early diagnosis and treatment, improved care outcomes and wider economic regeneration in the drive to improve population health and tackle health inequalities.

5. Strategic Objective: Valuing our People

5.1 Staff Survey

On Thursday 9th March the national NHS Staff Survey results were released this provided an opportunity to review regional and national trends. It is positive to note that of the 7 People Promise themes included within the survey, six have seen significant improvement, the other has remained the same. Staff engagement and morale scores have also seen improvement. All themes are above the national average, and of the 88 questions 70 of these have seen an improvement.

The data now enable an understanding of the position within the region and it is positive to note this organisation is second with Northumbria NHS Foundation trust the highest collective score. These positive improvements are the outcome of a significant amount of work with plans in place for key areas of focus for the future.

5.2 Faculty for Learning, Leadership and Improvement

The Faculty evolution continues incorporating the learning agenda and seeking accreditation to create the Faculty of Learning, Leadership and Improvement. This work will enable further development as an enabler to transformational change across the organisation.

Work is underway to recruit two key roles to support the work of the faculty. The Equality, Diversity and Inclusion (EDI) post will help ensure that improvement work across the Trust incorporates best practice in relation to the EDI agenda whilst the Quality Improvement Facilitator role will embed a culture of quality improvement to services, improving patient experience.

Cohort 3 of NTH100 is underway to bring together leadership, learning and QI linking in with the Health and Social Care Academy to create a career-long pathway of development opportunities for

staff and the community. QI will be at the heart of the leadership offer and development will be available at all stages of staffs' careers.

5.3 Workforce Development

Work continues with regards to the development of a Health and Social Care Academy as a joint venture with Hartlepool College for Further Education (HCFE). This will be a regionally significant training facility at the heart of the current estate. The Health and Social Care Academy at Hartlepool Hospital received capital funding of £1.25m following a successful bid as part of the Towns Deal Fund.

The focus of the facility will be to capitalise on three primary learning areas, state of the art specialist training, apprenticeships and corporate social responsibility.

An education pathway event took place at the University Hospital of Hartlepool during February with a wide range of stakeholders coming together to design education routes into health and care. The learning from this event will influence the Academy's 'offer'.

5.4 Wider National and Regional Contribution

5.4.1 Prime Minister and Health Minister visit

The Trust hosted a visit by the Prime Minister Rishi Sunak, Health and Social Care Secretary Steve Barclay and NHSE Chief Executive Amanda Pritchard to explain more about the model of care to reduce the time patients spend in hospital. The delegates visited the integrated co-ordination centre and the urgent and emergency care service as well as observing the use of the OPTICA system, to provide high quality care to in-hospital patients and monitor effective discharge.

5.4.2 Hosted Visit – India's Ambassador to the UK

Teesside University and the AHSN hosted a roundtable discussion with the Indian Ambassador to the UK. A number of key partners contributed and there will be opportunities to develop high quality life for all, economically and environmentally sustainable future and digital ambition.

5.4.3 Nurses from Philippines celebrate move to NHS Trust – 20 years on

The first group of nurses from the Philippines who made the move to Teesside as part of the recruitment drive 20 years ago have marked the special anniversary. Many of the 52 nurses involved gathered at a reunion event at Wynyard Hall to celebrate their achievements.

5.4.4 £100,000 Investment for the University Hospital of Hartlepool

Work began on a £100,000 pathway improvement project at the University Hospital of Hartlepool on the 20th February to repair and widen footpaths around the hospital. The four-week project will also create a more direct route to the MRI unit. This latest improvement projects follows a £1 million upgrade to the University Hospital of Hartlepool's fire alarm system in November of last year.

6. Recommendation

The Board of Directors is asked to note the content of this report and the refocus and pursuance of strategic objectives and work to improve system working, operational resilience and a new operating model to support future positioning.

Meeting of the Board of Directors

Title:	Board Assurance Framework Quarter 4 2022/23 Interim Report									
Date:	23 March 2023									
Prepared by:	Hilton Heslop, Associate Director of Corporate Affairs & Strategy									
Executive Sponsor:	Julie Gillon, Chief Executive									
Purpose of the report	The aim of this paper is to provide assurance to the Board of Directors on the progress made to mitigate and manage the strategic risks within the Board Assurance Framework (BAF). This is an interim report covering January/February in Quarter 4 2022/23 and includes actions for addressing the identified gaps in controls and assurance during that period.									
Action required:	Approve		Assurance	X	Discuss	X	Information	X		
Strategic Objectives supported by this paper:	Putting Patients First	X	Valuing 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 BAF has 12 risk domains associated with delivery of the four strategic objectives – Putting our population first, Valuing People, Transforming our services and Health and Wellbeing. The principal risks consist of 35 threats.</p> <p>There are currently 3 principal risks that include a high risk rating within one or more threats:</p> <p>Strategic Risk 1A has a high risk identified through the work of the Patient Safety & Quality Standards Committee:</p> <p>1) The ability to learn from national safety alerts linked to procurement (6434) and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and the Master Services Agreement;</p> <p>Strategic Risk 3C has two associated high risks identified through the work of the Finance Committee:</p> <p>1) Delivery of Savings (6188) and the challenges to deliver the CIP programme for 2021/22, the current rate of progress to identify CIP for 2022/23, and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions;</p> <p>2) Ageing Estate (6581) reflecting the rapid decline of the construct of 3 main buildings at North Tees following the 6 Facet Survey, the ongoing delay in announcement of the Government's New Hospital programme and the Trust's bid for capital funding, and the</p>										

potential escalation of risk of serious injury to staff, patients and members of the public if the buildings are left unmaintained beyond their natural lifespan;

Strategic Risk 3E has one associated high rated threat identified through the work of the Planning, Performance and Compliance Committee:

- 1) Collaboration – Joint Partnership Board (Risk 6407)** relates to the current collaboration plans with South Tees Hospitals following the NHSE/ICB commissioning of an independent strategic review in which recommendations were made following a consultation and review process with both organisations. There is an absence of risk and due diligence within this process and until this aspect of governance is developed by the Joint Partnership Board this will remain a risk on the Board Assurance Framework

How this report impacts on current risks or highlights new risks:

In Quarter 4 (interim) no individual strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some 'High' rated threats linked to operational risks.

The Corporate Risk Register has four risks reporting a current risk rating of >15 (high) as follows:

ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
6188	Delivery of Savings	3C	16	16	9
6581	Ageing Estate	3C	25	16	9
6407	Collaboration – Joint Partnership Board	3E	20	15	12
6434	Procurement – Inability to easily identify real time stock position	1A	15	15	5

Committees/groups where this item has been discussed

Audit Committee
Board of Directors
Patient Safety and Quality Standards Committee
Planning, Performance and Compliance Committee
Finance Committee
People Committee
Transformation Committee
Digital Strategy Committee
Executive Management Team

Recommendation

The Board of Directors is asked to note the risks contained in the BAF and specifically those based on a current risk rating of >15 (High).

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

23 March 2023

Board Assurance Framework, Quarter 4 Interim Report 2023

Report of the Associate Director of Corporate Affairs and Strategy

1 Purpose

- 1.1 The purpose of the report is to provide assurance to the Board of Directors on the principal risks to achieving the Trust's strategic objectives.

2 Background

- 2.1 The role of the Board Assurance Framework (BAF) is to provide evidence and structure to support effective management of strategic risk within the organisation. The BAF also provides evidence to support the Annual Governance Statement.
- 2.2 The BAF provides assurance to the Board of the key risks and identifies which of the objectives are at risk of not being delivered, whilst also providing assurance where risks are being managed effectively and objectives are being delivered. This allows the Board to determine where to make most efficient use of their resources or otherwise take mitigating action and address the issues identified in order to deliver the Trust's strategic objectives.
- 2.3 The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. In order to do this the Board tasks its Board Sub Committees with undertaking scrutiny and assurance of the following:
- Controls in place
 - Assurances in place and whether they give positive or negative assurance
 - Gaps in controls or assurance
 - Actions to close gaps and mitigate risk
- 2.4 Ensuring effective systems are in place to identify, monitor and mitigate risks and providing assurance to Board.
- 2.5 The Board of Directors has reviewed the risk appetite and the appropriateness of its strategic risks on a regular basis. Board Committees are in the process of reviewing individual risks and threats and this will be fed back through committees to the Board of Directors in Quarter 4 (April 2023). The Board Assurance Framework, and broader governance processes, is currently subject to an independent review being conducted by Good Governance Institute following the findings of the Care Quality Commission (CQC) report in September 2022. The independent review was commissioned in November 2022, commenced in December 2022, and will report to this Board under separate heading in March.
- 2.6 The review is based around the Trust's responsibility for maintaining a sound system of internal control and governance that supports the delivery of strategy within the context of system working and the achievement of the Trust's strategic aims and objectives, and that those systems remain fit for purpose.

- 2.7 An internal audit of the Trust's Board Assurance Framework is currently underway and will report back through Audit Committee by end of Quarter 4 (April 2023).
- 2.8 The Trust has concluded a full internal review of the risk management process including the Board Assurance Framework to ensure that the process and procedures remain fit for purpose and to ensure that the process of risk management is embedded at all levels within the Trust. A formal Executive Risk Management Group will have its first meeting to review all risks – corporate and strategic - to provide oversight and assurance to both Audit Committee and Board of Directors. A standard operating procedure and terms of reference are in draft and will be approved at the Group's first meeting this month. The Board Assurance Framework will continue to be presented to Board and Audit Committee as it is now but the broader risk reporting within this Group provides another level of assurance.

3 Details

- 3.1 The BAF has **12 risk domains** associated with delivery of the four strategic objectives Putting our Population first, Valuing People, Transforming our Services and Health and Wellbeing. The principal risks consist of **35 threats**.
- 3.2 There are currently three principal risks (1A, 3C and 3E) that are assessed with a **high** risk rating within one or more of the threats contained within each risk. A summary of the individual high rated risks is noted below.
- 3.3 The Board of Directors annual cycle of business ensures that all risks are reviewed within the sub-Committee structure to ensure there is consistency, alignment and relevance to the principal risks for the appropriate Committees.
- 3.4 All committees have reviewed and approved their respective BAF reports/templates as part of the assurance process.

4 High Rated Risks/threats – Quarter 4 Interim: 2022/23

4.1 Strategic Risk Patient Safety 1A

- 4.2 **Risk 6434** is an aligned threat that relates to the ability to learn from national safety alerts. This is specifically linked to procurement and the inability to easily identify and quickly identify real time stock position in response to patient safety alerts / product recalls. This is being managed by the LLP in conjunction with the Trust and is monitored through the Patient Safety and Quality Standards Committee and governance arrangements with the Master Services Agreement.

4.3 Strategic risk Finance 3C

- 4.4 **Risk 6188** relates to the delivery of savings within the Trust's Cost Improvement Programme (CIP) and specifically the challenges to deliver the CIP programme for 2022/23, the current rate of progress to identify CIP for 2022/23, and the potential impact of increased CIP that may be required to support future delivery of a breakeven position across the ICP/ICS, in light of indicative underlying financial positions and the external system requirement to deliver additional savings in year following the submission of a revised financial plan.
- 4.5 A CIP plan for 2022/23 has been developed and is regularly reported to the Finance Committee. The PMIO team provides support to facilitate delivery of identified schemes and reasonable assurance on CIP report from AuditOne in 2021/22 with a planned follow-up audit in 2022/23.
- 4.6 **Risk 6581** relates to the ongoing concern linked to the Trust's ageing estate at University Hospital of North Tees following an independent 6 Facet Survey of Tower Block, South

Wing and North Wing whereby the buildings were given a ten year lifespan. Audit Committee members should note that the 6 Facet Survey was undertaken over 12 months ago therefore the effective lifespan of the buildings is rapidly reducing year on year. Currently, the buildings are deemed to be beyond their effective use/purpose by 2031 and this was highlighted at Board of Directors Seminar on 16 March .

- 4.7 This presents a significant risk to the Trust from 1) a health and safety perspective i.e. condition of concrete within the fabric of the buildings which could endanger staff, patients and the general public if left unmaintained, and 2) the ability or inability to secure capital funding to regenerate/rebuild purposeful buildings within the North Tees site and the subsequent cost of the strategic business case process required to proceed further.
- 4.8 The cost of delivering backlog maintenance to the three buildings on an annual basis is prohibitive, and estimated to rise to circa £300m by 2030/31 (when the current lifespan of the buildings is extinguished). An application to the Government's New Hospital programme for capital funding to develop new infrastructure that is fit for purpose was submitted just under 12 months ago, and whilst the Trust is still awaiting the outcome of the application process, the Board of Directors have considered the risks associated with the current and future situation with regard to preparation of an Outline Business Case (OBC) so that there can be no delays in scheduling of any works once the appropriate level of capital funding has been identified or approved.

4.9 Strategic Risk 3E

- 4.10 **Risk 6407** relates to the current collaboration plans with South Tees Hospitals following the NHSE/ICB commissioning of an independent strategic review in which recommendations were made following a consultation and review process with both organisations. The outcome of the review recommended stronger collaborative processes and protocols to be put in place with a focus on governance and leadership.
- 4.11 A process is underway to deliver the collaborative plans that have been agreed by both Trusts. However, there remains an absence of risk and due diligence within this process and until this aspect of governance is developed by the Joint Partnership Board this will remain a risk on the Board Assurance Framework. In order to mitigate the risk, the Trust will continue to raise within the Joint Partnership Board via the Joint Director of Strategy and Partnerships..

5 Significant Risks

- 5.1 In Quarter 3 no overall strategic risks on the Board Assurance Framework was reporting as >15 (high) despite some 'High' rated specific threats as noted above and included in the table below. In respect to linked risks from the Corporate Risk Register, the following have been identified as a significant risk based on a current risk rating of >15 (High):

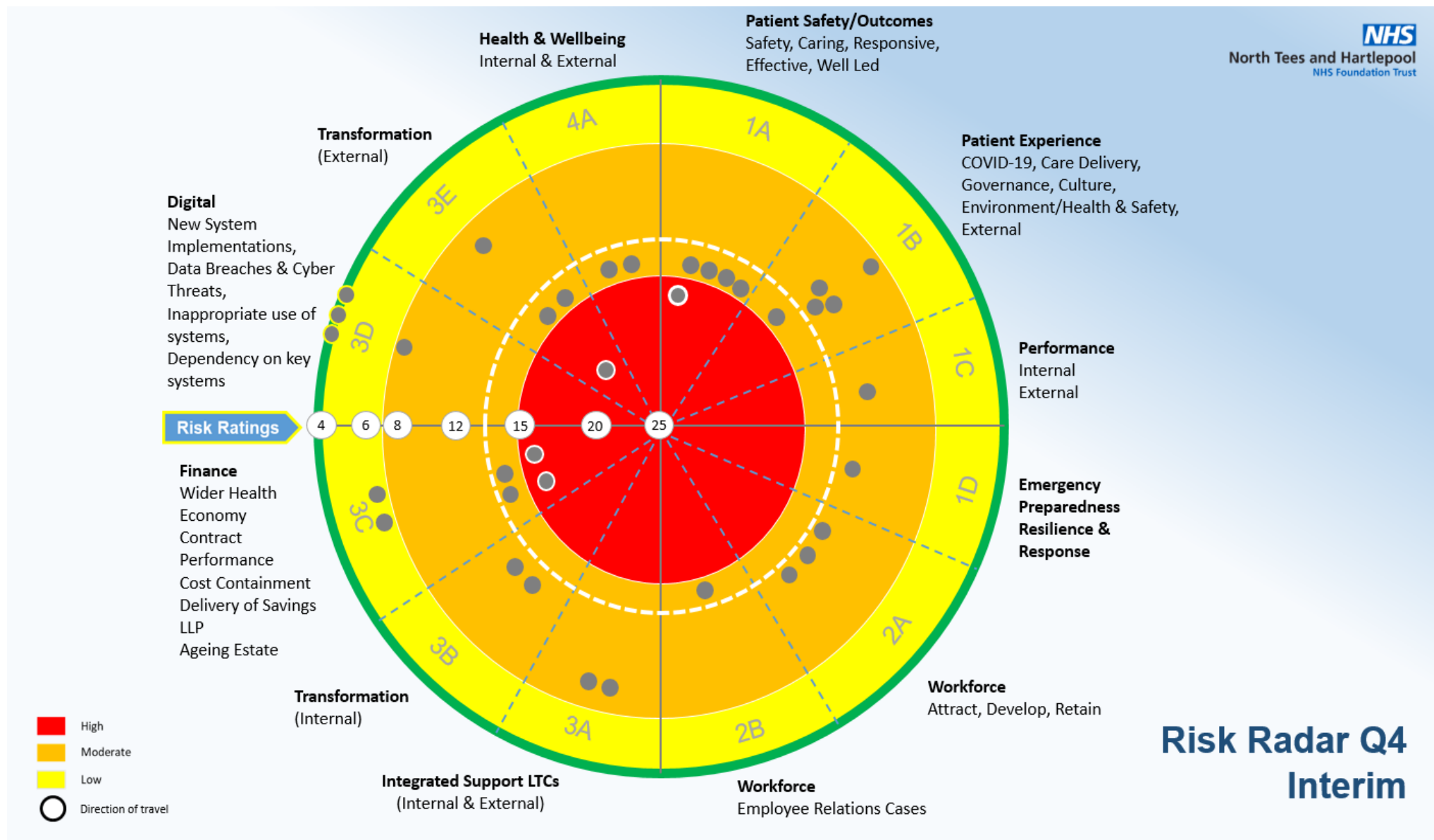
ID	Title	BAF Section	Risk Level	Current Risk level	Target Risk Level
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6407	Collaboration – Joint Partnership Board	3E	20	15	12
6434	Procurement – Inability to easily identify real time stock position	1A	15	15	5

6. Recommendations

- 6.1 Actions are in place and being taken forward to mitigate the risks in the above sections, and the issues form part of regular discussions at the key Committees as well as being a focus of Executive Team discussions, as part of the monthly Risk Management reporting.
- 6.2 The Board of Directors is asked to note the risks contained in the BAF and specifically those that are based on a current risk rating of >15 (High).

Prepared by: Hilton Heslop, Associate Director of Corporate Affairs & Strategy

Appendix 1



North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Integrated Performance Report									
Date:	23 March 2023									
Prepared by:	Keith Wheldon - Business Intelligence Manager Lynsey Honeyman- Planning and Performance Manager									
Executive Sponsor:	Linda Hunter - Director of Planning and Performance Lindsey Robertson - Chief Nurse/ Director of Patient Safety and Quality Susy Cook – Chief People Officer Neil Atkinson- Director of Finance									
Purpose	To provide an overview of performance and associated pressures for compliance, quality, finance and workforce.									
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	x	Well Led	x
Executive Summary and the key issues for consideration/ decision:										
<p>The Integrated Performance report outlines the Trust's compliance against key access standards in January 2023 and includes quality, workforce and finance, a summary of the report is outlined below: -</p> <ul style="list-style-type: none"> Recovery Waiting list management and key standards continues to be affected however, the position for the majority of standards remain comparable to national and regional positions. The Trust has maintained on trajectory with no patients waiting longer than 78 or 104 weeks and reports the lowest number of both 52 and 40 week waits across the North East and Yorkshire region. The number of patients waiting longer than 52 weeks at the end of January was 37. The Trust achieved six of the nine cancer standards in December 2022, an increase from four in the previous report. The Trusts pressures eased in January 2023 from the heights experienced in December 2022 with a significant decrease in UEC attendances and admissions. 										

