North Tees and Hartlepool NHS
NHS Foundation Trust

Board of Directors Meeting

Thursday, 28 October 2021
at 1pm

Boardroom
University Hospital of Hartlepool

North Tees and Hartlepool
NHS Foundation Trust

University Hospital of North Tees
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21 October 2021

Dear Colleague

A meeting of the **Board of Directors** will be held, on **Thursday, 28 October 2021 at 1.00pm** in the **Boardroom, University Hospital of Hartlepool.**

Yours sincerely

Professor Derek Bell, OBE
Joint Chair

Agenda

			Led by
1.	(1.00pm)	Apologies for Absence	Chair
2.	(1.00pm)	Declaration of Interest	Chair
3.	(1.05pm)	Patient Story (verbal)	L Robertson
4.	(1.25pm)	Minutes of the meeting held on, 29 July 2021 **(enclosed)**	Chair
5.	(1.30pm)	Matters Arising and Action Log **(enclosed)**	Chair
Items for Information			
6.	(1.40pm)	Report of the Joint Chair **(enclosed)**	Chair
7.	(1.50pm)	Report of the Chief Executive **(enclosed)**	J Gillon
People			
8.	(2.10pm)	Guardian of Safe Working Hours Report **(enclosed)**	C Tulloch
Performance Management			
9.	(2.20pm)	Capital Programme Performance Q2: 2021-22 **(enclosed)**	N Atkinson
10.	(2.30pm)	Integrated Compliance and Performance Report **(enclosed)**	L Taylor, L Robertson T Squires & N Atkinson

11. (2.50pm)	NHS Core Standards for EPRR Compliance and Organisational Capabilities **(enclosed)**	L Buckley
12. (3.00pm)	Winter Resilience Plan 2021/22 **(enclosed)**	L Buckley

Governance

13. (3.15pm)	Learning from Deaths Report Q2: 2021-22 **(enclosed)**	C Tulloch
14. (3.25pm)	Data Protection and Cyber Assurance Year End SIRO Report 2020/21 **(enclosed)**	G Evans
15. (3.40pm)	Any Other Business	Chair

16. Date of next meeting
(Thursday, 2 December 2021, Boardroom, University Hospital of North Tees)

Glossary of Terms

Strategic Aims and Objectives

Putting Our Population First

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

Valuing People

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

Transforming Our Services

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

Health and Wellbeing

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

North Tees and Hartlepool NHS Foundation Trust

Minutes of a meeting of the Board of Directors held on Thursday, 29 July 2021 at 1 pm at the University Hospital of North Tees / Via Video Link

Due to the current position regarding COVID-19, the decision was made that the Board of Directors meeting would be conducted via video-conferencing. This approach enabled the Board of Directors to discharge its duties and gain assurance whilst providing effective oversight and challenge, and supporting the national guidance regarding social distancing.

These minutes represent a formal record of the meeting.

Present -

Neil Mundy, Interim Joint Chairman*	Chairman
Steve Hall, Vice-Chair/Non-Executive Director*	SH
Ann Baxter, Non-Executive Director**[via video link]*	AB
Philip Craig, Non-Executive Director* *[via video link]*	PC
Jonathan Erskine, Non-Executive Director* *[via video link]*	JE
Kevin Robinson, Non-Executive Director* *[via video link]*	KR
Rita Taylor, Non-Executive Director*	RT
Julie Gillon, Chief Executive*	CE
Deepak Dwarakanath, Medical Director/Deputy Chief Executive*	MD/DCE
Neil Atkinson, Director of Finance* *[via video link]*	DoF
Barbara Bright, Director of Corporate Affairs and Chief of Staff	DoCA&CoS
Levi Buckley, Chief Operating Officer* *[via video link]*	COO
Graham Evans, Chief Information and Technology Officer *[via video link]*	CITO
Lindsey Robertson, Chief Nurse/Director of Patient Safety and Quality*	CN/DoPS&Q
Alan Sheppard, Chief People Officer *[via video link]*	DCPO
Lynne Taylor, Director of Performance and Planning	DoP&P

In attendance: -

Professor Derek Bell, Joint Chairman (Designate)
Linda Hunter, Deputy Director of Planning and Performance (Observer) [*via video link*]
Tony Horrocks, Lead Governor / Elected Governor for Stockton [via video link]
John Edwards, Elected Governor for Stockton [via video link]
Pat Upton, Elected Governor for Stockton [via video link]
George Lee, Elected Governor for Hartlepool [via video link]
Pauline Robson, Elected Governor for Hartlepool [via video link]
Ruth McNee, Elected Governor for Sedgefield [via video link]
Angela Seward, Lead Governor, South Tees Hospitals NHS FT [via video link]
Alex Metcalfe, Local Democracy Reporter, Teesside Gazette/Teesside Live [via video *link]*
Posmyk Boleslaw, Chair, Tees Valley CCG [via video link]
Samantha Sharp, Personal Assistant (note taker)

BoD/4563 Apologies for Absence / Welcome

Apologies for absence were noted from Ada Burns, Vice Chair, South Tees Hospitals NHS FT.

The Chairman welcomed members to the meeting which included Governors of the Trust, Angela Seward, Lead Governor at South Tees Hospitals NHS FT, Posmyk Boleslaw, Chair of Tees Valley CCG and members of the press. In addition, Linda Hunter, Deputy Director of Planning and Performance was welcomed to the meeting as an observer to support her development.

The Chairman welcomed Professor Derek Bell OBE to the meeting who had been appointed the substantive Joint Chair for both the Trust and South Tees Hospitals NHS FT and would

* voting member

commence in post from 1 September 2021. Professor Bell would be meeting partners both internal and external to the two Trusts throughout August to gain further knowledge of the local area and the challenges faced in respect to population health and health inequalities. Following a request by the Chairman, Professor Bell introduced himself highlighting that it was a great privilege to have been appointed to the post and that he was looking forward to becoming part of the team. Professor Bell offered his formal thanks to the outgoing Chairman and the Board who had been welcoming and provided support following his appointment.

BoD/4564 Declaration of Interests

Declarations of interest were noted from the DoP&P and DoCA&CoS in respect to their roles with North Tees and Hartlepool Solutions LLP and SH (Non-Executive Director), RT (Non-Executive Director) and the DoCA&CoS in respect to their roles with Optimus Health Ltd.

A declaration of interest was also noted from the CITO in respect to his role in the ICS and KR (Non-Executive Director) who was a Non-Executive Director of Spectrum Community Health CIC.

BoD/4565 Patient Story

The CN/DoPS&Q was disappointed to report that the patient who was due to visit the meeting to provide their 'patient story' was unwell and unable to attend. The Chairman asked that best wishes for a speedy recovery were relayed to the patient from the Board.

Resolved: that, best wishes for a speedy recovery be relayed to the patient who was scheduled to provide their 'patient story' at this meeting.

BoD/4566 Minutes of the meeting held on, Thursday, 27 May 2021

Resolved: that, the minutes of the meeting held on, Thursday, 27 May 2021 be confirmed as an accurate record.

BoD/4567 Matters Arising / Action Log

a. BoD/4461 NHS Regulation Bill – White Paper: Integration and Innovation – Working together to improve health and social care for all

The DoCA&CoS advised that a date in September would be arranged for a development session for both the Board and Council of Governors on the White Paper

b. BoD/4533 Annual report and Accounts 2020/21

The DoCA&CoS reported that the Annual Report and Accounts for 2020/21 had been submitted to NHSI by 29 June 2021 in line with requirements. However, Value for Money certification from Deloitte was awaited which would be completed by the end of September, following which the Annual Report and Accounts would be laid before Parliament.

c. BoD/4536 Annual Operating Plan 2021/22 and Annual Self Certifications

The DoP&P reported that the Annual Operating Plan 2021/22 was submitted in line with NHSEI requirements. In addition, annual declarations were also uploaded to the NHSI Portal.

d. BoD/4537 NHS Resolution Clinical Negligence Scheme for Trusts (CNST)

The CN/DoPS&Q reported that the content of the declaration had been shared with Commissioners and submitted to NHS Resolution in line with requirements by 15 July 2021. A market place event would be scheduled to showcase work being done within Maternity Services as restrictions ease.

e. BoD/4539 Visit to the Infection Prevention and Control team

The Chairman reported that he had visited the Infection Prevention and Control team thanking them personally for their work to overcome challenges in the past 18 months around the pandemic.

Resolved: (i) that, the verbal updates be noted; and
(ii) that, a date in September be arranged for a development session for both the Board and Council of Governors on the White Paper; and
(iii) that, Value for Money certification from Deloitte be completed by the end of September, following which the Annual Report and Accounts for 2020/21 to be laid before Parliament; and
(iv) that, as restrictions ease, a market place event be scheduled to showcase work being done within Maternity Services.

BoD/4568 Report of the Chairman

A summary of the report of the Chairman was provided with no new information to report which was not included within his written report.

The Chairman noted that he would like to do justice to the presentation of a number of annual reports at the end of the meeting celebrating achievements in what had been a difficult year.

The Chairman again welcomed Professor Bell, highlighting some of the challenges faced in leading two Trusts and emphasising that he would be an important representative for the NHS within the ICS system going forward.

The Chairman highlighted the importance of staff health and wellbeing including that of the CE and the Board as the hospitals remained busy prior to the usual pressures of winter starting.

It was important that the Trust worked in partnership with key stakeholders recognising the importance of population health, providing stronger collaboration and a holistic approach. The Chairman highlighted the importance of working with partners to improve the longer-term health outcomes for the population by promoting healthy lifestyles and reducing health inequalities.

The Chairman placed on record his thanks, particularly to Steve Hall and the Lead Governors, who had worked hard to support him during the past six months. It had been a huge privilege and a pleasure and the Chairman wished the Trust and the Joint partnership every success for the future.

Resolved: that, the information be noted.

BoD/4569 Report of the Chief Executive

The CE placed on record her thanks to the outgoing Chair acknowledging his tenacity in supporting Teesside and the ambitions of the Tees and North Yorkshire Provider Collaborative.

A summary of the report of the Chief Executive included: -

- The organisation remained under pressure with COVID-19 having a major impact, particularly over the past two months. The Trust were the last organisation in the North East and North Cumbria (NENC) to be impacted by the third surge in cases and it was noted that community infection rates remained higher than the national England average which impacted upon the community and the organisation. It was noted that Hartlepool had the highest rate of cumulative infection within the NENC. Staff absence had reached a peak the previous week and the Trust continued to work with staff to ensure that they

felt supported. Analysis has shown that two thirds of those being admitted to hospital in June and July had not been vaccinated. Concern had been raised around the low uptake amongst younger people and steps were being taken to address this through a targeted campaign aimed at younger people. There were currently 66 confirmed COVID-19 cases within the Trust and it was noted that length of stays had reduced for those admitted. Reporting against the 62 day cancer standard had improved with a reduction in the backlog of cancer referrals. Compliance against the diagnostic standard had also improved. Staff were commended for their resilience during this time and it was noted that the health and wellbeing of staff was of paramount importance;

- The Trust had maintained its Better Health at Work award, made possible by the collaborative efforts across a number of services to ensure that the health and wellbeing of staff remained a priority. The Trust had also been awarded a special recognition award acknowledging the work undertaken, despite the pressures of the pandemic;
- The Trust had vaccinated nearly 30,000 individuals from across the heath and care sector and local community. This included 88.1% of Trust staff receiving the first dose and 79.6% receiving a second dose. A potential booster programme could begin in September 2021 in order to maximise protection in those who are most vulnerable. Work had begun across the NENC ICS on developing a coordinated approach to rolling out the COVID-19 booster and flu vaccination programmes;
- The Trust had recruited 773 patients to the RECOVERY trail to date. A successful bid was made to the National Institute of Health Research Clinical Research Network to employ additional staff to support COVID study delivery so that research staff could concentrate on reopening previously paused studies;
- The Trust held a very successful event on 18 June that brought together over 100 leaders in the organisation to focus on identifying courageous changes that they could take forward to benefit patient care and improve performance;
- The Trust participated in National Volunteers Week to celebrate the contribution and dedication of volunteers. The Trust used Volunteers Week as a 'time to say thanks' to every volunteer who provided support throughout the pandemic with a letter of appreciation and a medal from the CE;
- Consultant Appointments:-
    - Consultant Gastroenterology/GIM with an interest in Liver Medicine – Dr Rebecca Dunn and Dr Mohamed Sala Eldin Elzober Salih
    - Consultant in Public Health – Dr Esther Mireku
    - Consultant Radiologist (MSK) – Dr Matthew Bowa
    - Consultant Radiologist (General) – Dr Iffat Rehman
    - Consultant in Obstetrics and Gynaecology – Dr Jennifer Hoh
- The ICS Management Board continued to review the impact of the White Paper alongside the recently published ICS Design Framework;
- As Senior Responsible Office, the CE chaired the inaugural Health Inequalities Advisory Board on 2 July. This first meeting focused on the ambition and expectations around key outcomes and a summit would bring together collective views in preparing a strategy to tackle health inequalities in the communities served by the NENC;
- The NENC Provider Collaborative continued to focus on the intent, purpose, work programme and governance arrangements and fit to ICS delivery and restructure;
- An event with representation from this Trust, South Tees Hospitals and County Durham and Darlington NHS FTs, facilitated by Cap Gemini was held on 20 July. This event was structured to share the current position with respect to the Clinical Services Strategy, hearing insights from other systems and developing key areas of focus and outcomes for the next six months;
- The Trust were working in partnership with local, regional and national media partners to discuss the issues surrounding the aging estate;
- The Trust celebrated biomedical sciences week in June highlighting the work of the biomedical team;
- The Trust celebrated annual Pride Month in June showing its inclusive nature and commitment to staff, communities and patients;

- The Trust was 1 of 40 in the country piloting an innovative way of detecting bowel cancer with patients swallowing a special capsule to help detect bowel issues;
- The NHS Single Oversight Framework for 2021/22 was released in 2021 outlining the purpose and highlighting a single set of metrics developed across the ICS, Trusts, CCGs and Primary Care aligned to the five national themes of quality, access and outcomes, preventing ill health and reducing inequalities, leadership and capability, people and finances and use of resources. The Trust had prepared a gap analysis to ensure compliance against the indicators and contribution to the local acute collaboration and ICS outcomes.

SH sought to acknowledge the positive message broadcast on national BBC news around the pressures of COVID-19 and the importance of the vaccination programme commending those in the Trust who took part in the footage.

RT highlighted her disappointment around those in the younger age group not coming forward for the vaccine highlighting a lack of confidence and trust in the vaccination programme and local bodies asking how this could be tackled. The CE reported that the Trust were embarking upon a campaign to tackle this, thinking laterally. The DoCA&CoS reported that Ruth Dalton, Head of Communications and Marketing was leading on a campaign across the NENC targeting a younger audience. This campaign was entitled 'This isn't our Freedom' and sought to encourage younger people to come forward for their vaccine using 'influencers' and helping them to consider the impact on their local health service and community should they not accept the vaccine.

JE highlighted that one of the vaccines was being produced on Teesside creating jobs highlighting that this positive message needed to be communicated to the public. In addition, JE asked if there were any opportunities to begin to look at areas of research which were not clinically based but included service improvements and population health. The CE responded that this would be a positive step in tackling health inequalities.

Resolved: (i) that, the contents of the report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return to services building on a new operating model be noted; and
(ii) that, the work toward tackling the aging estate be noted.

BoD/4570 Professional Workforce Annual Report

The CN/DoPS&Q reported on the annual position of the professional workforce which combined the nursing and midwifery, allied health professionals, medical and dental workforce annual review for 2020/21.

The CN/DoPS&Q provided an overview of the current professional workforce position and ways the Trust were recruiting and retaining staff and reducing the reliance on temporary bank and agency staff. In addition, the CN/DoPS&Q provided an update of service changes in response to COVID-19 that had impacted the professional workforce.

A review of current nursing and midwifery staffing had been undertaken within all wards and departments and demonstrated that all areas had the required nurse and midwifery staffing levels to provide safe patient care.

The CN/DoPS&Q reported that in May there were 72.2 WTE (5.3%) RN vacancies, 3.0 WTE (2.3%) RM vacancies, 21.3 WTE (3.3%) unregistered nursing vacancies and 3.6 WTE (33.8%) unregistered midwifery vacancies. Sickness absence averaged 8.7% across the year which included sickness due to COVID-19 symptoms and those due to COVID-19 related isolation.

The Trust had recently implemented a new 'Team Support Worker' role which offered a cohort of Band 2 staff with little or no previous NHS experience the opportunity to support clinical and

administrative teams across the organisation. The pilot had shown that this role had released nursing time to care, reducing the pressure on nursing teams. The value of the role continued to be monitored, early success had shown improved patient satisfaction, reduction in complaints and an increase in staff satisfaction.

In response to the need to remain flexible in the way nursing and midwifery staffing was planned, the Trust continued to utilise the Safe Care Live module (SCL) on a daily basis to safely and efficiently assess accurate staffing levels and redeploy nursing staff throughout the organisation as necessary.

A review of the Allied Health Professional workforce had been undertaken and vacancies were being actively managed. There was a high vacancy factor within speech and language therapy, podiatry and diabetic eye screening where some focused recruitment was being explored.

The CN/DoPS&Q reported that a review of the Medical and Dental workforce had been undertaken and it was highlighted that there was a shortfall of 24.26 WTE between the budgeted and contracted medical and dental workforce. However this did not necessarily reflect the actual number of vacancies and rota gaps which may differ due to changes in services, temporary rota redesign, skill mix or working restrictions. The average sickness absence rate between April 2020 and March 2021 was 1.8%, significantly lower than the Trust target of 4%. The average turnover rate for medical and dental staff between April 2020 and March 2021 was 7.10%.

A total of £718k was spent on agency locums during 2020/21, a decrease when compared to the previous year. The largest proportion of spend was due to the pandemic response and subsequent resilience measures.

RT reported that she had visited the Paediatric Day Unit where there were some newly qualified paediatric nurses who had been redeployed elsewhere in the Trust during times of pressure highlighting that they welcomed the opportunity to gain wider experience. RT acknowledged the higher acuity of patients which was both difficult and challenging for staff emphasising that staff continued to be able to access mental and practical support. The CN/DoPS&Q added that staff were able to access enhanced support if required and that the importance of this was recognised. The Chairman highlighted that all staff were individuals and responded differently to support methods available.

The CE commended the clinical oversight of the MD/DCE and CN/DoPS&Q highlighting that planning and forecasting for the future was also being considered. It was noted that the Trust had one of the lowest agency costs in terms of temporary staffing.

The thanks of the Board was passed on to all staff who continued to serve patients and their communities despite the challenges presented.

Resolved:
(i) that, the significant assurance provided within this report around safe nursing, midwifery, allied health professionals and medical staffing be noted; and
(ii) that, changes in workforce planning for the next annual Board report be noted; and
(iii) that, the impact of the COVID-19 pandemic on both patient acuity and increased staff sickness be noted; and
(iv) that, the huge effort in response to unprecedented pressures created by COVID-19 and the work undertaken to have safer staffing levels across the organisation be noted.

BoD/4571 Capital Programme Performance Quarter 1: 2021/22

The DoF reported that the Trust had an overall capital programme of £17m for 2021/22. The Trust was reporting a positive position at the end of Month 3, reporting capital spend of £1.2m,

£100k behind plan. The Trust were anticipated to achieve its capital spend at year-end.

The Respiratory Support Unit (RSU) business case for £2.5m was approved in May to upgrade the existing ward 24 respiratory ward into an RSU with specific enhancements to support the care of patients with major respiratory illnesses, such as COVID-19 or influenza.

The capital forecast for the year at June 2021 included the capital accelerator approved bid of £1.138m which was not cash backed, therefore creating a potential overspend. All other capital schemes were forecasting to plan.

A review of the wider estates structure was being undertaken and an Estates Strategy/SOC developed. It was hoped that funding may become available following this review which would help protect the Trust's internal capital spend plan for 2021/22. Further capital bids had been submitted relating to a Community Diagnostic Hub (jointly with South Tees Hospitals NHSFT) and the Laboratory Information Management System (LIMS).

The DoF provided an update on capital schemes in respect to the estate highlighting work ongoing around backlog maintenance, oxygen supply, theatre refurbishment, roofing repairs, concrete repair works, fire alarm replacements, endoscopy scope washer replacement, lift replacement, replacement of the combined heat and power unit and the six facet survey which looked at the physical condition of the site. An update on the medical equipment replacement programme was also provided and the CITO provided an update on both internal and external digital technology investment.

The Chairman commended the work of the DoF in achieving a positive position at Month 3.

Resolved: that, the contents of the report and the Month 3 capital position which was broadly on plan, be noted.

BoD/4572 Integrated Corporate Report

The DoP&P provided an overview highlighting performance against key access targets included in the Single Oversight Framework and the Foundation Trust Terms of Licence for the month of June 2021 in respect of performance, efficiency and productivity, quality and safety, workforce and finance.

The Trust had experienced increased pressures as a result of the COVID-19 pandemic which had ultimately impacted upon a number of indicators and overall efficiency and productivity. The DoP&P reported on changes to metrics around the 28-day faster diagnosis cancer standards and theatre metrics which had been revised and reviewed and aligned to model hospital methodology. COVID-19 pressures had increased significantly but focus remained on reducing overall waiting lists in respect to cancer, RTT and diagnostics. Pre-COVID-19 levels of activity were noted across both emergency and elective pathways.

Key points were:-

- Single Oversight Framework / Operational Efficiency and Productivity Standards: An improved position against cancer standards was noted, however the Trust failed to meet the 62 day cancer standards. A continual reduction in the number of patients waiting more than 52 weeks was noted, with 92 patients currently reported. RTT currently reported at 88.59% against the 92% standard. Diagnostic recovery against planned trajectory had been under pressure in June resulting in a rise in the overall waiting lists and the number of patients waiting more than six weeks. The overall position for the majority of key standards, including RTT, cancer and diagnostics, remained comparable to the national and regional position. Bed occupancy had seen a rise, reporting at 89.92% in June. Length of stays remained on track across both emergency and elective pathways. A working group had been established to understand the decline in

performance in respect to completed electronic discharge summaries. Ambulance handover delays were noted in June, reflective of increased pressures within the emergency care department;

- Quality and safety: The Trust continued to perform well against the majority of quality and safety metrics, including HSMR/SHMI, infection control measures and dementia standards. The main area of concern was compliance with venous thromboembolism assessment which was reporting below the national standard. There had been an overall reduction in the number of falls and all four categories of pressure ulcers fell within control limits. Hand hygiene compliance remained above the 98% standard and the IPC team were raising awareness around the wearing of gloves and aprons. The Trust reported one hospital associated C-Diff infection for June. The Trust remained within the expected range for both HSMR and SHMI values. There had been a rise in the number of complaints and work was underway to address the main theme which was around current restrictions on visit. A pilot on visiting continued and would be rolled out to an additional six wards.
- Workforce: Sickness absence had increased in June with COVID-19 contacts and associated isolation contributing to the higher absence rates. Sickness absence for May reported at 5.41% with 0.22% being attributable to COVID-19 related sickness. There were 140 further cases of COVID-19 related staff absence in June, 102 self-isolating for 14 days. Maintaining and supporting the Health and Wellbeing of staff remained important with Health and Wellbeing Champions in place in many areas. Eight staff networks had been introduced and Chairs appointed to support these which covered a number of protected characteristics. Overall compliance for mandatory training for June was 87.52%, above the 80% target and a 1% increase on the previous month. Appraisal compliance was 82.81% against the 95% standard. Turnover reported at 8.35%, an increase of 0.35%. The contribution of the volunteers was noted.
- Finance: At the end of Month 3 2021/22, the Trust reported a surplus of £1.206m, £706k ahead of plan. A year to day surplus of £3.026m was reported, £1.526m ahead of plan. Group income for Month 3 was £31.909m which included expected ERF income. The year to date contributions from Optimus and the LLP were both ahead of plan. Debtor days had improved by one day with creditor days worsening by four days when compared to 2020/21. The Group cash balance was £55.4m, which was £12.9m ahead of plan, driven by improvements to the surplus position and movement in creditor days. Month 3 capital expenditure was £1.2m of pre-committed items against a year to date plan of £1.3m.

PC, Chair of the Finance Committee reflected on a strong financial performance which continued from the previous year highlighting uncertainty around the financial framework for the second half of the year.

In response to a query raised by JE, the CN/DoPS&Q reported that acuity of patients does correlate with an increase in C-Diff cases and that focused work was being undertaken in respect to this. Patient pathways had been managed throughout the pandemic with transfers of patients being carefully considered. The CE added that a rise in occupancy can also lead to an increase in infections highlighting that the Trust currently had a limited supply of ventilated rooms and had minimal single occupancy rooms.

RT, Chair of the Workforce Committee reported that those areas of high sickness absence were brought before the committee to explore the reasons for sickness absence and to offer support.

SH highlighted that the information presented was of a high standard and assured the Board that this was tested and triangulated and robustly challenged through the committee structure.

Resolved: (i) that, the Trust's performance against the key operational, quality and workforce standards be noted; and

(ii) that, the ongoing operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that was

being undertaken to address these going forward be acknowledged; and

(iii) that, the impact of wave 3 of the COVID-19 pandemic be noted.

BoD/4573 Learning from Deaths Report

The MD/DCE provided an update in respect of learning obtained through the review of deaths that occurred within the organisation.

The Trust's HSMR value had decreased to 95.54 (April 2020 to March 2021), reporting 3rd lowest in the North East and the 41st lowest nationally. The SHMI had decreased to 99.7 (February 2019 to January 2021), reporting 3rd lowest in the North East and 57th lowest nationally; both remained within the 'as expected' range.

During 2021-22, to the end of quarter 1, 15% of compulsory reviews had been completed. Additional scrutiny by the Medical Examiners team meant that 62% of all deaths during this quarter had been scrutinised or reviewed.

The MD/DCE outlined the trend in in-patient and A&E deaths and the monthly mortality trend and fluctuations since April 2017 highlighting the influenza winter peak of 2017/18 and the COVID-19 wave 1 and 2 peak of April 2020 and January 2021 respectively.

There were 19 mortality cases investigated as serious incidents during 2020/21; one remained under investigation and a further seven were awaiting Coroners inquests to complete the reviews effectively. In all cases investigated as serious incidents, Duty of Candour had been considered and applied appropriately. During 2021/22, to the end of Quarter 1, there had been no mortality cases reported and investigated as serious incidents.

The Chairman placed his thanks on record to the MD/DCE and his colleagues for a positive position.

Resolved: (i) that, the content of the report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates be noted; and

(ii) that, the ongoing work programme to maintain the mortality rates within the expected range for the organisation be noted and that the Board be aware of the impact of the changes to COVID-19 coding as future statistics were published; and

(iii) that, the current quality improvement developments from various teams and groups across the Trust be noted.

BoD/4574 Responsible Officer's Medical Appraisal and Revalidation

The MD/DCE reported on the Trust's position in respect of medical appraisals and revalidation during 2020/21 highlighting that in March 2020, the GMC suspended the revalidation process for the period 17 March to 30 September 2020 to recognise the impact of the COVID-19 pandemic on doctors' ability to prepare for appraisal and revalidation. All doctors' under notice in this period had 12 months added to their due date. The suspension was extended again in early June to cover the period to 16 March 2021.

Each doctor impacted by the suspension of appraisals and revalidation was followed-up personally by the Revalidation Coordinator who worked with them to put a plan in place for completion of their appraisal in an achievable timescale.

The MD/DCE reported appraisal compliance of 90.26% for 2020/21. All of the 26 doctors with outstanding appraisals had been contacted to put into place action plans to assist them to get back on track.

During 1 June 2020 to 31 March 2021, there were 19 revalidation recommendations made to the GMC by the Trust with one doctor being deferred.

Resolved: that, the content of the report and assurance on the processes in place in the Trust be noted.

BoD/4575 Nursing and Midwifery Revalidation

The CN/DoPS&Q provided an update in respect to the revalidation process for nurses and midwives. The process builds upon existing renewal requirements to demonstrate that the registrant had the continued ability to practice safely and effectively. Registrants were required to revalidate every three years, and demonstrate they had achieved 450 practice hours, evidence 35 hours Continuous Professional Development (CPD), complete five pieces of written reflective accounts, and five records of feedback.

Revalidation remained the responsibility of the registrant with the Trust monitoring compliance and providing support as required. It was noted that the process for revalidation was well-embedded across the organisation with no specific issues being identified over the past year.

Following the most recent AuditOne report, three staff required further actions relating to their NMC registration status. Two of the staff had successfully revalidated and the third staff member had an honorary contract, had now retired and been removed from the system.

Resolved: that, the content of the report and that the processes in place to ensure robust assurance for nursing and midwifery revalidation compliance within the Trust be noted.

BoD/4576 NHS Workforce Race Equality Standard 2021

The CPO provided a summary of the results of the Trust's Workforce Race Equality Standards (WRES) for 2020/21, comparing results to previous years. This had been introduced as part of the NHS standard contract in 2015 to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds had equal opportunities and received fair treatment in the workplace. Key points included: -

- Overall percentage of BAME Staff in the workforce reported at 11% remaining consistent with the previous year and highlighting that the Trust was fairly well represented in comparison to the Government's Office for National Statistics, which report a 4.7% BAME population in the North East;
- BAME representation at Board level was underrepresented at 5.6% compared to a BAME workforce of 11%;
- Analysis of the Trust's data had shown that there was a higher likelihood of white staff being appointed from shortlisting. This was a significant outlier and the team were looking to understand the reason for this;
- Data suggested that BAME staff were less likely than white staff to enter formal disciplinary processes;
- White staff were more likely to access non-mandatory training and CPD opportunities. It was noted that the number of BAME staff accessing this type of training had not changed but that white staff accessing non-mandatory training / CPD opportunities had increased.
- The percentage of BAME staff experiencing harassment, bullying/abuse from the public and from staff had reduced;
- The percentage of BAME staff reporting that the Trust has equal opportunities for career progression and promotion had increased;
- The percentage of staff who have experienced discrimination at work had increased.

An action plan was currently being developed to focus on some of the key points in respect to ensuring that the Trust continued to provide equal opportunities for those from BAME backgrounds. The BAME staff network would be an essential tool to enhance engagement with staff and therefore the primary focus would be to continuously promote the network and recruit new members to ensure that the Trust had a mechanism for BAME colleagues to share their collective voice within the organisation.

Resolved: (i) that, the results of the Workforce Race Equality Standard be acknowledged; and
(ii) that, approval be given for the results to be submitted to NHS Digital Strategic Data Collection Service by the deadline of 31 August 2021; and
(iii) that, the results be published on the Trust's internet site by Friday, 31 October 2021.

BoD/4577 NHS Workforce Disability Equality Standard 2021

The CPO provided a summary of the results of the Trust's Workforce Disability Equality Standards (WDES) for 2020/21, comparing results to previous years. The WDES was introduced as part of the NHS standard contract on 1 April 2019 to compare the experiences of disabled and non-disabled staff to ensure that employees with disabilities had equal access to career opportunities and received fair treatment in the workplace. The overall percentage of staff in the workforce who had informed the Trust that they had a disability or long term health condition remained static at 2%. A disparity was noted against the number of staff who identified as having a disability on ESR (82) and the staff survey (415). Key points included:-

- There was an increased likelihood of disabled applicants being appointed from shortlisting;
- There have been no formal cases involving capability for disabled staff;
- The percentage of disabled staff experiencing harassment, bullying/abuse from the public had reduced;
- The percentage of disabled staff experiencing harassment, bullying/abuse from managers and colleagues has increased;
- The percentage of disabled staff reporting that the Trust had equal opportunities for career progression and promotion had reduced;
- The percentage of disabled staff who have felt pressured to come to work whilst unwell had increased;
- The percentage of disabled staff who felt valued by the organisation had reduced;
- The percentage of disabled staff who reported that the Trust had made adequate reasonable adjustments to enable them to carry out their work had slightly reduced;

A Chair for the Disability Network had recently been appointed and RT highlighted that herself and the CE had met with him highlighting that he would be a great asset to the group. RT highlighted that it was a positive step that the Trust had agreed to fund Chairs of the protected characteristic networks for two days dedicated time each month.

An action plan was currently being developed to focus on some of the key points in respect to ensuring that the Trust continued to provide employees with disabilities equal access to career opportunities and that they received fair treatment in the workplace.

Resolved: (i) that, the results of the Workforce Disability Equality Standards be acknowledged; and
(ii) that, approval be given for the results to be submitted to NHS Digital Strategic Data Collection Service by the deadline of 31 August 2021; and
(iii) that, the results be published on the Trust's internet site by 31 October 2021.

BoD/4578 Freedom to Speak up Guardian Annual Report 2020/21

The CN/DoPS&Q provided an overview of the work carried out by the Freedom to Speak Up Guardian (FTSUG) during 2020/21. It was noted that due to the pandemic some activities had been paused but the Guardian had continued to promote the service and had provided support for ten cases.

Fiona Gray had been appointed as the new Freedom to Speak Up Guardian with hours for this role being increased from 15 hours a week to 37.5. Seven FTSU champions had also been recruited across the organisation

Themes from 2020/21 included bullying and harassment and patient safety concerns which were the same as national themes. The number of concerns remained low.

Four cases remained ongoing in April 2021 and had been carried over to the new reporting year.

Working with NHS England, the National Guardian's Office had brought together four questions from the NHS Staff Survey into a 'Freedom to Speak Up (FTSU) Index'. These questions related to whether staff felt knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident. The 2021 Freedom to Speak Up Index for the Trust was 81.2% which had increased by 0.1% from 2020. The highest nationally was 87.6% and the lowest 66.6%. The CN/DoPS&Q highlighted that this was a positive position with the Trust ranking 4th regionally.

The Chairman reported that he had met with Henrietta Hughes who was stepping down as the National Guardian who had done a lot of work in respect to culture and attitude and how colleagues were treated. This learning was welcomed and Trusts should not feel threatened by this.

Resolved: that, the content of the report and the progress to date in embedding and developing the FTSUG role be noted.

BoD/4579 Quality Accounts 2020/21

The CN/DoPS&Q presented the Quality Accounts for 2020/21 which had been prepared in line with national requirements as set out in the Health Act 2019 and updated in the Health and Social Care Act 2021.

The CN/DoPS&Q explained that due to the pandemic there had been a number of changes which included:-

- No requirement to externally audit the document;
- No quality report was required within the annual report for 2020/21;
- The Quality Accounts needed to be sent to NHS England and NHS Improvement to be added to their individual pages;
- There were no specific new requests to be added into this year's Quality Account.

The Quality Account summarised progress against the priorities and quality metrics that were agreed with external stakeholders in 2020/21 and demonstrated some significant achievements during the course of the year and showed improvements in the services delivered to local communities and stakeholders.

The pandemic had inevitably affected how the Trust delivered against a number of quality standards, however these continued to be monitored closely and was compared to national and regional positions where benchmarking allowed.

Governors and third parties had supported the production and review of the 2020/21 Quality

Accounts with third party declarations provided from a number of external stakeholders.

The CE highlighted the amount of work involved in producing the Quality Accounts and the overall focus on quality in the organisation. The CE reported that Healthwatch were to be invited onto the Council of Governors which would improve oversight and provide a different perspective.

The MD/DCE reflected on the Quality Accounts highlighting that people choose to work in the organisation because they were passionate about serving the community in which they lived and that the organisation was focused on improving upon the quality of care offered to patients. The COO added that from a Care Group perspective, everything on the agenda impacted upon quality.

SH recognised the time, effort and commitment in producing this report which reflected on the quality of services provided at the Trust, thanking members of the Executive Team and contributors to the report.

Resolved: (i) that, the performance against the quality standards within the document be noted; and
(ii) that, the ongoing excellent work undertaken by Trust staff in maintaining performance through what had been a very challenging time be acknowledged; and
(iii) that, the completion of the Quality Account within the required timescales and submission to NHS England and NHS Improvement be noted.

BoD/4580 Equality, Diversity and Inclusion Annual Report 2020/21

The CPO presented the 2020/21 Equality, Diversity and Inclusion Annual Report highlighting key achievements throughout the previous year.

The CE reported that she had met with most Network Chairs who had outlined their objectives highlighting that she continued to offer support helping all Networks to become embedded within the organisation.

Resolved: that, the 2020/21 Equality, Diversity and Inclusion Annual Report be accepted for publication.

BoD/4581 Carbon Reduction Programme Performance Targets

The DoP&P presented the Carbon Reduction Programme Performance Targets and drew members' attention to the key achievements highlighting the continued success and progress in achieving the targets of the Carbon Management Plan.

The Chairman placed on record his thanks to Mike Worden, Managing Director of NTH Solutions and his colleagues for the achievements made during the previous year.

In response to clarity sought by JE, the DoCA&CoS highlighted the amount of work being undertaken on the sustainable green plan presented at a recent Board Seminar highlighting that many initiatives needed wider involvement of partner organisations and the wider system to achieve their full potential. The Chairman agreed to raise this with the national body to address this. The DoCA&CoS highlighted that for future contracting and procurement, the supply chain needed to demonstrate their commitment to reduce carbon emissions.

Resolved: that, the report be received and that the continued success and progress in achieving energy reduction targets and site optimisation to drive down energy consumption, carbon emissions and costs in the support government targets be noted

BoD/4582 Estates and Facilities Annual Report 2020/21

The DoP&P presented the Estates and Facilities 2020/21 Annual Report and drew members' attention to the key points.

Thanks were placed on record to Mike Worden, Managing Director of NTH Solutions and his colleagues for a successful year.

Resolved: that, the Estates and Facilities 2020/21 Annual Report be noted and received.

BoD/4583 Health, Safety and Security Annual Report 2020/21

The DoP&P presented the Health, Safety and Security 2020/21 Annual Report highlighting performance against key performance indicators, key issues, future activity, key objectives and a proposed action plan for 2021/22.

The DoP&P highlighted the significant amount of work around fire safety and the training of fire wardens. Deep dives had been completed around the education and management of fire in the organisation and there was now an infrastructure in place to report and manage this. It was noted that the Trust would in future be fined for avoidable alarms and steps had been taken to manage this at a local level with oversight by site managers out of hours. The COO added that live and desk top training was being organised with Cleveland Fire Brigade.

In response to a query raised by the Chairman, the DoP&P highlighted that many false fire alarms were due to toasters and patients smoking in toilets.

Resolved: that, the Health, Safety and Security 2020/21 Annual Report be noted and received

BoD/4584 Organ Donation Annual Report 2020/21

KR, Chair of the Organ Donation Committee presented the Organ Donation 2020/21 Annual Report and drew members' attention to key points.

KR reported that the Trust had facilitated three actual solid organ donors resulting in 11 patients receiving a transplant during the year.

It was noted that Organ Donation Week would run between 20 and 26 September 2021.

Resolved: (i) that, the content of the report be noted; and
(ii) that, work continue with best practice for organ donation.

BoD/4585 Any Other Notified Business

a. Professor Derek Bell / Neil Mundy

On behalf of the Board, SH welcomed Professor Derek Bell to the Trust highlighting that the Trust had a reputation as a high performing trust with a culture in compassion. SH looked forward to working with Professor Bell and the leadership he would provide.

In addition, SH placed on record the thanks of the board to Neil Mundy for his leadership as Interim Joint Chair over the past six months. This had been a most challenging time for the NHS and SH acknowledged the progress made in respect to collaboration. In conclusion, SH wished Neil Mundy all the very best for the future. Neil Mundy responded by acknowledging that it had been a privilege and a pleasure to undertake the role for the past six months.

Resolved: that, the verbal update be noted.

BoD/4586 Date and Time of Next Meeting

Resolved: that, the next meeting be held on Thursday, 28 October 2021 in the Boardroom at the University Hospital of Hartlepool.

The meeting closed at 3:50 pm.

Signed: Date:

BoD Public

Date	Ref.	Item Description	Owner	Deadline	Completed	Notes
25 March 2021	BoD/4461	***NHS Regulation Bill – White Paper: Integration and Innovation – Working together to improve health and social care for all*** Board and Council of Governors' development sessions to be scheduled to look at how the ICS would function in the future	B. Bright			Joint CoG development session to be arranged to facilitate this topic. In addition, a Joint Board to Board would also be arranged Joint Board to Board Session to be arranged on cyber security and digital
27 May 2021	BoD/4533	***Annual Report and Accounts 2020/21*** Final Annual Report and Accounts 2020/21 to be submitted to NHS Improvement in line with guidance, and laid before parliament	B. Bright		September 2021	Submitted to NHSI by 29 June in line with requirements. Still require VfM certification from Deloitte which will be completed by September following which they will be laid before parliament. Laid before parliament in September 2021
27 May 2021	BoD/4537	***NHS Resolution Clinical Negligence Scheme for Trusts (CNST)*** Market place event to be considered to showcase the great work being done within Maternity Services	L. Robertson			Agreed – date to be confirmed as restrictions ease
27 May 2021	BoD/4538	***Annual Report of the Vulnerability Unit, Safeguarding Adults, Children and Young People 2020/21*** Review of NCPOD report specifically related to young people, and the outcome to be shared with mental health colleagues	L. Robertson		September 2021	This is an agenda item for discussion at the next Treat as One meeting to be held in September. This item to be closed and updated via the Treat as One group
23 September 2021	BoD/4595	***Community Diagnostic Hub*** Year 2 to 5 Community Diagnostic Hub model and the corresponding financial implications to be revisited at a Board Seminar at a later stage following the Comprehensive Spending Review	N. Atkinson L. Buckley B. Bright			Date to be confirmed once information is available

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Joint Chair's Report										
Date:	28 October 2021										
Prepared by:	Sarah Hutt, Assistant Company Secretary										
Sponsor:	Professor Derek Bell, Joint Chair										
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		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:

The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level.

Key issues for Information:

- Chair Induction Programme;
- North East and North Yorkshire Elective Recovery Event;
- Joint Strategic Board Progress;
- Joint Strategy and Partnership Director Appointment;
- North East and North Cumbria Integrated Care System Chief Executive Recruitment;
- Trust Annual General Meeting

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 is asked to note the content of this report.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

28 October 2021

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 Induction

I have continued my induction programme with the Trust and have visited a number of areas including Radiology Services, Paediatrics, Stroke Services, the Quality Control Laboratory, Hospital Street, the Energy Centre, and the Central Sterile Services Department (CSSD). It has been great to meet with such a wide range of both clinical and non-clinical staff whilst gaining an introduction into the organisation.

I have established regular meetings with the Chief Executives, Vice Chairs and Lead Governors both individually and jointly. In addition, I have and will continue to meet with Governors, Non-Executive Directors and Executive Directors of both Trusts to gain further understanding of both organisations.

2.2 North East and North Yorkshire Elective Recovery Event

I attended a regional event on 30 September 2021, which focused on elective recovery across the North East and North Cumbria looking both at the immediate position and what was required on a longer-term basis to transform service provision. In the short term, the focus is to reduce the number of long length waits. A review of progress will take place at a further event later in the year.

2.3 Joint Strategic Board Progress

The Joint Strategic Board took place on 20 October 2021, which considered further collaborative and joint working opportunities between the Trust and South Tees Hospitals NHS Foundation Trust. These include estates related work, digital solutions and priority clinical services. There was also an update regarding the Pathology Collaborative, which is a joint venture between the two trusts.

2.4 Joint Strategy, Planning and Partnerships Director

I am pleased to report the appointment of Alan Hunter as Joint Strategy, Planning and Partnerships Director. The appointment is on an interim basis and will be shared across both trusts working closely to progress the ambitions of the Joint Strategic Board, enabling effective partnership working beyond organisational boundaries and building on collective capacity to better manage the health of the population.

2.5 Integrated Care System Chief Executive Recruitment

I was invited to take part in a stakeholder engagement event on 13 October 2021, which was part of the recruitment process to appoint a new Chief Executive for the North East and North

Cumbria Integrated Care System. The interviews were held on 15 October 2021 and announcement of the successful candidate will be made in the coming weeks. The appointment will commence on 1 April 2022 under the new Integrated Care Board arrangements.

2.6 Annual General Meeting 2021

The Trust's Annual General Meeting (AGM) was held on 14 October 2021. It was the first time the meeting had been held virtually, which was to accommodate the continuing social distance guidance for meetings. The event was publicised in advance and members were invited to submit any questions prior to the event.

A dedicated section on the Trust's website was set-up to host pre-recorded presentations from the Chief Executive, Director of Finance and myself. In addition, a link was included for members to access the Trust's Annual Report and Accounts for 2020/21 and minutes from the previous meeting.

3. Recommendation

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

Professor Derek Bell
Joint Chair

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Chief Executive Report										
Date:	28 October 2021										
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:

The report provides an overview of the health and wider contextual related news and issues that feature at a national, regional and local level from the main statutory and regulatory organisations of NHS Improvement, NHS England, Care Quality Commission and the Department of Health and Social Care.

In addition, information is provided on strategic delivery and positioning and operational issues not covered elsewhere on the agenda. Key issues for Information:

- COVID-19 current position and continued recovery
- Staff Health and Wellbeing
- Annual General and Members Meeting 2021
- Faculty for Leadership and Improvement
- Consultant Appointments
- Integrated Care System/Integrated Care Partnership Update
- ICS Joint Management Executive Group
- Health Inequalities and the need for Public Health Prevention in Maternity in the North East & North Cumbria Webinar
- North East and North Cumbria Provider Collaborative
- Tees Valley Health and Care Partnership
- North Tees and Hartlepool charity hits 25
- New hospital role established to support patients through their cancer journey
- North Tees and Hartlepool bariatric service celebrate decade of delivery

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

Consideration will be given to the information contained within this report as to the potential impact on existing or new risks.

Committees/groups where this item has been discussed	Items contained in this report will be discussed at Executive Team and other relevant committees within the governance structure to ensure consideration for strategic intent and delivery.
Recommendation	The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

28 October 2021

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. Key Issues and Planned Actions

2.1 Strategic Objective: Putting our Population First

2.1.1 COVID-19 Current Position and Continued Recovery

2.1.1.1 COVID-19 Current Position

As at 18 October 2021, the Trust is caring for 46 COVID-19 positive patients, five of which require Critical Care intervention. This position is reflective of the impact of community infection rates across Stockton and Hartlepool communities, with both local authorities reporting high infection rates – Stockton positive cases of 377 infections per 100,000 population and Hartlepool positive cases of 331 (pillar 1 and 2 positive tests per 100,000 population for tests results up to Thursday 14 October 2021). Although this compares favourably with the rates in Northeast and North Cumbria of 457 and an England average rate of 413 it still represents a level of increasing community infections compared with the same period in September 2021.

The Trust has continued to have a proportion of COVID inpatients, with around 8% of beds occupied by COVID positive patients. This has remained static over the last few weeks as have the numbers of patients requiring critical care support.

A continued review of Infection Prevention and Control measures, supporting the health and wellbeing of staff, and improving the estate remain core measures to manage operational pressures whilst continuing to focus on Covid admissions and ensuring the provision of high quality and timely care for patients and their families.

2.1.1.2 Hospital Activity and Operational Pressures

Services have been operating under sustained pressure normally associated with a challenging winter period. The impact of the pandemic and high patient acuity within urgent and emergency attendances has affected patient flow within and outwith the organisation. The Trust continues to monitor and respond to operational pressures through daily operational and resilience structures with oversight by the Executive Team. Additional resources have been deployed into urgent and emergency care to maintain focus on patient safety and the timely management of appropriate flow with a specific emphasis on ambulance arrivals delivery of the emergency care standards, defusion of the department and staff support with collective leadership.

As previously reported to the Trust continues to deliver ambitious recovery plans with weekly monitoring across all Points of Delivery by the Executive Team. Within the NENC the Trust has the highest aggregate position for total value weighted elective activity with performance of 93.3% at 3 October and a four weekly average rate of 94.9%.

The Trust is currently receiving GP referrals at 110% of 2019/20 activity with the NENC as a whole seeing activity levels of 99.7% of 2019/20 levels. Despite the increase in referrals, the Trust has maintained a positive downward trajectory of >52 week waits and zero >104 week waits. This compares favourably nationally, regionally and locally. Internal waiting list initiatives and insourcing

capacity are being utilised to support increased elective and diagnostic capacity during periods of intense emergency care demand.

2.1.1.3 2021/22 Planning Guidance; October to March 2022

The Planning Guidance released in September 2021 reinforced the six priorities outlined in the 2021/22 operational planning guidance published in March 2021. Specifically, a continued focus on: supporting the workforce; delivering vaccinations and ongoing COVID-19 support; transformation to accelerate recovery of electives and address rising demand for mental health services; expanding primary care capacity to address health inequalities; transforming community and urgent and emergency care to reduce pressure on emergency departments; and system collaboration.

Within the priorities, a notable addition includes a targeted investment fund of £700 million to spend by the end of March 2022; this is part of the funding announced in the latter half of the financial year (H2) settlement. Proposals for spend will focus on delivering the elective recovery reforms with a specific action on waiting list size and long waits.

The Trust has included schemes that support elective pathways developed through the Tees Valley Clinical Services Strategy with an emphasis on increasing baseline elective capacity and supporting successful improvement trajectories.

The final review and prioritisation of schemes is currently taking place with an anticipated agreement by the end of October 2021, subject to NHS England approval.

Richard Barker, Regional Director chaired an elective recovery event on 30 September to discuss the position across the North East and Yorkshire. Whilst it was recognised and accepted that challenges continue it was agreed collectively there was a need for organisations to work individually and together via Provider Collaboratives to rapidly increase the pace of elective recovery.

2.1.2 Staff Health and Wellbeing

In September the focus on wellbeing was '*know your numbers'* with sessions provided across both sites which aimed to provide staff with the opportunity to reflect and focus on themselves. October saw the launch of the new wellbeing newsletter, a collaborative approach to sharing all of the wellbeing initiatives, along with a focus on staff stories to provide a social approach to the content. The new electronic format has made the newsletter more accessible with printed versions also available, as appropriate.

Collaborative work continues ensuring that the variety of wellbeing offers are coordinated with support from Psychology, Chaplaincy, Occupational Health and the People Development Team. The newly launched wellbeing sponsors have increased in numbers, with ambitions to go further to provide more access to wellbeing.

Work is currently underway to prepare for the Better Health at Work Award (BHAWA). The Trust is applying for the Maintaining Excellence award which was achieved in 2020.

Preparations are underway to launch Recognise, Engage, Actively listen, Check risk and Talk (REACT) conversations training which will provide a simple framework to have conversations relating to mental health. This work combined with the coordination of the Mental Health First Aiders will provide a breadth of support across the Trust. The structure has been created by March on Stress and supported by NHS England.

2.1.3 COVID and Flu Vaccination Programmes

The joint vaccination co-administration campaign commenced on Monday 27 September providing both COVID-19 third dose boosters and flu vaccinations to staff within the Trust. The ambition is to achieve 100% offer and surpass the 81% frontline health care worker delivery achieved in 2020. The Trust is delivering the Pfizer vaccine which also include an '*Evergreen*' offer providing first and second doses to those who require them. It was also recently announced those who were part of the Novavax

trial are now able to receive a booster dose or first and second doses to ensure they have access to a licensed vaccine.

Currently over 2500 doses of the COVID vaccine have been delivered and 2000 Flu vaccinations. A robust communications and engagement strategy is in place and flexibility in delivery is reviewed on a weekly basis to target areas of low uptake with detailed plans including advice and support.

2.1.4 Research Team leading the way in COVID-19 treatment nationally

2.1.4.1 NOVAVAX Trial

The Joint Committee on Vaccination and Immunisation have approved the use of Pfizer vaccinations as a booster or for travel purposes for NOVAVAX participants. The North Tees vaccination hub and NOVAVAX trial centre was offered as a vanguard site to pilot the process for contacting, unblinding and referring participants for their vaccinations. This process has been shared with the national team for wider distribution to all NOVAVAX sites End of study visits for all remaining participants will be taking place from mid Oct - early December, after which all activity on the trial will cease.

2.1.4.2 RECOVERY Trial

The Trust has 870 patients recruited to the RECOVERY study to date and remains the second highest recruiting Trust in the country with all treatment aims available.

Support for the RECOVERY trial is being scaled down and the finite research delivery resource will move to cover a much wider range of studies.

2.2 Strategic Objective: Valuing our People

2.2.1 Annual General and Members Meeting 2021

The Trust Annual General and Members' Meeting (AGM) was held on 14 October. 2021. As the Trust is still operating under some COVID restrictions this meeting was hosted virtually via video presentations on the website with the opportunity to submit any questions prior to and post the event.

Presentations were delivered by the Chair, Chief Executive and Director of Finance. Additionally two videos were linked to showcase progress and ambition, and a thank you video for those who work and are connected to the Trust. Full details can be found on the website here: https://www.nth.nhs.uk/news/north-tees-and-hartlepool-nhs-foundation-trust-annual-general-and-members-meeting-2021/

2.2.2 Faculty for Leadership and Improvement

The 10 Pack Leaders continue to drive forward their courageous changes demonstrating exemplary leadership skills and behaviours to get the most from their teams.

Upon reaching the halfway point in the 6-month programme, the Faculty Support Team will be working closely with Leaders to develop a mid-point showcase to be shared with the 100 Leaders and the Trust. This will highlight the achievements, capture feedback from Pack Leaders on the programme and identify the learning to be taken forward by the Faculty of Leadership and Improvement.

An emerging theme from discussions with Leaders is the value being placed on connections made through this programme and the opportunity it provides to work with a wider network of colleagues. The simplicity of this behavioural change is what makes it so impactful and provides valuable learning for the Faculty Support Team and future cohorts.

The development of the Faculty of Leadership and Improvement continues to take learning from the 100 Leaders programme of work, using this to identify the principles of what the Faculty can offer the Trust moving into the future. The 100 Leaders projects will form part of a suite of projects acting as a

test-bed for the Faculty to refine and demonstrate the framework of support needed to embed a culture of improvement and a legacy of inclusive, collective and compassionate leadership

2.2.3 Consultant Appointments

Since the last meeting held on 23 September 2021, the Trust has appointed to the following Consultant post:

Consultant Anaesthetist with an interest in Peri-Operative Medicine - Dr Lucy Eyram Delali Kodzo-Grey Venyo

2.3 Strategic Objective: Transforming our Services

2.3.1 Integrated Care System/Integrated Care Partnership (ICS/ICP) update

2.3.1.1 Integrated Care System (ICS)

2.3.1.2 ICS Joint Management Executive Group (JMEG)

Since the last meeting on 23 September 2021 a further two Joint Management Executive Group meetings chaired by Sir Liam Donaldson (ICS Chair Designate) have been held. Discussion at the meeting on the 5 October focused on the national guidance with a focus on place based arrangements for commissioning. A further meeting was held on the 19 October 2021 whereby discussion centered on the development of the Integrated Care Board constitution, management of resources and composition and membership along with the engagement timeline with partners on next steps.

2.3.1.3 Health Inequalities and the need for Public Health Prevention in Maternity in the North East & North Cumbria Webinar

I had the opportunity to introduce the Public Health Prevention in Maternity webinar on 4 October, to highlight prevention in maternity to look at improving outcomes and health during pregnancy and to give every child the best start in life to reduce health inequalities. The network event engaged stakeholders with Sue Mann, Medical Expert in Reproductive Health and Consultant in Women's Health at the National Public Health England team providing a keynote speech on reproductive health opportunities in maternity. Members were invited to participate in discussions around tobacco dependency in pregnancy, reproductive health, maternal healthy weight, inequalities and approach to support opportunities in continuity of care.

2.3.1.4 North East and North Cumbria (NENC) Provider Collaborative

Following a competitive process, the NENC NHS Provider Collaborative has appointed its Managing Director. The successful candidate will commence in the new role in January, with key initial priorities including establishing the infrastructure of the Collaborative and driving delivery of collaborative programmes on behalf of the 11 Trusts and the wider system.

2.3.2 Tees Valley Health and Care Partnership

The Improving our NHS Together – Tees Valley Integration and Transformation Programme continues to focus on the key work streams. The Clinical Services Strategy remains a significant piece of the work programme for the Tees Valley, with the supporting co-dependent and enabling work streams of finance and efficiency, digital and workforce, continuing to support the move from vision to implementation. As governance evolves, value, decision making, governance and stakeholder engagement, including place based approaches, will be reconsidered.

The Managed Clinical Networks continue to grow and develop a plan to deliver on the commitment to improve and stabilise services for the population. The Programme Team is working closely with the Clinical Leads to focus and define the delivery across the next six months, given the operational pressures anticipated.

2.3.3 Tees and North Yorkshire Provider Collaborative (T&NYPvCv)

An interim Joint Strategy and Partnership Director has been appointed to support both the organisation and the Provider Collaborative with the ambition to work collaboratively to ensure that the population of the Tees Valley and North Yorkshire benefit from the development of partnership arrangements hto improve outcomes tackling sustainability in service provision and move enabling projects at pace..

The next Joint Strategic Board is due to take place on 20 October with a focus on quality, finance and estates.

2.3.4 North Tees and Hartlepool Charity hits 25

The North Tees and Hartlepool charity is celebrating its achievements and has set out a vision for the future – as it hits a milestone quarter of century since its creation.

Over that time tens of millions of pounds has been raised for frontline patient care and to support staff wellbeing across the organisation. To mark the anniversary date, staff and the community across the Tees Valley are being set a ’25 Challenge’ to complete a project to raise money.

A Fundraising Co-ordinator has been appointed to ensure that a clear strategy is developed and delivered to support the charity ambitions.

2.3.6 New Hospital Role Established to Support Patients through their Cancer Journey

A new role at the Trust is improving the journey of cancer patients from the very day they receive their diagnosis.

The coordinators build a relationship with patients, acting as their first point of contact. They offer health and wellbeing advice based on the patients’ needs, lifestyle and circumstances to optimise physical condition before receiving cancer treatment – whether that is surgery, chemotherapy or a combination of the two

2.3.7 North Tees and Hartlepool Bariatric Service Celebrate a Decade of Delivery

The bariatric team at North Tees and Hartlepool NHS Foundation Trust has been working for 10 years to help patients live a healthy life free from some of the limits of obesity. Since the department opened in 2011, more than 850 procedures have been completed.

3. Recommendation

The Board of Directors is asked to note the content of this report and the pursuance of strategic objectives and collective work amongst the COVID-19 recovery programme and the return of services building on a new operating model.

Board of Directors

North Tees and Hartlepool NHS Foundation Trust

Title of report:	Guardian of Safe Working Hours Report										
Date:	28 October 2021										
Prepared by:	Mr Pud Bhaskar, Guardian of Safe Working hours Jamie Waters, Head of Business Support - NPSQ										
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. This report covers the period April 2021 to September 2021.										
Action required:	Approve		Assurance	✓	Discuss	✓	Information	✓			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing 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:

As with the wider NHS Workforce, COVID-19 continues to have a significant impact on the working lives of Doctors in Training (DiTs). Our workforce continues to work together as a team and flexibly to meet both service and training needs.