<ul style="list-style-type: none"> • The requests for mutual aid, diverts and deflections also reduced in January, however the Trust received 9 patients, (99.63% decrease from the previous month of December when 142 were received). • Continued admissions from Covid have added to the operational pressures including staff sickness. Trust flu cases have reduced to six as of 31 January 2023. • The Trust continues to respond to surges in demand and pressures within services including IPC guidelines. All additional surge and resilience beds were opened within available resource. • The Trust declared OPEL 4 for 3 days during January 2023. • The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI (which have both seen a slight decrease in SHMI and a slight rise for HSMR) and infection control measures. • Short and Long Term staff sickness has seen an increase for December 2022, these will be continuously monitored. • Staff Turnover has seen a continued decrease from the previous month, with a positive move toward target. • Month 10, the Trust is reporting an in-month surplus of £0.04m against a planned deficit of £0.04m, which is £0.08m ahead of plan. 	
How this report impacts on current risks or highlights new risks:	
<p>Continuous and sustainable achievement of key standards across elective, emergency and cancer pathways – BAF 1C</p> <p>System pressures and financial constraints</p> <p>Associated risks are outlined within the Board Assurance Framework</p>	
Committees/groups where this item has been discussed	Executive Team Meeting Planning, Performance and Compliance Committee
Recommendation	<p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • The performance against the key operational, quality and workforce standards. • Acknowledge the on-going operational pressures and system risks to regulatory key performance indicators and the associated mitigation



North Tees and Hartlepool
NHS Foundation Trust

Integrated Performance Report



February 2023

Responsible Directors

Linda Hunter

Director of Planning & Performance

**Oversight
Framework**

**Efficiency &
Productivity**

Lindsey Robertson

Chief Nurse and Director of Patient
Safety & Quality

Safety & Quality

Susy Cook

Chief People Officer

Workforce

Neil Atkinson

Director of Finance

Finance

Introduction



Performance highlights against a range of indicators including the Oversight Framework (OF) and the Foundation Trust terms of licence remains. The report is for the month of January 2023 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance. To view the previous months position, please refer to the individual SPC charts.

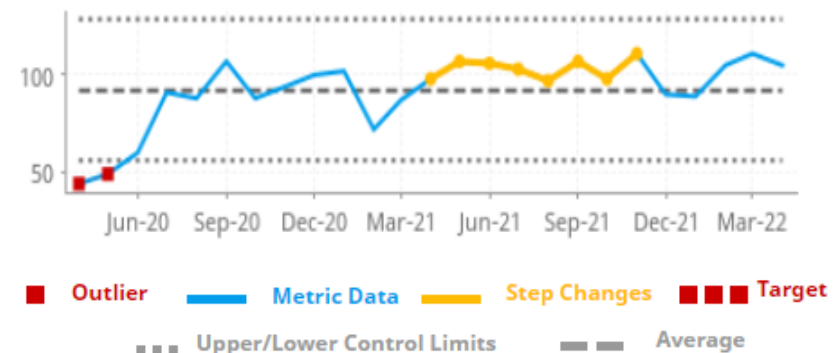
Statistical Process Control (SPC) Charts

A **Step Change** occurs when there are 7 or more consecutive points above or below the *average*.

Outliers occur when a single point is outside of the Upper or Lower Control Limits.

The *Upper and Lower control limits* adjust automatically so they are always 2 Standard Deviations from the *average*.

Standard deviation tells you how spread out the data is. It is a measure of how far each observed value is from the average. In any distribution, about 95% of values will be within 2 standard deviations of the mean.



Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

Oversight Framework

and

Efficiency & Productivity

The Trust continues with an aspiration to deliver trajectories outlined in the NHS priorities and operational planning for 2022/23. The position for the majority of key standards, including RTT, Cancer and Diagnostics. Additional capacity continues to be delivered through a combination of insourcing, additional lists and clinics with a continued focus on clinical prioritisation within the elective programme.

Following unprecedented pressures in urgent and emergency care during the month of December 2022, there was a 31% reduction in Type 1 and Type 3 attendances to the Trust, with 14,046 attendances during January 2023

The requests for mutual aid, diverts and deflections has continued to reduce in January, with the Trust receiving 9 patients, this is a 99.63% decrease from the previous month of December (142), from the 9 patients received 3 of these were admitted (33.33%). Bed occupancy rates have reduced to 91.98% in January impacting positively upon the waits in the Emergency Department. The next phase of the operating model has commenced to determine the number of funded beds going forward.

The Trust achieved six out of the nine cancer standards, demonstrating an improved position comparative to the region with a continued achievement of the 28 day faster diagnosis standard.

The Trust continues to drive to reduce the number of long waiting patients with a focus on those patients waiting over 40 weeks and continues to have the lowest number across the North East and Yorkshire region.

The 2023/24 priorities and operational planning guidance was released in December 2022 with the first draft submitted to NHS England on 9th February.

Safety & Quality

The overall position for the majority of key quality standards, including HSMR, infections, falls and complaints remains comparable to the national and regional position, with high quality care maintained despite the pressures.

The latest HSMR value is currently reporting at 93.53 (November 2021 to October 2022), latest SHMI value is now 98.11 (September 2021 to August 2022) which remains within the control limits.

Control of infection remains a priority with all 7 standards displaying natural cause variation and remain within control limits.

The number of complaints has increased within all Stage's in January 2023, compared with the previous month. However, it is noted there was a significant reduction in complaints received during December 2022 compared with previous months.

The number of high risks has decreased to the mean this month, this remains within the expected variance, demonstrating a dynamic risk management process.

Executive Summary



North Tees and Hartlepool
NHS Foundation Trust

Workforce

Sickness has increased from 6.05% in November 2022, to 7.19% in December with the increase being attributable to cold, coughs and flu. A task and finish group session took place in January specifically aimed at SCMs in response to concerns raised about approach to management of sickness over the Christmas period. Further targeted actions were agreed following the discussion and are being implemented and monitored.

Appraisal compliance has increased in December by 0.44% to 85.36% however, still falls short of the Trust 95% standard.

Turnover continues to reduce. There has been a further reduction in turnover in January 2023 from 10.21% to 10.18%, which is the closest to the target of 10% in more than a year and a tenth consecutive month seeing a move towards target.

Overall, mandatory training compliance has reduced to 85.03% against the overall target of 90%. This decrease can largely be attributable to a number of new additions in the mandatory training plan (Oliver McGowan and Patient Safety).

Finance

At Month 10, the Trust is reporting an in-month surplus of £0.04m against a planned deficit of £0.04m, which is £0.08m ahead of plan.

The Trust is reporting a year to date surplus of £5.524m against a plan of £4.702m, which is £0.822m ahead of plan.

At Month 10, the Trust has amended its financial forecast from a surplus of £4.35m to £5.35m, an improvement of £1m. The surplus is retained by the Trust, but provides system support to deliver an overall balanced financial position.

Total Trust income in M10 is £30.027m (including donated asset income and finance income).

M10 pay expenditure totalled £21.784m of which £0.081m is additional spend related to the Covid-19 response (including testing costs).

M10 non-pay expenditure totalled £8.551m.

The month 10 year to date net contribution from Optimus is £0.237m against a plan of £0.136m (£0.101m ahead of plan) and the year to date net contribution from the LLP is £0.952m against a plan of £0.955m (£0.003m behind plan).

YTD, the Trust continues to benefit from slippage on non-recurrent funding which continues to support the Trust reporting ahead of plan.

Key risks at M10 continue to relate to controlling run rates, ceasing non-recurrent expenditure arrangements and, CIP identification and delivery.

Oversight Framework



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	Performance	Standard	
New Cancer Two Week Rule	✗	Dec-22	91.26%	93.00%	<p>Cancer</p> <p>The latest validated position for December 2022 sees the Trust achieving six out of the nine cancer standards.</p> <p>A continued improving position against the Two Week Rule standard of 93% now reporting at 90.36% placing the Trust in 2nd across the region. Only one Trust achieved the standard, with the regional average reported position of 83.81%.</p> <p>The report reflects achievement of the breast symptomatic two week rule, 28 day faster diagnosis standard, and 31 day cancer standards all reporting above regional and national averages.</p> <p>The Trust has met the December improvement trajectory for Cancer 62 seeing an overall reduction in the number of patients waiting longer than 62 days albeit did not achieve against the 85% standard reporting at 68.25%, although an improvement on the previous month and reporting above both the regional and national position, reporting respectively at 63.56% and 61.8%.</p> <p>As part of the approach to recovery, a Cancer Improvement plan has been developed, which responds to the identified areas of improvement through, but not limited to, the clinically led Cancer Delivery Groups covering all tumour sites with various areas of focus being worked through including changes to pathways and work with key stakeholders.</p>
Breast Symptomatic Two Week Rule	✓	Dec-22	93.49%	93.00%	
28-day Faster Diagnosis	✓	Dec-22	80.14%	75.00%	
New Cancer 31 Days	✓	Dec-22	96.91%	96.00%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓	Dec-22	100.00%	98.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✓	Dec-22	100.00%	94.00%	
New Cancer 62 Days	✗	Dec-22	68.25%	85.00%	
New Cancer 62 Days (Screening)	✗	Dec-22	89.19%	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✓	Dec-22	85.71%	85.00%	

Oversight Framework



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Referral To Treatment Incomplete Pathways Wait (92%)	Jan-23	75.22%	92.00%		<p>RTT</p> <p>The Trust reported at 75.22% for the RTT incomplete standard in January. The latest benchmarking position, with December being the latest available data is reflective of a regional average at 68.0% and national reporting at 57.6%, with the Trust at 75.3%. A reduction in the waiting list of 3% (582) reduction compared to the previous month has been seen.</p> <p>All long waiters are reviewed and validated to ensure pathways are progressed as quickly as possible by expediting appointments.</p> <p>The Trust maintained its trajectory with no patients waiting longer than 78 and 104 weeks with the Trust now reporting the lowest numbers of both 52 and 40 week waiters across the North East and Yorkshire region.</p> <p>December saw 37 patients waiting over 52 weeks, focussed and sustained work is taking place to ensure that we reduce the number of patients waiting at the end of March to zero or as close to as possible factoring in patient choice.</p> <p>Diagnostics</p> <p>Diagnostic performance has seen a decrease in January, reporting 62.74% compliance within 6 weeks. The main area affecting the performance is Non-Obstetric Ultrasound, who are contributing 75% of the >6 weeks delays. Non-Obstetric Ultrasound performance has been affected by maternity leave and staffing gaps, these have continued during January delaying the recovery from February, the workforce levels are expected to return during March.</p> <p>To further support recovery with additional capacity created following pathway changes, implementation of the endoscopy booking system will ensure full use of available capacity and contacting patients to confirm attendance will again ensure full use of available capacity.</p> <p>The latest national position relates to December and is 68.72%, with the regional position 79.39% with the Trust reporting 66.90%, with compliance across the region ranged from 66.90% to 95.58%.</p>
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	Jan-23	29.85	28.00		
Incomplete Pathways Wait (Median)	Jan-23	9.85	7.20		
Incomplete Pathways Wait (>52 Week Wait)	Jan-23	37	0		
Diagnostic Waiting Times and Activity	Jan-23	62.74%	99.00%		

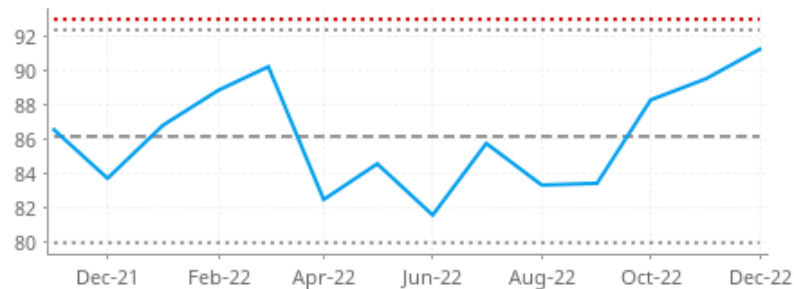
Oversight Framework



Statistical Process Control (SPC) Charts

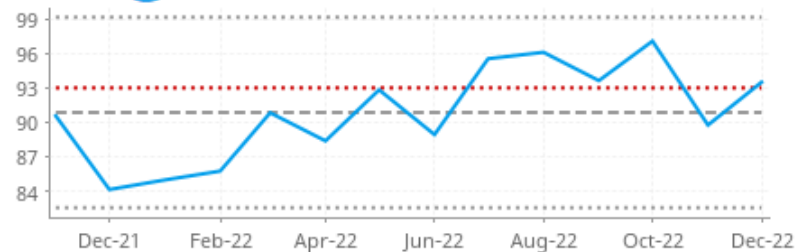
Cancer - 2 Week Rule

Month **Performance** **Standard**
Dec-22 **91.26%** **93.00%**



Cancer - Breast Symptomatic

Month **Performance** **Standard**
Dec-22 **93.49%** **93.00%**



Cancer - 28 day Faster Diagnosis

Month **Performance** **Standard**
Dec-22 **80.14%** **75.00%**



Cancer - 31 days

Month **Performance** **Standard**
Dec-22 **96.91%** **96.00%**



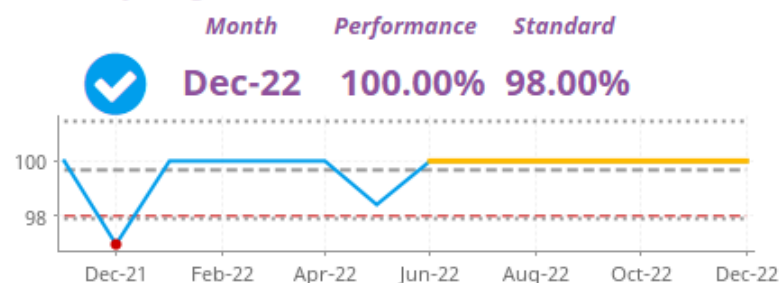
Oversight Framework



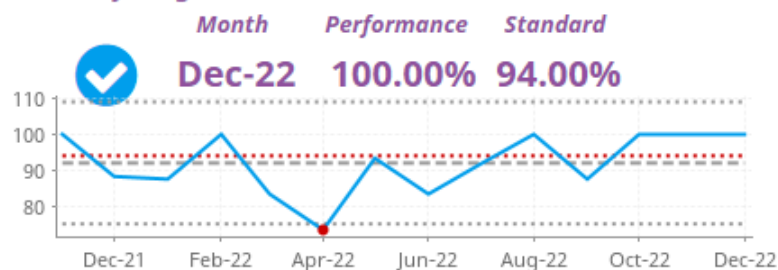
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

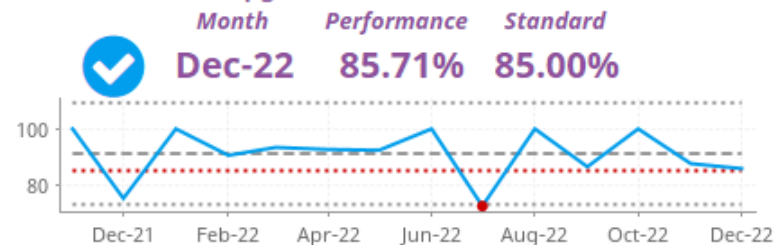
Cancer - 31 Day Drug Treatment



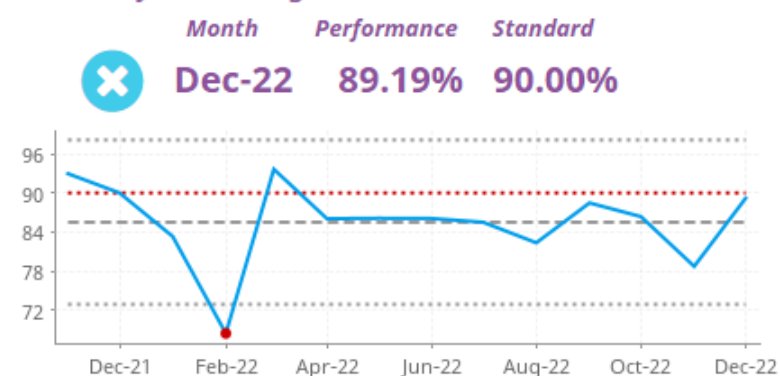
Cancer - 31 Day Surgical Treatment



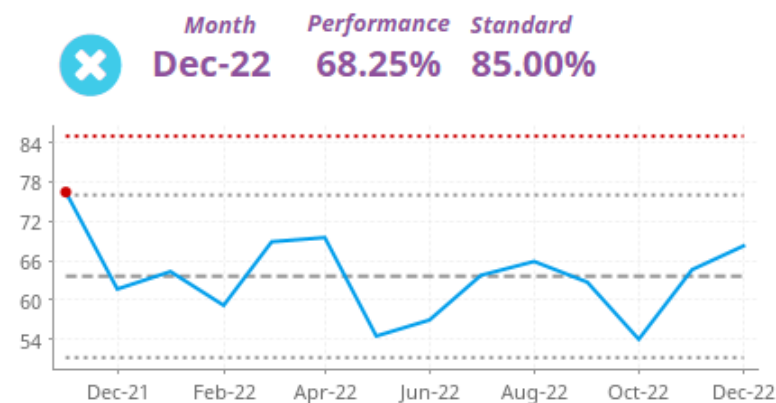
Cancer - 62 Consultant Upgrade



Cancer - 62 Days Screening



Cancer - 62 Days

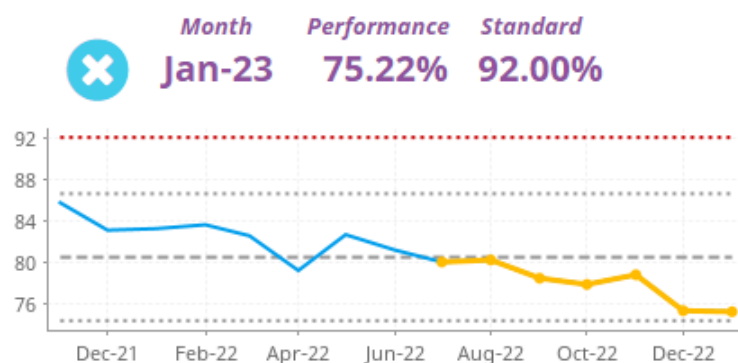


Oversight Framework

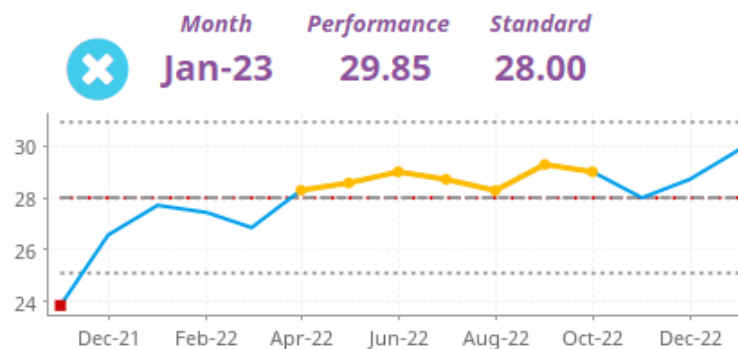


Statistical Process Control (SPC) Charts

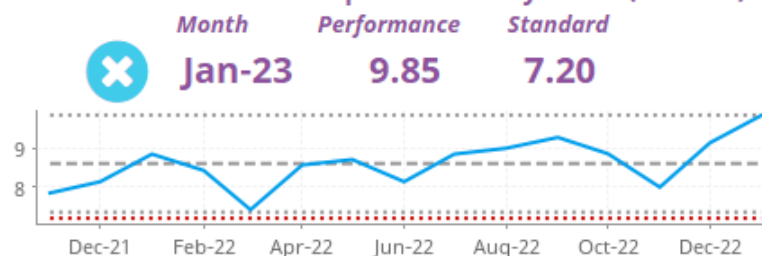
Referral To Treatment- Incomplete Pathways Wait (92%)



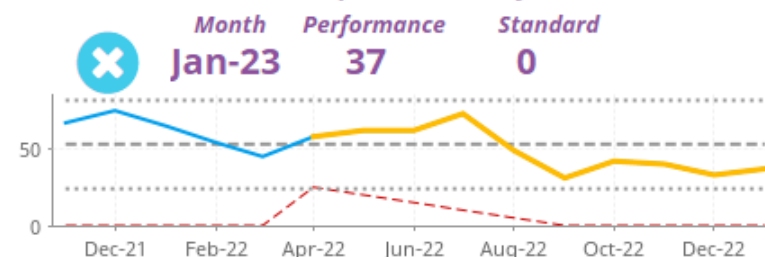
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)