The Guardian of Safe Working Hours has increased the frequency of the doctors' forum to bi-monthly, in order to increase our level of support to our doctors, obtain feedback, and address or escalate concerns.

Exception reporting continues to be the mechanism used to highlight non-compliance with safe working hours, lack of support, and missed educational opportunities. Following an initial reduction in exceptions, which is thought to be related to the first pandemic surge, the rate of exception reporting appears to be returning to pre-pandemic levels. Flexible and remote working has increased, allowing teams to meet virtually and continue training/teaching sessions.

The Trust Clinical Quality Lead highlights the positive performance of the organisation based on the recent GMC trainee Survey results.

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

- Possible disruption to educational and training opportunities due to subsequent pandemic surges.
- Possible breaches to safe working hours and rest requirements resulting in fines

Committees/groups where this item has been discussed	Patient Safety and Quality Standards Committee
Recommendation	The Board of Directors are asked to note the content of and accept this report.

Guardian of Safe Working Report
April 2021 – September 2021

Executive Summary

This report focuses on Doctors in Training (DiTs) and forms part of the reporting requirements of the 2016 contract for doctors and dentists in training. It aims to provide the Board of Directors with a summary on the working hours and practices during the reporting period, providing assurances on safe working and highlighting areas of concern. It concludes that the organisation continues to meet the demands of the contract and that there is no evidence to suggest current working practices amongst trainees at the Trust are unsafe.

The pandemic continues to have an impact on working arrangements and training opportunities. To ensure doctors feel supported during this time, the frequency of the doctors' forum has been increased to bi-monthly and continues to be delivered virtually through Microsoft Teams. This has resulted in increased engagement and attendance. Many areas are also offering virtual departmental teaching sessions, which are recorded and can be accessed by trainees unable to attend.

The most recent forums have given trainees the opportunity to express their thoughts around the recent redeployment between services, which has been done in line with service demands. No issues have been reported in most recent forums relating to redeployment between services and trainees had been appropriately supported whilst these plans were in place. All arrangements included input from service rota administrators and the associated Dean and Schools. HEENE received weekly reports detailing the redeployment of trainees.

Discussions have taken place around the medical cover associated with resilience wards, which tend to open during the winter pressures season. Trainees reported the challenges in having medical consultants available to review medical boarders located on Ward 28. The organisation has a robust escalation plan which includes the provision of appropriate medical cover to resilience wards from November onwards.

The introduction of exception reporting posters from the BMA will support in sustaining the recent trend of increased exception reporting from our trainees. These information posters will provide generic feedback on exception reporting themes and useful links for trainees to access.

Mr Adeboye, Trust Clinical Quality Lead, provided a comprehensive overview of results of the most recent GMC survey and indicated that the Trust is in a positive position for many of the themes included within the report. The organisation continues to encourage trainee participation in national and local surveys to help improve in areas where they feel they are less well supported.

Overall there have been no significant exceptions resulting in new fines and there are no major concerns relating to safe working hours at present. Where concerns have been highlighted, work is on-going to ensure that they are addressed. The exception reporting process continues to enable the compensation of additional hours worked and ensures trainees are compensated appropriately.

The following new recommendations are made to the board:

1. Continue to monitor personal protective equipment arrangements
2. Continue to encourage exception reporting

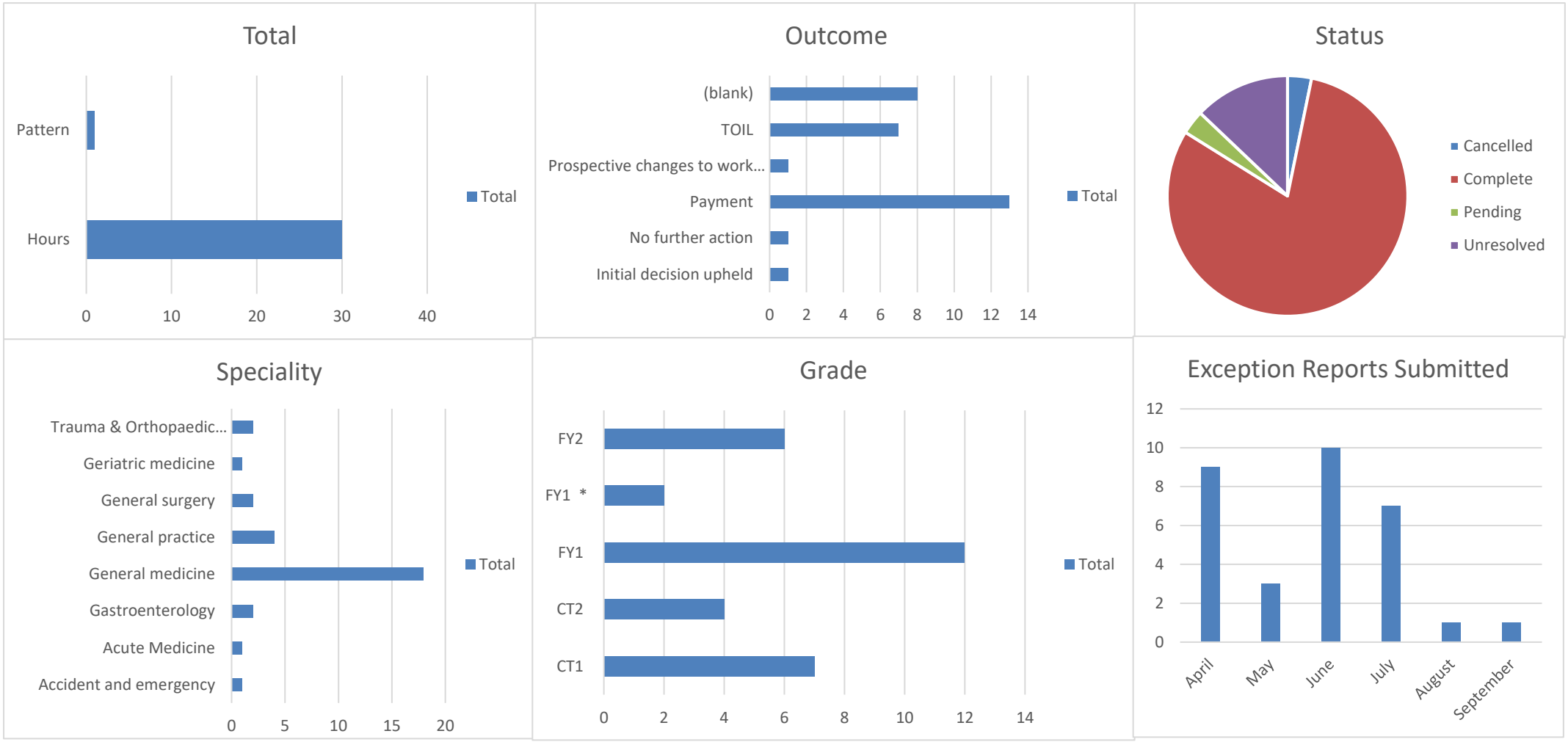
3. Encouraging trainees to contribute to trainee surveys in order to continuously improve the experience of trainees in the organisation

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

Mr Pud Bhaskar, Guardian of Safe Working Hours

October 2021

Appendix One: Exception Reporting Dashboard Screenshot – April 2021 – 14 September 2021



31 Exception Reports Submitted By 16 Doctors

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Capital Programme Performance Q2 – 2021/22										
Date:	28 October 2021										
Prepared by:	Steven Taylor, Assistant Director of Estates and Capital NT&HS LLP										
Executive sponsor:	Neil Atkinson, Director of Finance										
Purpose of the report	The purpose of this report is to provide the Board of Directors with an update as of 30 September 2021 (Quarter 2) on the progress of delivering the 2021/22 capital programme, along with the current forecast position, highlighting any risks in delivery.										
Action required:	Approve		Assurance	X	Discuss	X	Information	X			
Strategic Objectives supported by this paper:	Putting our Population First		Valuing People		Transforming our Services	X	Health and Wellbeing				
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

Capital Programme Delivery 2021/22

- The Trust's capital programme for 2021/22 has provisionally increased from £17m to £21.6m, with effect from M6 as it now includes expected PDC funding for the Community Diagnostic Hub (£2.8m) and Pathology LIMS (£1.8m).

- At the end of month 6, the Trust incurred capital spend of £4.3m, which is £0.1m ahead of plan.

Estates Backlog Maintenance/Infrastructure

- Key highlights include a significant amount of work on Theatre refurbishment, including the completion of the refurbishment of Theatre 7 at the North Tees site and return to operational use on 19th July 2021. The theatre is equipped with 2 LED operating lights, 2 medical gas pendants and integrated and uninterrupted power supplies (IPS/UPS) to improve patient safety. Planned capital work relating to roofing repairs remains ongoing which is a multi-year programme. Concrete repairs to the Tower Block are now 90% complete.

- The RSU business case for £2.5m was approved in May 2021 to upgrade the existing ward 24 respiratory ward into an RSU unit with specific enhancements to support the care of patients with major respiratory illnesses such as COVID 19 or Influenza. The unit will be designed with three flexible areas within the ward with the ability to escalate care and dedicate further sections as the clinical need requires.

- This project also comes with significant time pressures, the work commenced on site on 12th July and is now 60% complete with the unit targeted for completion by 17th November, and ahead of peak winter bed pressures. The external cost advisor (Driver Group) have now produced the first independent cost report, which has confirmed the project is on budget. Monthly external cost reports will continue to be provided until the end of the project.

Digital

- Significant work remains ongoing relating to digital, with desktop PC replacement now complete, supporting migration to windows 10. The replacement scheme for laptops is ongoing. TrakCare successfully upgraded on Wednesday 8th September, with software changes, a new operating system, a new database and new hardware. The Trust has also received full shareholdings in HealthCall along with four other Trusts in the region. .

Medical Equipment Replacement (MER)

- Delivery against the MER is progressing well, with capital equipment delivered in Q2 relating to maternity services, respiratory support/ITU, cardiology and theatres.

Forecast

The capital forecast for the year at September 2021 includes the capital accelerator approved bid £1.38m which is not cash backed, therefore creating a potential overspend of £1.38m. All other capital schemes are forecasting to plan.

Hospital Infrastructure Programme

A review of the wider estate is being undertaken with an updated Estates Strategy / SOC being developed. This is being supported and evidenced by a 6-facet survey that was commissioned to provide independent expert advice on the current physical condition and remaining life of the existing buildings and engineering systems on the UHNT site.

Other Bids

Linked to the Trust's estate, an expression of interest bid was to the Hospital Improvement Programme and will be notified in December if the bid will progress to the next stage.

The Trust has also submitted a Targeted Investment Fund bid which relates to 16 individual schemes and totals £3.99m. The Trust is awaiting confirmation of whether the bid has been successful.

Full details of the capital programme progress to Q2 is contained in the attached report.

How this report impacts on current risks or highlights new risks:
This report doesn't highlight any new risks, however, the significant challenge of the scale, complexity, time constraints and market conditions placed reliance upon sub-contractors and supply chain.

Committees/groups where this item has been discussed	Capital and Revenue Management Group
Recommendation	The Board is asked to; • Note the contents of the report; • Note the provisional increase in the 2021/22 capital programme from £17m to £21.6m, with effect from M6 as it now includes expected PDC funding for the Community Diagnostic Hub £2.8m and Pathology LIMS £1.8m; • The submission of an expression of interest to the Hospital Improvement Programme. • The capital plan is forecasting to overspend by £1.38m linked the capital elective recovery accelerator bid; and • At M6 (Quarter 2), the capital programme is on plan.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

28 October 2021

Capital Programme Performance Q2 2021/22

Report of the Director of Finance

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

Transforming our Services

1. Introduction / Background

1.1 The purpose of this paper is to provide an update as of 30 September 2021 (Quarter 2) on the progress of delivering the 2021/22 capital programme and also provide an update on any recent changes that have been announced nationally and regionally that will impact on the Trust's programme.

1.2 The NHS Improvement Compliance Framework requires that a minimum of 85% and a maximum of 115% of the original capital allocation should be spent on a monthly basis. Only goods and services that have been received or invoiced may be counted as expenditure.

2. Main content of report

2.1 The Trust has an overall capital programme of £21.6m for 2021/22. At the end of month 6, the Trust incurred capital spend of £4.3m, which is £0.1m ahead of plan. This is a positive position at Q2. The plan has increased by £4.6m in month 6 due to expected PDC funding for the Community Diagnostic Hub £2.8m and Pathology LIMS £1.8m.

2.2 **Estates**

Total expenditure on Estates schemes is £2.5m at the end of September 2021 (including Respiratory Support Unit development) against a year to date budget of £2.0m and is ahead of plan.

2.3 **Medical Equipment**

Total expenditure on Medical Equipment schemes is £1.1m at the end of September 2021, against a year to date budget of £0.4m and is ahead of plan.

2.4 **Information and Technology Services and Digital Strategy**

Total expenditure on IT&S schemes is £0.6m at the end of September 2021, against a year to date budget of £0.3m and is ahead of plan.

2.5 **Contingency**

There is a contingency of £0.2m and an actual VAT saving relating to previous years of £0.1m, which is a total of £0.3m contingency to allocate. The budget for this is phased to match the original NHSE/I plan submitted as and when individual scheme budgets are re-phased. Therefore the year to date budget for contingency at the end of September 2021 is £1.3m and is behind plan.

2.6 **Donated Assets**

Total expenditure on donated/grant funded assets is £0.2m at the end of September 2021 against a year to date budget of £0.2m and is on plan.

2.6 **Forecast 2021/22**

The capital forecast for the year at 30th September 2021 includes the capital accelerator approved bid of £1.38m which is not cash backed, therefore creating a potential overspend of £1.38m. All other capital schemes are forecasting to plan.

2.7 **Capital bids 2021/22**

A capital accelerator bid has been submitted across the ICS for £10m and has been approved by NHSE/I. For the Trust, this is total additional expenditure of £1.38m but is not cash backed and therefore will create an approved overspend against the Trust CDEL limit. Work is ongoing across the ICS to review this to ensure that future bids would provide funding.

A review of the wider estates structure is being undertaken and an Estates Strategy / SOC developed. It is hoped that funding may become available following this review, which would help protect the Trust internal capital spend plan for 2021/2022.

Bids awaiting approval

- A joint ICP bid with South Tees Acute Hospitals NHS Foundation Trust was submitted in May 2021 for a total of £8.5m relating to Community Diagnostic Hub proposals. The bid relates to improving population health outcomes, increasing diagnostic capacity, improving patient experience and productivity and efficiency. The expected additional capital funding for the North Tees bid is £2.843m and is included in plan and forecast at month 6. Confirmation has been received with regards to the early adopter bids and there will be a total of approximately £900k funding of revenue only. This will be funded jointly between the Trust and South Tees Acute Hospitals NHS Foundation Trust and will be for the use of increasing capacity within existing services. A Task and Finish Group has been established to take this forward.

- A substantial capital bid has been submitted for Pathology LIMS across five Trusts for approximately £8.8m. The expected additional capital funding for North Tees is £1.752m and is included in plan and forecast at month 6.

- The Trust has also submitted a Targeted Investment Fund bid which relates to 16 individual schemes and totals £3.99m. The Trust is awaiting confirmation of whether the bid has been successful.

- Linked to the Trust's estate, an expression of interest bid was submitted to the Hospital Improvement Programme and will be notified in December if the bid will progress to the next stage.

2.8 The overall detailed work-stream reports for Q2 are presented in **Appendix 1**.

2.9 The overall financial summary for the period to 30 September 2021 is presented at **Appendix 2**.

3. Recommendation

3.1 The Board is requested to receive this report and note the position on capital schemes up to 30 September 2021.

Neil Atkinson
Director of Finance

Prof. Graham Evans
Chief Information and Technology Officer/SIRO

Appendix 1 - Work Stream Reports

1. Estates Backlog Maintenance Programme

The 2021/22 backlog maintenance capital allocation was broken down into categories and specific projects to target high and significant risk backlog issues. An overall programme covering all backlog projects was developed and project managers assigned for each project. A detailed spend profile project by project was developed. This allowed for monthly reporting against time and cost for the overall programme (as required by NHSI). £5.3m has been allocated to Backlog Maintenance and £2.5m has been allocated to the development of the Ward 24 Respiratory Support Unit (RSU).

Theatre 7 Refurbishment UHNT: Theatre 7 obstetric theatre was the oldest theatre plant within the Trust estates and in need of refurbishment to avoid disruption to services. Work commenced on site in June 2021. The project was completed and the theatre was brought into operational use on 19th July. The theatre is equipped with 2 LED operating lights, 2 medical gas pendants and integrated and uninterrupted power supplies (IPS/UPS) to improve patient safety.

Theatre 1 Refurbishment and Future Proofing UHNT: Theatre 1 refurbishment has been planned with Care Group 3 in Q1 to minimise disruption to theatre services. Theatre 1 refurbishment is a high priority from a backlog maintenance point of view as the theatre plant is shared by theatre 1 2 & 3. Any faults or downtime on this end of life plant risks affecting 3 theatres. The scope of the refurbishment works includes a dedicated ventilation plant for theatre 1 (reducing the above risk), installation of IPS / UPS to improve patient safety and future proofing enabling works to facilitate the theatre becoming an integrated theatre in the future. The design and procurement of the plant has now been completed with work on site planned to commence at the end of Q3 and be completed in Q4.

The 5-year backlog plan includes the refurbish of two theatres per year for the remaining years of the 5-year programme. Discussions are ongoing to agree the programme with the Collaborative Care Group to minimise disruption to catch up services.

Roofing Repairs UHH: A multi-year programme continues to progress, awarded to Group Tegula Ltd following a mini-competition in FY20/21. The contract value is capped at £2m, and includes flexibility to address the high risks roofs and other roofs in dilapidated conditions. The project is anticipated to deliver further urgent roofing repairs within FY 2021/22. During Q3 work is planned for OPD department roof and the acute block on the UHH site during Q2 and Q3 to maintain buildings in a safe and operational manner.

Roofing repairs will remain a feature of the backlog capital 5 year programme over the remaining years programme.

Concrete Repair Works – Tower Block UHNT: The scope of works will repair the damaged concrete, preventing further structural damage to the building and apply a coloured protective coating guaranteed for 10 years. The total cost of the works is £455k, split over 2 years (£195K in year 1 and £260K in year 2). Overall, the project is now 90% complete, with the North, East and South elevations now complete. The year 2 works to the West elevation and roof top plant-rooms were completed in Q2.

Fire door replacement UHNT / UHH: The fire door replacement programme has begun with fire doors being repaired / replaced / upgraded due to operational damage and change of use over the life of the buildings. Fire doors have been replaced for high risk areas in Q2 including Central stores, Medical Records, Lung Health and the main circulation corridors around the lower ground floor and ground floor. Replacement fire doors for the UHH site were planned in Q2. The replacement works will continue on both sites throughout FY21/22.

Fire Alarm Replacement UHNT: Installation was completed in December 2020. The testing /commissioning of the system was completed in Q4. The existing system continued to be fully operational until the changeover takes place. The changeover took place at the end of July 2021, once training was completed for fire response team members. Extensive briefing and

communications were undertaken within Care Groups, Trust Resilience Forum and Executive team to ensure the changeover was successfully managed. The Fire Brigade were also informed of the planned changeover dates.

The old system will be decommissioned and removed during Q3.

Fire Alarm Replacement UHH: The business case was approved in May 2020. Following an OJEU procurement tender, the project was awarded to TFS. The overall project cost is £1m, with £50K of spend in FY20/21 and the remaining spend in FY21/22. The installation is now 35% complete, with the majority of plant-rooms and estates areas complete. The works have now extended into operational areas. The project team is working closely with the clinical teams to arrange access to clinical areas and using installation methods agreed with Infection Prevention and Control. The installation is planned to be completed by the end of Q4 with staff training and change over anticipated to be in Q1 of 2022/23.

Endoscopy Scope Washer Replacement UHH: The business cased was approved in June 2021 to replace the aging end of life endoscopy washers within the Rutherford Morrison Unit (UHH). The existing washers are 13 years old and were planned to be replaced as part of the Backlog Maintenance capital programme in the FY2021/22. However, the equipment was becoming unreliable and to prevent disruption to clinical services. The case was approved at Capital & Revenue Management Group (CRMG) to replace the equipment in FY2021/22 and fund the required £215K from the existing capital Backlog Maintenance allocation. The new endoscopy washers have been ordered and are on site. Installation has commenced and is due to be completed early Q3.

Lift Refurbishment UHNT: Lift 1, 2, 3, 4, 5 and 6 on Tower block and lifts 1 & 2 South Wing and West Wing have been refurbished and have now been synchronized to improve the efficiency of response to landing calls and reduce energy usage and carbon emissions. The completion of the theatre goods lift replacement was complete in September.

Replacement Of The Combined Heat And Power Unit (CHP) UHH: Work has been undertaken to scope and size the replacement of the end of life CHP unit on the UHH site. The CHP generates the electricity for the site and the waste heat from the engine is used to heat the hot water and heating requirement for site whilst reducing the energy bill for the Trust. As the challenge to achieve net zero carbon gathers pace, the unit will be designed to use a blend of hydrogen and natural gas to reduce carbon emissions when the gas network is capable of a blended supply. The plant will also form the resilient backup and provide flexibility to support future renewable energy plant, such as solar PV and ground source heat pumps (which cannot provide consistent energy 24/7). The new CHP will ensure energy is provided consistently when required on site. The CHP will be a part of the sites future energy mix to deliver net zero carbon. The procurement stage has now been completed with Veolia being the successful bidder.

The cost of the replacement CHP is £640K and is planned to payback in energy cost savings to the Trust in 4-5 years. The plant has a 10 year lifespan and is anticipated to be installed by the end of Q4, with commissioning in Q1 of FY22/23.

6 Facet Survey UHNT: A 6 Facet survey has been commissioned by the Trust to be undertaken by WS Atkins Group and Faithful and Gould (Part of WS Atkins Group) for the UHNT site. This survey primarily provides independent expert advice on the current physical condition and remaining life of the existing buildings and engineering systems on the UHNT site. This information will be key to inform the Estates Redevelopment Strategy and provide certainty to the Trust when making major investment decisions going forward. The survey will also report on the functional suitability of the estate to fill future health functions, general compliance with current standards, fire safety and health and safety compliance of the built estate. An early indication structural report was provided in July with the full report draft provided in September.

2. Other Estates Capital Developments

Ward 24 Respiratory Support Unit (RSU): The business case was approved in May to upgrade the existing ward 24 respiratory ward into an RSU unit with specific enhancements to support the care of patients with major respiratory illnesses such as COVID 19 or Influenza. The unit will be designed with three flexible areas within the ward with the ability to escalate care and dedicate further sections as the clinical need requires.

The ward will include:-

- A 7 single bedroom specialist RSU area with 3 specific gowning lobbies for infectious patients, dedicated staff base, dedicated dirty utility and WC facilities for patients.
- The unit will have two dedicated ventilation plants providing 10 air changes / hour in line with the latest COVID 19 guidance and improving infection control standards.
- A significant increase in oxygen capability, increasing the existing 700l/m for the floor to 2000l/m for the floor.
- The design will significantly improve patient observation with the use of smart glass to all patient rooms.
- The design also includes the installation of specialist patient monitoring equipment in the RSU areas to allow staff to be provided with key information on the patients condition in real time.

The same design team and contractor have been appointed who successfully completed the recent A&E project on budget under significant time pressures. This project also comes with significant time pressures, the work commenced on site on 12th July and is now 60% complete with the unit targeted for completion by 17th November, and ahead of peak winter bed pressures. The external cost advisor (Driver Group) have now produced the first independent cost report, which has confirmed the project is on budget. Monthly external cost reports will continue to be provided until the end of the project.

3rd CT scanner (UHNT): Work is now well advanced to provide a new CT scanning area within the old Wheelchair Services department. The works are 70% complete with the ventilation plant due to be crane lifted into position in early October. The facility is due to be ready to accept the new CT scanner and becoming operational in early Q3. The area is adjacent to Radiology and Main Outpatients and will be mainly used for Outpatients Clinics but will also provide important resilience for inpatient scanning.

Community Diagnostic Hubs: Collaborative planning has begun to deliver the Tees Valley element of the national plan to develop hub and spoke arrangements for diagnostic facilities outside of acute settings and within the community. Plans are developing for spokes at UHH, Stockton, Redcar with the location of the main hub to be determined as part of an option appraisal in Q3. The spoke delivering additional MRI scanning capability became operational on the UHH site at the end of September.

Staff Recharge Hub Link Staircase From The Tees Dining Room (UHNT): As part of the 100 Leaders Challenge within the Trust and NTH Solutions, nominated candidates were asked to bring forward ideas to improve the estate for patients, visitor and staff. One of the early ideas that received significant support was to create a link from the Tees Dining room down to the staff recharge hub located on the floor below. This link would significantly improve access to the indoor and outdoor staff facilities within the recharge hub. The design team has been appointed (funded by LLP) to develop the design. Once the design is complete and costed, this will be brought back to CRMG for project funding decision.

3. Medical Equipment Replacement Programme

The Capital Medical Equipment Replacement Programme has been prioritised against an initial allocation of £3m, of which £1.5m has been spent to date.

The Trust has taken delivery of;

- **Cardio Tocograph CTG** machines for recording fetal heartbeat and uterine contractions for Maternity assessment.
- **Nebuliser Compressors** used to provide the compressed air needed to atomise a drug for breathing via a nebuliser for Ward 24 Respiratory ward.
- **Wall mounted Otoscope/Ophthalmoscopes** for eye and ear examinations.
- **Tendon Hammers** for reflex testing EAU.
- **Sterility test** pump for the QC Labs.
- **Transcutaneous CO2 monitors** for CO2 monitoring in children.
- **Upper limb Stacks** for Theatres.
- **Ventilators** Life support ventilators for ITU.
- **Ionic RF Lesion Machine** for electrosurgery.
- **ECG machines** for heart function recording.
- **Bladder Scanners** for bladder function scanning.

Items currently in progress are;

- **TCI Infusion pumps** for Pain management**.**
- **Hoists** for assisting with patient manual handling.
- **Treadmill** for heart function testing Cardiology.
- **Operating tables** for UHH General surgery.
- **Resuscitaires** for Maternity for the care of new babies. They combines an effective warming therapy platform along with the components you need for clinical emergency and resuscitation
- **Draeger Baby Incubators** to closely control the environment of babies monitoring temperature Oxygen and humidity
- **Endoscopes** for Endoscopic surgery
- **Ultrasound machine** Diagnostic Ultrasound for Podiatry UHH
- **Patient Monitors** for vital signs monitoring in Endoscopy, Rutherford Morrison and Ward 23

In addition, an MRI patient monitor is to be trialed for the MRI unit and a Diagnostic Ultrasound is to be trialed for the Pain service

4. Information and Technology Services (I&TS)

The current I&TS capital plan incorporates elements of the Trusts Information and Communications Technology (ICT) and broader Digital Programmes capital projects.

Desktop PC replacements: Now complete this is a three-year contractual payment plan to replace aging desktop computers to allow migration to Windows 10.

Out of Hospital Services tablet replacement: To replace Out of Hospital services equipment which is an ongoing project but has encountered some delivery delays due to the COVID pandemic.

Laptop replacement: This is an on-going scheme to replace laptops within the Trust on a rolling basis.

Networking Hardware / Infrastructure

- **Network switch replacement** – Ongoing scheme to upgrade and replace end of life hardware. Hartlepool core network to be upgraded from 4Tbps (Terabits per second) backbone speed to 12Tbps with supervisor 6T cards.
- Fibre Cable replacement – Ongoing scheme to replace the remaining legacy fibre cabling for both (North Tees and Hartlepool) data networks. New cabling will support higher data transfer rates of up to 10Gbps (Gigabits per second).
- UPS replacement – Ongoing scheme to maintain and replace UPS devices throughout the Trust that are used to provide uninterruptable power for ICT services
- Firewall Switch replacement – Ongoing scheme to upgrade and replace end of life firewall hardware
- Cyber Security – Vectra AI (Artificial intelligence) appliance to be upgraded at Hartlepool. Vectra AI is used to listen and monitor for network threats on all devices throughout the network

Servers & Storage

- **Server replacement** – Ongoing scheme to replace end of life server hardware and add additional services, including,
    - Horizon VDI expansion – Virtual desktop technology to be increased from 100 to 200 desktops enabling a more seamless remote access solution for system access outside of the Trust
    - OPSWat –NAC (Network Access Control) for Internet access to Horizon. Cloud based posture assessment that evaluates the security states of the connecting system.
- File Storage – Dell / EMC Cyber Sense which is an off line cloud based backup storage service which enables the secure off site storage of data

Telecomms

- **VC expansion** – Additional video conference facilities to support both Microsoft Teams and CMS (Cisco Meeting Service) collaboration
- Switchboard Infrastructure – Revamp of switchboard facilities

5. Digital Strategy – Electronic Patient Record

The 'Digital Hospital of Things' programme, was initiated following success of the Trust being announced within the second wave of NHS Digital pioneers or 'fast followers' to the first wave of Global Digital Exemplars (GDE) Trusts. The aim of the national fast follower programme is to support Trusts who have the potential to reach a higher level of digital maturity within an enhanced timescale, allowing them to benefit from work already undertaken by the Global Digital Exemplar (GDE) Trusts.

The GDE Fast Follower (FF) programme enabled NTHFT to receive £5m of Public Dividend Capital (PDC) funding on a matched funding basis over a three-year programme, the associated funding payments being split into multiple milestones payable on delivery (and in arrears) of a specific set of outputs and outcomes being successfully delivered.

The Trust successfully completed the fifth and final milestone within the GDE programme in Q4 FY19/20. In delivering our planned digital ambitions outlined in our "Digital Hospital of Things" programme, the Trust achieved level 5-maturity status within the Healthcare Information and Management System Society (HIMSS) and Electronic Medical Record Adoption Model (EMRAM). It is our intention to move quickly toward an independently accredited HIMSS level 6/7 status. In August 21, the Trust received formal recognition and awarded as a 'National Digital Leader' by NHSX, for contributions and progress made within the GDE Programme.

FY2021/22 allocation is £2.03m, this includes approved underspend from 20/21 being carried forward. Acknowledgement that the majority of spend being outside of the Digital Programme team control.

Below is a brief overview and update on schemes within the digital programme:

Maintenance Upgrade – TrakCare successfully upgraded early hours of Wednesday 8th September from version T2017 to T2020, with over 10,000 software changes, a new operating system (Red Hat), a new database (IRIS) and new hardware. This was the biggest upgrade since the Trust went live with TrakCare in 2015. Being on the latest version gives access to a host of new features and ensures the supplier, InterSystems, continues to provide product support.

The Great North Care Record (GNCR) HIE - The regional Health Information Exchange (HIE), a core module of the GNCR continues to expand wider. The HIE was made live on 9th March 20 with data being shared from GPs and Community units in the North East and North Cumbria. A number of Trusts (North Tees included) are now contributing data to the HIE for sharing purposes. The remaining Trusts to share data include South Tees, Northumbria, North Cumbria Integrated Care and TEWV. The GNCR team are working with the local authorities to agree a deployment schedule of a standalone 'Viewer' or an in-context Viewer.

GNCR PEP – (Patient Engagement Platform) - Some delays encountered around the development of the PEP, the revised go live date for the host organisation (Newcastle) is December 21. Testing of API Messaging for inbound and outbound from Trusts to PEP Core is complete. A communications toolkit, developed for use in all organisations across the region to support promotion of MyGNCR. The on boarding process for Trusts to connect to PEP Core is in development. A timeline established for FIHR interface development and Linking Messages, both mandated by NHS App.

Nursing Handover/Doctors Weekend Handover – a re-design has been finalised. Pilots on EAU, Ward 40, SDU and Ward 31 will take place over the coming weeks.

Closed Loop Medicines Administration (CLMA) – Draft Business Case with Finance colleagues for review.

Clinical Communication system – The Business Case providing options for Vocera (and another) is complete and scheduled for DET review in October.

HealthCall – North Tees and Hartlepool NHS Foundation Trust are delighted to have received full shareholdings in HealthCall along with four other Trusts in the region. ***Prostate Cancer Stratified Follow Up*** The Trust have now received a technical specification from HealthCall and are working with System Admin to look at the message types and any additional interface work required to support the information being sent between, Somerset, TrakCare and HealthCall. In respect to tasks the project is running to plan and reporting green to the Cancer Alliance. ***Digital Outpatients*** – request made to move this into the Trust's SANDPIT environment to start reviewing. ***Long COVID -*** DPIA approved and user acceptance testing commenced.

A&E Observation machines – this is a two phased approach, (a) central monitoring system to be installed and linked to the Mindray observation devices, (b) to provide an Interface between Mindray and TrakCare. First phase is now complete with the service being able to monitor observations centrally. Interface development scheduled to commence end of October.

ITU TrakCare + Hardware – Business Case still under construction.

Imprivata phase 2 – Difficulties in recruitment has led to delays in commencing roll out.

Ascribe/TrakCare Interface – this has now been activated within the LIVE environment successfully. End user training delivered and training materials published. Board approval to proceed with the scheduled go live Tuesday 5th October. Resource scheduled to support from InterSystems (TrakCare) and EMIS (Ascribe). This is a small controlled change affecting pharmacy technicians on POP wards only. A phased rolled out, over a four-week period, starting on Ward 24 will follow.

EPMA Phase 2 (includes Infusions and will remove all remaining cardex) Build group one (consisting of 12 enhancements). Seven items are in LIVE – part of standard build introduced with the T2020 Upgrade. Communications circulated regarding the changes.

Active Clinical Notes (ACN)

Nursing Admission Documentation - Design is ongoing with relevant service areas and Time in motion studies complete to support the hardware request, a business case is being drafted.

Critical Care Admission - Development of ITU admission and Daily Assessment is progressing.

Clinical Pathways - design of PE / DVT pathway ongoing. All other work streams are progressing to plan: ED (Asthma, Hip Injury); Paeds (Cerebral Palsy); General (Community IP Referrals); ITU (Daily Assessment Document).

EDM2 – The supplier IMMJ continue to experience issues with technical resource meaning that no further commitments were made to the delivery of the bespoke QC module that is required for go live of MediViewer. During September, end-to-end interface testing continued, worked with health records team on the SARs module configuration and workspace design to accommodate the new process flows, and with EDM system admin on business continuity and system specific policy.

CareScan+ - The new "Charlie" software release scheduled to "Go-Live" w/c 04/10/21, this is a major software release for CareScan+ and brings lots of new functionality. To support the upgrade new user guides developed together with offer of additional training. Engagement with NHS Digital in developing the Surgical Implant data set requirements continues. We have successfully demonstrated ability to provide rich quality data into the MDIS (Medical Device Information System). As a Trust we are well positioned to meet this mandated requirement due to our staff using CareScan+ to scan the consumption of implants at an individual patient level.

Appendix 2 – Capital Programme Financial Position as at 30th September 2021

Capital Plan, Actual and Commitments

Reporting period: 1st April 2021 to 30th September 2021

	Annual Plan £'000's	YTD Plan £'000's	YTD Expenditure £'000	YTD Variance £'000	Total actual and forecast 2021/22 £'000's	Commitments 2021/22 £'000
INTERNALLY AND EXTERNALLY FUNDED CAPITAL SCHEMES AGREED BY ICS						
Estates Backlog						
Building Sub Structure	600	221	405	(185)	600	234
Compliance	1,670	615	442	172	1,670	938
Energy Conservation	530	195	0	195	530	0
Patient Environment	1,497	551	635	(84)	1,497	103
Service Developments	1,014	373	355	18	1,014	367
Estates Backlog Total	**5,311**	**1,955**	**1,839**	**116**	**5,311**	**1,642**
Medical Equipment						
Medical Equipment	3,000	354	1,124	(769)	3,000	538
Medical Equipment Total	**3,000**	**354**	**1,124**	**(769)**	**3,000**	**538**
IT						
ICT	1,155	126	393	(268)	1,155	423
IT Total	**1,155**	**126**	**393**	**(268)**	**1,155**	**423**
Respiratory Ward Configuration						
Respiratory Ward Configuration	2,500	0	710	(710)	2,500	1,432
Respiratory Ward Configuration Total	**2,500**	**0**	**710**	**(710)**	**2,500**	**1,432**
Service Developments						
Contingency	202	1,328	(96)	1,424	202	0
NENC Accerlerator	0	0	0	0	1,380	0
Service Developments Total	**202**	**1,328**	**(96)**	**1,424**	**1,582**	**0**
GDEFF						
GDEFF	2,013	176	137	39	2,013	48
GDEFF Total	**2,013**	**176**	**137**	**39**	**2,013**	**48**
Carescan						
Carescan	74	29	31	(2)	74	**52**
Carescan Total	74	29	31	**(2)**	**74**	**52**
Regional Digital Radiology						
Regional Digital Radiology	768	0	(4)	4	768	557
Regional Digital Radiology Total	**768**	**0**	**(4)**	**4**	**768**	**557**
Community Diagnostic Hub						
Community Diagnostic Hub	**2,843**	**0**	**0**	**0**	**2,843**	**0**
Community Diagnostic Hub Total	**2,843**	**0**	**0**	**0**	**2,843**	**0**
Pathology LIMS						
Pathology LIMS	**1,752**	**0**	**0**	**0**	**1,752**	**0**
Pathology LIMS Total	**1,752**	**0**	**0**	**0**	**1,752**	**0**
ICS AGREED CONTROL TOTAL (£19.618m)	**19,618**	**3,967**	**4,134**	**(167)**	**20,998**	**4,693**
SCHEMES OUTWITH ICS AGREED CONTROL TOTAL						
Donated						
Donated	**399**	**198**	**180**	**18**	**399**	**63**
Donated Total	**399**	**198**	**180**	**18**	**399**	**63**
Digital Pathology						
Digital Pathology	1,602	0	0	0	1,602	0
Digital Pathology Total	**1,602**	**0**	**0**	**0**	**1,602**	**0**
EXTERNALLY FUNDED SCHEMES TOTAL	**2,001**	**198**	**180**	**18**	**2,001**	**63**
GRAND TOTAL	**21,619**	**4,165**	**4,315**	**(150)**	**22,999**	**4,756**

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title:	Integrated Compliance and Performance Report										
Date:	28 October 2021										
Prepared by:	Lindsey Wallace, Head of Planning and Performance										
Executive Sponsor:	Lynne Taylor, Director of Planning and Performance Lindsey Robertson, Chief Nurse/ Director of Patient Safety and Quality Alan Sheppard, Chief of 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 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:

The report outlines the Trust's compliance against key access standards in September including quality, workforce and finance.

Summary

- Operational pressures have continued across the Trust and the wider system, subsequently impacting on a number of operational standards. The Trust continues to manage COVID admissions, pre-COIVD levels of emergency care activity, alongside the elective recovery programme. A number of elective procedures were postponed to help manage surge, however recovery has been reinstated with Insourcing of resources to support weekend lists.
- Performance and Quality standards continue to be monitored closely through the established and robust internal governance structures, which supports further development of improved clinical pathways, quality and patient safety across the Trust.
- The diagnostic recovery is reporting an improved position in September, with the overall waiting list and number of patients waiting more than 6 weeks decreasing.
- Ambulance handover delays are evident, linked to the sustained pressure front of house, however with additional resources now in place to review emergency flow throughout the organisation.
- A flexible bed base is in operation and adapted accordingly.
- Staff sickness remains a key challenge, however with additional support in place to manage staff health and wellbeing.
- The Trust continues to perform well against the quality and patient safety indicators, including HSMR/SHMI and infection control measures.
- Work continues to review recruitment and retention rates, including alternative workforce models to meet current organisational pressures.

• Month 6 signals the end of H1 system funding arrangements with the Trust reporting an in-month surplus of £0.515m, with a year to date surplus of £4.559m, which is £1.5m ahead of plan.	
How this report impacts on current risks or highlights new risks:	
Continuous and sustainable achievement of key access standards across elective, emergency and cancer pathways, alongside a number of variables outside of the control of the Trust within the context of system pressures and financial constraints and managing Covid-19 pressures, recovery, winter and staffing resource. Associated risks are outlined within the Board Assurance Framework	
Committees/groups where this item has been discussed	Executive Team Meeting Audit Committee Planning, Performance and Compliance Committee
Recommendation	The Board of Directors is asked to note: • The performance against the key operational, quality and workforce standards; and • Acknowledge the significant on-going operational pressures and system risks to regulatory key performance indicators and the intense mitigation work that is being undertaken to address these going forward.

Yellowfin

NHS
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NHS Foundation Trust

Integrated *Corporate* Report

October 2021

Responsible Directors

NHS
North Tees and Hartlepool
NHS Foundation Trust

Lynne Taylor
Director of Planning & Performance

- Single Oversight Framework
- Efficiency & Productivity

Lindsey Robertson
Chief Nurse and Director of Patient Safety & Quality

- Safety & Quality

Alan Sheppard
Chief People Officer

- Workforce

Neil Atkinson
Director of Finance

- Finance

Introduction

North Tees and Hartlepool NHS Foundation Trust

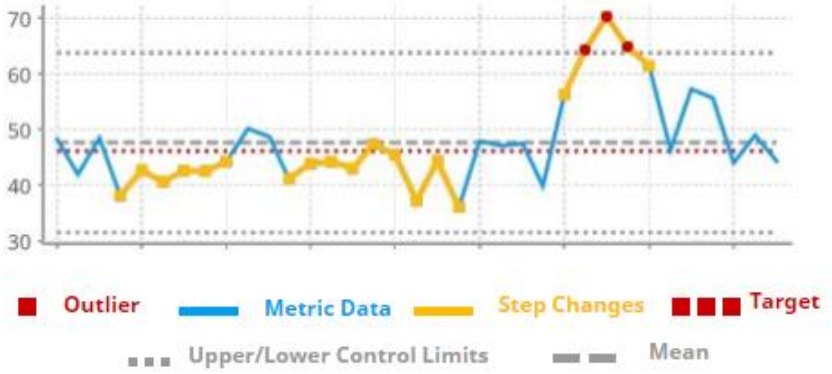
Performance highlights against a range of indicators including the Single Oversight Framework (SOF) and the Foundation Trust terms of licence remains. The report is for the month of September 2021 and outlines trend analysis against key Compliance indicators, Operational Efficiency and Productivity, Quality, Workforce and Finance.

Statistical Process Control (SPC) Charts

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

A **Step Change** occurs when there are 4 or more consecutive points above or below the *mean*. The Trust chose 4 data points as opposed to the general rule of 7 points to enable a more timely response to variance in performance.

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



Contextual Information

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North Tees and Hartlepool NHS Foundation Trust

Operational pressures continued across the Trust throughout September, ultimately impacting on patient flow. Increased command and control was in place to support resilience, with senior managers and Heads of Nursing managing a flexible bed base and the associated staffing resource on a daily basis. The Trust escalated up to OPEL 3, which was a similar scenario across the region. Resilience plans were implemented, resulting in the rescheduling of non-urgent elective activity, with staff redeployed into clinical areas and base wards to maintain quality and safety. The Trust managed elective activity based on patient's clinical need and bed availability.

The H2 Planning guidance "2021/22 priorities and operational planning guidance: October 2021 to March 2022" not only acknowledges the 'challenging circumstances and pressures intensified by the ongoing pandemic', especially heading into winter, but also laid out priorities for the second half of the year. It recognises looking after staff over this period will be crucial as Trusts strive to keep up the momentum on recovering services and managing backlogs.

The H2 guidance outlines a number of priorities linked to elective recovery including eliminating 104 week waits, reducing 52 week waits, returning Cancer backlog to pre-covid levels and maintaining overall waiting list size at September 2021 levels.

The Trust is in the process of reviewing and updating recovery plans to meet the enhanced elective program requirements. Progress against key access standards is reported within the Single oversight framework section

Executive Summary

NHS
North Tees and Hartlepool
NHS Foundation Trust

SOF and Efficiency & Productivity

Key Messages

In late September the Trust began restoring the elective recovery plans with 'Insourcing' of resources to support additional weekend lists, targeted at cancers and long waits.

The increased acuity of patients presenting to the Emergency Department, alongside gaps in staffing resources due to higher sickness and vacancy rates have compounded the impact of increased activity and the pandemic, with covid related conditions continuing to affect services. Despite these pressures, clinical teams are working hard to maintain business as usual, with strong oversight and management through the Trust's governance structures.

The overall position for the majority of key standards, including RTT, cancer and diagnostics, remain comparable to national and regional position, with a focus remaining on reducing the overall waiting list and in particular those waiting the longest.

Operational efficiency and productivity remains a key focus ensuring outcome measures across Outpatients, Theatres and Emergency pathways continue to be monitored and managed closely with additional high-level narrative outlined within the individual sections of the report.

Safety & Quality

Key Messages

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

The latest HSMR value is currently reporting at 91.97 (July 2020 to June 2021) which has increased from the previous rebased value of 91.03 (June 2020 to May 2021). The latest SHMI value is now 99.90 (May 2020 to April 2021) continues to remain within the control limits.

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

All three complaint stages have seen an increase in the number of complaints in September 2021.

Changes to metrics

The national publication for Healthcare Acquired infection objectives has been released and are now reflected in the Infection metrics, changing the standard from mean of the past 2 years to the actual monthly target. This affects, Clostridium Difficile, Ecoli, Klebsiella and Pseudomonas.

Executive Summary

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NHS
North Tees and Hartlepool
NHS Foundation Trust

Workforce

Education panels are being established within all care groups to consider educational requests from members of staff.

The wellbeing offer across the Trust continues to be a collaborative approach between a range of services, adapting to staff needs to ensure there is a wealth of offers, including a regular wellbeing topic of the month. The September topic was 'Know Your Numbers', providing an opportunity for staff to undertake a range of health checks, including discussing hydration and generally making sure they were looking after themselves. The sessions were well-attended.

The relaunch of the Health & Wellbeing newsletter took place in September, combining stories, information and other contributions from a range of services and staff. The newsletter is also available as an electronic magazine, promoting greater accessibility amongst staff e.g. QR codes have been posted in the Rainbow Rooms to make it easy for staff to access it on a smartphone.

The combined Covid booster and flu vaccinations programme is underway, with the vaccines being administered on-site to all staff to ensure that everyone is protected.

As at 30th September, the number of active volunteers is 198, an increase on the previous month. This is due to the steady reintroduction of existing volunteers back into the Trust following COVID, with this activity scheduled to be completed during October. There are currently 21 applications in progress and the recruitment of volunteers continues on an on-going basis, with interest in joining the Trust remaining high. Due to the work with local colleges, it is anticipated that in the coming months there will be a cohort of students joining the Trust as volunteers.

The service continues to work with areas across the Trust to place volunteers in both clinical/non-clinical areas, whilst working on new developments and programmes to support and maximise benefits and enhance the volunteer offer. The service has been actively involved in the patient flow improvement and learning week, which has resulted in the introduction of new processes and activities into volunteer roles.

Finance

Month 6 signals the end of H1 system funding arrangements and the Trust is reporting an in-month surplus of £0.515m and a year to date surplus of £4.559m, which is £1.5m ahead of plan.

The Trust has successfully delivered the original planned surplus for H1 of £3m and has also over-delivered on the planned surplus by £1.5m. The surplus can be carried forward into H2 and can be utilised to support winter and elective recovery pressures.

The Trust will receive a total of £4.8m ERF income and the Trust took the prudent step to match ERF income with expenditure, resulting in a neutral impact on the Trust's financial position. This can be used to address future anticipated risks in respect of winter and elective recovery.

Total Group income in M6 is £31.698m (including donated asset income and expected ERF income).

Month 6 pay expenditure totalled £21.572m of which £0.265m is additional spend related to the Covid-19 response (including testing costs).

Month 6 non-pay expenditure totalled £9.611m of which £0.253m is additional spend related to Covid-19.

The month 6 YTD net contribution from Optimus is £0.141m against a plan of £0.054m (£0.087m ahead of plan) and the YTD net contribution from the LLP is £1.296m against a plan of £1.034m (£0.262m ahead of plan).

At Month 6, the Group cash balance is £61.9m, compared to a plan of £37.2m. This is ahead of plan due to the surplus position and movement in debtor and creditor days.

Month 6 YTD capital expenditure is £4.3m against a year-to-date plan of £4.2m, representing a recovery from the M5 position which was £0.7m behind plan.

Key risks at M6 relate to H2 funding arrangements, potential increased deprecation cost of Trust buildings and funding arrangements for 2022/23.

Single Oversight Framework 7

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	2 Year Trend
New Cancer Two Week Rule	✓	Aug-21	94.29%	93.00%	
Breast Symptomatic Two Week Rule	✓	Aug-21	95.41%	93.00%	
28-day Faster Diagnosis	✓	Aug-21	78.13%	75.00%	
New Cancer 31 Days	✗	Aug-21	95.69%	96.00%	
New Cancer 31 Days Subsequent Treatment (Drug Therapy)	✓	Aug-21	100.00%	98.00%	
New Cancer 31 Days Subsequent Treatment (Surgery)	✗	Aug-21	91.67%	94.00%	
New Cancer 62 Days	✗	Aug-21	72.95%	85.00%	
New Cancer 62 Days (Screening)	✗	Aug-21	89.39%	90.00%	
New Cancer 62 Days (Consultant Upgrade)	✗	Aug-21	82.61%	85.00%	

Narrative

Cancer

Pressures continue to impact on the delivery cancer standards with some delays to pathways unavoidable due to system capacity issues including diagnostics, complexity of presentations, patient choice and infection prevention and control (IPC) requirements influencing pathways.

The 62-day Referral to Treatment Standard reported at 72.95% for August (44.5/61 patients treated within the 62-day timescale) compared to 72.25% in July. The regional average for August reported at 74.60%. Details of the regional benchmark position against the cancer standards is available in Appendix 1.

The Trust underachieved the 62-day Screening Standard in August reporting at 89.39% against the 90% target (29.5/33 patients treated within 62 days following referral from an NHS cancer screening service). Breaches were due to elective capacity and complex diagnostic pathways within bowel screening.

The 31-day Treatment Standard reported at 95.69% against the 96% target in August (111/116 patients treated within 31 days) compared to 94.60% in July. Breaches were a result of elective capacity.

The 31-day 'Surgery' Standard reported at 91.67% in August (11/12 patients treated within the standard). This was an improvement on July's performance of 87.50%. One breach occurred as a result of elective capacity.

The 28 Day Faster Diagnosis position recovered in August, reporting at 78.13% against the 75% target for August (718/919 received a positive/negative diagnosis within 28 days). Despite improvement, diagnostic services remain pressured across the cancer sites.

Urology, Colorectal and Gynaecology remain key areas of pressure. The Trust remains committed to a collaborative approach through the South Cancer Cell initiative alongside South Tees- ensuring equitable access to treatment for all patients.

Single Oversight Framework 8

NHS
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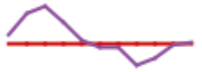
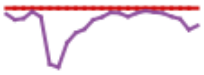
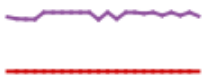
NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	2 Year Trend
Referral To Treatment Incomplete Pathways Wait (92%)	✗	Sep-21	87.07%	92.00%	
Referral To Treatment Incomplete Pathways Wait (92nd Percentile)	✓	Sep-21	23.20	28.00	
Incomplete Pathways Wait (Median)	✗	Sep-21	7.28	7.20	
Incomplete Pathways Wait (>52 Week Wait)	✗	Sep-21	89	0	
Diagnostic Waiting Times and Activity	✗	Sep-21	81.71%	99.00%	
Community Information Datset - Referral Information	✓	Aug-21	90.15%	50.00%	
Community Information Dataset- Referral to Treatment Information	✓	Aug-21	97.44%	50.00%	
Community Information Dataset - Treatment Activity Information	✓	Aug-21	96.76%	50.00%	
Community Information Dataset - End of Life	✓	Aug-21	83.87%	50.00%	

Narrative

RTT

The elective recovery programme continues across the system. The most recent national benchmark position (August 2021), indicates no trust in the region is reporting above the 92% standard with a national average reporting at 67.6%, see Appendix 1.

The Referral to Treatment waiting list size has inevitably seen an increase due to backlog associated with the Covid pandemic and the return of referrals to pre pandemic levels.

The latest planning guidance requires providers to 'hold or where possible reduce number of over 52 weeks waits and stabilise waiting lists around the level seen at end of September 2021'.

The Trust report a relatively positive benchmark position, with 87.07% of patients treated within 18 weeks. Median waits saw a marginal increase of 7.28% against the 7.20% standard.

Diagnostics

Recovery within the Diagnostic standard is noted this month with a reduction of 13.3% (n=212) of patients waiting over 6 weeks in comparison to the previous month. 81.71% of patients are waiting less than 6 weeks. Key areas of pressures continue to be Endoscopy, MRI, Ultrasound and Cardiology.

Single Oversight Framework

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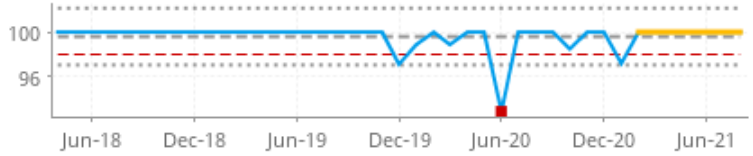
North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

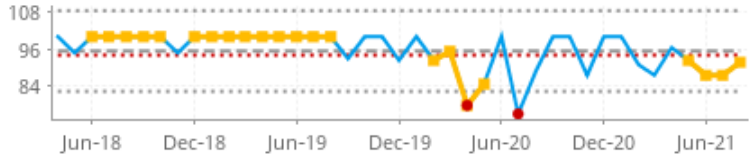
Cancer - 31 Day Drug Treatment

Month	Performance	Standard
Aug-21	100.00%	98.00%



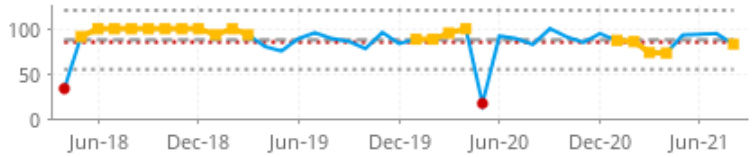
Cancer - 31 Day Surgical Treatment

Month	Performance	Standard
Aug-21	91.67%	94.00%



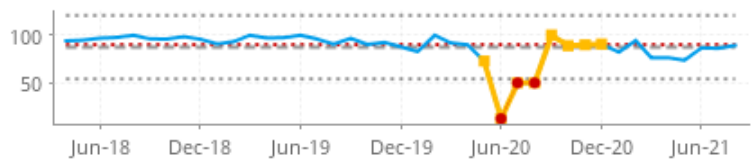
Cancer - 62 Consultant Upgrade

Month	Performance	Standard
Aug-21	82.61%	85.00%



Cancer - 62 Days Screening

Month	Performance	Standard
Aug-21	89.39%	90.00%

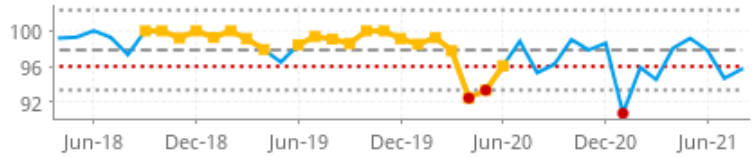


Cancer - 62 Days

Month	Performance	Standard
Aug-21	72.95%	85.00%

Cancer - 31 Days

Month	Performance	Standard
Aug-21	95.69%	96.00%



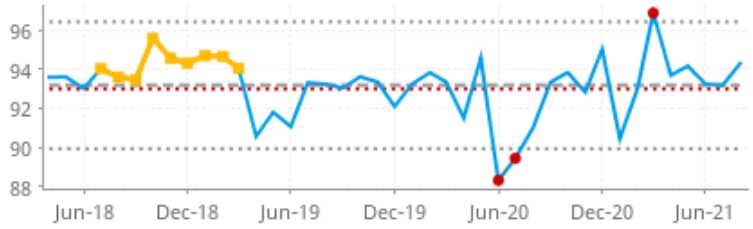
Single Oversight Framework 10

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

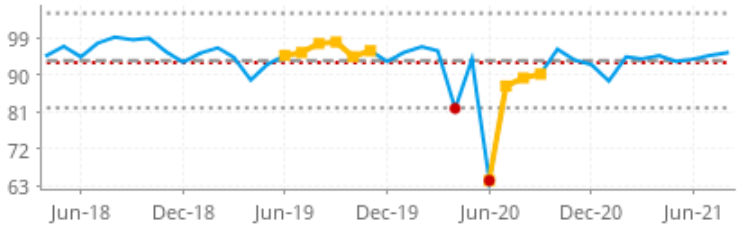
Cancer - 2 Week Rule

Month	Performance	Standard
Aug-21	94.29%	93.00%



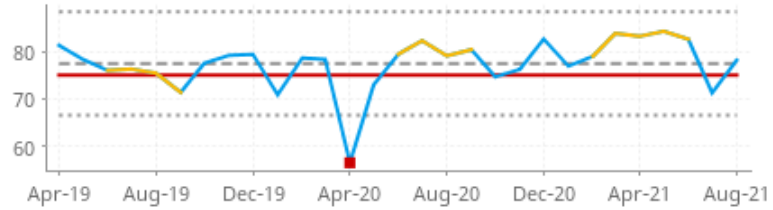
Cancer - Breast Symptomatic

Month	Performance	Standard
Aug-21	95.41%	93.00%



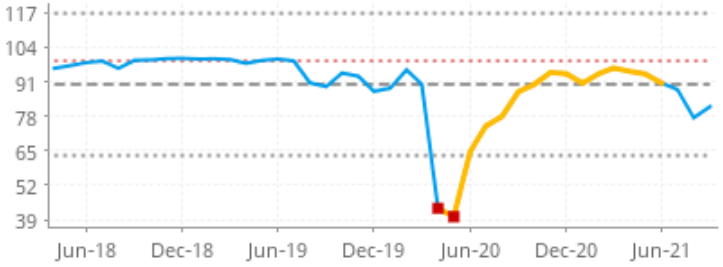
Cancer - 28day Faster Diagnosis

Month	Performance	Standard
Aug-21	78.13%	75.00%



Diagnostic Waiting Times

Month	Performance	Standard
Sep-21	81.71%	99.00%



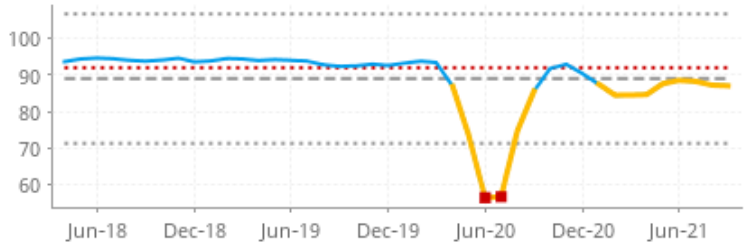
Single Oversight Framework 11

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

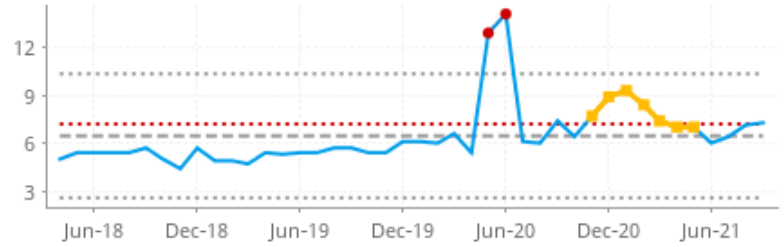
Referral To Treatment- Incomplete Pathways Wait (92%)