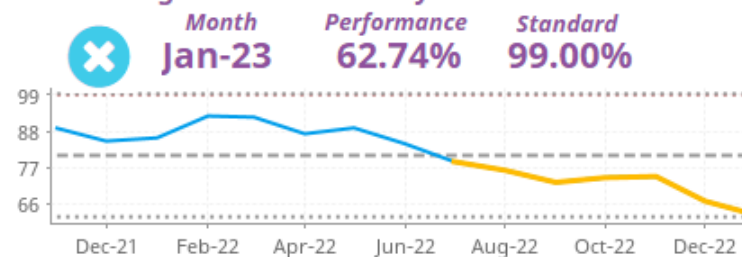
Referral To Treatment - Incomplete Pathways Wait (Median)



Referral To Treatment- Incomplete Pathways Wait (>52 Week Wait)



Diagnostic Waiting Times and Activity



Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard		Standard Achieved				Narrative
		Month	Performance	Standard	Trend	
Decision To Admit (DTA) (over 12 hrs)	✗	Jan-23	10	0		<p>Urgent and Emergency Care</p> <p>Following unprecedented pressures in urgent and emergency care attendance during the month of December 2022 of 18,427, the Trust has seen a 31% reduction to 14,046 attendances during January 2023, this level of reduction has been seen both regionally and nationally.</p> <p>Pressures are noted across the region affecting ambulance handovers, alongside industrial action taken during the month within the service on both 11th and 23rd January. There was no significant reduction in ambulance arrivals during the month, with 1,660 ambulance arrivals to A&E. Handover completion (PIN) showed an improvement with 77.7% of handovers recorded fully.</p> <p>A reduction is noted in the number of 60+minute delays compared to December, though still a pressure during the month, with 96 (5.8%) reported by NEAS into the Trust. Mean turnaround time (arrival to clear) reported at 37 minutes, which is above the 30 minute standard, though below the regional average of 41 minutes (range 31 - 51mins).</p> <p>There was a significant reduction in the number of patients received via ambulance divers and deflections and mutual aid; from 143 in December to 9 in January, with 3 patients going on to be admitted as an inpatient with an average LOS of 3 days.</p> <p>A reduction in patients waiting over 12 hours for a decision to admit from 46 in December to 10 in January, the majority (9) linked to bed waits. All patients were made comfortable and cared for appropriately within the Emergency Department until a bed became available. The implementation of the new operating model with an increase in the bed base is fundamental to improving flow.</p> <p>During the month an Improvement Week was held across the Trust which aimed to decompress pressures within ED, improve bed capacity at the start of the day and improve discharge efficiency. A range of interventions were established, using improvement methodologies to understand current state and test and implement new ways of working to improve patient flow, reduce occupancy and minimise delays. A number of interventions are still ongoing following the improvement week, with 30 day report due at the end of February 2023.</p> <p>The 2 hour Urgent Community Response reported 76.73% this period, against the required standard of 70%. 610 patients were seen within 2 hours out of 795 referrals received, with the majority of patients seen via District Nursing in Stockton. The hub continues to take referrals from the NEAS stack aiding in admission avoidance.</p>
Time to Initial Assessment (mean) Type 1 & 3	✓	Jan-23	12.98	15.00		
Number of Ambulance Handovers waiting more than 60 Mins	✗	Jan-23	81	0		
65% of Ambulance Handovers completed within 15 Mins	✗	Jan-23	30.18%	65.00%		
95% of Ambulance Handovers completed within 30 Mins	✗	Jan-23	63.55%	95.00%		
2 hour Urgent Community Response	✓	Dec-22	76.73%	70.00%		

Efficiency & Productivity



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Outpatient Did Not Attend (Combined)	Jan-23	10.37%	9.20%		<p>Outpatients</p> <p>Patients who are unable to attend their appointment (Did not attend - DNA) continues to report above the Trusts standard of 9.2%, however with an improved performance on the previous month (10.36%). Diabetes and Paediatrics reporting the highest DNA rates. A pilot as part of the Health Inequalities focus commenced in January 2023 for a period of 6 months, where patients are contacted prior to their appointments to confirm attendance and identify additional support patients may require to enable them to attend hospital.</p> <p>The Trust is linked into NENC ICS Outpatient transformation work via the regional group and keeps abreast of best practice and progress regionally. In February we engaged in the GIRFT checklist across specialities to understand how we compare regionally with OPD transformation.</p> <p>Work continues with clinical teams to embed Patient Initiated Follow Ups, Gastro went live on PIFU in February.</p>
Reducing Reviews	Jan-23	115.31%	85.00%		
Patient Initiated Follow Up (PIFU)	Jan-23	1.35%	5.00%		
Advice and Guidance	Jan-23	12.00%	16.00%		
Diabetic Retinopathy Screening	Jan-23	98.09%	95.00%		

Efficiency & Productivity



North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	Performance	Standard	Trend
Electronic Discharge Summaries	✗	Jan-23	88.46%	95.00%	
Super Stranded	✗	Jan-23	53	43	
Average Depth of Coding	✓	Dec-22	6.49	3.01	
Length of Stay - Elective	✓	Jan-23	2.35	3.14	
Length of Stay - Emergency	✓	Jan-23	3.13	3.35	
Day Case Rate	✓	Jan-23	88.50%	75.00%	
Pre-op Stays	✓	Jan-23	2.04%	4.50%	
Trust Occupancy	✗	Jan-23	90.68%	90.00%	
Re-admissions Rate 30 Days (Elective and Emergency)	✗	Nov-22	8.50%	7.70%	
Not reappointed within 28 days	✗	Dec-22	6	0	

Super Stranded Patients

January has seen a slight decrease of 7 patients (60 to 53) for those who have been in hospital 21 days or more. The 37 patients are from within area, with Hartlepool & Stockton accounting for 69.81%, this is an increase from the 68.33% in December. The Trust continues to work with its partners in Local Authorities to ensure timely discharge where clinically appropriate.

Length of Stay

A continued reduction to a patients' length of stay (emergency admitted pathways) for January is noted which helped to ease pressure on beds and aid the flow. However, there is a slight increase in the elective length of stay, this is due to increase in elective activity which has had an impact on LOS, with approximately 9.66% (n=32) more activity carried out in January compared to December.

Trust Occupancy

The Trust occupancy throughout January consistently reported above 90% at an average of 90.68% (reduced from 92.48% in December). Surges in activity saw the Trust exceed 95% occupancy on 6 occasions despite all available surge and resilience beds being open. This has reduced from 17 in December.

Admissions for Covid continue to decrease from 142 in December to 93 in January, with 30 patients still in the Trust being treated at the end of January. These patients are currently being managed through appropriate isolation or cohorting to maintain patient flow.

There were 102 flu admissions in January, this has reduced from 331 admissions for in December, with 6 patients still in the Trust being treated at the end of January.

Readmissions

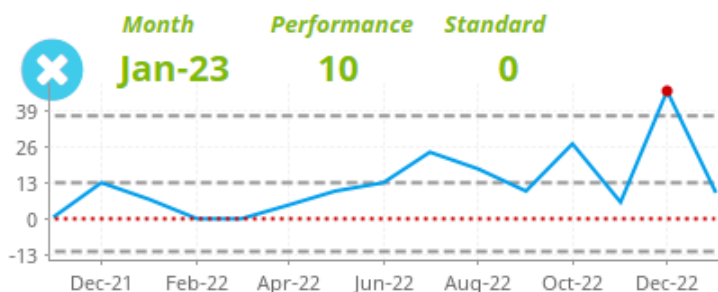
The latest validated position has seen a decrease of 0.18% for readmissions compared to previous month. Pain issues being the reason for the highest elective readmission and Urology the reason for the highest emergency readmission. Audit were due to report to the Business Team in January around Readmissions, this has been pushed to February.

Efficiency & Productivity

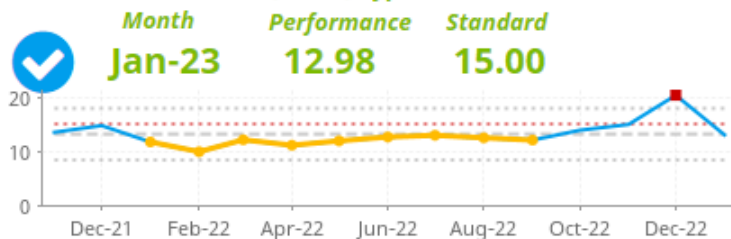


Statistical Process Control (SPC) Charts

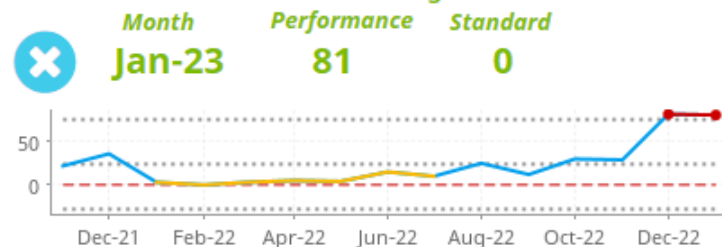
Decision to Admit (DTA) (Over 12 hours)



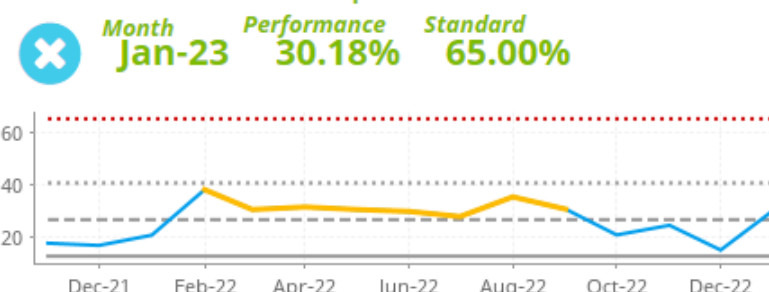
Time to Initial Assessment (mean) Type 1 & 3



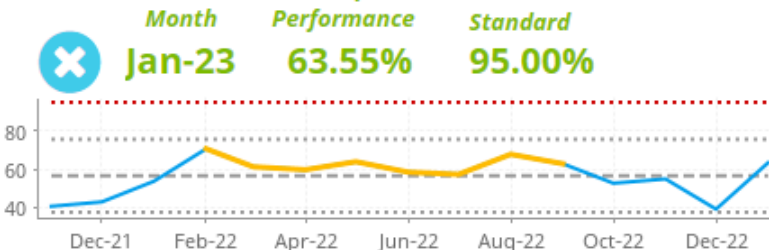
Number of Ambulance Handovers waiting more than 60 mins



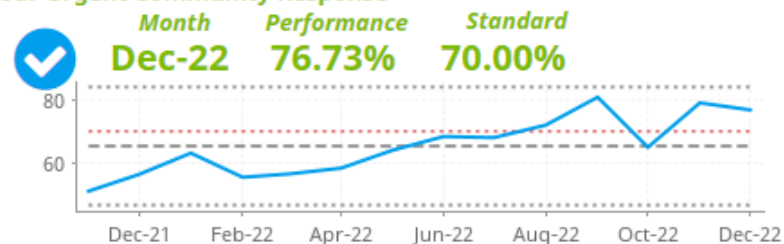
65% of Ambulance Handovers completed within 15 mins



95% of Ambulance Handovers completed within 30 mins



2 hour Urgent Community Response



Efficiency & Productivity



Statistical Process Control (SPC) Charts

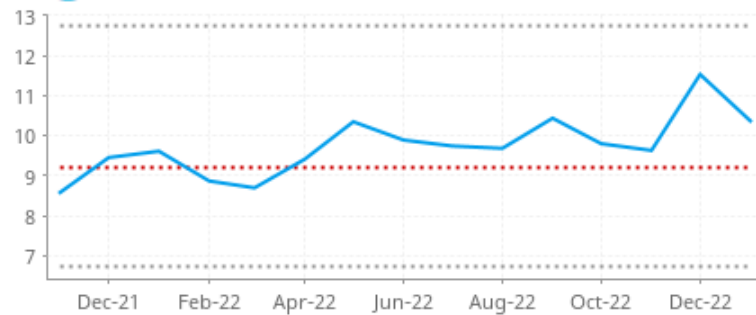
Outpatient Did not Attend



Month
Jan-23

Performance
10.37%

Standard
9.20%



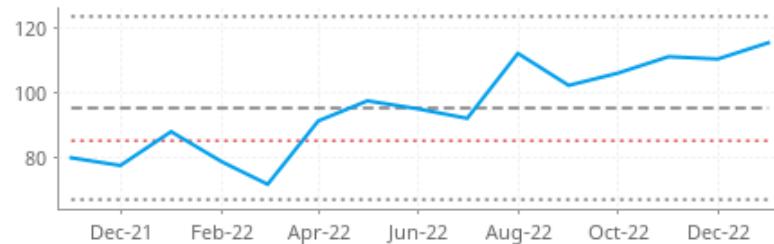
Reducing Reviews



Month
Jan-23

Performance
115.31%

Standard
85.00%



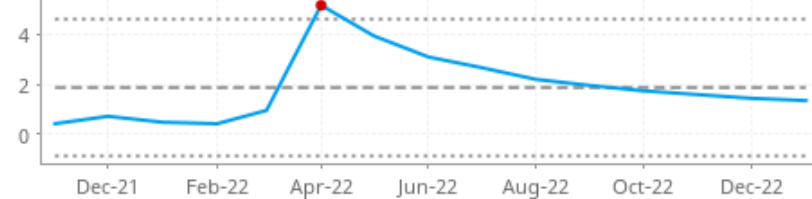
Patient Initiated Follow up



Month
Jan-23

Performance
1.35%

Standard
5.00%



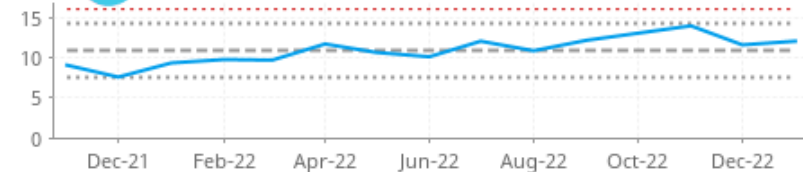
Advice and Guidance



Month
Jan-23

Performance
12.00%

Standard
16.00%



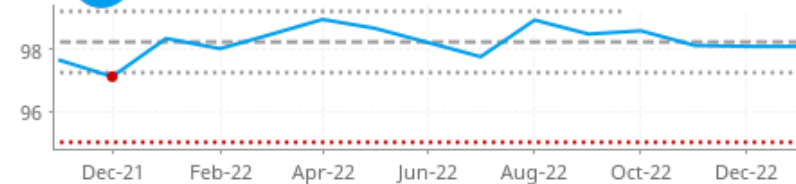
Diabetic Retinal Screening



Month
Jan-23

Performance
98.09%

Standard
95.00%

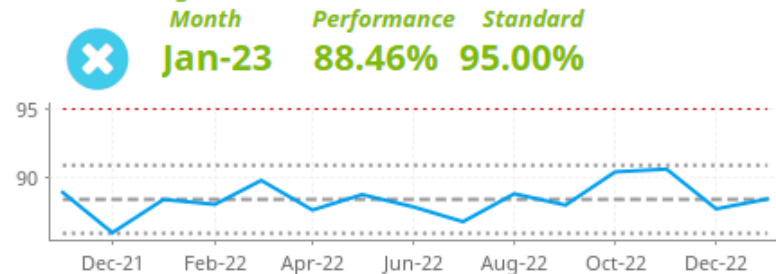


Efficiency & Productivity

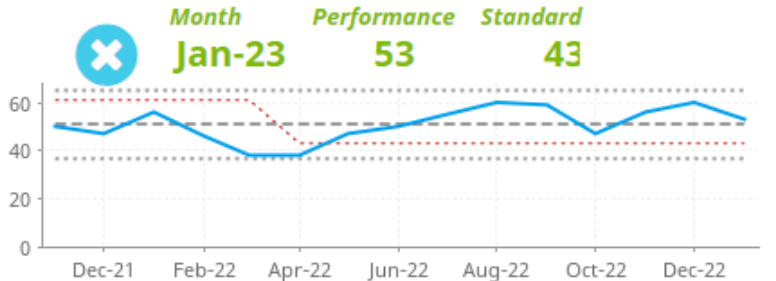


Statistical Process Control (SPC) Charts

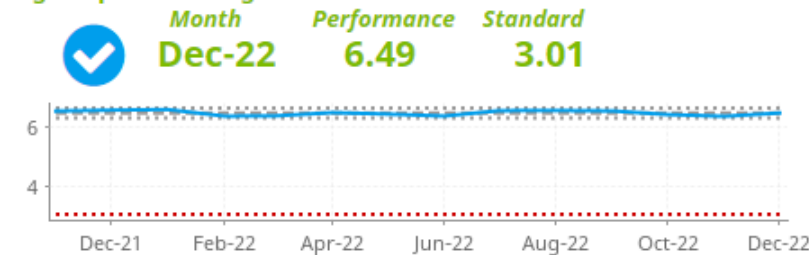
Electronic Discharge Summaries



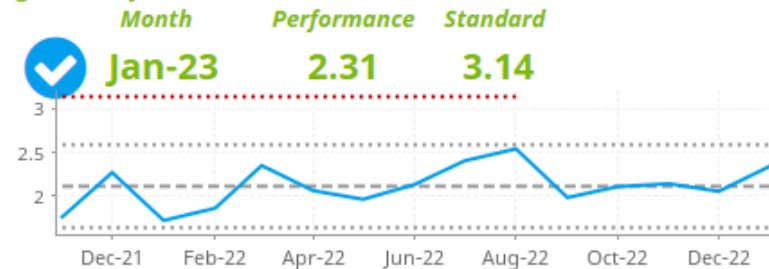
Super Stranded



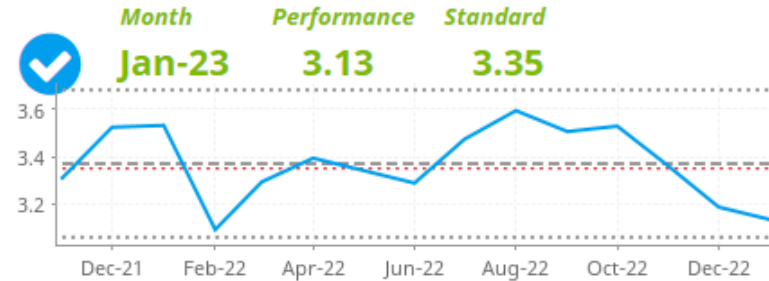
Average Depth of Coding



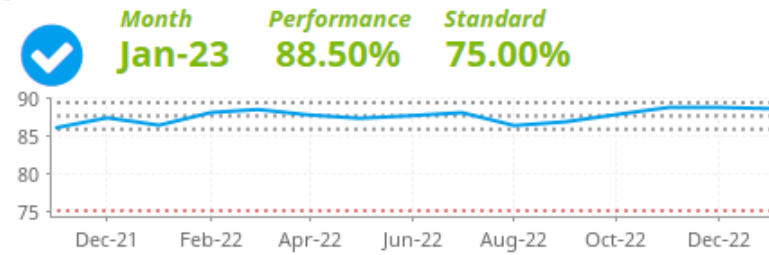
Length of Stay - Elective



Length of Stay - Emergency



Day Case Rate



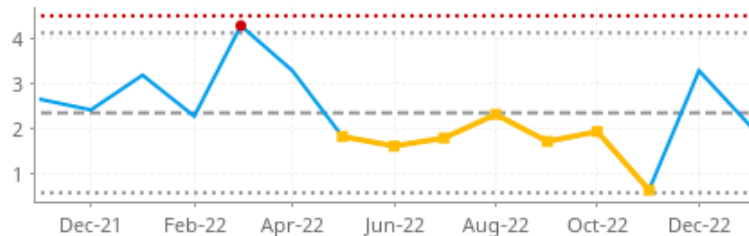
Efficiency & Productivity



Statistical Process Control (SPC) Charts

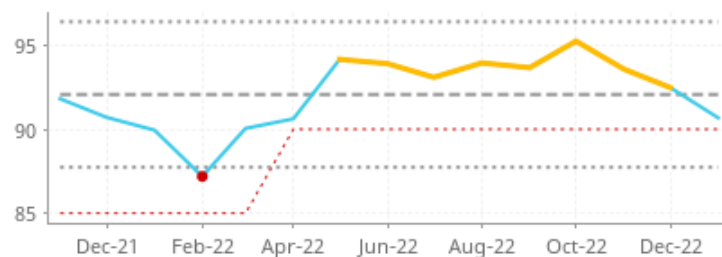
Pre-op Stays

✓ **Month** Jan-23 **Performance** 2.04% **Standard** 4.50%



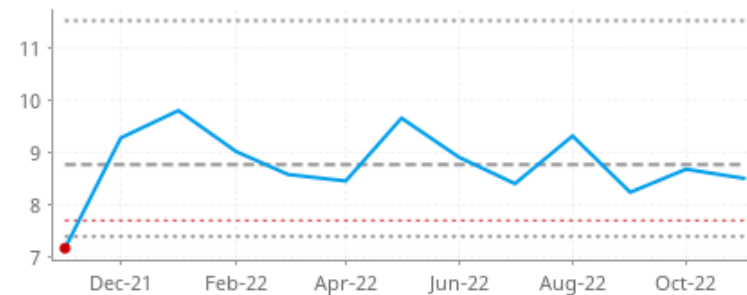
Trust Occupancy

✗ **Month** Jan-23 **Performance** 90.68% **Standard** 90.00%



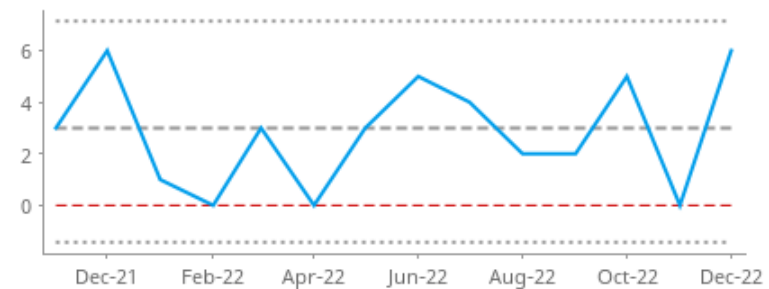
Re-admissions Rate 30 Days (Elective and Emergency Admission)

✗ **Month** Nov-22 **Performance** 8.50% **Standard** 7.70%



Not Reappointed within 28 days

✗ **Month** Dec-22 **Performance** 6 **Standard** 0



Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

		Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Dec 21 - Nov 22	93.53	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	Sep 21 - Aug 22	98.11	

		Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Jan-23	128	107	
Stage 2 Complaint	✗	Jan-23	12	7	
Stage 3 Complaint	✓	Jan-23	6	8	
Compliments	✓	Jan-23	344	280	

Mortality

The latest HSMR value is currently reporting at 93.53 (November 2021 to October 2022), which has increased from the previous rebased value of 92.25 (November 2021 to October 2022). The latest SHMI value is now 98.11 (September 2021 to August 2022) which has decreased from the previous rebased value of 99.44 (August 2021 to July 2022).