Month	Performance	Standard
Sep-21	87.07%	92.00%



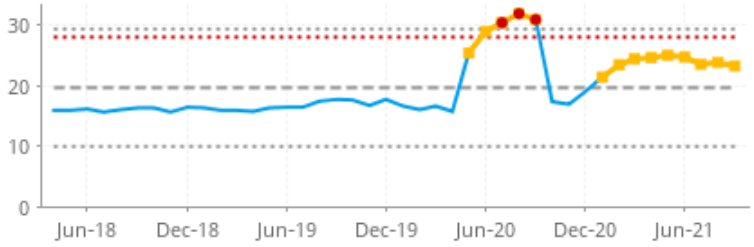
Referral To Treatment - Incomplete Pathways Wait (Median)

Month	Performance	Standard
Sep-21	7.28	7.20



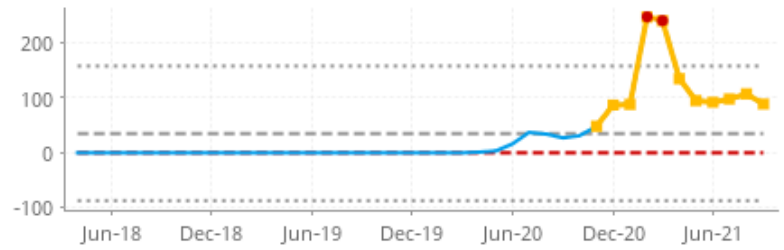
Referral To Treatment - Incomplete Pathways Wait (92nd percentile)

Month	Performance	Standard
Sep-21	23.20	28.00



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

Month	Performance	Standard
Sep-21	89	0



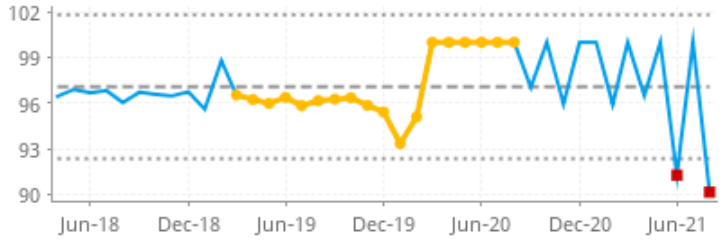
Single Oversight Framework

North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

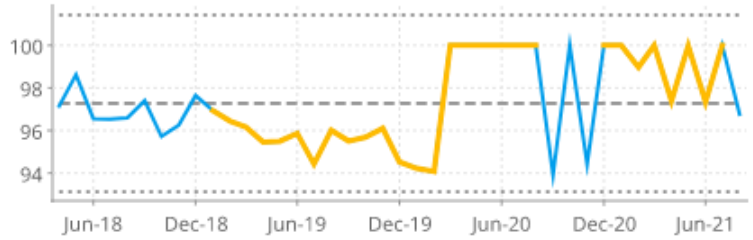
Community Information Dataset - Referral Information

Month	Performance	Standard
Aug-21	90.15%	50.00%



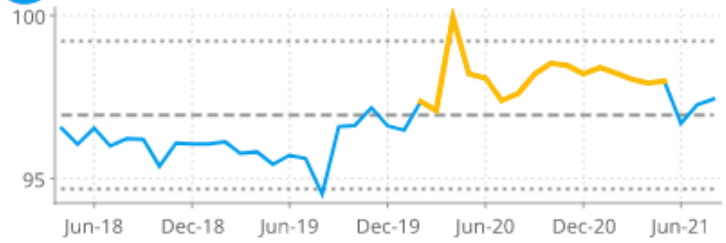
Community Information Dataset - Treatment Activity Information

Month	Performance	Standard
Aug-21	96.76%	50.00%



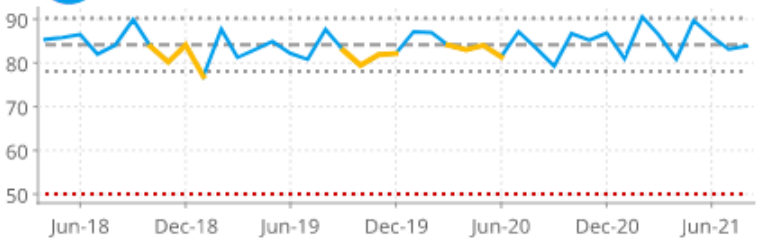
Community Information Dataset - Referral to Treatment Information

Month	Performance	Standard
Aug-21	97.44%	50.00%



Community Information Dataset - End of Life

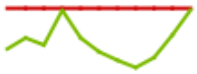
Month	Performance	Standard
Aug-21	83.87%	50.00%



Efficiency & Productivity

13

North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved				
		Month	*Performance*	*Standard*	*2 Year Trend*
Outpatient Did Not Attend (New)	✗	Sep-21	7.76%	7.20%	
Outpatient Did Not Attend (Review)	✓	Sep-21	8.62%	9.00%	
Average Depth of Coding	✓	Aug-21	6.50	3.01	
Length of Stay - Elective	✓	Sep-21	1.94	3.14	
Length of Stay - Emergency	✓	Sep-21	2.57	3.35	
Day Case Rate	✓	Sep-21	89.17%	75.00%	
Pre-op Stays	✓	Sep-21	4.41%	4.50%	
Trust Occupancy	✗	Sep-21	90.80%	85.00%	
Re-admissions Rate 30 Days (Elective and Emergency)	✗	Jun-21	9.61%	7.70%	

Narrative

Efficiencies

Despite operational pressures impacting on key performance standards the Trust has effectively maintained both efficiency and productivity. DNA rates have seen a slight increase as lockdown restrictions have lifted and people return to work. Virtual appointments continue in accordance with national guidance, with circa 25% of appointments offered via video/telephone with work ongoing to increase Patient Initiated Follow Ups (PIFU).

Bed Occupancy

Sustained high bed occupancy rates are evident, alongside the management of covid and non covid patients, however with resilience supported through a flexible bed base. Circa 35 - 40 beds per day are currently consistently occupied by Covid positive patients.

Occupancy ranged from 85.34% – 97.11% throughout the month of September.

Readmissions

The clinical teams undertake audits to understand avoidable and unavoidable admissions, with the aim to undertake improvement actions to reduce the risk of readmission. Findings are monitored via the Journey to Excellence operational group. Improvements are becoming evident on SPC with a reduction noted.

Efficiency & Productivity

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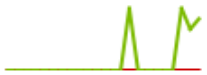
North Tees and Hartlepool NHS Foundation Trust

Standard	Standard Achieved			
	Month	*Performance*	*Standard*	*2 Year Trend*
Electronic Discharge Summaries	Sep-21	90.28%	95.00%	
Cesarean -Section Rates	Sep-21	13.06%	15.60%	
Trolley Waits (over 12 hours)	Sep-21	5	0	
Time to Initial Assessment (mean) Type 1 & 3	Sep-21	11.71	15.00	
Number of Ambulance Handovers waiting more than 30 Mins	Sep-21	45	0	
Number of Ambulance Handovers waiting more than 60 Mins	Sep-21	16	0	
Super Stranded	Sep-21	51	61	

Narrative

Electronic Discharge Summaries (EDS)

A significant improvement has been noted across this standard with revised processes in place following a task and finish group.

Trolley Waits (over 12 hours)

The significant pressures across the organisation resulted in a small number of 12 hour trolley waits during September linked to extended bed waits and transport delays. All patients were managed appropriately in A&E during the extended waits, with a full RCA carried out on each delay.

Ambulance handover

Increased pressures across the emergency care pathway have continued with some ambulance handover delays noted, however kept to a minimum wherever possible.

NEAS monthly handover report indicates circa 1665 (30-60 minute) ambulance handover delays across North East and Cumbria providers in September with 828 over 60 minutes.

NEAS reported the Trust at 38.2% ambulance turnaround times (valid) within 30 minutes, in comparison the North East's position at 32.1% with performance ranging between 22.2% and 42.0%.

Efficiency & Productivity

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NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard		Standard Achieved			
		Month	*Performance*	*Standard*	*2 Year Trend*
Touch Time Utilisation	✗	Sep-21	68.71%	80.00%	
Overrun Sessions	✓	Sep-21	25.75%	36.00%	
Session Utilisation	✗	Sep-21	60.91%	92.50%	
Cancelled on Day of Operation %	✓	Sep-21	7.56%	8.80%	
Cancelled procedure - Non medical	✓	Sep-21	0.26%	0.80%	
Not reappointed within 28days	✓	Sep-21	0	0	

Narrative

Theatre

Performance against the theatre standards continue to be affected by the increased infection control measures, which impact on the management of theatre flow, alongside the pre-operative adherence to guidelines in terms of isolation and swabbing patients. This significantly impacts on the ability to utilise capacity made available by short notice cancellations.

As outlined above, the elective recovery programme continues to be impacted on during the third wave of covid, with a number of procedures postponed and staff redeployed to ward areas to support emergency pressures.

Recovery is monitored on a weekly basis, including all activity-taking place within the Independent Sector. Robust governance processes are in place to support prompt and appropriate decision-making, with the Perioperative Steering Group re-instated to review theatre productivity and efficiencies.

In late September the Trust began restoring the elective recovery plans with 'Insourcing' of resources to support additional weekend lists, targeting cancers and long waits.

Efficiency & Productivity

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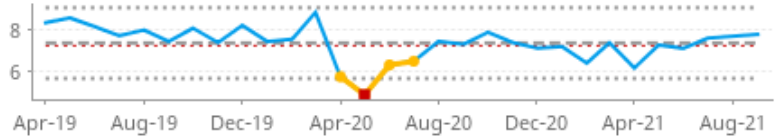
North Tees and Hartlepool NHS Foundation Trust

Statistical Process Control (SPC) Charts

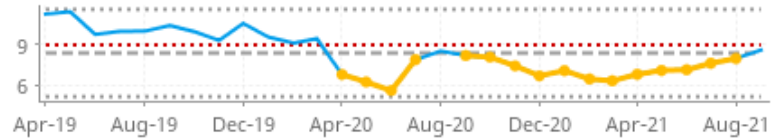
Outpatient Did not Attend (New)

Month	Performance	Standard
Sep-21	7.76%	7.20%



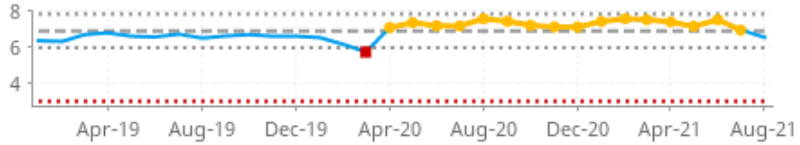
Outpatient Did Not Attend (Review)

Month	Performance	Standard
Sep-21	8.62%	9.00%



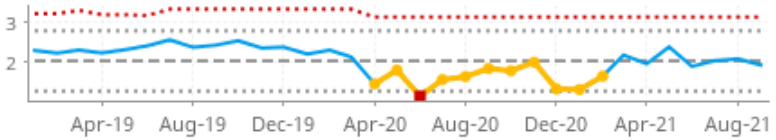
Average Depth of Coding

Month	Performance	Standard
Aug-21	6.50	3.01



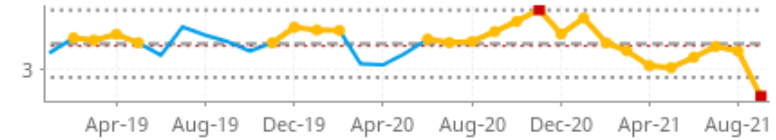
Length of Stay - Elective

Month	Performance	Standard
Sep-21	1.94	3.14



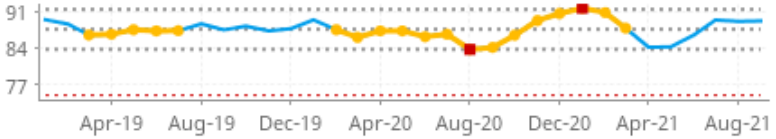
Length of Stay - Emergency

Month	Performance	Standard
Sep-21	2.57	3.35



Day Case Rate

Month	Performance	Standard
Sep-21	89.17%	75.00%



Efficiciency & Productivity

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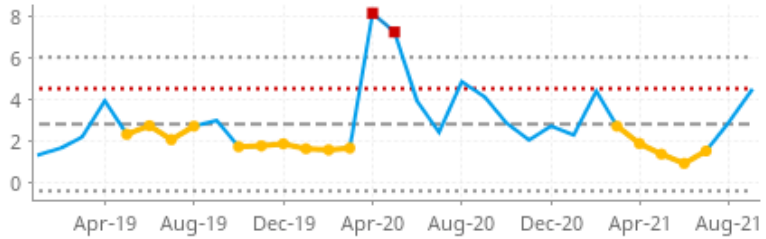
NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

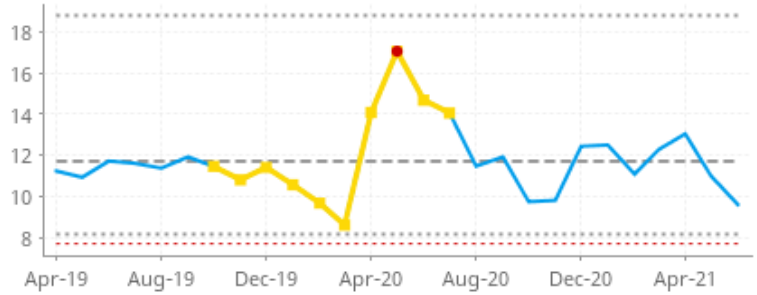
Pre-op Stays

Month	Performance	Standard
Sep-21	4.41%	4.50%



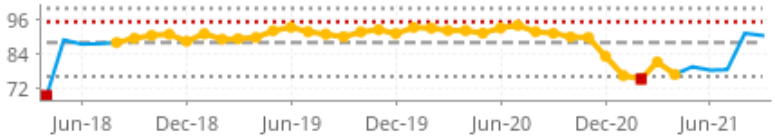
Re-admissions Rate 30 Days (Elective and Emergency Admission)

Month	Performance	Standard
Jun-21	9.61%	7.70%



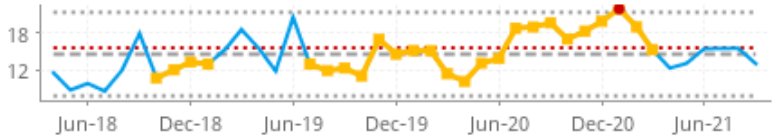
Electronic Discharge Summaries

Month	Performance	Standard
Sep-21	90.28%	95.00%



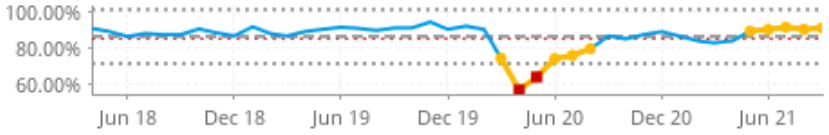
Cesarean-Section Rates

Month	Performance	Standard
Sep-21	13.06%	15.60%



Trust Occupancy

Month	Performance	Standard
Sep-21	90.80%	85.00%



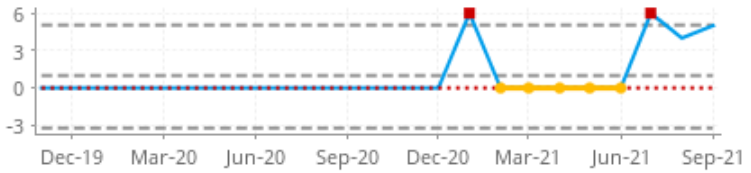
Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

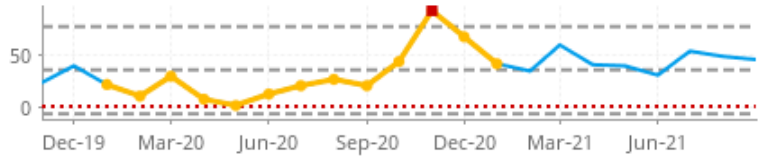
Trolley Waits over 12 hours

Month	Performance	Standard
Sep-21	5	0



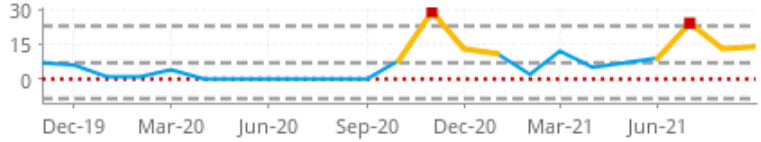
Number of Ambulance Handovers waiting more than 30 mins

Month	Performance	Standard
Sep-21	45	0



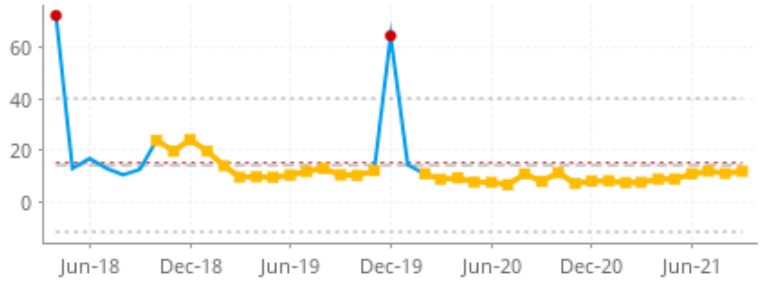
Number of Ambulance Handovers waiting more than 60 mins

Month	Performance	Standard
Sep-21	14	0



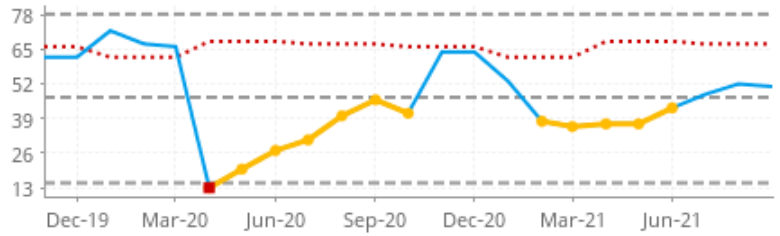
Time to Initial Assessment (mean) Type 1 & 3

Month	Performance	Standard
Sep-21	11.71	15.00



Super Stranded

Month	Performance	Standard
Sep-21	51	61



Efficiency & Productivity

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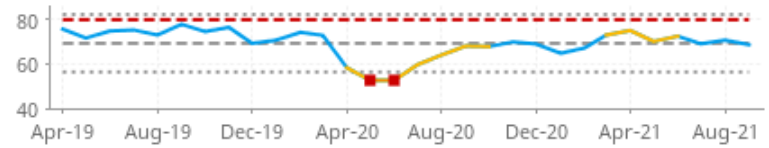
NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

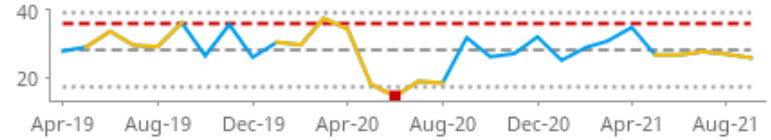
Touch Time Utilisation

Month	Performance	Standard
Sep-21	68.71%	80.00%



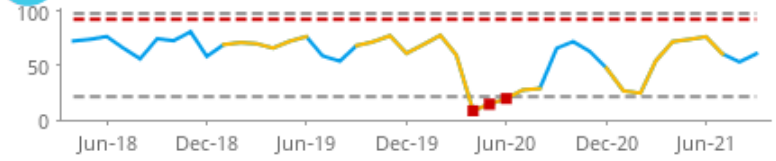
Overrun Sessions

Month	Performance	Standard
Sep-21	25.75%	36.00%



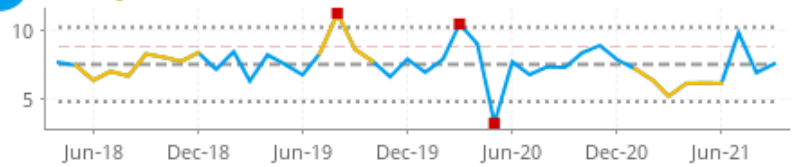
Sessions Utilisation

Month	Performance	Standard
Sep-21	60.91%	92.50%



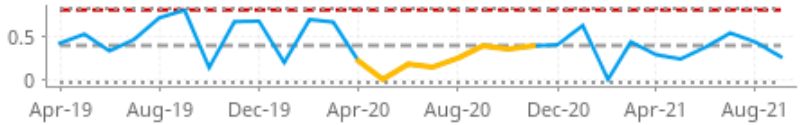
Cancelled on Day of Operation %

Month	Performance	Standard
Sep-21	7.56%	8.80%



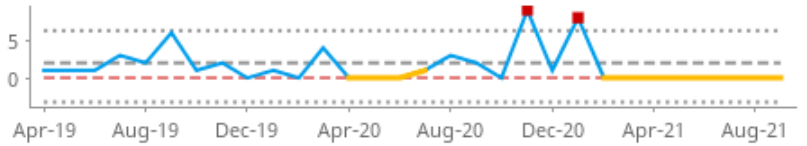
Cancelled Procedure - Non Medical

Month	Performance	Standard
Sep-21	0.26%	0.80%



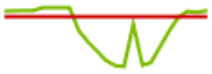
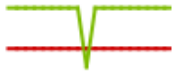
Not reappointed within 28days

Month	Performance	Standard
Sep-21	0	0



Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved				Narrative
		Month	*Performance*	*Standard*	*2 Year Trend*	
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool	✓	Sep-21	95.58%	93.50%		**Diabetic Retinopathy Screening** A significant improvement has been noted to Diabetic retinopathy screening with compliance against the standard now achieved.
TCS35b - % of Wheelchair referrals not completed within 5 weeks but completed within 18 weeks	✗	Sep-21	68.90%	90.00%		**TCS Standards** Pressures affecting TCS35b (Wheelchair referrals) remain and are in the main as a result of delays around electric wheelchairs delivery due supplier issues. The current contract is under review. The service has also experienced internal pressures due to Covid isolations, vacancy's and general sickness).
Diabetic Retinopathy Screening	✓	Sep-21	98.32%	95.00%		
The % of Patients treated within 18weeks of referral to Audiology	✓	Sep-21	100.00%	95.00%		
Audiology non-admitted wait (92nd Percentile)	✓	Sep-21	4.00	18.30		

Efficiency & Productivity

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NHS
North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	2 year Trend
PHQ - Emergency Admissions for Acute Conditions that should not usually require hosptial admission	✗	Aug-21	122.50	95.31	
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	✓	Aug-21	4.45	13.19	
PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	✓	Aug-21	51.75	58.63	
PHQ - Unplanned hospitalision for respiratory tract infections in under 19s	✗	Aug-21	48.94	11.86	
Stroke admisisons - 90% of time spent on dedicated stroke unit.	✓	Sep-21	84.62%	80.00%	
High Risk Trans Ischaemic Attack assessed and treated within 24hrs	✓	Sep-21	75.00%	75.00%	

Narrative

PHQ Indicators

The PHQ indicators are a set of metrics, which monitor the impact of community services on avoidable admissions for a set of key conditions.

A rise in two of the indicators is evident within the trend analysis including 'Unplanned hospitalisation for respiratory tract infections in under 19 year olds' and 'Emergency Admissions for Acute conditions that should not usually require hospital admission'.

Efficiency & Productivity

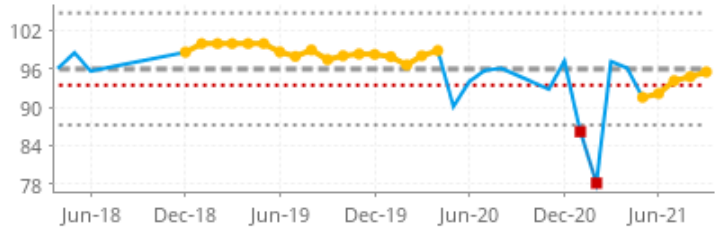
22

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

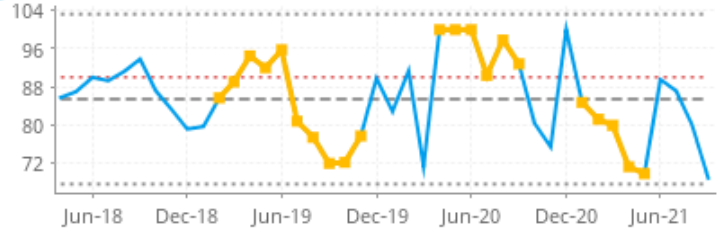
TCS24 - % of Patients achieving improvement using a EQ5 validated assessment tool

Month	Performance	Standard
Sep-21	95.58%	93.50%



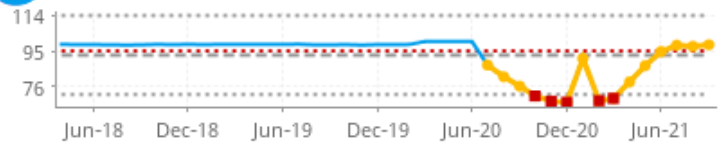
TCS35b - % of Wheelchair referrals completed within 18 weeks

Month	Performance	Standard
Sep-21	68.90%	90.00%



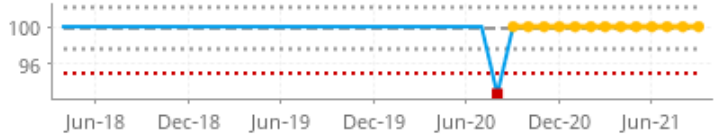
Diabetic Retinopathy Screening

Month	Performance	Standard
Sep-21	98.32%	95.00%



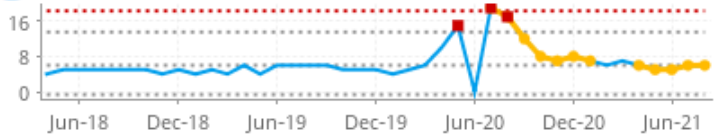
The % of Patients treated within 18weeks of referral to Audiology

Month	Performance	Standard
Sep-21	100.00%	95.00%



Audiology non-admitted wait (92nd Percentile)

Month	Performance	Standard
Sep-21	4.00	18.30



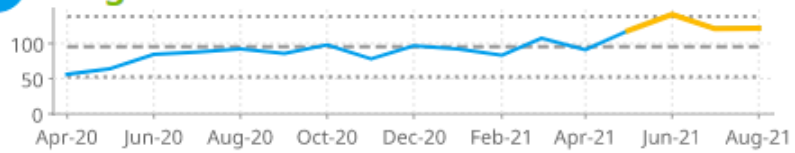
Efficiency & Productivity

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

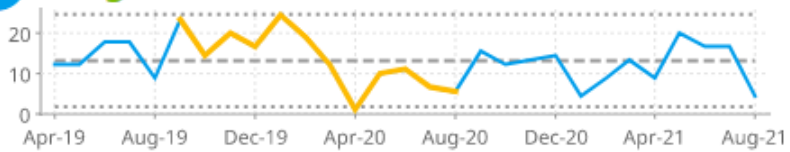
PHQ - Emergency Admissions for Acute Conditions that should not usually require hosptial admission

Month	Performance	Standard
Aug-21	121.50	95.25



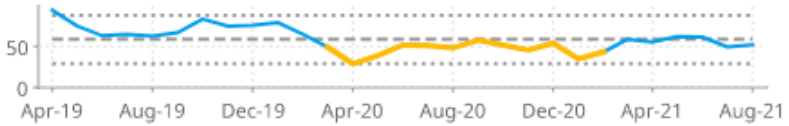
PHQ - Unplanned hospitalisation for asthma, diabetes and epilepsy in unders 19s

Month	Performance	Standard
Aug-21	4.45	13.19



PHQ - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

Month	Performance	Standard
Aug-21	52.00	58.64

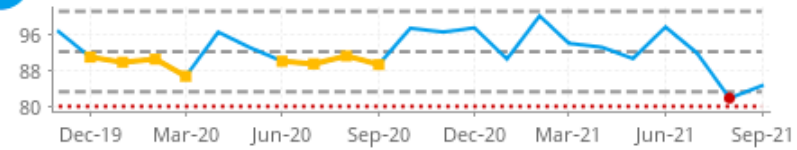


PHQ - Unplanned hospitalision for respiratory tract infections in under 19s

Month	Performance	Standard
Aug-21	48.94	11.86

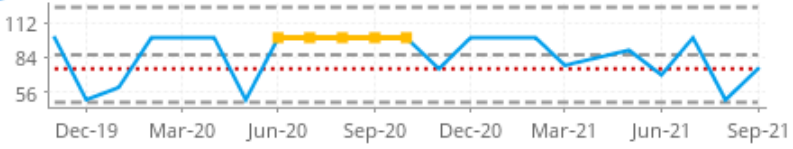
Stroke admisisons - 90% of time spent on didicated stroke unit.

Month	Performance	Standard
Sep-21	84.62%	80.00%



High Risk Trans Ischaemic Attack assessed and treated within 24hrs

Month	Performance	Standard
Sep-21	75.00%	75.00%



Safety & Quality

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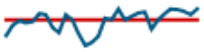
Standard	Standard Achieved	Month	Performance	Trend
Hospital Standardised Mortality Ratio (HSMR)	✓	Jul 20 - Jun 21	91.97	
Summary Hospital-Level Mortality Indicator (SHMI)	✓	May 20 - Apr 21	99.90	

Standard	Standard Achieved	Month	Performance	Standard	Trend
Stage 1 Complaint	✗	Sep-21	107	88	
Stage 2 Complaint	✗	Sep-21	10	5	
Stage 3 Complaint	✗	Sep-21	14	12	
Compliments	✓	Sep-21	284	228	

Narrative

Mortality

The latest HSMR value is currently reporting at 91.97 (July 2020 to June 2021) which has increased from the previous rebased value of 91.03 (June 2020 to May 2021). The latest SHMI value is now 99.90 (May 2020 to April 2021) which has decreased from the previous rebased value of 102.25 (April 2020 to March 2021).

Complaints

The number of level one, level two and level three complaints have increased, this supports the return to the pre-Covid status. 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 meeting have been developed to support this process.

Due to Covid-19 restrictions, face to face visiting remains limited to reduce the transmission of Covid, families continue to be supported through John's Campaign and provisions for those patients at End of Life. Visiting continues to be reviewed and the impact of this process will be monitored by the Infection Prevention Control Team. During September 2021, communication was the highest reported main issue in concerns raised to the Trust. The communication plan introduced in January 2021 remains in place and staff have been reminded of the importance of ensuring families receive a good level of communication. The plan incorporates, regular telephone updates by ward staff. The plan also supports virtual visiting, property and letters of love drop off service, although there has been a decline in requests for these services which may be due to the introduction of limited visiting. Complaint trends are discussed during weekly Safety Panel meetings and Senior Clinical Professional Huddles, supporting timely identification of the themes.

Compliments

The Trust records the compliments received onto the Greatix platform. For September 2021 the number of compliments received is 284, consistently higher than complaints. However, the recording of compliments has seen a month on month decrease since May 2021. This has been highlighted in Senior Clinical Professional Huddles and staff asked to ensure there is a robust process in place to add compliments to Greatix. It is recognised that work still needs to be done to increase the recording of compliments across the Trust.

Safety & Quality

NHS
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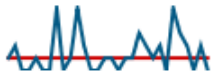
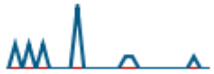
Standard	Standard Achieved	Month	Performance	Standard	Trend
Red Risks	✓	Sep-21	2	4	
Never Events	✓	Sep-21	0	0	
VTE %	✗	Sep-21	94.62%	95.00%	
Fall No Harm	✓	Sep-21	72	76	
Fall Low Harm	✗	Sep-21	20	17	
Fall Moderate Harm	✓	Sep-21	0	1	
Fall Severe Harm	✓	Sep-21	0	0	

Narrative

Venous Thromboembolism Compliance %

The Trust is reporting that 94.62% of patients admitted to hospital were risk assessed for Venous Thromboembolism (VTE) during September 2021; this is below the National Standard of 95.00%.

The recent re-invigoration of the VTE process for chasing up on those assessments not completed on admission is proving to be successful.

The Trust has established a working group which is reviewing all processes including data collection to improve compliance with the assessment and collaborative work is on-going with the Digital team to find an alternative solution.

Falls

The number of reported falls reduced in September. There was an increase in the proportion of falls with low harm, but no falls with moderate or severe harm. Incidents that are under investigation have the level of harm reassessed following the investigation

There is evidence of good risk mitigation measure in place for patients, however the completion of lying and standing blood pressure remains an area of focus, the education department is helping to deliver these sessions which will include how to complete the blood pressures and also the rationale for doing this. Training sessions are on-going with a recent session being delivered to the junior doctors.

Safety & Quality

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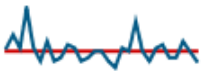
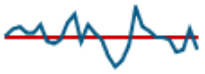
Standard	Standard Achieved				
		Month	*Performance*	*Standard*	*Trend*
Pressure Category 1 (inpatient)	✓	Aug-21	3	6	
Pressure Category 2 (inpatient)	✓	Aug-21	17	22	
Pressure Category 3 (inpatient)	✗	Aug-21	3	2	
Pressure Category 4 (inpatient)	✓	Aug-21	0	0	

Narrative

Pressure Ulcers

In the August 2021 reporting period, all four categories of Pressure Ulcers fall within the control limits. A pressure ulcer assurance framework is currently under development to further support pressure ulcer management and the trust are in the process of rolling out the Purpose T evaluation tool.

Safety & Quality

NHS
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NHS Foundation Trust

Standard	Standard Achieved	Month	Performance	Standard	Trend
Hand Hygiene	✓	Sep-21	97%	95%	
Clostridium difficile	✗	Sep-21	7	5	
MRSA	✓	Sep-21	0	0	
MSSA	✓	Sep-21	0	2	
Ecoli	✓	Sep-21	7	10	
Klebsiella	✗	Sep-21	3	2	
Pseudomonas	✓	Sep-21	1	1	
CAUTI	✓	Sep-21	19	25	

Narrative

Hand Hygiene

The overall Trust compliance score for hand hygiene is 97% for September 2021; this has decreased from the previous reporting period, but remains above the trust standard of 95%. Clinical areas carry out monthly audits with a quarterly assurance check by the IPC team, areas have been encouraged to ensure submission or to notify the IPC team for support.

Infections

For September 2021, the Trust is reporting 7 Trust attributed cases of Clostridium difficile infection (2 Hospital-onset Healthcare Associated and 5 Community-onset Healthcare Associated). The 7 cases for September 2021 is higher than the new national monthly target of 5 cases.

For Klebsiella, the Trust is reporting 3 cases for September 2021, this is higher than the new national monthly target of 2.

All seven infections continue to display natural cause variation and remain in their respective upper and lower control limits.

Community prevalence of Covid remains high within the North East and strict IPC measures and testing, including staff Lateral Flow Tests (LFTs) is strongly advised.

The Trust has an ongoing outbreak of Norovirus which is being closely monitored by IPC team.

Safety & Quality

NHS
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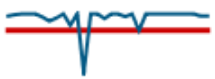
Standard	Standard Achieved				
		Month	*Performance*	*Standard*	*Trend*
Friends and Family Test (FFT) - Emergency	✓	Sep-21	75.00%	75.00%	
Friends and Family Test (FFT) - Inpatients	✓	Sep-21	91.00%	75.00%	
Friends and Family Test (FFT) - Maternity	✓	Sep-21	97.00%	75.00%	
UNIFY - RN Day	✗	Sep-21	77.61%	>=80% and <=109.99%	
UNIFY - RN Night	✓	Sep-21	83.22%	>=80% and <=109.99%	
UNIFY - HCA Day	✗	Sep-21	71.08%	>=80% and <=109.99%	
UNIFY - HCA Night	✗	Sep-21	105.03%	>=110% and <=125.99%	

Narrative

Friends and Family Test

For September 2021 the Trust received 1,412 FFT returns, this is in line with the previous months returns with a Very Good or Good response of 92.71%.

All three FFT metric percentages fall within their relevant control limits with the recent trends displaying natural cause variation. Work continues to promote FFT particularly from the in-patient areas to improve the amount of feedback.

UNIFY

Nursing fill rates have continued to be challenging, due a range of factors including continued vacancies and a slightly lower sickness absence and continued low fill rate for temporary staff. The daily challenges have been safely managed through appropriate routes of escalation up to the Deputy Chief and Chief Nurse. The additional focus of escalation has been around a high patient occupancy and acuity which increases the challenges to provide safe nurse staffing levels. The nursing fill rates presented in September 2021 show that these pressures are still evident.

Minimum of twice daily safe staffing meetings continue to review the acuity of patients to ensure the available staffing resource is matched to the patient demand. Alternative models utilising nursing associate, therapy and un-registered nurse roles continues to support the process to meet the patient acuity and dependence, underpinned by professional judgement.

The registered nurse vacancy level will reduce significantly from October 2021, due to newly registered nurses joining the trust.

Safety & Quality

NHS
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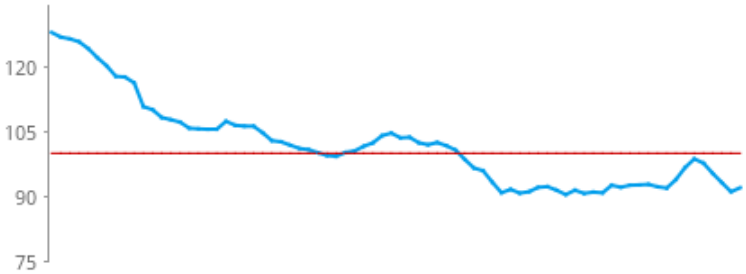
NHS Foundation Trust

Additional Detail Charts

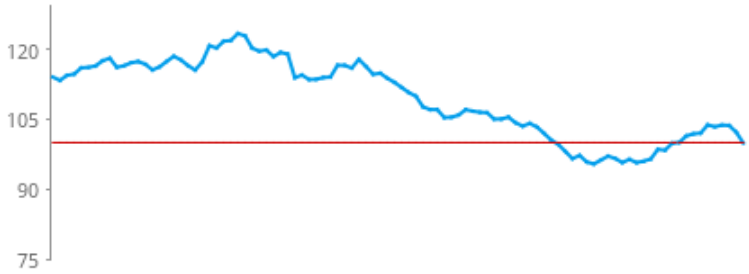
Hospital Standardised Mortality Ratio

Month	Performance
Jul 20 - Jun 21	91.97



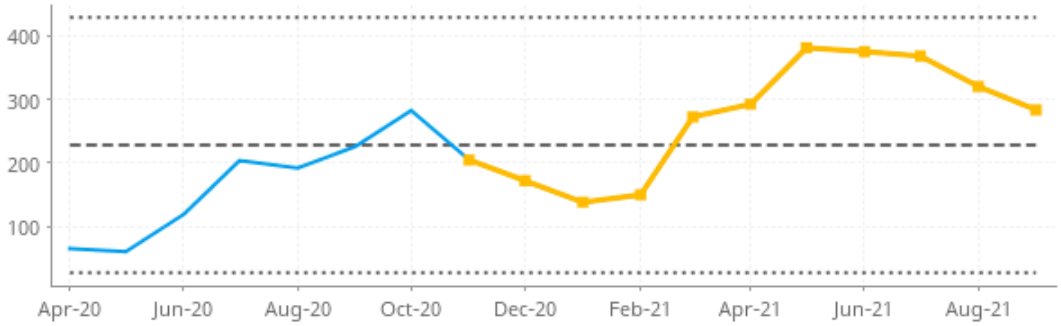
Summary Hospital-Level Mortality Indicator

Month	Performance
May 20 - Apr 21	99.90



Compliments

Month	Performance	Standard
Sep-21	284	228



Safety & Quality

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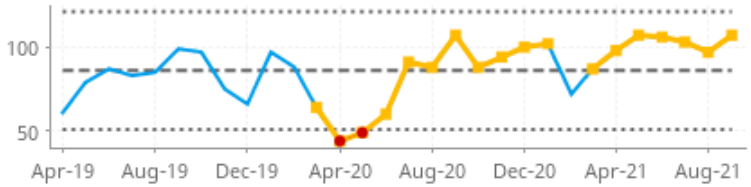
Statistical Process Control (SPC) Charts

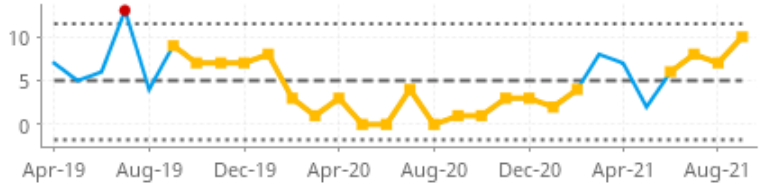
Stage 1 - Informal

	Month	Performance	Standard
✗	Sep-21	107	88



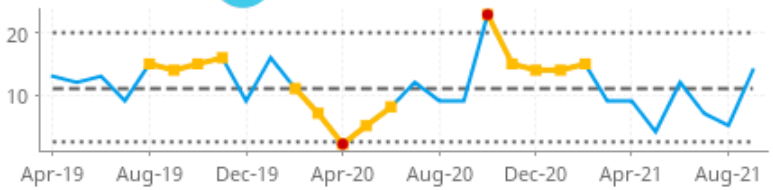
Stage 2 - Meeting

	Month	Performance	Standard
✗	Sep-21	10	5



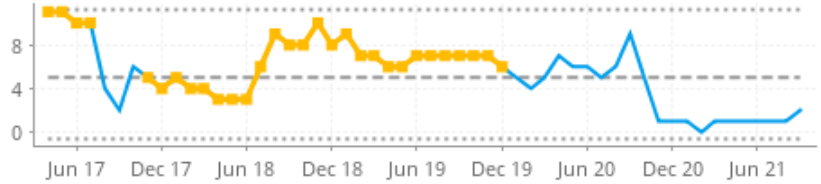
Stage 3 - Formal

	Month	Performance	Standard
✗	Sep-21	14	12



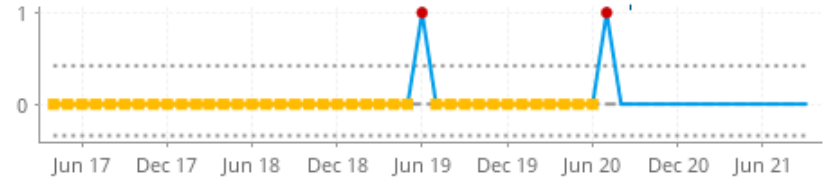
Red Risks

	Month	Performance	Standard
✓	Sep-21	2	4



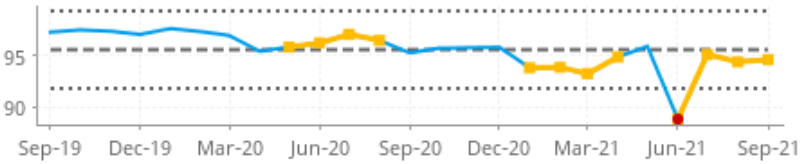
Never Events

	Month	Performance	Standard
✓	Sep-21	0	0



VTE %

	Month	Performance	Standard
✗	Sep-21	94.62%	95.00%



Safety & Quality

NHS
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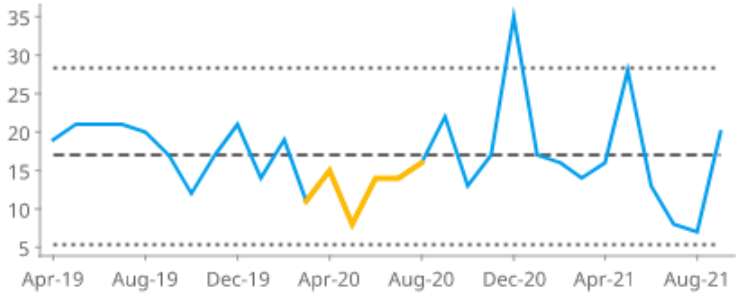
Statistical Process Control (SPC) Charts

Fall No Harm

Month	Performance	Standard
Sep-21	72	76

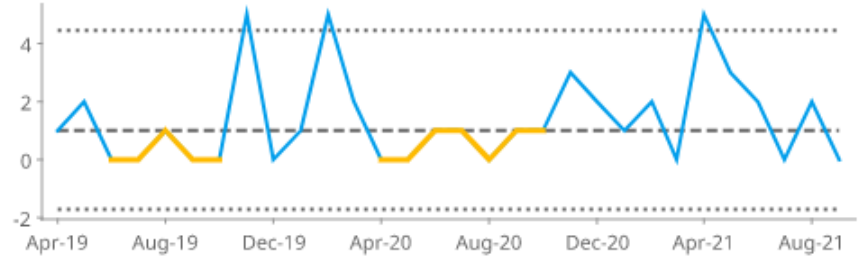
Fall Low Harm

Month	Performance	Standard
Sep-21	20	17



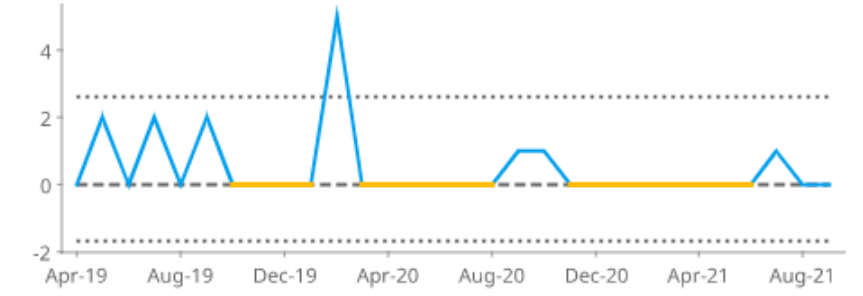
Fall Moderate Harm

Month	Performance	Standard
Sep-21	0	1



Fall Severe Harm

Month	Performance	Standard
Sep-21	0	0



Safety & Quality

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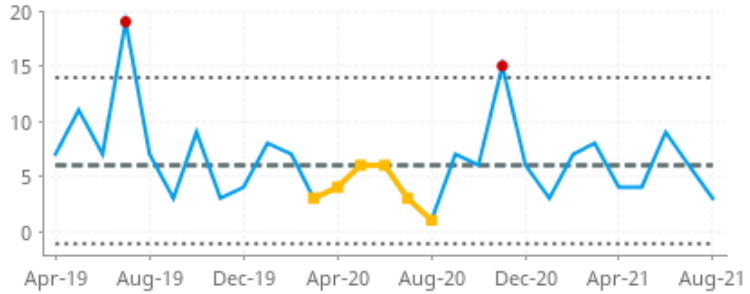
Statistical Process Control (SPC) Charts

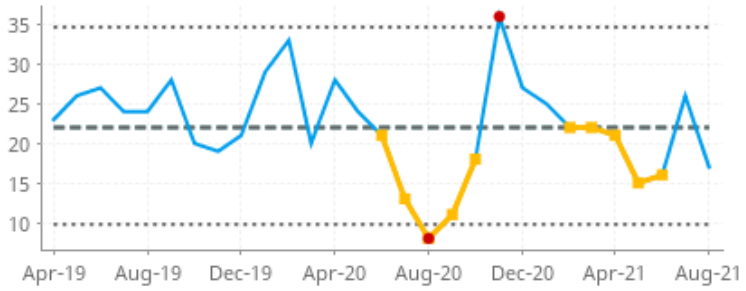
Pressure Ulcer Cat 1

	Month	Performance	Standard
✓	Aug-21	3	6



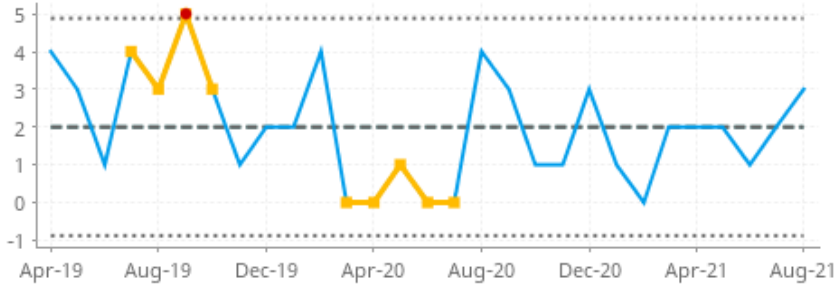
Pressure Ulcer Cat 2

	Month	Performance	Standard
✓	Aug-21	17	22



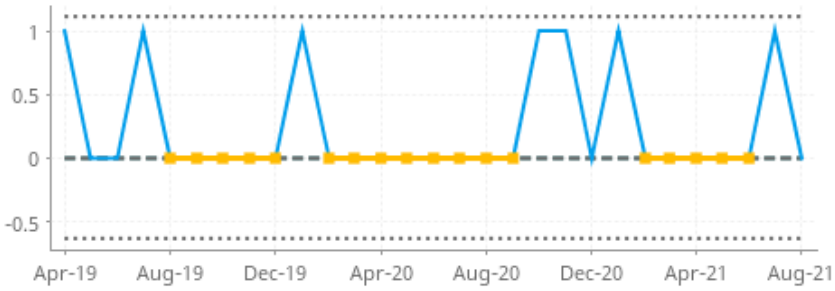
Pressure Ulcer Cat 3

	Month	Performance	Standard
✗	Aug-21	3	2



Pressure Ulcer Cat 4

	Month	Performance	Standard
✓	Aug-21	0	0



Safety & Quality

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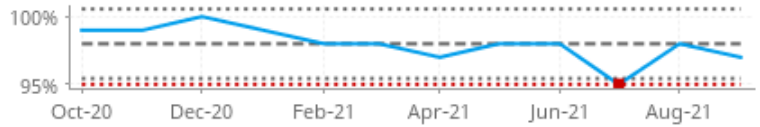
Statistical Process Control (SPC) Charts

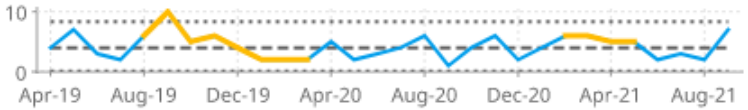
Hand Hygiene

Month	Performance	Standard
Sep-21	97%	95%



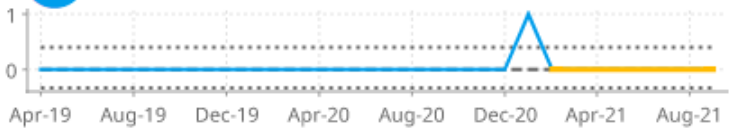
Cdiff

Month	Performance	Standard
Sep-21	7	5



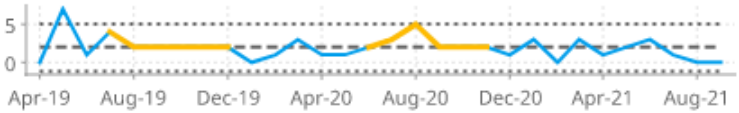
MRSA

Month	Performance	Standard
Sep-21	0	0



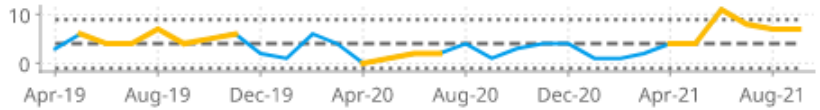
MSSA

Month	Performance	Standard
Sep-21	0	2



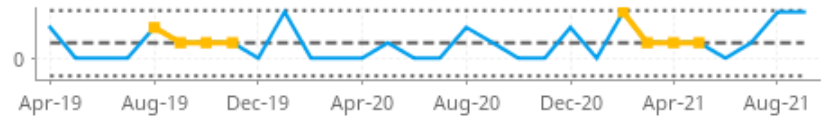
Ecoli

Month	Performance	Standard
Sep-21	7	10



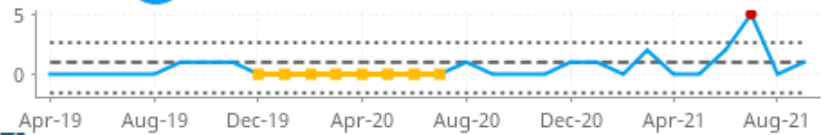
Klebsiella

Month	Performance	Standard
Sep-21	3	2



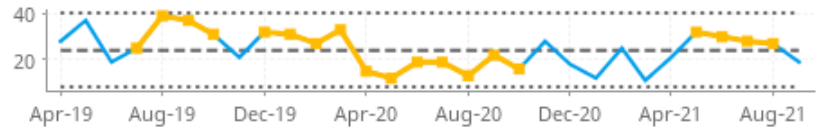
Pseudomonas

Month	Performance	Standard
Sep-21	1	1



CAUTI

Month	Performance	Standard
Sep-21	19	25



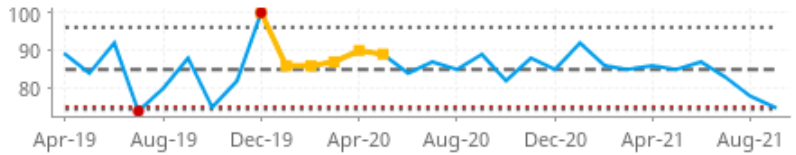
Safety & Quality

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SCP) Charts

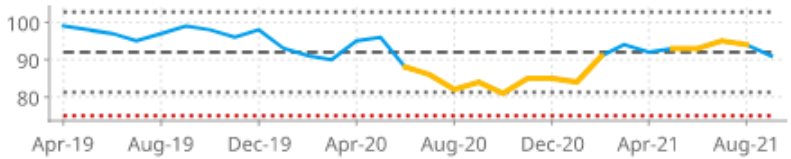
FFT Emergency Care

Month	Performance	Standard
Sep-21	75.00%	75.00%



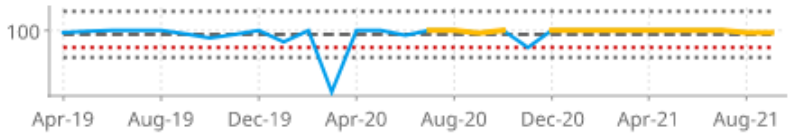
FFT Inpatient

Month	Performance	Standard
Sep-21	91.00%	75.00%



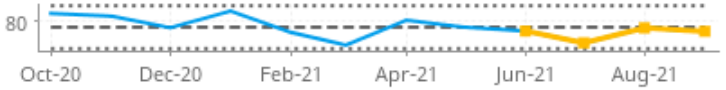
FFT Maternity

Month	Performance	Standard
Sep-21	97.00%	75.00%



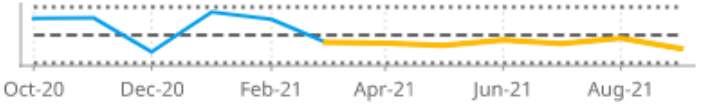
UNIFY RN Day

Month	Performance	Standard
Sep-21	77.61%	>=80% and <=109.99%



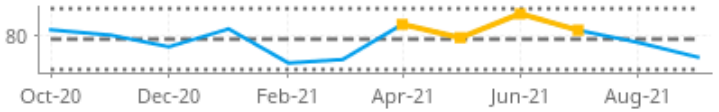
UNIFY RN Night

Month	Performance	Standard
Sep-21	83.22%	>=80% and <=109.99%



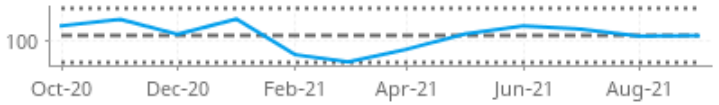
UNIFY HCA Day

Month	Performance	Standard
Sep-21	71.08%	>=80% and <=109.99%



UNIFY HCA Night

Month	Performance	Standard
Sep-21	105.03%	>=110% and <=125.99%



Workforce

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North Tees and Hartlepool
NHS Foundation Trust

Standard	Standard Achieved			
	Month	*Performance*	*Standard*	*2 Year Trend*
Sickness	Aug-21	6.18%	4.00%	
Appraisals	Sep-21	83.74%	95.00%	
Turnover	Sep-21	10.20%	10.00%	
Mandatory Training	Sep-21	87.44%	80.00%	

Narrative

The sickness absence rate for August 2021 is reported at 6.18%, an increase of 0.13% compared to the previous month. This is broken down into 0.82% attributable to Covid-19 related sickness and 5.36% attributable to other sickness. The cost of sickness absence is reported as £404,940, an increase of £13,902 compared to June (£418,842). There were 334 further cases of Covid-19 related staff absence in September 2021, broken down into 188 staff absent for 10 days and 146 who self-isolated for 14 days.

'Anxiety/stress/depression' was the top sickness reason in August, accounting for 31% of all sickness absence during the month. The second highest reason was 'Chest & respiratory problems' which accounted for 14% of sickness absence.