Complaints

The number of complaints has increased by 50 in January (146), compared with the previous month (96). The total number of Stage 1 complaints received in January is 128, which is an increase of 39 on the previous month, the number of Stage 2 complaints received is 12 which is an increase of 9 in the previous month and 6 Stage 3 complaints have been received which is an increase of 2 on the previous month. The numbers received and themes continue to be closely monitored. The Trust continues with the drive for local and face to face resolution of concerns, virtual meetings are in place to support this process.

During January, Attitude of Staff is the highest theme mentioned in 25 concerns/complaints, which is an increase of 15 from December, this is spread across 21 different wards/departments. There is an increase in Communication (verbal) from 8 to 21 in January and an increase in complaints mentioning care and compassion from 11 in December to 20 in January.

Increased analysis continues to be presented and discussed during the weekly Safety Panel meetings and in the monthly Patient Experience Report. Trend analysis is also addressed during weekly Senior Clinical Professional Huddles. This robust process continues to support timely identification of the themes.

The Complaint Improvement Project is continuing, with the Stage 3 process revised and a reviewed process implemented on 3 January 2023. A 30 day evaluation is underway and further evaluations will take place at 60 and 90 days. The Project Group are currently reviewing the Stage 2 process.

Compliments

The Trust records the compliments received onto the Greatix platform. For January 2023 the number of compliments received is 344, which is higher than the mean of 280 compliments. Compliments consistently remain higher than the number of complaints the Trust receives.

Safety & Quality



North Tees and Hartlepool

NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	Performance	Standard	Trend
High Risks	✓	Jan-23	4	4	
Never Events	✓	Jan-23	0	0	
VTE %	✓	Jan-23	97.08%	95.00%	
Fall No Harm	✓	Jan-23	66	82	
Fall Low Harm	✗	Jan-23	20	17	
Fall Moderate Harm	✓	Jan-23	1	2	
Fall Severe Harm	✓	Jan-23	0	0	

Falls

There has been a total of 87 falls reported in January. This has reduced by 31 when compared to the previous month. No harm falls continue to have the highest reported at 66 for the month, which is 16 below the standard. Low harm are reported as 20 against a standard of 17. Falls reported as moderate harm has reduced from 4 falls in December to one in January which is measured against a standard of 2.

The fall reported as moderate harm involved a patient on Ward 37 with the fall resulting in a fractured neck of femur. The patient safety team is currently investigating this.

Teams and departments continue to implement prevention strategies when required and that compliance with reporting falls remains at an excellent standard. It has been noted that the quality of information recorded on Datix following a fall has improved and assists in any subsequent investigation.

Safety & Quality



Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Pressure Category 1 (inpatient)	Dec-22	12	4		<p>Pressure Ulcers</p> <p>In the December 2022 reporting period, there were 12 Category one pressure ulcers validated, which is above our expected standard of 4. This is an increase from previous months and demonstrates early identification of pressure damage and prevention of more severe harm. A decrease in Category two pressure ulcers is noted to 21, which is slightly above the accepted standard of 20 cases. This is likely reflective of the high occupancy and activity levels faced by the trust. There has been three Category three pressure ulcers identified in December 2022, which is above the standard although patients were identified as being in the final phase of their life. There have been zero Category four pressure ulcers reported, both of which are in line with or below our expected standard.</p> <p>It is also noted that in December 2022 there were 10 suspected Deep Tissue Injuries (SDTI) identified and 13 unstageable ulcers, which may be able to be categorised as the damage evolves.</p> <p>Ongoing work continues with the validation of pressure ulcers, due to the difference between validated and un-validated data positions. A Skin Integrity Collaborative is underway on ward 36 and ward 41 with a focus on prevention, early identification and accurate categorisation. Therefore it is expected that an increase in reporting will be seen over the next six months.</p>
Pressure Category 2 (inpatient)	Dec-22	21	21		
Pressure Category 3 (inpatient)	Dec-22	3	1		
Pressure Category 4 (inpatient)	Dec-22	0	0		

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

		Month	Performance	Standard	Trend
Hand Hygiene	✓	Jan-23	99%	95%	
Clostridioides difficile (cdiff)	✓	Jan-23	3	5	
MRSA	✓	Jan-23	0	0	
MSSA	✗	Jan-23	4	3	
Ecoli	✗	Jan-23	7	6	
Klebsiella	✗	Jan-23	3	2	
Pseudomonas	✓	Jan-23	0	1	
CAUTI	✓	Jan-23	17	19	

Infections

January 2023, the Trust reported three cases of Clostridioides difficile infection, which is below the predicted trajectory of five cases. Our yearly objective for 2022-23 is 54 cases of Clostridioides Difficile, with our current case figure of 38.

The Trust has reported seven E-coli bacteraemia in January 2023, which is above our projected case rate of six. Our yearly objective for E-coli bacteraemia for 2022-23 is 73, with 70 cases since the start of the financial year. Ongoing quality improvement work continues with a catheter care and prevalence.

There has been zero trust attributable cases reported for Pseudomonas infections in January 2023. Our 2022-23 objective is 12 cases, and we currently remain at 13 to date. The trust reported three cases of Klebsiella in January 2023, which is above our predicted trajectory. Our yearly objective for Klebsiella species for 2022-23 is 21 cases, currently the trust stand at 23 cases.

There has been four healthcare-associated case of MSSA in January, which is above our monthly projected trajectory of three cases. There is no national objective set for MSSA, but our own internal trust target for 2022-23 is 30 cases. The trust have had 33 cases in total for this financial year.

For the month of January, 17 CAUTI cases were reported for the trust, which is a further reduction on previous months and below our standard for the month.

The trust reports zero MRSA bacteraemia. Our zero tolerance target has been breached by one case for 2022-23.

Hand Hygiene compliance throughout the trust remained at 99%, against a target of 95%.

Safety & Quality



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

		Month	Performance	Standard	Trend
Friends and Family Test (FFT) - Emergency	✓	Jan-23	85.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	✓	Jan-23	81.00%	75.00%	
Friends and Family Test (FFT) - Maternity	✓	Jan-23	80.00%	75.00%	
UNIFY - RN Day	✓	Jan-23	83.32%	>=80% and <=109.99%	
UNIFY - RN Night	✓	Jan-23	97.28%	>=80% and <=109.99%	
UNIFY - HCA Day	✓	Jan-23	88.16%	>=80% and <=109.99%	
UNIFY - HCA Night	✗	Jan-23	126.15%	>=110% and <=125.99%	

UNIFY

Nursing fill rates remain challenging due a range of factors including continued vacancies, however this position is improving month on month with a further improved position forecasted for the end March23. In wards and departments where there is a reduced RN fill there is clear utilisation of the Nursing Associate role within the workforce models and skill mix of staff and levels of experience are reviewed daily to ensure the right skills are in the right place to deliver the safest and most efficient care to patients at all times. The daily workforce planning decisions continue to be managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse.

Twice daily safe staffing meetings continue to review the acuity and dependency needs of patients to ensure the available staffing resource is deployed to the most suitable areas. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependency, underpinned by professional judgement.

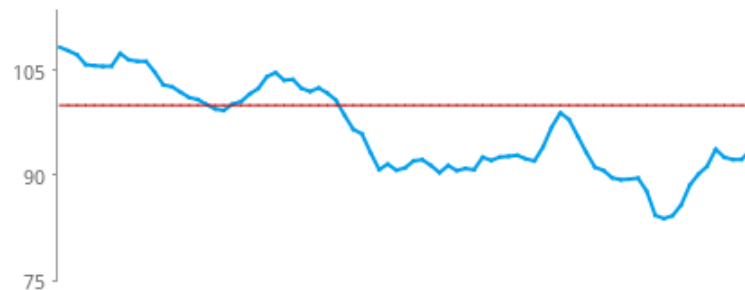
Monthly recruitment processes are on-going for both Registered Nurses and Unregistered Nurses and cohort 4 of Team Support Worker have recently been recruited into a total 10wte positions and are taking up their positions from the 27 Feb 2023. The next cohort of Pre Registered nurses (21 in total) were interviewed in November 2023 and the majority of them have recently taken up their positions from the end January 2023. They will remain supernumerary in role for the next 6-8 weeks and will be supported through their preceptorship programme. The next cohort of newly registered nurses will join the Trust in September 2023 (approx. 40) and on boarding plans are currently being agreed.

The international recruitment of nurses is currently underway with 56wte nurses deployed to the UK and another 4 nurses planned for deployment in March 2023 which will completed the planned recruitment of 60wte nurses throughout 2022/23. This will further support increasing the shift fill rate and reducing the overarching nursing vacancy level

Additional Detail Charts

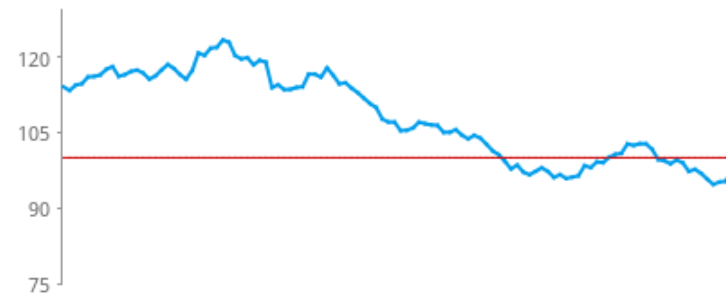
Hospital Standardised Mortality Ratio

✓ *Month* Dec 21 - Nov 22 *Performance* 93.53



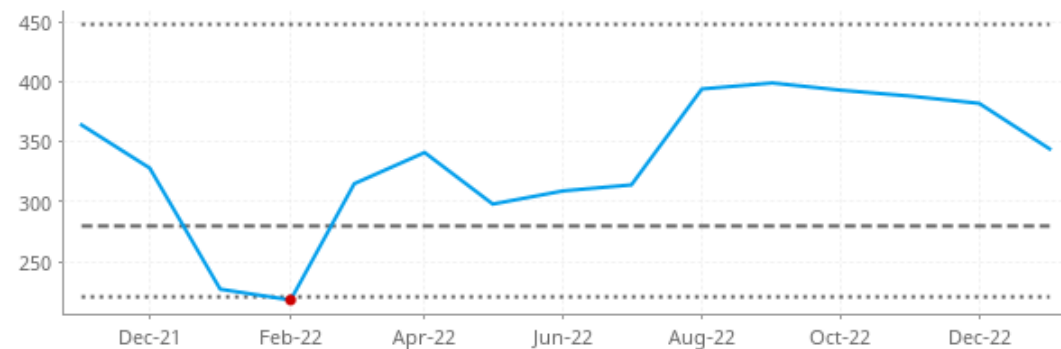
Summary Hospital-Level Mortality Indicator

✓ *Month* Sep 21 - Aug 22 *Performance* 98.11



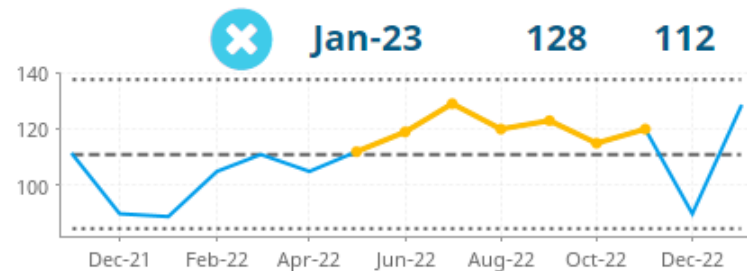
Compliments

✓ *Month* Jan-23 *Performance* 344 *Standard* 280

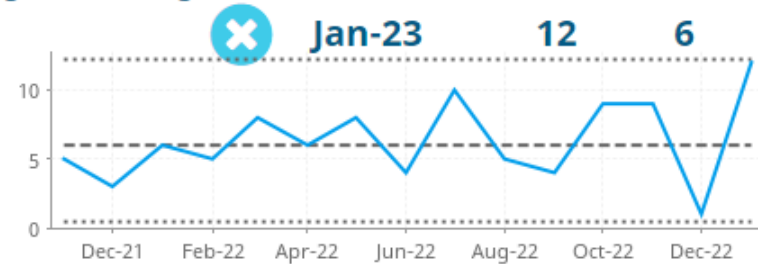


Statistical Process Control (SPC) Charts

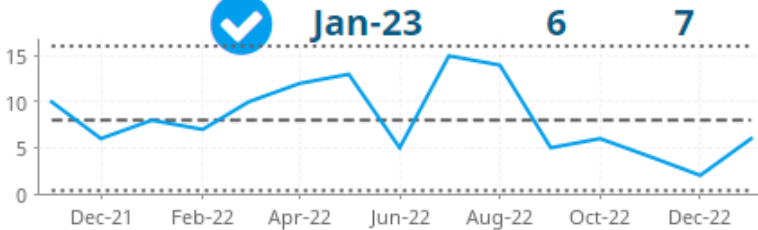
Stage 1 - Informal Month Performance Standard



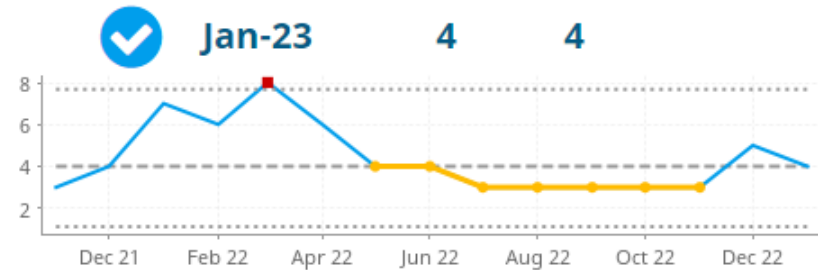
Stage 2 - Meeting Month Performance Standard



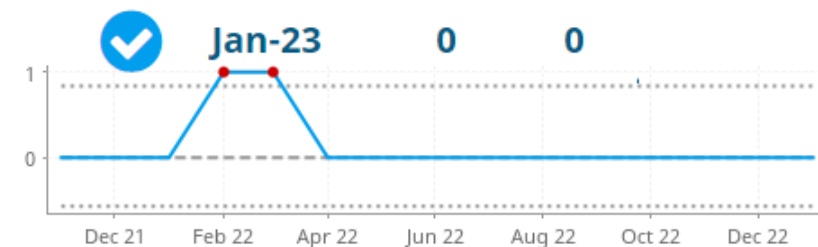
Stage 3 - Formal Month Performance Standard



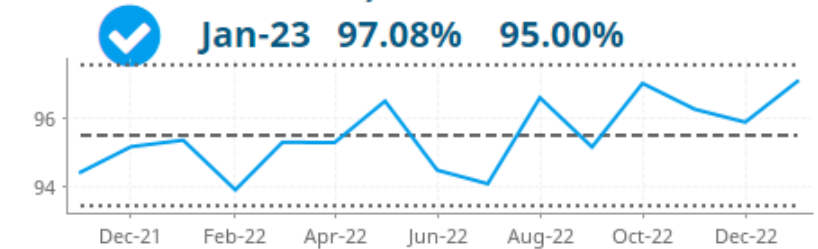
Red Risks Month Performance Standard



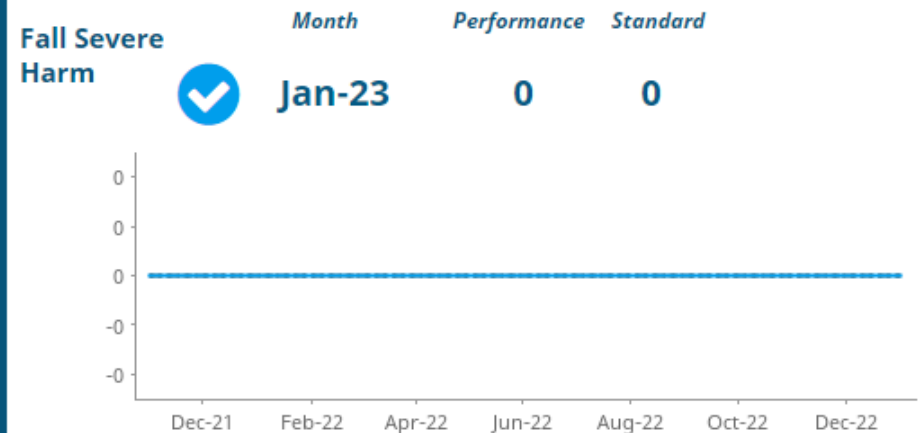
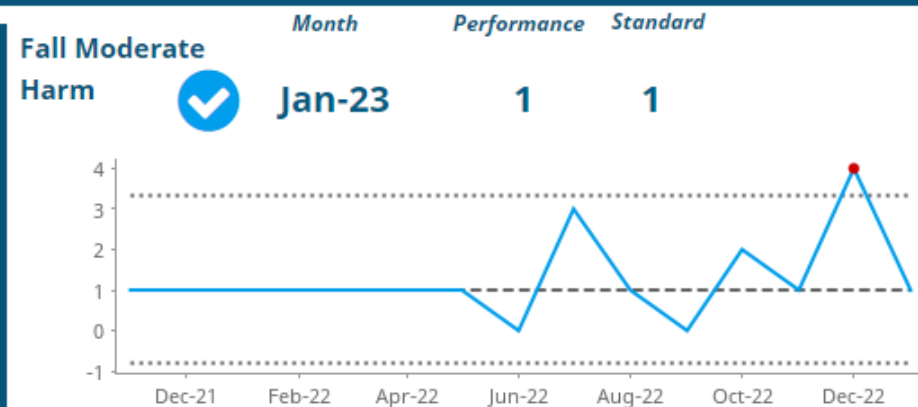
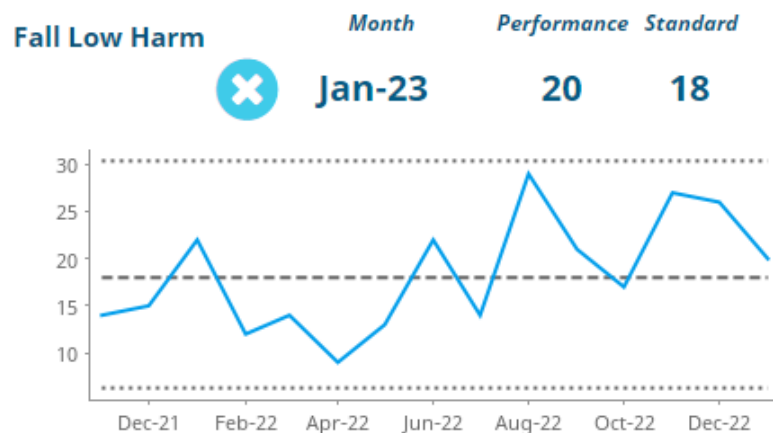
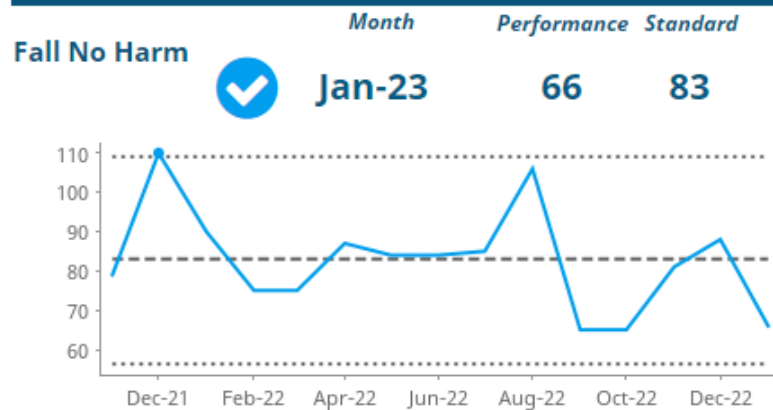
Never Events Month Performance Standard



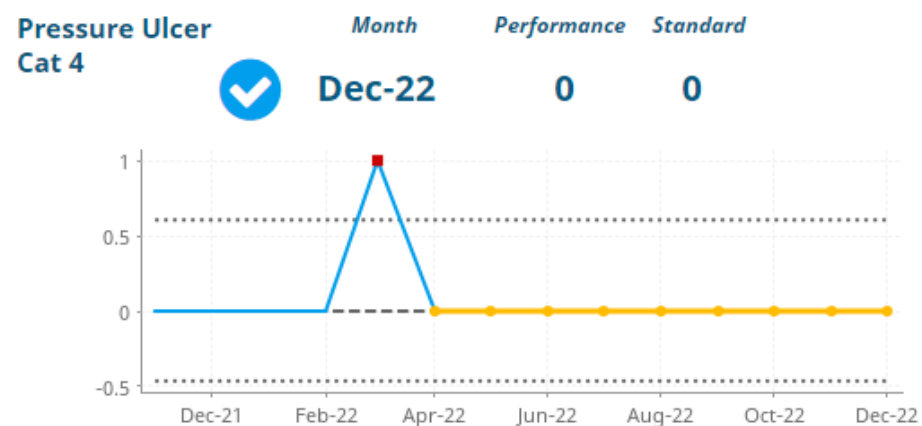
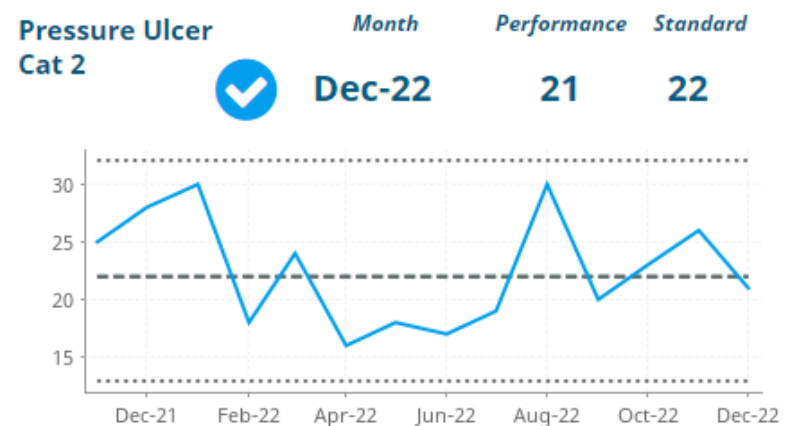
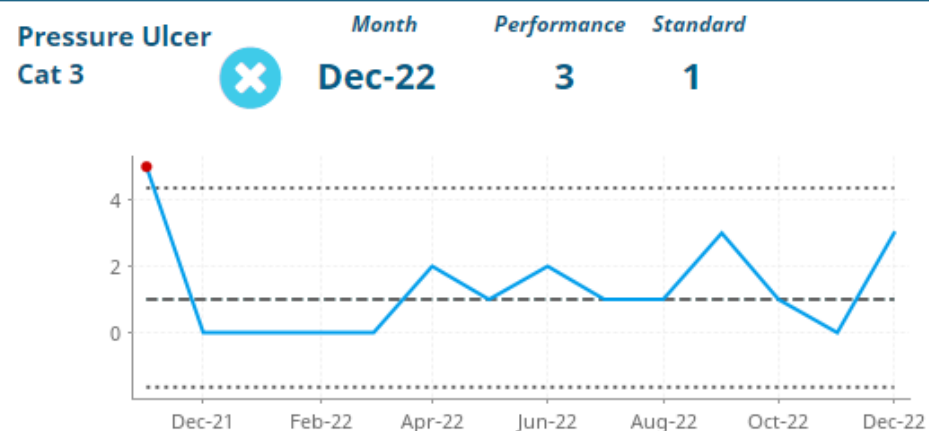
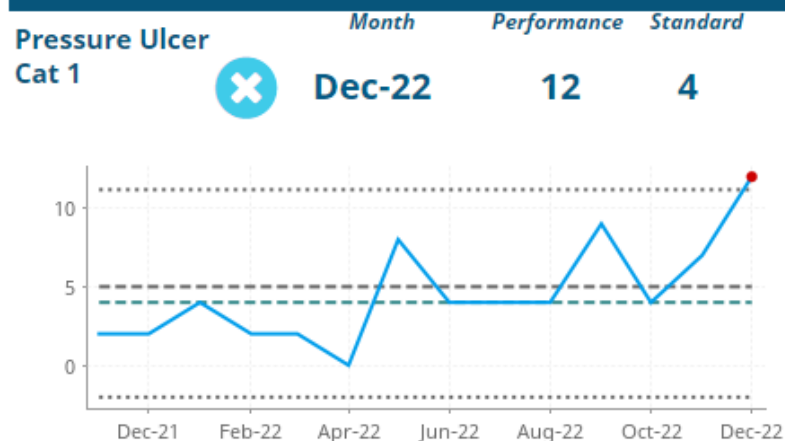
VTE % Month Performance Standard



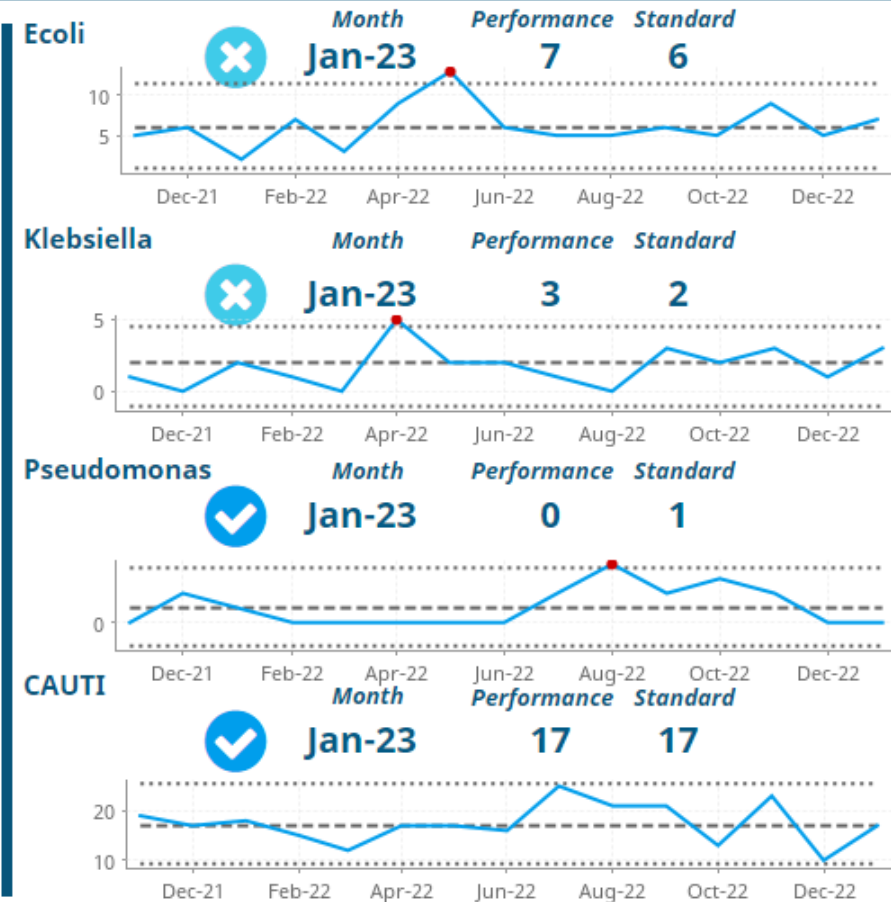
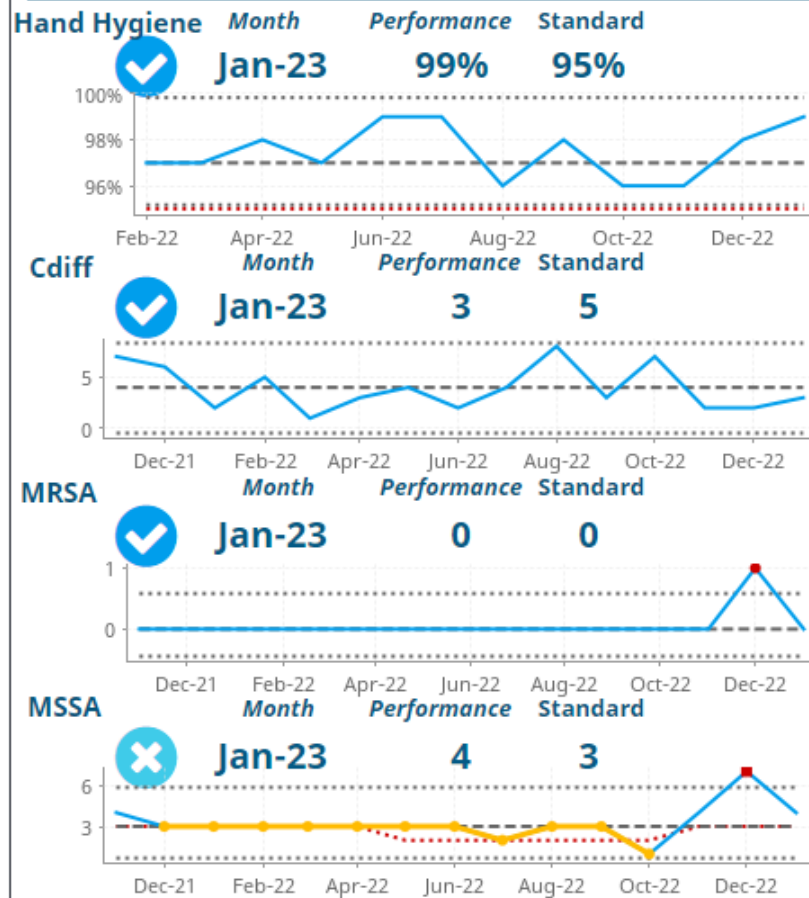
Statistical Process Control (SPC) Charts



Statistical Process Control (SPC) Charts



Statistical Process Control (SPC) Charts

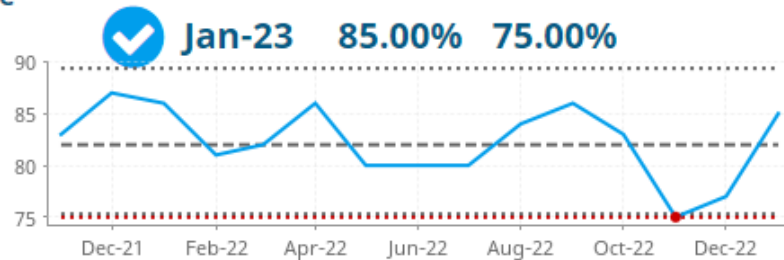


Safety & Quality

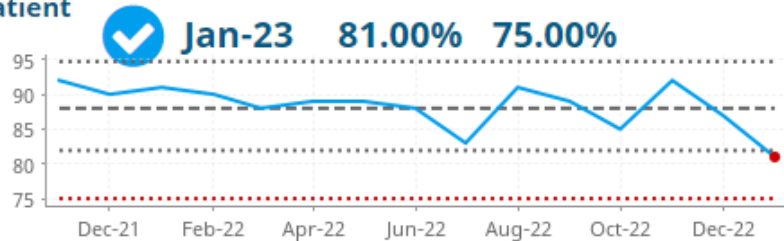


Statistical Process Control (SCP) Charts

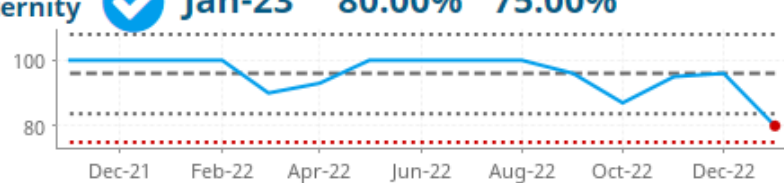
FFT Emergency Care Month Performance Standard



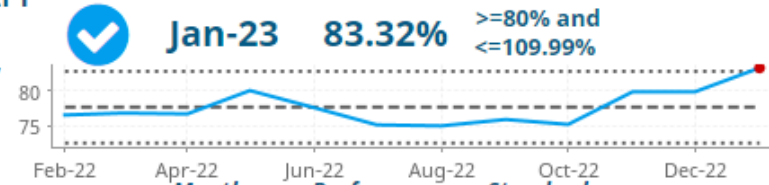
FFT Inpatient Month Performance Standard



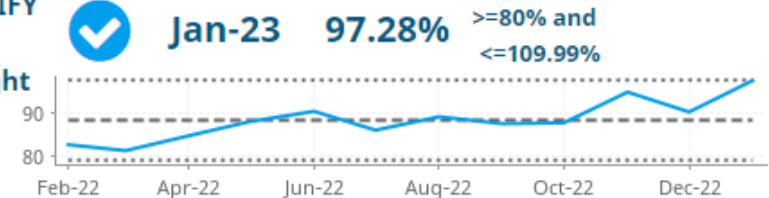
FFT Maternity Month Performance Standard



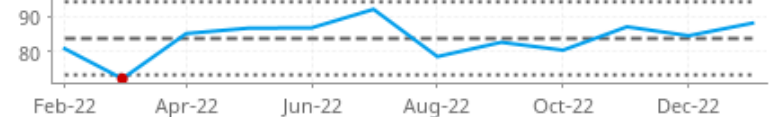
UNIFY RN Day Month Performance Standard



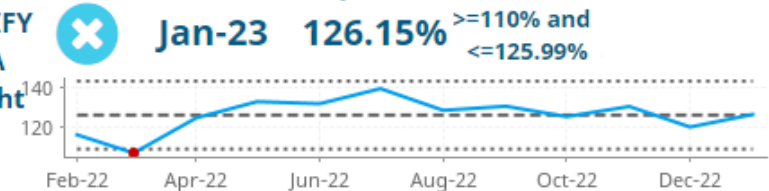
UNIFY RN Night Month Performance Standard



UNIFY HCA Day Month Performance Standard



UNIFY HCA Night Month Performance Standard



Workforce



North Tees and Hartlepool
NHS Foundation Trust

Standard

Standard Achieved

Narrative

Month Performance Standard Trend

Sickness - Overall



Dec-22

7.19%

4.00%



Sickness Breakdown

Short Term

Dec-22

3.60%

Long Term

Dec-22

3.60%

The sickness absence rate saw an increase from 6.05% in November to 7.19% in December.

The increase is attributable to cold, coughs and flu, seeing an increase of 6.76% in this reason for absence compared to the previous month (shifting from 9.79% in November to 16.55% in December). This pattern was reflected in all Care Groups.

Stress/Anxiety/Depression, Chest / Respiratory and MSK related absences saw a decrease between November and December 22.

Covid absences saw a further decline in December, with covid being the reason for 0.59% of the 7.19% total. There was an equal split between long and short term absences in December (3.6% for both).

A further task and finish group session took place in January specifically aimed at SCMs in response to concerns raised about approach to management of sickness over the Christmas period. Further targeted actions were agreed following the discussion and are being implemented and monitored (including application of policy and use of mitigation). The review of pathways for short and long term absence management continues with positive outcomes identified to date.