Other workforce metrics for September 2021 are:

- Appraisal compliance reported as 84%, an increase of 2% on the previous month
- Mandatory Training compliance reported as 87%, unchanged from the previous month
- Staff Turnover reported as 10.20%, an increase of 0.60%

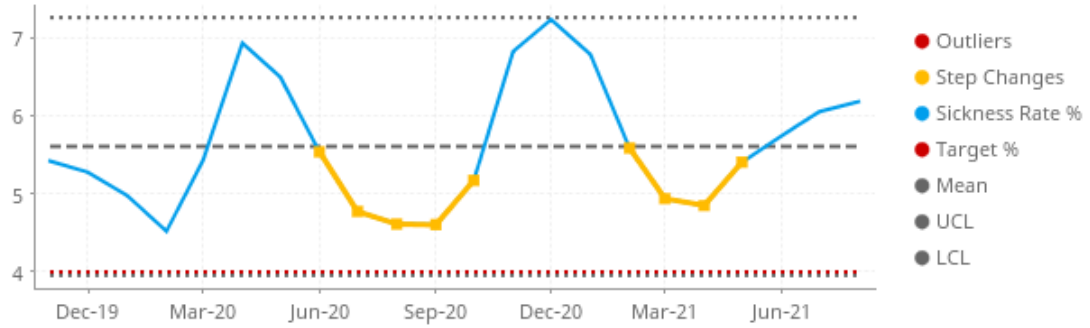
Workforce

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

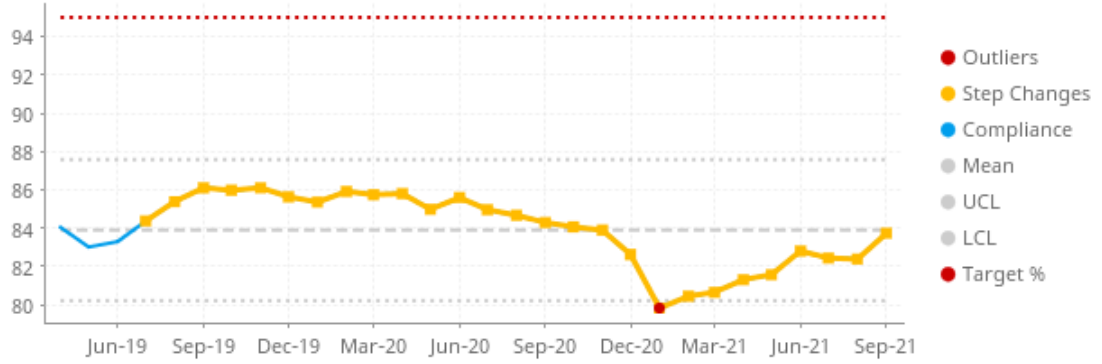
Sickness

Month	Performance	Standard
Aug-21	6.18%	4.00%



Appraisal

Month	Performance	Standard
Sep-21	83.74%	95.00%



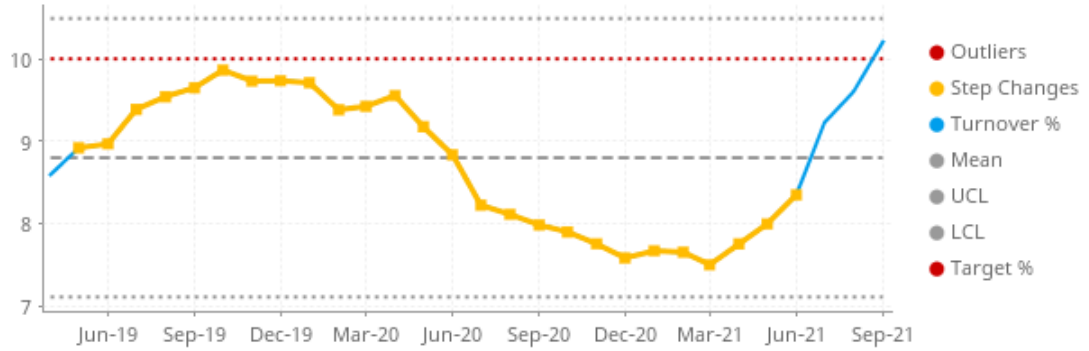
Workforce

NHS
North Tees and Hartlepool
NHS Foundation Trust

Statistical Process Control (SPC) Charts

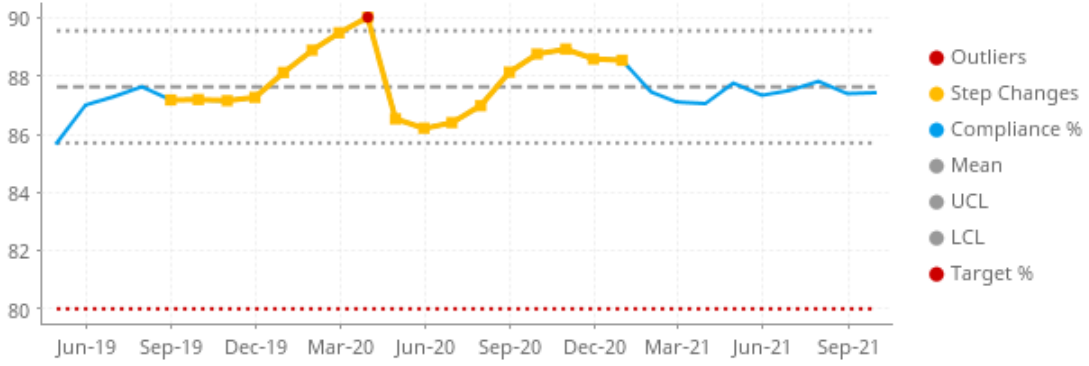
Turnover

Month	Performance	Standard
Sep-21	10.20%	10.00%



Mandatory Training

Month	Performance	Standard
Sep-21	87.44%	80.00%



Finance

North Tees and Hartlepool NHS Foundation Trust

Finance Overview - Month 6

Income/Expenditure

	Plan (£000)	Actual (£000)	
In Month	500	515	☺
Year to Date	3,000	4,559	☺

Balance Sheet

	£m
Cash Actual	61.9
Cash Forecast*	37.2

*Ahead of forecast due to improved I&E and movement in creditor and debtor days

Capital

	Plan (£m)	Actual (£m)	
In Month	0.8	1.6	☺
Year to Date	4.2	4.3	☺

Use of Resources*

Capital Service Cover Rating	1	I & E Margin Distance from Plan	1
Liquidity Rating**	4	Agency Rating	1
I & E Margin Rating	1	Risk Rating After Overrides	3

*UOR suspended in 2020-2021 - manual calculations

** Rating will only improve with increased cash reserves

North Tees and Hartlepool NHS Foundation Trust

Appendix 1

RTT and Cancer

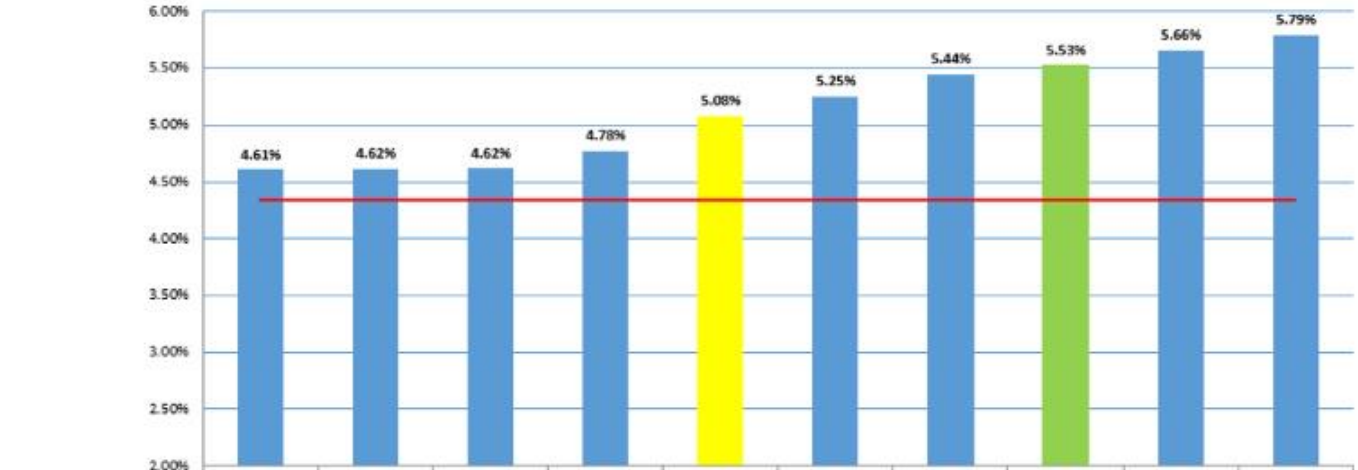
Measure	National	North East	North Tees & Hartlepool	S Tyneside & Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
RTT - August 21										
Incomplete Pathways waiting <18 weeks	67.6%		87.3%	85.7%	64.3%	79.7%	72.8%	88.7%	64.4%	75.2%
Half of incomplete patients wait less than	11		7	7	13	9	11	9	13	9
Half of admitted patients wait less than	10		7	14	22	8	8	10	7	7
19 out of 20 admitted patients wait less than	75		43	38	85	43	76	42	81	53
Half of Non admitted Pathways waited less than	6		4	6	8	3	5	5	4	5
19 out of 20 non admitted patients wait less than	42		22	24	43	24	36	30	27	22

Cancer 62 Day Standard - August 21	National	North East	North Tees & Hartlepool	S Tyneside and Sunderland	N Cumbria	Gateshead	Newcastle	Northumbria	S Tees	Durham & Darlington
Breast	Data not available	89.52 (111/124)	89.19 (16.5/18.5)	100 (0.5/0.5)	85.71 (6/7)	100 (26.5/26.5)	85.71 (12/14)	88.89 (16/18)	91.3 (10.5/11.5)	82.14 (23/28)
Lung		71.82 (79/110)	76.47 (6.5/8.5)	77.5 (15.5/20)	82.35 (7/8.5)	44.44 (2/4.5)	62.07 (18/29)	62.5 (2.5/4)	81.58 (15.5/19)	72.73 (12/16.5)
Gynae		54.55 (24/44)	50 (1/2)	100 (4/4)	77.78 (3.5/4.5)	36.36 (4/11)	36.36 (2/5.5)	71.43 (2.5/3.5)	53.33 (4/7.5)	50 (3/6)
Upper GI		66.67 (30/45)	60 (1.5/2.5)	84.62 (5.5/6.5)	69.23 (4.5/6.5)	100 (2/2)	33.33 (3/9)	50 (2/4)	76.92 (10/13)	100 (1.5/1.5)
Lower GI		62.02 (80/129)	69.23 (9/13)	86.49 (16/18.5)	31.58 (3/9.5)	50 (3.5/7)	32.35 (5.5/17)	73.68 (14/19)	88.46 (23/26)	31.58 (6/19)
Uro (incl testes)		73.3 (140/191)	59.26 (8/13.5)	96.08 (49/51)	40 (6/15)	72.22 (6.5/9)	63.38 (22.5/35.5)	74.14 (21.5/29)	69.33 (26/37.5)	100 (0.5/0.5)
Haem (incl AL)		75.56 (34/45)	50 (1/2)	90 (4.5/5)	28.57 (1/3.5)	100 (2/2)	66.67 (7/10.5)	94.44 (8.5/9)	83.33 (5/6)	71.43 (5/7)
Head & Neck		68.57 (24/35)	100 (0.5/0.5)	87.5 (7/8)	0 (0/1)	0 (0/0)	84.62 (11/13)	0 (0/0)	33.33 (3/9)	71.43 (2.5/3.5)
Skin		84.69 (166/196)	100 (0.5/0.5)	100 (3/3)	82.05 (16/19.5)	0 (0/0)	70.07 (48/68.5)	100 (7/7)	100 (49.5/49.5)	87.5 (42/48)
Sarcoma		71.43 (5/7)	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	100 (3/3)	0 (0/1)	50 (1/2)	0 (0/0)
Brain/CNS		0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)
Children's		100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)	0 (0/0)	100 (1/1)	0 (0/0)	0 (0/0)	0 (0/0)
Other		50 (5/10)	0 (0/0)		0 (0/0)	66.67 (2/3)	50 (1/2)	100 (2/2)	0 (0/2)	0 (0/1)
All		74.6 (699/937)	72.95 (44.5/61)	90.21 (106/117.5)	62.67 (47/75)	74.62 (48.5/65)	64.42 (134/208)	78.76 (76/96.5)	80.6 (147.5/183)	72.9 (95.5/131)

NHS
North Tees and Hartlepool
NHS Foundation Trust

Appendix 2

Workforce



	Gateshead Health F	Newcastle-Upon-Tyne F	South Tees F	Northumbria F	Regional Trust Average	Northumberland Tyne & Wear F	County Durham & Darlington F	North Tees & Hartlepool F (Note 3)	Tees Esk & Wear F	South Tyneside & Sunderland F
Absence Rate (Note 1)	4.61%	4.62%	4.62%	4.78%	5.08%	5.25%	5.44%	5.53%	5.66%	5.79%
NHS in England (Note 2)	4.34%	4.34%	4.34%	4.34%	4.34%	4.34%	4.34%	4.34%	4.34%	4.34%

North East Region Trusts - Sickness Rates May 2021 (*latest available)

The chart above shows the sickness absence figures for Acute and Mental Health Trust's in the North East region for May 2021.

North Tees and Hartlepool NHS Foundation Trust is represented by the green column. The average rate for all North East Acute and Mental Health Care Trust's is shown by the yellow column.

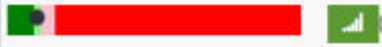
The red line is the average rate for the whole of the NHS in England (4.34%)

The sickness rate for North Tees and Hartlepool is 5.53%, which is the third highest in the north east region this month.

Gateshead Health NHS Foundation Trust report the lowest sickness absence rate for May 2021 at 4.61%.

South Tyneside & Sunderland NHS Foundation Trust report the highest rate at 5.79%

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 (Aug 2021)	10.14% (Jun 2020 - May 2021)	10.18% (May 2020 - Apr 2021)	-0.04 ↓	7.89%	8.23%	
2-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021)	2.66% (Jun 2020 - May 2021)	2.68% (May 2020 - Apr 2021)	-0.02 ↓	2.28%	2.15%	
7-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021)	5.65% (Jun 2020 - May 2021)	5.69% (May 2020 - Apr 2021)	-0.04 ↓	5.09%	4.59%	
14-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021)	8.03% (Jun 2020 - May 2021)	8.12% (May 2020 - Apr 2021)	-0.09 ↓	7.42%	6.52%	
28-day emergency readmission rate (12 mth rolling) HES Inpatients (Aug 2021)	11.06% (Jun 2020 - May 2021)	11.15% (May 2020 - Apr 2021)	-0.09 ↓	10.21%	8.81%	
Outpatient DNA rate (12 mth rolling) HES Outpatients (Aug 2021)	6.89% (Jul 2020 - Jun 2021)	6.83% (Jun 2020 - May 2021)	0.06 ↑	7.68%	7.02%	
Outpatient New to Follow-up ratio (12 mth rolling) HES Outpatients (Aug 2021)	2.66 (Jul 2020 - Jun 2021)	2.65 (Jun 2020 - May 2021)	0.01 ↑	2.40	2.24	
Outpatient cancellation rate (12 mth rolling) HES Outpatients (Aug 2021)	0.00% (Jul 2020 - Jun 2021)	0.00% (Jun 2020 - May 2021)	No Change	11.70%	10.32%	
Cancer waiting times - 2-week wait to be seen after GP referral (12 mth rolling) Cancer Waiting Times (Aug 2021)	93.09% (Jul 2020 - Jun 2021)	92.64% (Jun 2020 - May 2021)	0.45 ↑	75.53%	86.51%	
Cancer waiting times - 31-day wait for first treatment after decision to treat (12 mth rolling) Cancer Waiting Times (Aug 2021)	96.93% (Jul 2020 - Jun 2021)	96.80% (Jun 2020 - May 2021)	0.13 ↑	95.50%	94.89%	
Cancer waiting times - 62-day wait for first treatment after GP referral (12 mth rolling) Cancer Waiting Times (Aug 2021)	76.24% (Jul 2020 - Jun 2021)	76.99% (Jun 2020 - May 2021)	-0.75 ↓	76.05%	74.34%	
RTT - Referral within 18 weeks (admitted pathway) (12 mth rolling) RTT (Aug 2021)	71.37% (Jul 2020 - Jun 2021)	71.34% (Jun 2020 - May 2021)	0.03 ↑	65.85%	60.46%	
RTT - Referral within 18 weeks (non-admitted pathway) (12 mth rolling) RTT (Aug 2021)	86.04% (Jul 2020 - Jun 2021)	86.02% (Jun 2020 - May 2021)	0.02 ↑	83.30%	77.13%	
RTT - waiting less than 18 weeks (incomplete pathway) (12 mth rolling) RTT (Aug 2021)	86.54% (Jul 2020 - Jun 2021)	85.39% (Jun 2020 - May 2021)	1.15 ↑	68.12%	58.67%	
Day case realisation rate (12 mth rolling) HES Inpatients (Aug 2021)	96.68% (Jul 2020 - Jun 2021)	96.54% (Jun 2020 - May 2021)	0.14 ↑	95.04%	95.77%	
Day case rate (12 mth rolling) HES Inpatients (Aug 2021)	85.87% (Jul 2020 - Jun 2021)	84.88% (Jun 2020 - May 2021)	0.99 ↑	84.31%	70.42%	

Average excess length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.11 (Jul 2020 - Jun 2021)	0.07 (Jun 2020 - May 2021)	0.04 ↑	0.32	0.39	
Average length of stay (12 mth rolling) HES Inpatients (Aug 2021)	3.27 (Jul 2020 - Jun 2021)	3.26 (Jun 2020 - May 2021)	0.01 ↑	3.83	4.37	
Average elective length of stay (12 mth rolling) HES Inpatients (Aug 2021)	1.73 (Jul 2020 - Jun 2021)	1.55 (Jun 2020 - May 2021)	0.18 ↑	3.51	4.35	
Average non-elective length of stay (12 mth rolling) HES Inpatients (Aug 2021)	3.42 (Jul 2020 - Jun 2021)	3.44 (Jun 2020 - May 2021)	-0.02 ↓	3.88	4.37	
Average pre-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.20 (Jul 2020 - Jun 2021)	0.21 (Jun 2020 - May 2021)	-0.01 ↓	0.22	0.24	
Average elective pre-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.01 (Jul 2020 - Jun 2021)	0.01 (Jun 2020 - May 2021)	No Change	0.03	0.03	
Average non-elective pre-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.34 (Jul 2020 - Jun 2021)	0.35 (Jun 2020 - May 2021)	-0.01 ↓	0.41	0.46	
Average post-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.84 (Jul 2020 - Jun 2021)	0.88 (Jun 2020 - May 2021)	-0.04 ↓	0.96	0.92	
Average elective post-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	0.18 (Jul 2020 - Jun 2021)	0.18 (Jun 2020 - May 2021)	No Change	0.31	0.25	
Average non-elective post-operative length of stay (12 mth rolling) HES Inpatients (Aug 2021)	1.31 (Jul 2020 - Jun 2021)	1.37 (Jun 2020 - May 2021)	-0.06 ↓	1.57	1.64	
Non-elective zero-day spells (12 mth rolling) HES Inpatients (Aug 2021)	35.78% (Jul 2020 - Jun 2021)	35.46% (Jun 2020 - May 2021)	0.32 ↑	36.73%	33.91%	
Elective stranded rate (12 mth rolling) HES Inpatients (Aug 2021)	4.69% (Jul 2020 - Jun 2021)	4.24% (Jun 2020 - May 2021)	0.45 ↑	12.50%	12.17%	
Emergency stranded rate (12 mth rolling) HES Inpatients (Aug 2021)	17.27% (Jul 2020 - Jun 2021)	17.42% (Jun 2020 - May 2021)	-0.15 ↓	18.12%	20.84%	
Elective super-stranded rate (12 mth rolling) HES Inpatients (Aug 2021)	0.35% (Jul 2020 - Jun 2021)	0.25% (Jun 2020 - May 2021)	0.10 ↑	2.26%	3.11%	
Elective zero-day pre-op length of stay (12 mth rolling) HES Inpatients (Aug 2021)	91.71% (Jul 2020 - Jun 2021)	92.91% (Jun 2020 - May 2021)	-1.20 ↓	74.57%	77.92%	
Elective pre-op length of stay >3 days (12 mth rolling) HES Inpatients (Aug 2021)	0.21% (Jul 2020 - Jun 2021)	0.18% (Jun 2020 - May 2021)	0.03 ↑	0.89%	0.90%	
Relative risk length of stay (12 mth rolling) HES Inpatients (Aug 2021)	79.77 (Jul 2020 - Jun 2021)	80.34 (Jun 2020 - May 2021)	-0.57 ↓	101.34	100.37	Low (>95%)

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	NHS Core Standards for EPRR – Compliance and Organisational Capabilities
Date:	28 October 2021
Prepared by:	Stewart Ellison, Emergency Planning Officer Levi Buckley, Chief Operating Officer
Executive sponsor:	Levi Buckley, Chief Operating Officer
Purpose of the report	The NHS Core Standards for EPRR set out the minimum standards expected of NHS organisations to ensure they are able to meet their statutory obligations in respect of Emergency Preparedness, Resilience and Response. This report aims to provide Board level assurance of the current position of the Trust with a focus on the following areas: **1.** Status of compliance against the Core Standards for EPRR for the 2021 reporting period. **2.** Identified areas for improvement and associated action plans. **3.** Compliance against identified focus of annual deep dive review. **4.** Overview of EPRR work programme and ongoing development of EPRR processes within the Trust.

Action required:	Approve	√	Assurance	√	Discuss		Information	
Strategic Objectives supported by this paper:	Putting our Population First	√	Valuing People		Transforming our Services		Health and Wellbeing	

Which CQC Standards apply to this report	Safe	√	Caring	√	Effective	√	Responsive	√	Well Led	√
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Executive Summary and the key issues for consideration/ decision:

Following a comparison of the Trusts existing functions against the 2021 NHS Core Standards for EPRR it has been determined that the Trust is **fully compliant** with 91% of the standards applicable to NHS Acute Trusts.

An assessment of compliance against each of the specified standards shows that the Trust has an organisational assurance rating of **Substantial Compliance** indicating that the Trust is fully compliant against 89 99% of the relevant NHS EPRR Core Standards.

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

This report is aligned with the EPRR risks within the Board Assurance Framework.

Committees/groups where this item has been discussed	Trust Resilience Forum
Recommendation	The Board of Directors is asked to support the following recommendations in delivery of the EPRR responsibilities of the Trust: **1.** Receive the above report as assurance that the Trust continues to meet its statutory requirements in respect of EPRR compliance. **2.** Acknowledge the essential role that EPRR plays in the effective operation of the Trust and support identified proposals for the ongoing development of associated plans, policies and processes. **3.** Support the continued oversight of EPRR functions through the Trust Resilience Forum.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

28 October 2021

NHS Core Standards for EPRR
Compliance and Organisational Capabilities

Report of the Chief Operating Officer

1. Introduction and Scope

Under the terms of the Civil Contingencies Act (2004) and as an NHS organisation the Trust has a statutory duty to plan for and respond to any emergency and/or disruption that could affect the continuation of critical services, impact patient safety or threaten the continued operation of the Trust. Within the health service this work is referred to as 'Emergency Preparedness, Resilience and Response' (EPRR).

As part of the NHS England EPRR framework, providers and commissioners of NHS funded services must provide assurance that they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

To support NHS England in discharging it's duty to seek formal assurance that the NHS is ready to respond effectively to a range of incidents and disruptions all NHS providers are subject to an annual process of assurance against a pre-determined set of core standards.

The NHS Core Standards for EPRR set out the minimum standards expected of NHS organisations in England to ensure they are able to meet their statutory obligations in respect of EPRR and provide organisations with a clear framework through which to assess the application and effectiveness of organisational plans, policies and processes to determine:

- Status of compliance against a minimum set of standards
- Areas of best practice
- Areas for improvement

The core standards are set out across 10 distinct domains, the definitions for which can be found within Appendix 1.

This report aims to provide Board level assurance of the current position of the Trust in respect of EPRR with a focus on the following areas:

1. Status of compliance against the Core Standards for EPRR for the 2021 reporting period.
2. Identified areas for improvement and associated action plans.
3. Compliance against identified focus of annual deep dive review – **Oxygen Supply**
4. Overview of EPRR development work completed over the past 12 months together with the proposed forward work programme for ensuring the ongoing development of EPRR processes within the Trust.

For the purposes of this report, and in recognition of the Trusts vision to provide the best healthcare for everyone within our population, it should be acknowledged that where the Trust has indicated areas of full compliance this should not be seen as an indication that no further improvements can be made. Full compliance shows only that processes are at least in line with the minimum standards described. The ongoing reflection and internal assurance of current processes is essential to ensure the continuous improvement and effectiveness of EPRR plans, policies and processes.

1.1 Limitations

As described in the Board of Directors Core Standards assurance report for the 2020 assessment period, and as a direct result of the demands on the NHS associated with COVID-19, there was a significant reduction in the Core Standards assessment process last year, with the focus primarily given to:

- Learning from the first wave of COVID-19
- Preparations for the ongoing response to the pandemic
- Preparations for winter 2020/21

The 2021 EPRR assurance process has returned some of the previous mechanisms to the core standards self-assessment, whilst also acknowledging:

- The impacts of the previous 18 months
- The ongoing challenges and impacts of the pandemic
- The changing landscape of the NHS

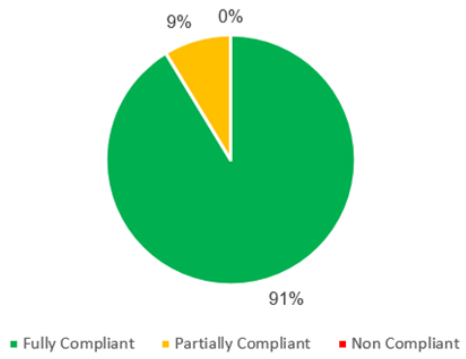
In recognition of this, and the resulting delays in NHS England undertaking its tri-annual best practice review of existing standards, a small number of standards have temporarily been removed to accommodate this year's assurance process.

The resulting changes to the self-assessment process for 2021 core standards include the temporary removal of standards associated with domain 5 linked to training and exercising, and as such, the results of this year's annual assessment relate to only 9 of the 10 specified domains.

2. Executive Summary – Core Standards Assessment

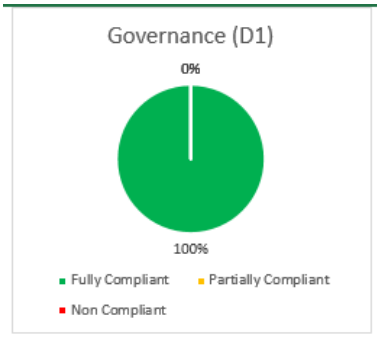
Following a comparison of the Trusts existing functions against the 2021 NHS Core Standards for EPRR it has been determined that the Trust is **fully compliant** with 91% of the standards applicable to NHS Acute Trusts. The following charts show the compliance status against each of the specified domains:

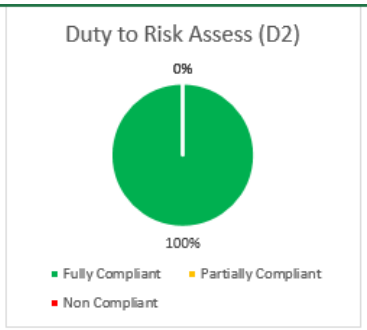
Overall Compliance

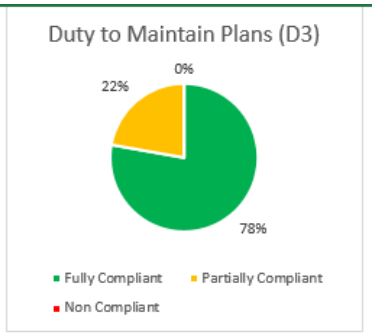


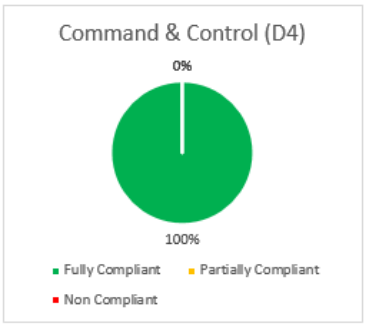
Compliance by Domain

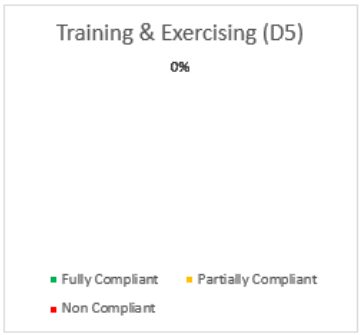
Domain	Full Compliance	Partial Compliance	No Compliance
Governance (D1)	5	0	0
Duty to Risk Assess (D2)	2	0	0
Duty to Maintain Plans (D3)	7	2	0
Command and Control (D4)	1	0	0
Training and Exercising (D5)	Temporary removal of standards for 2021 Assessment Period		
Response (D6)	5	0	0
Warning and Informing (D7)	3	0	0
Cooperation (D8)	2	0	0
Business Continuity (D9)	6	1	0
CBRN (D10)	11	1	0
Compliance Totals	42	4	0

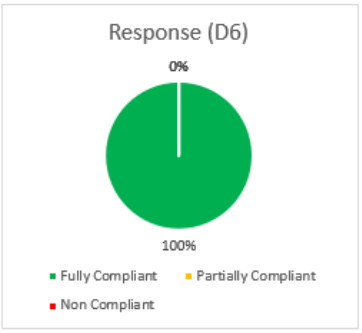


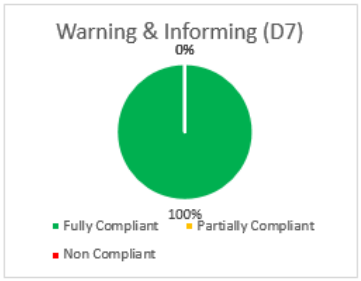


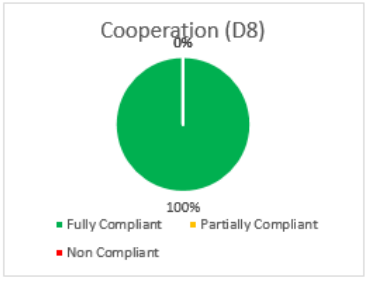


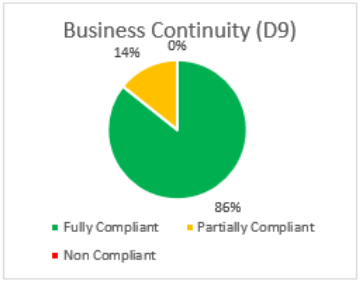


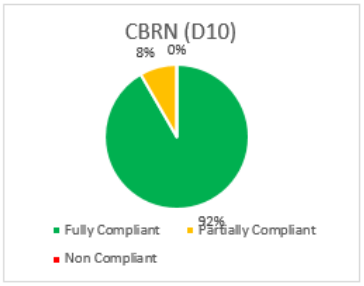












An assessment of compliance against each of the specified standards shows that the Trust has an organisational assurance rating of **Substantial Compliance** indicating that the Trust is fully compliant against 89-99% of the relevant NHS EPRR Core Standards.