Workforce



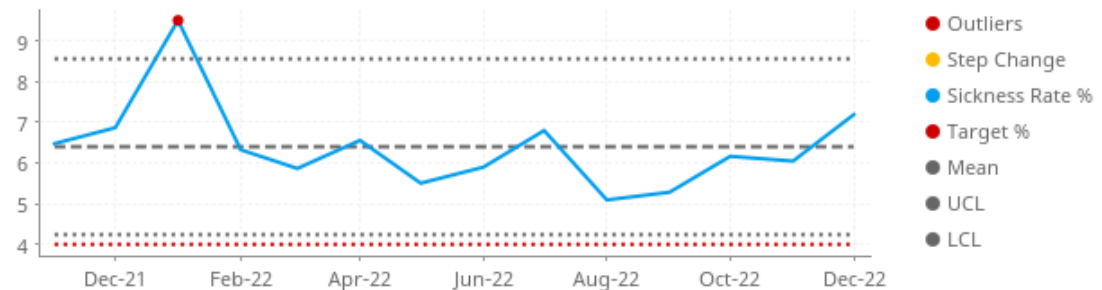
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
	Month	Performance	Standard	Trend	
Appraisals					<p>Appraisals - The position for appraisal compliance from January's Trust RAG report stands at 85.36% which is an increase of 0.44% from December 2022 (amber). The position is 1.82% more positive this year compared to January 2022. Engagement continues with the Care Groups and Corporate areas in supporting appraisals to take place.</p>
	Jan-23	85.36%	95.00%		
Turnover					<p>Staff Turnover - There has been a further reduction in turnover in January 2023 from 10.21% to 10.18%, which is the closest to the target of 10% in more than a year and a tenth consecutive month seeing a move towards target. Feedback from staff continues to be important in addressing retention issues, both during employment as well as from people considering leaving employment. Actions from the engagement platform Clever Together, has provided valuable intelligence in relation to retention related issues.</p>
	Jan-23	10.18%	10.00%		
Mandatory Training					<p>Mandatory Training - Mandatory training compliance saw a decline 88.04% in December 2022 to 85.03% in January 2023. This decrease can largely be attributable to a number of new additions in the mandatory training plan (Oliver McGowan and Patient Safety). This, combined with significant pressures faced by the Trust over the January period goes some way in explaining this position. An ILS workshop is planned this month to discuss attendance and delivery of ILS courses with the care leads.</p>
	Jan-23	85.03%	90.00%		

Statistical Process Control (SPC) Charts

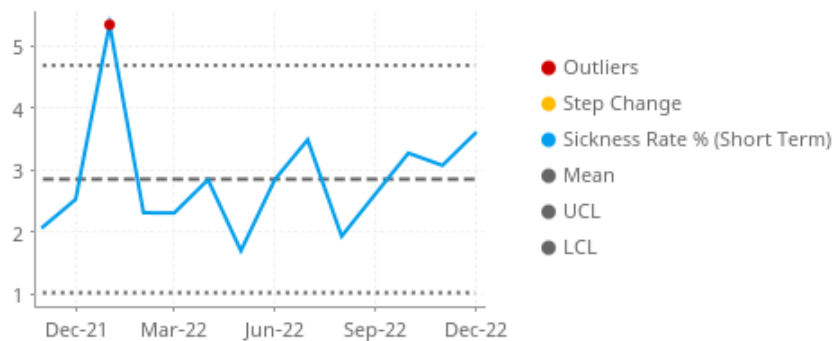
Sickness - Overall

Month Performance Standard
Dec-22 **7.19%** **4.00%**



Short Term

Month Performance
Dec-22 **3.60%**



Long Term

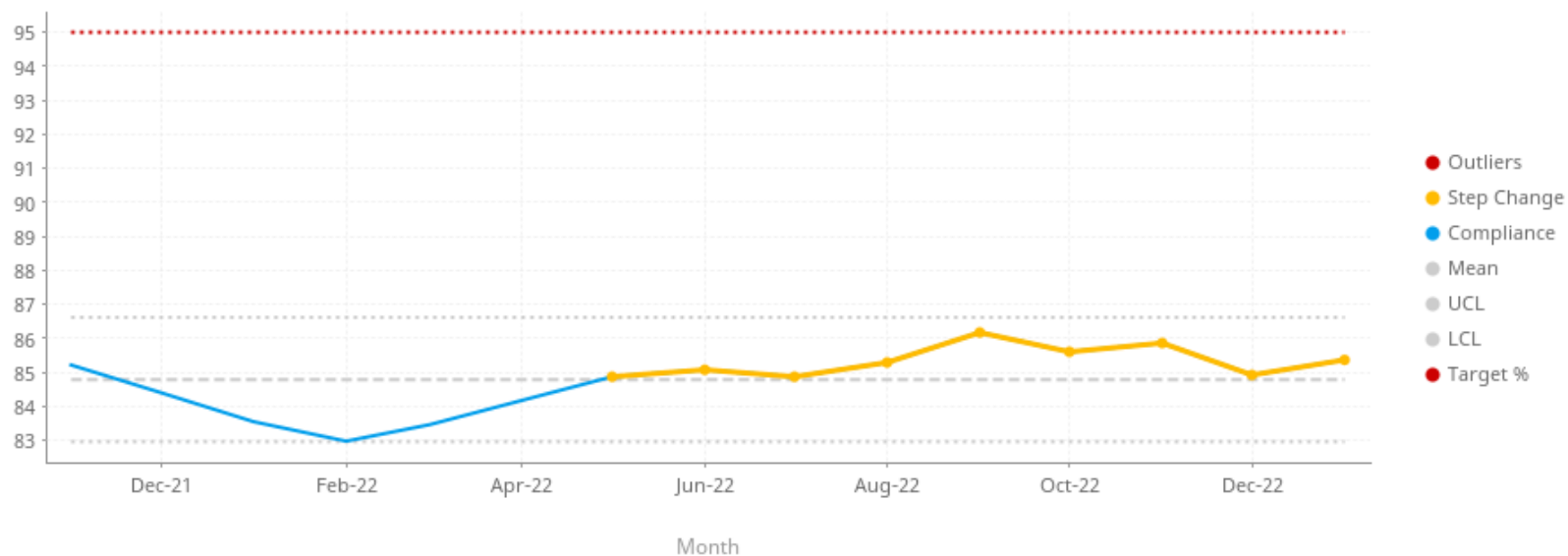
Month Performance
Dec-22 **3.60%**



Statistical Process Control (SPC) Charts

Appraisal

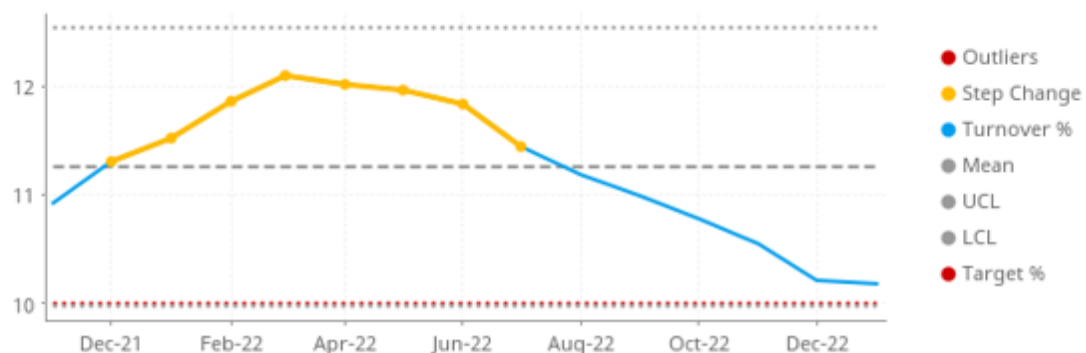
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 Month Performance Standard
 Jan-23 85.36% 95.00%



Statistical Process Control (SPC) Charts

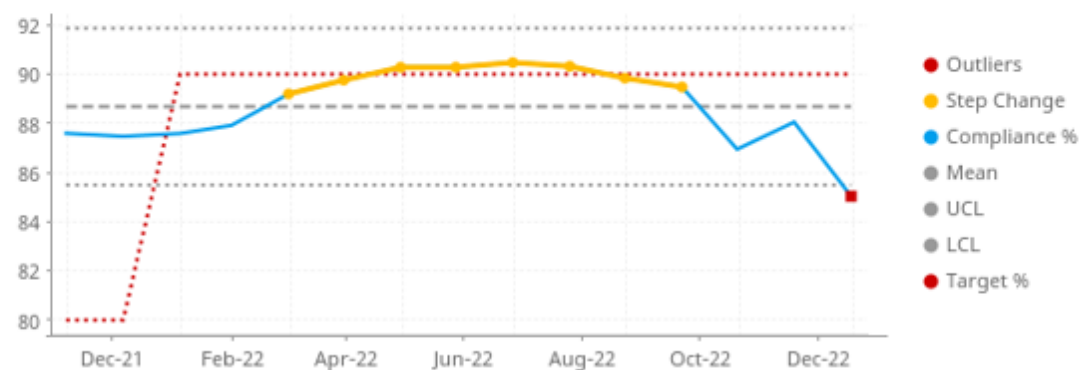
Turnover

	Month	Performance	Standard
✖	Jan-23	10.18%	10.00%



Mandatory Training

	Month	Performance	Standard
✖	Jan-23	85.03%	90.00%



Finance



North Tees and Hartlepool
NHS Foundation Trust



Finance Overview - Month 10

	Plan (£000)	Actual (£000)	
Income/Expenditure			
In Month	(40)	40	😊
Year to Date	4,702	5,524	😊

	£m
Cash Actual	72.2
Cash Plan*	63.8

*Explained by an improvement in the 2021/22 cash position

	Plan (£m)	Actual (£m)	
Capital (*)			
In Month	4,139	1,295	😐
Year to Date	13,055	10,953	😐

NHS Oversight Framework (Issued 27 June 2022)

Financial Efficiency -
Variance from
Efficiency Plan



Achievement of Mental
Health Investment
Standard



Financial Stability -
Variance from Break-even



Agency Spending



* Capital plan rephased to commence from 01 July 2022











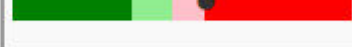





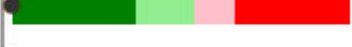









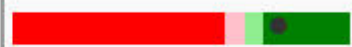





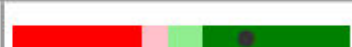

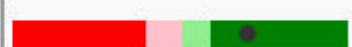



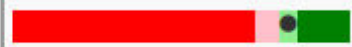


Appendix 1

RTT and Cancer

Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - December 22										
Incomplete Pathways waiting <18 weeks	58.0%		78.8%	76.4%	57.2%	68.7%	67.1%	80.5%	65.0%	62.1%
Half of incomplete patients wait less than	14		1	1	15	12	12	10	13	13
Half of admitted patients wait less than	11		10	10	13	12	10	11	9	9
19 out of 20 admitted patients wait less than	65		8	17	62	46	61	42	57	66
Half of Non admitted Pathways waited less than	8		29	43	8	4	6	7	5	8
19 out of 20 non admitted patients wait less than	54		5	8	49	33	41	36	34	45
Incomplete Pathways waiting >52 weeks	382090		30	33	834	99	4287	24	1420	2065

Cancer Waiting times Summary	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	North Tees & Hartlepool	Durham & Darlington	NCA
2w/w Referrals	93.68 (1171/1250)	84.6 (1082/1279)	83.06 (863/1039)	80.77 (1588/1966)	88.62 (1371/1547)	72.83 (1110/1524)	90.36 (1003/1110)	81.3 (1496/1840)	83.81 (9684/11555)
Breast Symptomatic Referrals	0 (0/0)	95.31 (61/64)	100 (22/22)	66.41 (85/128)	89.32 (92/103)	100 (14/14)	93.49 (158/169)	78.98 (124/157)	84.63 (556/657)
31Day First Treatments	97.44 (228/234)	97.35 (110/113)	100 (117/117)	85.55 (438/512)	97.64 (124/127)	93.73 (239/255)	96.91 (94/97)	92.86 (143/154)	92.79 (1493/1609)
31Day Subsequent Treatments - Drugs	98.9 (90/91)	100 (2/2)	100 (49/49)	94.84 (202/213)	100 (32/32)	88.89 (64/72)	100 (59/59)	100 (6/6)	96.18 (504/524)
31Day Subsequent Treatments - Radiotherapy	0 (0/0)	0 (0/0)	0 (0/0)	96.43 (378/392)	0 (0/0)	89.89 (160/178)	0 (0/0)	0 (0/0)	94.39 (538/570)
31Day Subsequent Treatments - Surgery	100 (13/13)	92.31 (12/13)	100 (18/18)	57.76 (67/116)	100 (7/7)	85.71 (24/28)	100 (10/10)	80.95 (17/21)	74.34 (168/226)
62 Day Target - 2w/w	72.98 (90.5/124)	56.6 (45/79.5)	58.12 (34/58.5)	50.87 (102.5/201.5)	85.96 (76.5/89)	56 (91/162.5)	68.25 (43/63)	75.37 (76.5/101.5)	63.56 (559/879.5)
62 Day Target - Screening	33.33 (0.5/1.5)	94.12 (8/8.5)	88.41 (30.5/34.5)	85.37 (35/41)	100 (1.5/1.5)	78.95 (7.5/9.5)	86.49 (16/18.5)	62.5 (2.5/4)	85.29 (101.5/119)
62 Day Target - Upgrade	80.65 (25/31)	92.31 (12/13)	0 (0/2)	61.54 (24/39)	80 (6/7.5)	49.09 (13.5/27.5)	85.71 (6/7)	62.5 (12.5/20)	67.35 (99/147)
28 Day Target - 2w/w	72.33 (873/1207)	69.27 (859/1240)	78.67 (745/947)	83.08 (1385/1667)	76.82 (1140/1484)	71.98 (809/1124)	79.84 (788/987)	84.87 (1301/1533)	77.53 (7900/10189)
28 Day Target - Breast Symptomatic	0 (0/0)	83.05 (49/59)	100 (21/21)	85.34 (99/116)	96.12 (99/103)	100 (13/13)	100 (162/162)	96.25 (154/160)	94.16 (597/634)
28 Day Target - Screening	50 (2/4)	66.67 (4/6)	52.59 (61/116)	82.79 (101/122)	65.79 (25/38)	57.14 (8/14)	63.43 (111/175)	40.98 (25/61)	62.87 (337/536)
28 Day Target - Overall	72.25 (875/1211)	69.89 (912/1305)	76.29 (827/1084)	83.2 (1585/1905)	77.78 (1264/1625)	72.11 (830/1151)	80.14 (1061/1324)	84.38 (1480/1754)	77.77 (8834/11359)

Standard Indicator Set: Operational Efficiency		Trust Performance			Benchmarking ⓘ		
Indicator		Current	Previous	Change	Peer	National	Position ⓘ 
30-day PbR emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		8.53%	8.52%	0.01 ↑ 	7.70%	7.20%	
		(Nov 2021 - Oct 2022)	(Oct 2021 - Sep 2022)				
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		1.91%	1.92%	-0.01 ↓ 	2.32%	1.92%	
		(Nov 2021 - Oct 2022)	(Oct 2021 - Sep 2022)				
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		4.43%	4.45%	-0.02 ↓ 	5.02%	4.12%	
		(Nov 2021 - Oct 2022)	(Oct 2021 - Sep 2022)				
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		6.82%	6.86%	-0.04 ↓ 	7.17%	5.85%	
		(Nov 2021 - Oct 2022)	(Oct 2021 - Sep 2022)				
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		9.73%	9.78%	-0.05 ↓ 	9.77%	7.94%	
		(Nov 2021 - Oct 2022)	(Oct 2021 - Sep 2022)				
Outpatient DNA rate (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		8.48%	8.45%	0.03 ↑ 	8.65%	7.82%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		2.53	2.53	No Change 	2.32	2.13	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		0.00%	0.00%	No Change 	9.10%	9.79%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Rate of telephone or Telemedicine consultations (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		20.19%	20.39%	-0.20 ↓ 	18.47%	20.43%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Rate of telephone or Telemedicine consultations for followup consultation (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		21.13%	21.31%	-0.18 ↓ 	19.96%	22.98%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Rate of telephone or Telemedicine consultations for first consultation (12 mth rolling) HES Outpatients (Jan 2023) ⓘ		17.82%	18.09%	-0.27 ↓ 	15.02%	15.14%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2023) ⓘ		86.45%	86.24%	0.21 ↑ 	78.63%	77.47%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Cancer waiting times - 28-day Faster Diagnosis Standard (12 mth rolling) Cancer Waiting Times (Jan 2023) ⓘ		80.61%	80.39%	0.22 ↑ 	76.68%	69.97%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Jan 2023) ⓘ		95.99%	96.26%	-0.27 ↓ 	90.18%	92.17%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Jan 2023) ⓘ		62.08%	63.02%	-0.94 ↓ 	63.81%	62.48%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Jan 2023) ⓘ		74.98%	76.09%	-1.11 ↓ 	65.70%	60.98%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Jan 2023) ⓘ		82.57%	83.55%	-0.98 ↓ 	82.37%	72.84%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Jan 2023) ⓘ		80.77%	81.33%	-0.56 ↓ 	71.55%	58.15%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				
Day case realisation rate (12 mth rolling) HES Inpatients (Jan 2023) ⓘ		97.09%	96.96%	0.13 ↑ 	96.78%	96.72%	
		(Dec 2021 - Nov 2022)	(Nov 2021 - Oct 2022)				

Day case rate (12 mth rolling) HES Inpatients (Jan 2023)		85.50% (Dec 2021 - Nov 2022)	85.39% (Nov 2021 - Oct 2022)	0.11  	85.24%	73.20%	
Average excess length of stay (12 mth rolling) HES Inpatients (Jan 2023)		0.13 (Dec 2021 - Nov 2022)	0.12 (Nov 2021 - Oct 2022)	0.01  	0.43	0.63	
Average length of stay (12 mth rolling) HES Inpatients (Jan 2023)		3.27 (Dec 2021 - Nov 2022)	3.27 (Nov 2021 - Oct 2022)	No Change 	4.01	4.85	
Average elective length of stay (12 mth rolling) HES Inpatients (Jan 2023)		1.86 (Dec 2021 - Nov 2022)	1.82 (Nov 2021 - Oct 2022)	0.04  	3.24	4.52	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Jan 2023)		3.43 (Dec 2021 - Nov 2022)	3.43 (Nov 2021 - Oct 2022)	No Change 	4.13	4.87	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		0.34 (Dec 2021 - Nov 2022)	0.34 (Nov 2021 - Oct 2022)	No Change 	0.38	0.41	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		0.01 (Dec 2021 - Nov 2022)	0.01 (Nov 2021 - Oct 2022)	No Change 	0.05	0.05	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		0.59 (Dec 2021 - Nov 2022)	0.59 (Nov 2021 - Oct 2022)	No Change 	0.71	0.84	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		1.12 (Dec 2021 - Nov 2022)	1.14 (Nov 2021 - Oct 2022)	-0.02  	1.39	1.30	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		0.24 (Dec 2021 - Nov 2022)	0.24 (Nov 2021 - Oct 2022)	No Change 	0.39	0.33	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Jan 2023)		1.80 (Dec 2021 - Nov 2022)	1.82 (Nov 2021 - Oct 2022)	-0.02  	2.39	2.49	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Jan 2023)		36.08% (Dec 2021 - Nov 2022)	36.02% (Nov 2021 - Oct 2022)	0.06  	40.65%	34.95%	
Elective stranded rate (7+ days LOS) (12 mth rolling) HES Inpatients (Jan 2023)		5.33% (Dec 2021 - Nov 2022)	5.13% (Nov 2021 - Oct 2022)	0.20  	11.13%	12.36%	
Emergency stranded rate (7+ days LOS) (12 mth rolling) HES Inpatients (Jan 2023)		17.08% (Dec 2021 - Nov 2022)	17.14% (Nov 2021 - Oct 2022)	-0.06  	18.19%	21.77%	
Elective super-stranded rate (21+ days LOS) (12 mth rolling) HES Inpatients (Jan 2023)		0.60% (Dec 2021 - Nov 2022)	0.57% (Nov 2021 - Oct 2022)	0.03  	2.10%	3.16%	
Emergency super-stranded rate (21+ days LOS) (12 mth rolling) HES Inpatients (Jan 2023)		3.11% (Dec 2021 - Nov 2022)	3.10% (Nov 2021 - Oct 2022)	0.01  	5.01%	6.24%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Jan 2023)		88.47% (Dec 2021 - Nov 2022)	90.40% (Nov 2021 - Oct 2022)	-1.93  	70.88%	75.89%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Jan 2023)		0.66% (Dec 2021 - Nov 2022)	0.64% (Nov 2021 - Oct 2022)	0.02  	1.91%	1.93%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Jan 2023)		82.74 (Dec 2021 - Nov 2022)	82.44 (Nov 2021 - Oct 2022)	0.30  	98.49	100.92	

Trust Board of Directors

Title:	Equality Delivery System (EDS) 2022-23								
Date:	23 March 2023								
Prepared by:	Elizabeth Morrell, Employee Relations Manager Alison Connelly, Patient Experience Manager								
Executive Sponsor:	Susy Cook, Chief People Officer Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality								
Purpose of the report	<p>Implementation of the Equality Delivery System (EDS) is mandatory under the NHS Standard Contract.</p> <p>The EDS is specifically designed to encourage the collection of better evidence and insight across the range of people with protected characteristics as described in the Equality Act 2010, and so help NHS organisations meet their obligations under the Public Sector Equality Duty (PSED).</p> <p>A third version of the EDS was commissioned by NHS England and NHS Improvement and launched in 2022. It consists of three separate domains covering: patient services, workforce and leadership.</p> <p>With effect from 2022/23, publication of the EDS will become an annual requirement and the Trust is required to publish our EDS reporting template on our external facing website by the end of 2022/23.</p>								
required:	Approve		Assurance	X	Discuss	X	Information		
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		Caring		Effective		Responsive		Well Led
									X
Executive Summary and the key issues for consideration/ decision:									
<p>The purpose of the EDS is to generate regional and local conversations about what is working well and what is not working so well, to allow necessary improvements to be made.</p> <p>There is a structured process which organisations must adhere to and this requires collaborative engagement with service users, patients and staff to agree scores for each Domain and Outcome which then ultimately defines the organisation's EDS rating.</p> <p>Once the EDS ratings have been compiled, a report is issued to the Trust Board of Directors for comment and final agreement by the end of 2022/23. The assessment must then be completed on an annual basis thereafter.</p>									

Completion of the EDS has been led by the Patient Experience Manager for Domain 1, and the Employee Relations manager for Domains 2 and 3 (with involvement of Jagtar Singh Associates for the independent assessment of Domain 3).

In preparation for the grading assessment, we have undertaken a significant data gathering exercise, drawing on a wide range of patient and workforce data to analyse staff and patient experience across a number of outcomes. This information has been considered at a detailed level to understand how experiences may differ according to an individual's differing protected characteristics and this has ultimately resulted in a grading assessment which is summarised in the table below.

EDS Outcome	EDS Description	EDS Grade (2022/23)
Domain 1: Commissioned or provided services		
1A	Patients (service users) have required levels of access to the service.	Developing Activity 1 point
1B	Individual patients (service users') health needs are met.	Achieving Activity 2 point
1C	When patients (service users) use the service, they are free from harm.	Achieving Activity 2 points
1D	Patients (service users) report positive experiences of the service.	Developing Activity 1 point
Domain 2: Workforce health and well being		
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Developing Activity 1 point
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Developing Activity 1 point
2C	Staff have access to independent support and advice when suffering from stress, abuse, harassment and physical violence from any source.	Achieving Activity 2 points
2D	Staff recommend the organisation as a place to work and receive treatment.	Developing Activity 1 point
Domain 3: Inclusive Leadership		
3A	Board Members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	Developing Activity 1 point
3B		Developing Activity

	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	1 point
3C	Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage poor performance and monitor progress with staff and patients.	Developing Activity
		1 point

The key points to note from the grading assessment are:

- 0 Outcomes have been graded as Undeveloped.
- 8 Outcomes were graded as Developing.
- 3 Outcomes were graded as Achieving.

The Trust's combined score for 2022/23 is reported as 14 points.

This is within the range of 8 to 21 points therefore the Trust's EDS Organisation Rating is confirmed as **Developing** for 2022/23.

How this report impacts on current risks or highlights new risks:

This report impacts on the current risk within the Board Assurance Framework: Availability and inability to recruit staff (Risk 5573).

Areas for improvement have been identified in section 4 of this report (based on the results for 2022/23). These will feed into the overall EDI programme of work to ensure we have a comprehensive and streamlined action plan, which aligns to the Trust's People Plan Strategy.

The Trust's nominated EDI Board Sponsor is Liz Barnes, Non-executive Director. Progress on actions will be monitored by the EDI Steering Group, which reports to the People Committee to ensure appropriate governance and assurance to the Board.

Committees/groups where this item has been discussed	Executive Team – 14 March 2023.
Recommendation	<p>The Board of Directors are requested to acknowledge the Trust's EDS Rating (2022-23) as reported within section 3 of this paper and to confirm their approval for the EDS Reporting Template to be uploaded to the Trust's website by the deadline of 31 March 2023.</p> <p>The BoD are asked to note that improvements to the EDS ratings (alongside other key reporting gaps for protected characteristics) is included in the Trust's overall EDI programme of work which is to be refreshed for 2023/24.</p>
Next steps for presentation e.g. Board Committee/Board meeting	The report will be shared with the People Committee, EDI Steering Group and the Patient and Carer's Experience Committee.

North Tees & Hartlepool NHS Foundation Trust

Trust Board of Directors

23 March 2023

Equality Delivery System (EDS) 2022

1.0 Introduction

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool which supports NHS organisations (in active conversations with patients, public, staff and trade unions) to review and develop their services, workforces and leadership.

The purpose of the EDS is to generate regional and local conversations about what is working well and what is not working so well, to allow necessary improvements to be made.

The EDS is specifically designed to encourage the collection of better evidence and insight across the range of people with protected characteristics as described in the Equality Act 2010, and so to help NHS organisations meet their obligations under the Public Sector Equality Duty (PSED).

This third version of the EDS was commissioned by NHS England and NHS Improvement and is intended to be a simplified, updated and easier to use version of EDS2. It consists of three separate domains covering: patient services, workforce and leadership.

There is a structured process which organisations must adhere to and this requires collaborative engagement with service users, patients and staff to agree scores for each outcome which then ultimately defines the organisation's EDS rating.

Once the EDS ratings have been compiled, a report is issued to the Trust Board of Directors for comment and final agreement by the end of 2022/23. The assessment must then be completed on an annual basis thereafter.

2.0 The Grading process

This report is a culmination of a number of months of activity, led by the Patient Experience Manager for Domain One, and the Employee Relations Manager for Domains 2 and 3.

We have undertaken a significant data gathering exercise, drawing on a wide range of patient and workforce data to analyse staff and patient experience across a number of outcomes. This information has been considered at a detailed level to understand how experiences may differ according to an individual's differing protected characteristics.

A fundamental aspect of the revised EDS is the 'nothing about us, without us' approach to engagement. In summary, this means that no policy should be decided without the full and direct involvement of members of the group(s) affected by that policy. The data has therefore been reported and discussed with our stakeholders and we have held engagement events to seek their feedback and agree ratings for the eleven outcomes, across the three Domains.

2.1 Domain 1 - Services

Organisations are required to choose three services that they commission and/or provide for patients. Service one should be a service where data indicates it is doing well; service two where data indicates it is not doing so well; and service three should be a service where its performance is unknown.

For this first year (2022/23), the Trust is required to choose only two services. Service one should be from one of the five clinical priority areas highlighted by the Core20Plus5 initiative: Maternity, Mental Health, Cancer, Respiratory or Cardiology. Service two should be a small, non-complex service.

Discussions were held at a meeting of the Trust's Business Team where it was agreed that the two services for assessment for 2022/23 would be Community Midwifery and Colorectal Services.

The sources of information identified to support the assessment were:

- National Cancer Patient Survey 2021
- CQC National Maternity Service 2022
- Local Endoscopy Survey 2022
- National Cancer Patient Experience Survey 2021
- Complaint data 2022
- Compliment data 2022
- Incident data 2022
- Friends & Family Test (FFT) data 2022
- Inequalities Dashboard

The stakeholders for Domain 1 were identified as all members of the Trust's committees in relation to:

- Patient and Carer Experience
- Accessibility (which includes external representation from local Healthwatch organisations, High Vis UK, Hartlepool Carers, Families First, Everyday Language Solutions, and Middlesbrough & Stockton MIND.
- Healthcare User Group

A detailed report was produced, summarising the evidence obtained to undertake an assessment for Domain 2. This was shared with all members of the stakeholder groups who were then invited to review the evidence provided and make a judgment on the grade which they believed we had achieved. This information was then collated to agree the final ratings.

2.2 Domain 2 - Workforce

The revised EDS recognises that our staff are also our patients who belong to various community groups. NHS organisations are now encouraged to monitor the health of their workforce, support self-care and build health literacy among their staff.

There are a number of sources of data which have been identified to assist with the collation of evidence for Domain 2. This includes:

- The Trust's Workforce Profile via ESR
- The Safety and Quality Dashboard (Violence Incidents) via Yellowfin
- Analysis of employee relations cases (relating to bullying and harassment)
- WRES Data

- WDES Data
- Staff Survey Data (2017-2021)
- Exit Questionnaires
- Occupational Health Data

Similar to Domain One, when assessing the four outcomes, the impact on each protected characteristic must be considered.

The stakeholders for Domain 2 were identified as:

- Staff Network Leads and members of the networks
- Trade Union Colleagues
- Freedom to Speak Up Guardian
- Chaplaincy Service

Four separate engagement events were scheduled during January 2023, which all individuals were invited to attend. Attendees were presented with a range of evidence including, data, metrics and examples relating to each Domain 2 Objective. They were also supplied with a list of the requirements for each outcome, as set out within the guidance relating to ratings and the score card. Attendees were asked to review the evidence provided, ask questions on the data and make a judgment on which grade they believed we had achieved.

This information was then collated to agree the final ratings. This information was shared with colleagues from the People Services team to allow the opportunity for challenge and the provision of additional evidence where appropriate.

2.3 Domain 3 - Leadership

EDS 2022 includes a new focus on how leaders and board members show evidence of how they personally commit and contribute to the EDI and health inequalities agenda within their organisations.

Unlike the assessment process for Domains 1 and 2 where the evidence is gathered by the Trust, Domain 3 must be independently tested by a third party with no direct involvement in either managing or working for the organisation. Suitable independent or third parties selected to evaluate Domain 3 might include a local Healthwatch, a grass roots VCSE organisation, a place-based umbrella group for voluntary services, or a neighbouring NHS organisation.

The Board will be aware that the Trust has engaged Jagtar Singh Associates (JSA) to undertake an external review of our EDI activity and this work commenced November 2021.

Given the scale of the Trust-wide review and the ongoing work in relation to board development (alongside the wider EDI programme of work), JSA have provided an assessment of where they believe the Trust rating should be in relation to Domain 3.

3.0 Summary of results

The assessment ratings for all three domains are summarised in the table below. All ratings have been agreed in full consultation and discussion with our stakeholders and align with the EDS Ratings and Score Card Guidance issued by NHS England.

EDS Outcome	EDS Description	EDS Grade (2022/23)
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Domain 1: Commissioned or provided services		
1A	Patients (service users) have required levels of access to the service.	Developing Activity
		1 point
1B	Individual patients (service users') health needs are met.	Achieving Activity
		2 point
1C	When patients (service users) use the service, they are free from harm.	Achieving Activity
		2 points
1D	Patients (service users) report positive experiences of the service.	Developing Activity
		1 point
Domain 2: Workforce health and well being		
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Developing Activity
		1 point
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Developing Activity
		1 point
2C	Staff have access to independent support and advice when suffering from stress, abuse, harassment and physical violence from any source.	Achieving Activity
		2 points
2D	Staff recommend the organisation as a place to work and receive treatment.	Developing Activity
		1 point
Domain 3: Inclusive Leadership		
3A	Board Members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	Developing Activity
		1 point
3B	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Developing Activity
		1 point
3C	Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage poor performance and monitor progress with staff and patients.	Developing Activity
		1 point

Under EDS 2022, the scoring matrix assigns points for each grade:

- 0 points Undeveloped
- 1 point Developing Activity
- 2 points Achieving Activity

3 points Excelling Activity

Each outcome is scored based on the evidence provided.

The scores for each outcome are then added together to provide the overall score, which is also referred to as the EDS Organisation Rating.

The Trust's combined score for 2022/23 is reported as 14 points. This is within the range of 8 to 21 points therefore the Trust's EDS Organisation Rating is confirmed as **Developing**.

4.0 Areas for improvement

It is important to highlight that this is the first year of the new assessment process and therefore the approach to the 2022/23 review has been to undertake a baseline assessment from which we can build on in the following year.

It is positive to note that no outcomes were graded as 'Undeveloped' as part of the 2022/23 assessment process.

A total of eight outcomes were graded as Developing, and three outcomes were graded as Achieving.

The score card guidance contains a series of measures which are used to assign the rating for each of the domains. Whilst it may appear disheartening that the Trust does not score higher as part of the 2022/23 assessment, we have identified a number of measures that we are already achieving at the higher level and we are confident that we will be able to meet many of the additional requirements for 2023/24.

A summary of the areas needed to improve for 2023/24 is detailed below.

4.1 Domain 1, Outcomes A to D

Trust-wide:

To gain a higher score we need to be able to extract protected characteristic data from as many data sources as possible, including direct patient feedback and use this data to improve the patient experience.

We need to enhance the complaint module within the Trust to capture further data around EDS.

We need to engage with service users with protected characteristics and work with them collaboratively to co-produce our services. An Engagement Strategy will be developed to reinforce co-production of our services with a broad spectrum of service users. This includes a central register of stakeholders and will provide evidence of collaborative engagement.

We are mandated by national guidance when undertaking National Surveys in relation to the methodology and the sample size required, which means (for our Trust) the numbers of patients who engage in the surveys who have protected characteristics is low. However, we need to ensure local surveys capture this data.

We will introduce a live, ongoing digital patient feedback survey around a patient's experience of our services. This will ensure areas of concern are rectified quickly. The digital survey will include questions regarding protected characteristic data. Questions will include access to

our services, if patient's health needs are met, if they use the service – are they free from harm and provide evidence of a positive experience.

We will continue to promote Accessibility and EDS via existing forums and will invite our stakeholders who represent service users who require reasonable adjustments to share patient stories during forums to build awareness and ensure inclusion.

We will learn from our incidents, complaints and concerns and focus on areas for improvement around accessibility, equality and diversity.

We will share good practice identified through our compliments, surveys and feedback

The above actions will increase the data available for reporting for submission 2023-24.

4.2 Domain 2

Outcome 2A - When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

To gain a higher score we need to show that the organisation uses sickness and absence data to support staff to manage long-term conditions and to reduce negative impacts of the working environment.

We gather and report on a significant amount of data as part of the attendance management process, however we have only really started to look at this from a protected characteristic viewpoint until now as part of the evidence gathering we have undertaken for the EDS review. We will build on this information and use it to inform future attendance management processes, as well as focused health and wellbeing campaigns to ensure that we meet the health needs of our employees.

Discussion with Trade Union Colleagues has provided assurance that this will not be approached as a 'tick box' exercise and we will monitor uptake of specific interventions to understand which staff are accessing these services/initiatives so that we can try to identify and understand potential barriers which may be linked to an individual's protected characteristics.

Discussion with JSA has also identified the use of case studies to highlight and promote positive experience, which will provide valuable evidence in this area.

Outcome 2B - When at work, staff are free from abuse, harassment, bullying and physical violence from any source

To gain a higher score we need to show that the Trust provides appropriate support to staff and, where appropriate, we signpost staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.

We are extremely proud of the significant support that we provide to our staff in terms of mental health support, which includes access to a range of services both internal and external to the organisation. There are numerous support routes for staff to choose from, however, when we consider this against the specific criteria for EDS, the feedback from the stakeholder engagement sessions indicates that the current level of support is more in line with general mental health support rather than specifically signposting staff when they are experiencing verbal and physical abuse and how this can be linked back to a protected characteristic.

An example would be where someone has raised concerns regarding racial abuse or abuse because of their sexual orientation. It would be evidence of excellence if we could demonstrate that, in addition to signposting to occupational health and/or alliance counselling (plus the provision of ongoing support throughout the process), if we can also show evidence of how we have provided information for organisations such as Hart Gables (for LGBTQ+ staff) or the Race Equality Foundation and Communities Against Racism Enterprise (CARE) for ethnic minority staff. We should also follow up with staff to explore with them if they have accessed this support and if not, why not? If they have accessed the support, how has this benefitted them and what can we learn that may help other staff?

Outcome 2C - Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

To gain a higher score we need to show that the organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality.

During the engagement sessions, staff side colleagues provided good examples about collaborative working as part of the Pathology Collaboration and the Community Diagnostic Centre. This includes information about how they are representing members across our Trust and South Tees (and vice versa), however this does not fully meet the definition of 'pooled resources for impartiality'.

We do have examples of impartiality in terms of management representatives and we have numerous examples where we can show how we have used representatives from other Trusts to undertake impartial investigations and acting as professional representatives on both hearing and appeal panels, however the specific requirement under EDS is that this must be union representatives.

We would also need to evidence that the organisation uses evidence from people's experiences to inform action and change and influence other system partners to do so.

As part of stakeholder engagement, we were able to demonstrate that we absolutely meet the first part of this requirement and we have a well-established case review process, which includes peer review and shared learning back to the People Services team following all employee relations cases. The stakeholders were happy to support that this requirement is in place.

However, we do not yet fully meet the latter part of the requirement which is to use this learning to influence other system partners and we currently do not have any evidence to support this. We do have evidence from our Freedom to Speak Up Guardian, where feedback from case reviews is shared with the regional Guardian's network, however we felt that this would need to include employee relations cases to fully meet the criteria.

Outcome 2D – staff recommend the organisation as place to receive care and treatment and as a place to work.

This is perhaps the most difficult outcome to achieve within Domain 2 due to the very specific criteria listed.

In order to gain a higher rating, we would need to show that over 70% of our staff would choose to use our services and recommend the organisation as a place to work.

For the highest rating we would need to show that this figure is at least 85% of staff.

Staff survey data shows that we currently score 69.5% for staff advocacy of our services therefore we are on the cusp of achieving this rating, however the staff advocacy score for the Trust as place to work is much lower at 61.4% (2021 results) and this has consistently been the case for the previous five years.

We have considered the information from our exit questionnaire data and analysed responses to the question asking if staff would consider working for the Trust in the future and this exactly correlates with the staff survey figure at 61.3%.

We note the work being undertaken as part of the 'Our Trust, Our Future' programme which is intended to make a positive impact in this area, therefore we anticipate that this score will increase in the future.

4.3 Domain 3

Outcome 3A - Board Members, system leaders (Band 9) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to equality and health inequalities

The ongoing EDS review over the past 18 months indicates changes in leadership and, more recently, increased realisation of the need to ensure clarity in terms of roles and responsibilities across system leaders when focusing on equality and health inequalities.

Senior leaders recognise that the population base is diverse, but increasingly so from a socio economic and social mobility perspective. There is also the need to consider the cost-of-living crisis and the impact of this on patients and staff.

Roles and responsibilities for leaders are slowly being embedded across the organisation focusing on equality and health inequalities.

The Trust has committed to developing the capacity of the board to assist in the process of supporting members to use their roles to embed inclusion across business strategy, governance, talent, integrity, and performance - all areas in which senior leaders have traditional oversight.

The challenge remains on how best senior leaders make things happen and this covers transactional activities such as acknowledging cultural events, etc. but also ensuring that equality and health inequalities are an integral part of the Trust's work on transformation, particularly in terms of the workforce and also quality improvement.

Outcome 3B: Board/Committee papers (including minutes of meetings) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

The ongoing EDI review indicates that equality impact assessments are used to ensure that trust policies, services and legislation do not discriminate against staff/patients and, where possible, they promote equality of opportunity.

The Trust is now moving towards ensuring actions and interventions are measured as part of the work focusing on enhancing quality and the application of findings.

Information and data is used as part of the impact assessment process and this evidences 'due regard' in respect of the public sector equality duty, however this does vary and more could be done to ensure consistency.

The Trust has started the process of developing the capacity and capability of senior leaders to embed inclusion across business strategy, governance, talent, integrity, and performance - all areas in which senior leaders have traditional oversight.

Outcome 3C - Board members, system, and senior leaders (Band 9 & VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

The EDI review has shown evidence that the organisation uses the governance process as a driver for change and to monitor implementation. The organisation benchmarks its achievements in terms of WRES/WDES/GPG against comparable organisations and shares experience of developing good practice.

The Trust Board is now moving towards using the above metrics to track regular progress and outcomes and requesting information from management to inform guidance for addressing the organisation's gaps and show progress in line with the above metrics.

Discussion with Board Members indicates an appetite for sharing responsibility for managing progress and at the same time recognising the difference between management executing and advancing the ED&I agenda and the board holding management and the organisation accountable for their actions.

It is encouraging to note the link expressed by board and senior leaders and the important link between ED&I and continuous improvement. The challenge is to turn the commitment into practice.

5.0 Action Planning

The actions required to support the organisation to address all areas contained within section 4 of this report will be developed with stakeholder groups and this will form part of the Trust's EDI action plan for 2023-24, and this will include actions across all three Domains.

Whilst overall responsibility for EDS lies with the Trust's Executive Board, the responsibility for the collation of evidence falls to the relevant teams linked to each of the three domains.

The guidance is clear that responsibility for the implementation of improvement actions for Domain 1 will sit with the leadership/management of the services to which Domain 1 was applied.

Responsibility for the implementation of improvement actions for Domains 2 and 3 sits with Workforce, Organisation Development and senior leadership teams.

For all domains, the EDI leads who carried out the review process should not be responsible for the implementation of improvement actions, however they can have responsibilities surrounding monitoring and reporting for performance management purposes.

6.0 Learning from EDS 2022/23

Guidance surrounding the new EDS process for 2022 was not published until late August 2022, which has meant that the Trust has had to prioritise activity to ensure that a process which would normally be undertaken across a 12 month period, is condensed into only six months.

Due to the reduced timescales for 2022/23 and the need for subject experts to concentrate on their own specific areas to understand the requirements of the new process and obtain the required supporting information, engagement with stakeholders has been undertaken separately. For 2023/24, it is recommended that a joint engagement process is conducted with key stakeholders invited to a one day event where data is presented throughout the day and ratings and assessments are agreed collectively.

The data to support the assessment for Domain 2 has been more readily accessible due to the ongoing requirements to report on WRES and WDES. The new Staff Survey interactive tool (launched 2022) has helped to analyse information at a deeper level, by each protected characteristic.

However, the information in respect of Domain 1 has been more difficult to obtain, with little opportunity to review by protected characteristic. Furthermore, the support from some colleagues to prioritise this work within their annual work plan has been a concern and it is noted that this could have had a more significant impact on our submission once verified.

We welcome the opportunity to undertake a more timely review for 2023/24, which will allow us to set more realistic timescales and implement improvements to the data gathering process.

Feedback has also been provided to NHS England (via JSA) regarding the lack of support and training at a central level, on how to conduct the new assessment process.

7.0 Recommendations

The Board of Directors are requested to acknowledge the Trust's EDS Rating (2022-23) as reported within section 3 of this paper and to confirm their approval for the EDS Reporting Template to be uploaded to the Trust's website by the deadline of 31 March 2023.

The Board are asked to note that improvements to the EDS ratings (alongside other key reporting gaps for protected characteristics) is included in the Trust's overall EDI programme of work which is to be refreshed for 2023/24.

Slavery and Human Trafficking Statement 2023/24

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that North Tees and Hartlepool NHS Foundation Trust and its subsidiary companies: North Tees and Hartlepool Solutions Limited Liability Partnership and Optimus Health Limited have taken, and are continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business, subsidiary companies or supply chain during the year ending 31 March 2024.

Due to the scope of our business North Tees and Hartlepool NHS Foundation Trust recognises that it may be at risk of modern slavery which encompasses slavery, servitude, human trafficking and forced labour. The Trust has a zero tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

About the organisation

North Tees and Hartlepool NHS Foundation Trust provides integrated hospital and community health services to a population of around 400,000 people in Stockton-on-Tees, Hartlepool and East Durham, including Sedgefield, Peterlee and Easington. Care is delivered from two main acute hospital sites, the University Hospital of Hartlepool and the University Hospital of North Tees in Stockton-on-Tees and a number of community facilities across the area including Peterlee Community Hospital and the One Life Centre, Hartlepool. The Trust provides bowel and breast screening services, as well as community dental services to a wider population in Teesside and Durham and employs approximately 5,500 medical, nursing, allied health professionals, clinical and non-clinical support staff with a total annual turnover of around £365 million.

The strategic objectives of the organisation are:

- Putting our population first
- Valuing People
- Transforming our services
- Health and Wellbeing

The Trust's Commitment

The Trust supports and is aware of its responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We have internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking.

We have zero tolerance for slavery and human trafficking and are fully aware of our responsibilities towards our service users, employees and local communities. We expect all the companies we do business with to share the same ethical values.

We also have an impartial Freedom to Speak up Guardian who supports staff to raise any concerns.

Due Diligence

We are committed to ensuring that:

- There is no modern slavery or human trafficking in our supply chains or in any part of our business and this includes our subsidiaries NTH Solutions LLP and Optimus Health Limited;
- Employment with the Trust and our suppliers is entirely voluntary;
- Our workplaces, and those of our subsidiaries and suppliers, are safe, healthy and free from discrimination or harassment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation, or any other characteristic that is protected by law;
- Corruption, in all its forms including extortion and bribery is prohibited;
- We have a number of policies which support us in conducting business in an ethical manner, including:
 - Recruitment and Selection Policy
 - Equal Opportunities and Diversity Policy
 - Adult Safeguarding Policy
 - Safeguarding Children Policy
 - Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy
 - Standards of Business Conduct Policy
 - Procurement Policy
 - Resolution Policy
 - Counter fraud, Bribery and Corruption Policy

All policies are reviewed to ensure they are working effectively every 3 years or earlier if relevant laws change or new evidence or guidance becomes available and they are available on the Trust's website www.nth.nhs.uk.

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain, the Trust and its subsidiary companies operates and adheres to a robust recruitment process including compliance with the National NHS Employment Checks / Standards (this includes employees UK address, right to work in the UK and suitable references) and employ agency staff (where appropriate) from agencies on approved frameworks so that we are assured that pre-employment clearance has been obtained to safeguard against human trafficking or individuals being forced to work against their will. If there is not an available worker from a framework agency, this is escalated to senior managers and local pre-employment checks, including the right to work in the UK, are sought.

We adhere to the principles inherent within both our safeguarding children and adult's policies. These provide clear guidance so that our employees are clear on how to raise safeguarding concerns, and by ensuring representation via the safeguarding team, on the Modern Slavery Network and the Vulnerable, Exploited, Missing, Trafficked strategic and operational groups, we provide a level of compliance with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment and access to training and development opportunities.

Our purchasing and procurement is governed by the NHS 'Supplier Code of Conduct' and standard NHS Terms & Conditions. High value contracts are effectively managed and relationships built with suppliers through frameworks which have been negotiated under the NHS Standard Terms and Conditions of Contract with anti-slavery and human trafficking policies and processes in place. All of our suppliers must comply with the provisions of the UK Modern Slavery Act (2015).

The Trust upholds professional codes of conduct and practice relating to procurement and supply, including through our Procurement Team's membership of the Chartered Institute of Procurement and Supply

Training

Advice and training about modern slavery and human trafficking, including how to identify and respond to concerns and how to report suspected cases of modern slavery, is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads.

We also provide additional, targeted training for members of staff who are likely to identify modern slavery concerns in the course of their work. If required, bespoke training is provided to teams who identify a need for further information and support.

Our performance indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if: no reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

The Trust reviews its Modern Slavery and Human Trafficking Statement on an annual basis and presents it at the Board of Directors meeting in Public. This demonstrates a public commitment, ensures visibility and encourages reporting standards.

Approval for this statement

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation



Derek Bell
Joint Chair



Julie Gillon
Chief Executive

Title of report:	Guardian of Safe Working Hours Report									
Date:	23 March 2023									
Prepared by:	Mr Rajesh Nanda, Guardian of Safe Working Caroline Metcalf, Senior Rota Lead									
Executive Sponsor:	Deepak Dwarakanath, Medical Director and Deputy Chief Executive Officer									
Purpose of the report	The New Junior Doctor Contract (2016) requests that the Guardian of Safe Working Hours (GOSW) prepares a quarterly report to the Board of Directors. These reports contain information relating to the safe working of doctors within the Trust.									
Action required:	Approve		Assurance	✓	Discuss	✓	Information	✓		
Strategic Objectives supported by this paper:	Putting our Population First		Valuing our People	✓	Transforming our Services	✓	Health and Wellbeing	✓		
Which CQC Standards apply to this report	Safe	✓	Caring	✓	Effective	✓	Responsive	✓	Well Led	✓

Executive Summary and the key issues for consideration/ decision:

To safeguard junior doctors and patients the 2016 contract set working hours limits and rest requirements, with the aim of preventing fatigue and burnout, and to protect training.

Providing assurance through a system of exception reporting, Guardians of Safe Working Hours ensure that the requirements of the contract are met and educational opportunities are not being missed. Where the Trust fails to meet these obligations, the Guardian has the power to levy financial penalties.

The purpose of this report is to provide data and identify trends captured through the exception reporting system and from the Junior Doctors Forum, highlighting key issues raised and areas of good practice.

Key points: -

- Continued engagement in the exception reporting process by doctors in training
- No exceptions have been received from Trust Doctors and more needs to be done to involve this group in the process.
- The Guardian levied the first fine (£29.81) due to a breach in the maximum 13 hours shift length.
- The increasingly busy nature of the hospital means that our doctors are regularly working beyond their contracted hours. Safeguards within rota design minimise the likelihood of penalties being levied.
- The leadership team within Medicine have taken on board previous concerns highlighted through exception reporting and doctors' feedback. An action plan has been developed by the service in order to address issues identified. This work is on-going and the service should be supported in recruiting the required workforce.
- A trial will start in April 2023, where the canteen will open at night for a few hours so that staff have access to hot food. This is to address previous concerns raised around out of hours' facilities.
- Doctors have raised concerns over bank pay rates, resulting in a benchmarking exercise.

<ul style="list-style-type: none"> • Access to the exception reporting system is being improved through the introduction of a QR code. This was commended during the recent Foundation School visit. • Feedback from the School visit highlighted that communication needed to be improved so doctors are reassured that action is being taken to address their concerns. Feedback is provided at the Doctors' Forum and emails from the Guardian of Safe Working. The Guardians Team will work with the Medical Education Team to facilitate this. 	
How this report impacts on current risks or highlights new risks:	
<ul style="list-style-type: none"> • Impact of rota gaps and staff absence resulting in trainees working additional hours • Possible breaches to safe working hours and rest requirements resulting in fines. • Continued pressures could result in excessive working hours and could affect wellbeing. • Shifts which are 13 hours long should be avoided where possible in order to limit the risk of these type of breaches. • Administrative support for the Guardians Team needed due to Team changes and workload. 	
Committees/groups where this item has been discussed	Patient Safety and Quality Committee March 2023
Recommendation	The Board of Directors is asked to note the content and accept this report.

Guardian of Safe Working Report

Executive Summary

This report highlights data and trends captured through the exception reporting system. It presents key issues raised by Junior Doctors and forms part of the reporting requirements of the 2016 national terms and conditions of service.

During this reporting period (September 2022 to November 2022) a total of 80 exceptions were submitted (appendix 1). It's previously been thought that exceptions were under-reported, particularly when compared against GMC survey results. Therefore, it's reassuring to see a continuous rise in the number being submitted, suggesting an increase in engagement with the process.

Despite this improvement, the Trust is yet to receive any exceptions from Trust Doctors and more needs to be done to involve this group. The Guardians Team will be linking in with the Trust lead to identify any barriers and take action to address them.

The majority of exceptions during this reporting period are from foundation doctors (59%) and ST/CT1-2 training grades (40%). Three of the exception reports submitted, by FY1 doctor within Medicine, were marked as an 'immediate safety concern' due to workload and staffing levels. The doctor sought support from colleagues on neighbouring wards, MDT Team, and the on-call team at the time.

Medicine specialties continue to receive the most exceptions (90%); however, they also have a higher proportion of trainees in comparison to other specialties. The majority of reports continue to relate to working hours (95%), highlighting a reliance on doctors working beyond their contracted hours and/or missing their breaks to deliver services. With staffing shortages, workload, work intensity, handover, and availability of computers perceived as the main causes.

Payment for the additional hours worked was the main outcome (67%) in response to the reports, as opposed to 'time in lieu which would have normally been given to prevent burnout and breaches in working hours and rest requirements. This is in recognition that time in lieu may exacerbate current staffing and workload issues.

This increases the likelihood of breaches relating to working hours limits and rest requirements. However, Medicine rotas have avoided such breaches as they comply with Trust recommended safeguards of a maximum average of 46 hours and 30 minutes, and a maximum of 70 hours per week when designing rotas.

However, a fine has been levied (£29.81) due to a doctor working 15 minutes beyond the maximum 13 hours shift length. All of medicine rotas include 13-hour shifts, as does the paediatric junior rota, and a registrar rota within anaesthetics.

Doctors will almost inevitably end up on occasion being on duty longer than they are scheduled to be, and this should be taken into account when deciding length of shifts. It is recommended that rotas are designed with a maximum shift length of 12 hours and 30 minutes. This is not a new suggestion and is one of the Trust safeguards previously advised when the contract was first implemented.

Where a single trainee submits a number of exceptions, an in-depth analysis maybe required. A recent deep-dive into an individual's exceptions showed they regularly finished their shift 30 minutes later than planned. In addition, to this they missed breaks on a number of occasions. Coming close to a penalty being levied due to number of breaks missed across a 4-week reference period. The same trainee triggered the penalty levied by the guardian for breaching the 13-hour shift length.

It is not always possible for the Guardian to immediately identify whether a breach has occurred which attracts a financial penalty. This is due to some of the breaches having to be assessed over a period of time or the rota being reviewed. This requires a manual analysis.

As the number of exceptions increases so does the work of the Guardian's Team. Therefore, further administrative support is required for the Guardians Team, by recruiting to hours previously lost.

Medicine rotas remain the main challenge, with Doctors in training continuing to report concerns relating to workload and staffing shortages. These issues have previously been escalated to the leadership team and a service plan has been developed (appendix 2). A number of these initiatives will be reliant on funding which will need securing and it is recommended that Medicine are supported in recruiting the required workforce. Getting the staffing right remains a priority and is a work in progress

A QR code has recently been created to provide quick access to the exception reporting system. It will be displayed on posters in the doctors' lounge and doctor areas across the organisation, so that the doctors can use their smart phones to scan the code and access the system immediately.

Improvement is needed around out of hours catering facilities, not just for doctors but for all those who work in the evening and throughout the night. In April, the Trust will be trialling out of hours catering facilities.

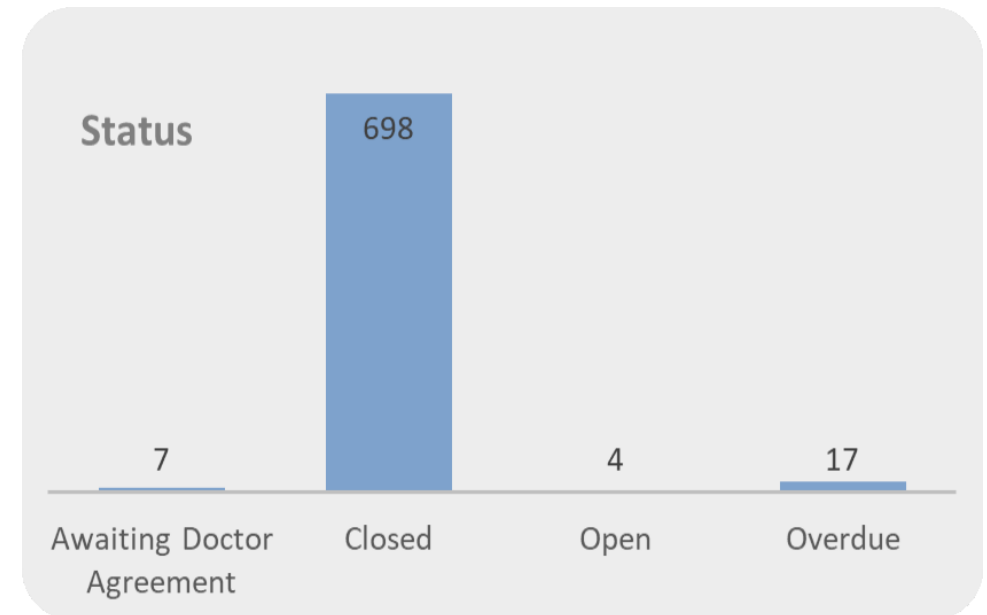
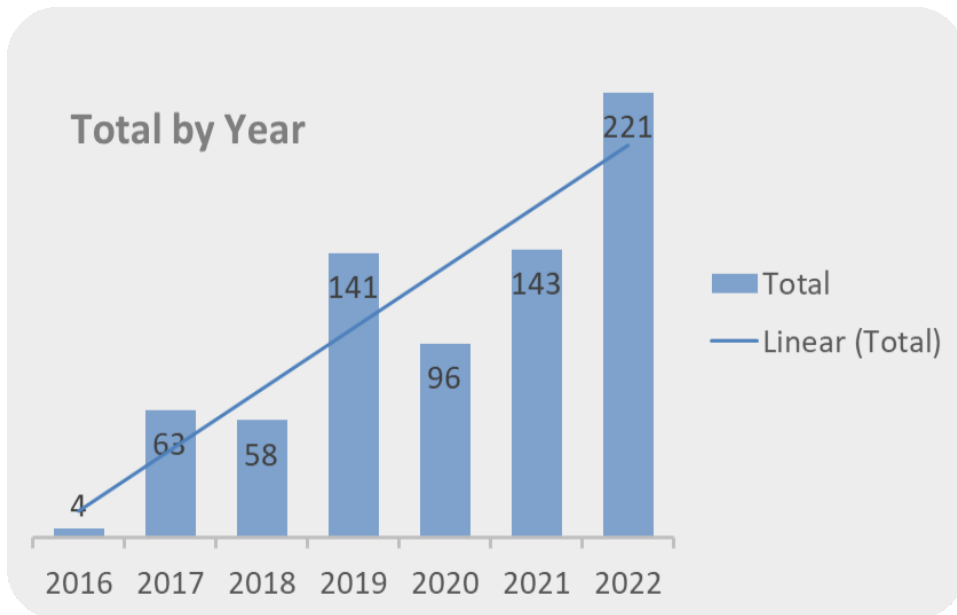
Rates of pay for bank shifts have been raised as an issue and a benchmarking exercise is underway to see how the Trust compares to neighbouring organisations.

The board are asked to note this report for information and assurance

Mr Rajesh Nanda

Guardian of Safe Working

Appendix 1: Exception Reporting

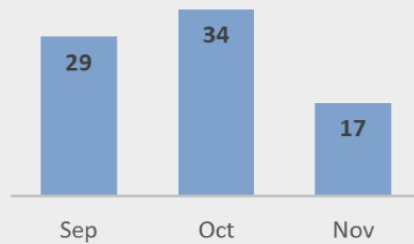


- 2022 figures are from Jan 2022 to 18th Dec 2022
- Increasing engagement with the exception reporting process

- Reduction in overdue exception reports
- First **FINE** (£29.81) has been levied for working 15 minutes beyond the maximum 13 hours limit

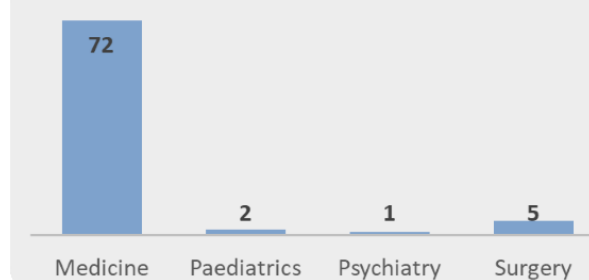
Exception reporting

September to November 2022

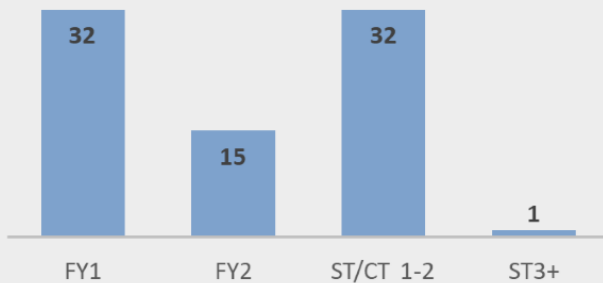


80 exception reports submitted

67% (54) were given an outcome of payment

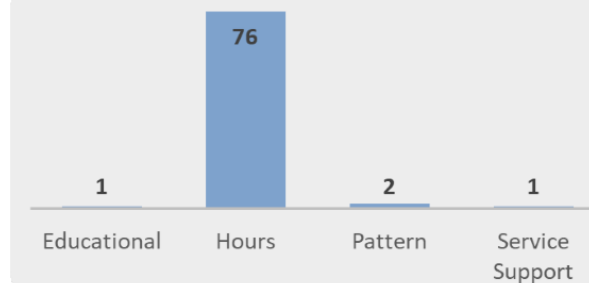


90% by doctors in Medicine



Majority from Foundation and ST/CT1-2 doctors

None submitted by Trust Doctors



Majority (95%) relate to hours:
➤ 72% (58) staying late
➤ 23% (18) missed breaks

Action Plan

Set by the service

Risk: dependent on workforce numbers, and limited by working hours and rest rules

Action 1: Review workforce

- Review minimum and maximum staffing levels for each shift/area
- Confirm number of additional doctors required
- Confirm number of additional 'alternative roles' eg PAs required

Action 2: Review work pattern

- Scope the feasibility of blocks of work eg acute and back of house ward work

Action 3: Review systems and Processes

- QIPP exercise to improve the efficiency of doctors
- Review handover and local induction process

Action 4: Identify funding

- To recruit additional Trust doctors and 'alternative roles'

Action 5: Attract, develop and retain

Risk: Unfunded programmes resulting in financial pressures

Opportunity: NHS experience will assist with GMC registration

Risk: Out of hours would have to be covered by bank

- Continuation of the Physicians Associate programme to complement the medical workforce
- Participation in the NHS Professionals Doctors Gateway: EU Graduate Programme to help address long-term vacancies
- Continue to support clinical attachments who are not GMC registered but do have overseas qualifications
- CREST and CESR support
- Revamp job descriptions and adverts to make posts more attractive
- Utilise Trust Doctors differently to attract them into post eg ward based to provide continuity – no out of hours