3. Identified Best Practice and Areas for Improvement

a. Best Practice and Identified Strengths

Although full compliance against the core standards only demonstrates where a minimum bench mark has been achieved, from an assurance perspective it is important to recognise where particular areas of strengths and/or best practice have been identified in the preparation and application of processes relating to EPRR to ensure these areas can be maintained.

The broad ranging, large scale impacts on the Trust over the past 18 months, as a result of the COVID-19 pandemic, has required the significant application, development and improvement of EPRR processes across the Trust in order to respond effectively to the ever changing impacts it has faced, including those linked to:

- Patient Care
- Staffing Disruptions
- Procurement and Supplies
- Premises Disruptions

The success of the Trust in its ability to adapt and respond to the rapidly changing landscape over the course of the pandemic has highlighted particular areas of strength and/or enabled significant improvements to made across a number of different core standards.

Over the course of the 2021 core standards self-assessment notable strengths that have been identified in the Trusts EPRR capabilities include:

Domain	Identified Strengths	Overview
D2 – Duty to Risk Assess	Risk Management	Particular strengths identified in the Trusts risk management processes and adaptability of the risk management system allowing for the clear identification, visibility and management of risks associated with specific incidents and disruptions.
D4 – Command and Control	Incident Coordination	Changes to the internal command and control structure over the course of the pandemic have enabled significant improvements to be made to the coordination and management of incidents. A clear structure for command and control has been embedded over the course of the pandemic enabling the effective coordination and management of incidents at operational, tactical and strategic levels to ensure: • Clear lines of communication for the upward and downward dissemination and escalation of information. • Coordination of incidents at the appropriate level for the need of response allowing for effective escalation and de-escalation in line with fluctuating incident coordination requirements. • Impact focussed response management through the identification and implementation of tactical command cells (e.g. clinical decision group, IPC advisory group, etc.).
D6 – Response	Management of Business Continuity Incidents	The pandemic has resulted in a significant number of business continuity impacts across the Trust. The Trust has shown a high level of resilience in managing the impacts associated with a range of disruptions. Although some improvements have been identified in the formalisation of business continuity processes the ability of the Trust in adapting to and managing ongoing disruptions to the delivery of services through effective incident coordination and management processes should be recognised. Notable areas of strength in the management of business continuity incidents include the assessment and adaption of operational processes to enable: • Effective identification and re distribution of resources and staff to maintain critical services. • Remote working capabilities and infrastructure for non-clinical based functions.

		• The effective management of resources and supplies.
	Situation Reports	The Trust has an excellent structure in place for the collation and distribution of information and situation reports to support the planning and decision making capabilities of the Trust when responding to incidents and disruptions. Improvements to the range and visibility of information have continued to be made over the course of the pandemic to ensure improvements to the quality and useful application of information to support the response of the Trust.
D7 – Warning and Informing	Staff Communication	The Trust has a wide range of clear and recognisable mechanisms available for issuing internal communications to staff. This is an essential aspect of incident management and has been effectively utilised over the course of the pandemic to ensure staff have been kept up to date with the changing requirements of the incident.

b. Identified Areas for Improvement

The 2021 Core Standards self-assessment process has provided assurance that there are **no** standards for which the Trust is deemed to be non-compliant, although a partial level of compliance has been identified across a small number of areas. Areas of partial compliance are linked to standards within the following domains:

- D3 - Duty to Maintain Plans
- D9 – Business Continuity
- D10 – CBRN

The following table outlines areas of **partial compliance** and provides assurance on the identified action plans for strengthening our compliance within these areas.

Domain	Applicable Standard(s)	Area of Partial Compliance	Identified Actions for Improvement
D3 – Duty to Maintain Plans	Cold Weather Plan		The ongoing strain on internal resources has impacted on the ability of the Trust to undertake a full formal review of many of the existing plans to ensure identified lessons and changes within the Trust have been adequately reflected. A full review of the Trusts EPRR policy was completed and a revised version ratified for use through the Trust Resilience Forum and Executive Management Team. A recommendation and agreement has been given to a full review of all Trust plans to ensure they align with the newly revised policy is undertaken over the next 12 months. It is anticipated that a full formal review of all plans will be completed by October 2022. Priority will be given to the review of all
	Protected Individuals	The current plan for responding to and managing the clinical admission of protected individuals was issued in May 2019. The annual review schedule for this plan has been exceed and requires a full review to meet with the standards for full compliance.	

			plans which have already exceeded their review date.
D9 – Business Continuity	BCMS Scope and Objectives	The recognition and application of a clear scope and set of objectives for Business Continuity Management has been highlighted as an identified area for improvement to ensure a consistent Trust wide approach to the administration, implementation, activation and monitoring of business continuity arrangements.	To support improvements against this standard a number of actions have been identified and agreed, including: • Development of an additional Business Continuity sub-policy to be used in conjunction with the Trust's central EPRR policy. • Establishing a Trust wide internal Business Continuity Focus group for the purpose of monitoring and improving Trust wide processes linked to Business Continuity. The identified actions relating to the strengthening in position of the Trust against this and wider standards relating to business continuity aim to support improvements in the following areas: • Development and implementation of a consistent set of business continuity management processes across the Trust. • Identification and sharing of information on existing and emerging business continuity risks. • Facilitating the development and roll out of an annual business continuity training and exercising programme. • Facilitating and supporting joint organisational learning with regards to business continuity management. • Identifying key lessons and recommendations to support the ongoing development of business continuity processes in line with areas for improvement and best practice. • Seeking assurance that all critical service areas have effective and up to date business continuity arrangements in place that align with both organisational policy and the statutory responsibilities of a Category 1 responder and NHS Trust. Development and improvements against this standard should be seen as an ongoing action, although implementation of actions to ensure full compliance against business continuity core standards is anticipated to be completed by April 2022.

D10 - CBRN	Equipment and Supplies	The minimum number of Powered Respirator Protective Suit (PRPS) suits required to be held by acute hospital Trusts has been increased to 24. The current number of PRPS held by the Trust is 14.	The increase in equipment requirements to ensure full compliance with the Core Standards will be resolved as part of a National project for the purchase and supply of additional PRPS suits for NHS Trusts which is being led by NHS England. An additional 10 PRPS suits are currently on order and will be delivered to the Trust over the course of the next 12 months. The costs associated with the purchase and first year servicing of these suits is been covered by NHS England within the project costs.

4. Training and Exercising

Although no formal assessment of training and exercising has been undertaken as part of the 2021 core standards self-assessment it should still be recognised that both training and exercising play a vital role in the validation and assurance of EPRR processes.

The impacts of COVID-19 on the capacity and availability of resources through which to undertake training and exercising has been significantly reduced over the course of the pandemic.

Although many of the Trusts incident management processes have been utilised for real during the Trust's response to the pandemic it has been agreed that regular EPRR specific training and exercises should resume as soon as possible. The current EPRR work programme detailed in section 6 of this report provides an overview of the proposed work that will be undertaken to support the resumption of appropriate EPRR training and exercising across the Trust over the coming months.

5. 2021 Core Standards Deep Dive Review

In addition to the overarching core standards for EPRR the annual self-assessment process requires NHS organisations to undertake a focused deep dive review across a specified area.

As a direct result of the COVID-19 pandemic and to help NHS England better understand the resilience of internal piped oxygen systems across the NHS estate the deep dive review for the 2021 assessment period focuses on the supply of oxygen across relevant NHS funded health care providers.

The identified standards associated with internal piped oxygen cover the following areas:

- Governance
- Planning
- Workforce
- Escalation
- Oxygen Systems

To support the Trust in managing the increased demands in the supply of oxygen over the course of the COVID-19 pandemic significant adaptations were proactively applied to improve internal processes, systems and physical infrastructure within the Trust to ensure the supply of piped oxygen can continue to be maintained at the required levels.

To ensure full, comprehensive consideration was given to the Trusts compliance against clinical and non-clinical elements of oxygen supply the deep dive review was undertaken with the support of relevant staff from both North Tees and Hartlepool NHS Foundation Trust and NTH Solutions, including:

Trust Representation	NTH Solutions Representation
Medical Director	Managing Director
Chief Operating Officer	Head of Engineering Compliance & Energy
Associate Director of Risk & Governance	
Emergency Planning Officer	

When reflecting on the outcome of this review it is important to understand the distinction between processes and actions that are in place to manage oxygen supply during business as usual activities and those that can be activated for the purposes of risk mitigation during the response to an incident.

It should be recognised that over the course of the pandemic some of the business as usual processes for managing the supply of oxygen within the Trust were superseded by response specific processes activated as part of the response of the Trust.

The deep dive review indicated that the Trust:

- Is fully compliant against the minimum criteria set out within standards associated with the supply of piped oxygen, including:

  - Statutory requirements associated with planning, installation and upgrade of oxygen supply infrastructure as described within the Health Technical Memorandum.
  - Formal oversite and governance of processes through an internal Medical Gasses Committee.
  - Competent staff with clearly defined roles, responsibilities and competency requirements relating to both clinical delivery and maintenance of physical infrastructure associated with the supply of oxygen.

- Has a range of tried and tested processes, developed and utilised over the course of the COVID-19 pandemic, which can be activated to help enhance the capabilities of the Trust in managing the supply of piped oxygen during the response to an incident. These include effective processes for:

  - The escalation of issues and concerns.
  - Monitoring and reporting of oxygen levels and pressures.
  - Clear structure for the management and coordination of key response decisions.

6. EPRR Work Programme

EPRR should be recognised as a continuous programme of work to ensure:

- Fully embedded and effective processes are in place.
- Existing processes and approaches are aligned correctly with up to date legislation and internal strategic priorities.
- Identification and mitigation of new areas of risk.
- An ongoing cycle of learning and improvement.

The current programme of work has been aligned to the principles of emergency management and driven by identified learning as a result of COVID-19 to ensure the Trust improves overall compliance with the Core Standards and improves its ability to respond effectively to future incidents and disruptions. The current work programme focuses on the following three themes:

- Assurance and Monitoring
- Learning and Improvement
- Development of Plans, Policies and Processes

The Trust Resilience Forum will continue to provide oversight and assurance of the ongoing programme of work to help ensure the quality, effectiveness and compliance of all new and existing plans, policies and procedures relating to EPRR.

The following information provides an overview of work that has already been completed and identified areas of work that have been planned or currently under development:

Work Programme: Assurance and Monitoring	
Completed	**Planned / Under Development**
Trust Resilience Forum Refreshed terms of reference and formatting of the committee to enable: • Increased engagement of members through enhanced processes for: ➢ Escalation and reporting of issues. ➢ Highlighting, monitoring and challenging areas of concern. ➢ Horizon scanning. ➢ Ratification of EPRR plans, policies and processes.	**Core Standards Assessment** Development and utilisation of processes for ongoing monitoring and reporting of the Trust's EPRR compliance.
Business Continuity Focus Group Sub group to the Trust Resilience Forum established to help facilitate a coordinated and consistent approach to the development and implementation of Trust wide business continuity arrangements. The group has Trust wide representation and meets once a quarter, reporting directly to the Trust Resilience Forum	**Document Management Processes** Review and improvement of processes for the storage, accessibility and management of EPRR plans, policies and processes.

Work Programme: Learning and Improvement
Planned / Under Development
Training and Exercise Calendar Development • Provide an accessible, central calendar of all upcoming EPRR training and exercising due to take place over the upcoming year. • Indicate the agreed type and frequency of training and exercising set out within different EPRR response plans. • Recognise and understand the full statutory training and exercise requirements associated with EPRR across different areas of the Trust. • Support the Trust with coordination and monitoring of activities relating to the delivery of training and exercising throughout the year. • Identify potential gaps and provide a means of assurance relating to the ongoing delivery of relevant EPRR training and exercising within the Trust.
Debrief Policy and Processes • Development and review of processes to ensure a clear structure for the application of debrief processes associated with EPRR exercises and incident response. • Support the identification of areas for improvement and areas of best practice. • Support the ongoing development, assurance and validation of EPRR processes.

Work Programme: **Development of Plans Policies and Processes**	
Completed	**Planned / Under Development**
EPRR Policy Re-fresh • Overarching policy with clear alignment to EPRR Core Standards and associated legislation. • Clear structure for the interconnectivity of EPRR functions across the Trust (i.e. associated sub polices, plans and processes). • Closer working with service areas, teams and directorates to encourage collective responsibility for supporting the development and implementation of EPRR processes ensuring. • Clear, consistent processes for the development and review of plans, policies and processes.	**Manager and Director On Call Policy Development** To support on call incident coordination and management processes. **Review of Existing Response Plans** Alignment with new EPRR policy **Business Continuity Policy, Template and Associated Processes** Including development and improvements to the following areas: • Business Continuity Management Policy • Service Area BCP Template • Corporate BCP • Critical Functions Database • Operational Action/Support Cards (identified range of incidents). **Incident management Framework and Supporting Processes** Development and/or revision of a suit of incident management plans and policies to support a clear consistent approach across all levels of incident management, detailing processes for: • Assessment • Decision Making • Escalation • Activation and Use of Resources • Log Keeping and Record Management • Debriefing

7. Recommendations

The Board of Directors is asked to support the following recommendations in delivery of the EPRR responsibilities of the Trust:

1. Receive the above report as assurance that the Trust continues to meet its statutory requirements in respect of EPRR compliance.
2. Acknowledge the essential role that EPRR plays in the effective operation of the Trust and support identified proposals for the ongoing development of associated plans, policies and processes.
3. Support the continued oversight of EPRR functions through the Trust Resilience Forum.

Levi Buckley
Chief Operating Officer

Appendix 1 – NHS Core Standards for EPRR Domain Overview

Domain	Overview
1. Governance	• A policy statement, outlining the organisation's commitment to deliver EPRR, must be in place. This statement should be supported by an annual EPRR work programme to ensure all NHS Core Standards for EPRR are delivered. • Organisations must have an appointed Accountable Emergency Officer (AEO) who is a board level director and responsible for EPRR in their organisation. This person should be supported by a non-executive board member.
2. Duty to Risk Assess	• Organisations should have provision in place to regularly assess the risks to the population it serves. This process should consider the community and national risk registers. • A supporting risk management system must be in place to ensure a robust method of reporting, recording, monitoring and escalating EPRR risks.
3. Duty to Maintain Plans	• Appropriate and up to date plans must set out how the organisation plans for, responds to and recovers from major incidents, critical incidents and business continuity incidents. These should be developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.
4. Command and Control	• A robust and dedicated EPRR on call mechanism should be in place to receive notifications relating to EPRR. This facility should be 24 hours a day, 7 days a week, and provide the ability to respond or escalate notifications to executive level. • Personnel performing the on call function should be appropriately trained in major incident response.
5. Training and Exercising	• EPRR training should be carried out in line with a training needs analysis to ensure staff are competent in their role. • Arrangements must be exercised through, as a minimum, a: ➢ communications exercise every six months ➢ table top exercise once a year ➢ live exercise every three years ➢ command post exercise every three years
6. Response	• Staff trained in incident response should be available to respond to incidents from within an Incident Coordination Centre (ICC). This includes having processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings. These arrangements should also include an alternative ICC, should the primary location be affected by the incident itself or be unavailable at the time of response.
7. Warning and Informing	• Tested processes should be in place for communicating with partners and stakeholders, and warning and informing public and staff when responding to major incidents, critical incidents and business continuity incidents. • Organisations should also have an appropriate media strategy to enable communication with the public. This should include identification of and access to trained media spokespeople able to represent the organisation.
8. Cooperation	• Arrangements should be in place to share appropriate information with stakeholders. This includes participation in Local Health Resilience Partnerships (LHRPs) to demonstrate engagement and co-operation with other responders.
9. Business Continuity	• Up to date business continuity plans setting out maintenance of critical activities when faced with disruption should be in place within each organisation. These planning arrangements should be aligned to current nationally recognised business continuity standards.
10. CBRN	• Acute, specialist, mental health and community healthcare providers are required to have planning arrangement in place for the management of CBRN incidents. NHS Ambulance Trusts also share this requirement and their specific responsibilities in relation to CBRN are set out in 'Interoperable capabilities'.

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

Title of report:	Winter Resilience Plan 2021/22										
Date:	28 October 2021										
Prepared by:	Care Groups Levi Buckley, Chief Operating Officer										
Executive sponsor:	Levi Buckley, Chief Operating Officer										
Purpose of the report	To provide the Board with an update on the Trust and system winter planning and preparedness. The Trust winter resilience plan has been developed to ensure strong operational resilience over winter months through to Easter 2022. The winter plan supports maintaining the elective recovery programme alongside managing operational pressures to support safe and timely flows within the hospital on a 24 hour, seven days a week basis.										
Action required:	Approve	√	Assurance	√	Discuss		Information				
Strategic Objectives supported by this paper:	Putting our Population First	√	Valuing 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:

Winter operational pressures across health and social care lead to increases in both emergency and non-elective demand and an increase in the clinical acuity of patients. The ongoing of impact the covid pandemic is resulting in increased pressures on patient flow and hospital resources.

This paper provides an overview of the Trust winter plan for 2021/22, including key risks and mitigating actions.

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

This report is aligned with issues identified in the Board Assurance Framework. Specifically 1A, Patient Safety/Outcomes, 1B Patient Experience and 1C Performance.

Committees/groups where this item has been discussed	Care Group Senior Management Team Meeting Operational Management Team Executive Team
Recommendation	The Board of Directors is asked to: • Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency. • Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners. • Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

28 October 2021

Winter Resilience Plan 2021/22

Report of the Chief Operating Officer

1. Introduction

1.1 The purpose of this paper is to provide the Board of Directors with an update on the winter planning and operational preparedness. This plan is to ensure robust operational resilience during the winter months with a clear focus on maintaining patient safety, patient experience and clinical effectiveness across the organisation.

2. Background

2.1 Each winter brings a number of challenges to how health and social care services are delivered. This winter brings the additional complexity of managing COVID-19 patients and the associated IPC measures, with key areas of risk for winter including:

- Influenza, COVID-19 and the potential for further pandemic outbreaks.
- Cold weather and an anticipated rise in associated respiratory infections.
- Meeting the needs of a frail and elderly population and chronic medical conditions.
- Predicted increase in paediatric respiratory viral illness.
- Staff retention and sustainability, including sickness, test and trace, self-isolation and associated absence, during long periods of pressure and major system change.

2.2 Innovation unlocked through the organisation's response to the pandemic has presented opportunities to radically change the way care is delivered, rapidly expanding the shift of activity from hospital to community settings. System working has been an integral component of these changes with a shared commitment to provide the most robust services befitting to the people we support across Teesside.

2.3 Winter tests the effectiveness and resilience of emergency care provision locally and nationally. Although the organisation has experienced high levels of activity and acuity, escalation and resilience arrangements continue to respond appropriately; with the system in the main absorbing the pressures. Locality Accident and Emergency Delivery Boards focus the planning across urgent and emergency care with an emphasis remaining on a whole system approach to improvement and delivery.

2.4 There was an emphasis on keeping patients out of hospital in the winter 2020 plan with winter resilience funding allocated to community schemes. The shift in activity from hospital based care to services provided in a community or home setting has developed significantly in the last year including the use of virtual appointments and alternatives to admission. This aligns with the organisational vision that supports patients being in the acute hospital when it is clinically appropriate, and the time spent in hospital by patients should continue to be reduced through timely discharge and ongoing support in the community.

3. Winter Plan 2021/22

3.1 With further waves of Covid, and to progress with initiatives that will allow the Trust to remain flexible in managing surge and flow throughout winter, the following key principles underpin the Winter Plan:

- Ensure sufficient capacity to meet the pressures of winter in the context of segregated COVID pathways.
- Prioritisation of schemes that are not only achievable but also deliver value for money and have a positive impact on managing surge and escalation in the winter period.
- Utilise community assets to deliver care at home, preventing inappropriate attendances or admissions to hospital and to enable early supported discharge from hospital.
- Implement 'Criteria to Reside' and reduce inappropriate long lengths of stay
- Ensure correct bed base to meet demand whist remaining agile to manage surge
- Ensure Integrated Command and Control Centre (ICC) principles with appropriate escalation as per internal action cards and system wide OPEL.
- Elective planning to minimise the risk of cancelled procedures, including maximising the provision at Hartlepool Hospital.
- Flu planning - vaccination uptake alongside predicted flu pressures for 2021/22, with the aim to implement a comprehensive action plan to mitigate risks.

3.2 The importance of partnerships, integrated working and shared risk taking has been pivotal to mobilising the right response for our local population during the COVID 19 pandemic. Continuing this approach to balancing COVID, winter and maintenance of the elective recovery programme requires initiatives to allow the Trust to remain flexible in managing surge and flow throughout winter and maintaining a consistent 7-day service managing patients in the most appropriate setting.

3.3 To support the delivery of the plan the Trust has focussed on delivering a transformational home safer sooner model with the following priorities:

- Community hub delivering Same Day Emergency Care (SDEC).
- ISPA 24/7 Clinical triage model working with system partners.
- Home First Discharge to Assess.
- Frailty Front of House.
- Discharge transport schemes.
- Criteria to Reside implementation.
- One Front Door with streaming to the most appropriate area.
- Wider System Preparation.

4. Wider System Preparation

4.1 There is a system approach to escalation with a shared Operational Pressure and Escalation Levels (OPEL) framework. This is to provide an objective consistent approach to escalation and associated actions. This is supported by the ability to initiate a system wide escalation through the A&E Delivery Board.

4.2 Ongoing partnership working across the ICP which includes established working relationships and clear lines of escalation within the Local Authorities, at both an operational and director level.

4.3 Trust contribution to the testing of surge plans across the system, including paediatric escalation for increased respiratory illnesses including the established Critical Care Network support.

5. Financial Implications

5.1 Under the existing financial framework for the 21/22, additional expenditure is available for winter and is managed through the system envelope.

5.2 As part of the Trust's internal financial framework, a reserve has been allocated for winter expenditure. In addition, the Clinical Advisory Group has been allocated a further fund for Covid related expenditure.

6. Risks and Mitigation

6.1 Although significant planning has been undertaken by the organisation there are clearly still risks that need to be considered. The table below summarises key risks and mitigations:

RISK	**MITIGATION**
Surges in activity and patient acuity.	Utilisation of phased additional capacity, OPEL escalation and mutual aid. Review of the bed predictor tool to more accurately support daily decision making and forecast planning for surge pressures.
Continued pressure in COVID-19 demand that affects flow / impact on ITU / impact on elective programme	Close monitoring of COVID impact and utilisation of triggers to manage this and step down of services should this be required. Ensuring a pragmatic application of national IPC measures.
Workforce vacancies, sickness levels and COVID isolation / test and trace impacting challenging the ability to open additional beds.	Rolling recruitment programmes for hard to recruit to posts, over-recruiting where required. Implementation of evidence-based workforce planning methodology required to support Care Groups with alternative workforce models, roles and rota-planning. Monitoring of absence and daily staffing meetings to ensure shared responsibility to ensure safe staffing across the organisation.
Capacity with segregation and flexibility to respond	Use of local IPC and COVID cohorting guidance to ensure maximum safe usage of available beds. Social distancing impact on waiting areas with escalation plans in place to maintain safety
Increased demand on urgent care/ED due to changing operating models within primary care	Weekly meetings to monitor impact and implement measures within the system to support coordinated work at ICS level to understand system pressures.
Regional divert policy. Potential exacerbation of out of area activity	System assurance – effective collaboration between key stakeholders and impact of diverts on partner organisations
Full realisation of system support to facilitate admission avoidance and timely discharge does not materialise	Enhanced Out of hospital initiatives and continuing collaboration with primary and social care. Strengthened already established relationships following the first wave of COVID to allow timely discussions/escalations.
Cancellation of elective activity to facilitate surges in emergency activity.	Flexible bed bases. Elective Care Recovery programme to maximise capacity. Additional weekend Lists
Impact on referral to treatment standard from cancellation of elective procedures.	Tight management of referral to treatment and control of theatre lists to ensure that none are wasted.

Potential infection control pressures i.e. outbreak management, mixing surgical and orthopaedic procedures	Support from ICPT to manage outbreaks and implement measures required Move additional elective activity to Hartlepool site, supported by appropriate clinical cover.

7. Summary and Conclusion

7.1 In summary, the Trust has reflected on the previous winter period and the challenging pressures across the system resulting in additional resource requirements to managing the global pandemic, patient acuity, safe staffing and quality of service provision. This has, in turn, informed the preparation and planning for operational resilience and surge management for this coming winter.

7.2 The Trust's plans include the introduction of quality initiatives, clear lines of accountability in the command and control structure and robust financial management, whilst focussing on maintaining patient safety and quality outcomes. The joint care group approach to consider schemes to support out of hospital care with 43% of the 2021/22 winter resilience funding being allocated to community schemes proved a beneficial approach. This has been further enhanced this year with a revised operating model.

7.3 Planning for an agile phased approach to surge and escalation in uncertainty with regard to the pandemic and its impact on hospital admissions has been supported by bed modelling and COVID modelling forecasts. Further work is required to develop alternative bed capacity models including the role of community bed provision. Enhanced relationships with local authorities and care homes during COVID provides a building block for further partnership working though winter.

7.4 Robust governance processes remain in place, supported by the Care Group structure, which will further support integrated pathway delivery both in and out of hospital.

8. Recommendations

8.1 The Board of Directors is asked to:

- Note the content of this report and recognise the due diligence applied to the winter planning process and proposals for managing surges in activity over the winter months, and throughout the year, whilst maintaining quality, patient experience and operational and financial efficiency.
- Note the system approach to the production of the Winter Plan and the engagement with partners through formal structures that provides assurance of system engagement and collaboration with partners.
- Be cognisant of the dynamic external environment and the potential impact of evolving national and regional directives that may impact on overall recovery and resilience.

Levi Buckley, Chief Operating Officer

Authors:
Care Group Directors
Care Group Managers

Contributions by:
Service Leads
Heads of Nursing
Finance Business Partners
Health and Wellbeing Practitioner
Emergency Planning and Resilience Officer
LLP

NHS
North Tees and Hartlepool
NHS Foundation Trust

Board of Directors

Title of report:	Learning from Deaths Report, Quarter 2, 2021-22								
Date:	28 October 2021								
Prepared by:	Janet Alderton, Head of Patient Safety								
Executive sponsor:	Medical Director								
Purpose of the report	To provide an overview of the learning obtained through the review of deaths that occur within the organisation. Also, to provide details from the clinical teams around actions that have been implemented as a result of the overall learning and, where available, to provide an evaluation of the impact of these.								
Action required:	Approve	X	Assurance	X	Discuss	X	Information	X	
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People		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:

1. The Trusts HSMR value in the latest period has decreased to **91.97** (July 2020 to June 2021), the SHMI has increased slightly to **99.9** (May 2020 to April 2021). Both remain within the national "within expected" ranges.
2. The successful implementation of the Medical Examiners role has prompted a review of the Trusts policies; the Trust Mortality Lead and the Lead ME are reviewing the overall strategy and policy in relation to learning from deaths. The planned changes are expected to support clinical staff in completing reviews and identifying learning to generate quality improvement measures.
3. During quarter 2, 95% of all deaths have been scrutinised or reviewed.
4. There is summary information in the report relating to actions initiated as a result of learning from deaths in patients with Learning Disabilities.
5. During 2021-22, to the end of quarter 2, there have been three mortality cases reported and investigated as serious incidents, two of these will also be going through Coronial processes.

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

Any new risks identified through mortality review processes are assessed and added to the risk register as needed.

Committees/groups where this item has been discussed	• Trust Outcome Performance, Delivery and Operational Group • Patient Safety & Quality Standard Committee • Clinical Quality Review Group (following Board presentation)
Recommendation	1. The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates. 2. The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation. 3. The Trust Board are asked to support the current business case to support the collection of data to support analysis and learning to support the identification of quality improvement developments.

North Tees and Hartlepool NHS Foundation Trust

Meeting of the Board of Directors

28th October 2021

Learning from Deaths Report, Q2, 2021-22

Report of the Medical Director

1. Introduction/Background

1.1 In March 2017, the National Quality Board (NQB) published national guidance "Learning from Deaths: A Framework for NHS Trust and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care". The guidance provides requirements for Trust to implement as a minimum in order ensure there is a focused approach towards responding to and learning from deaths of patients in our care.

1.2 The Trust strives to improve the care provided to all of our patients; the overall aim is to identify, understand and implement improvements where any issues may be related to the provision of safe and effective quality care. It is considered that as safety and quality improvements are initiated effectively and embedded, then the mortality statistics will naturally be maintained within "as expected" range.

1.3 The information presented in this report provides an overview of learning from deaths that has been obtained from mortality scrutiny and case reviews undertaken by the Trust. The Trust policy identifies some key areas where all deaths will be reviewed and also identifies additional randomly selected cases will also be included in the review process. Some compulsory review areas have small numbers; therefore, learning is presented as a summation of all reviews to reduce the risk of identifying cases directly.

1.4 The report provides details of updates in relation to learning, actions implemented and the current evaluation of these. Information from a variety of speciality areas is being provided within the reports on a cyclical basis.

1.5 The number of mortality reviews undertaken by the Trust has been significantly reduced during the Covid-19 pandemic; the capacity of clinical staff to undertake required mortality reviews has been significantly restricted. The introduction of the Medical Examiners scrutiny has assisted in ensuring all in-patient deaths are reviewed.

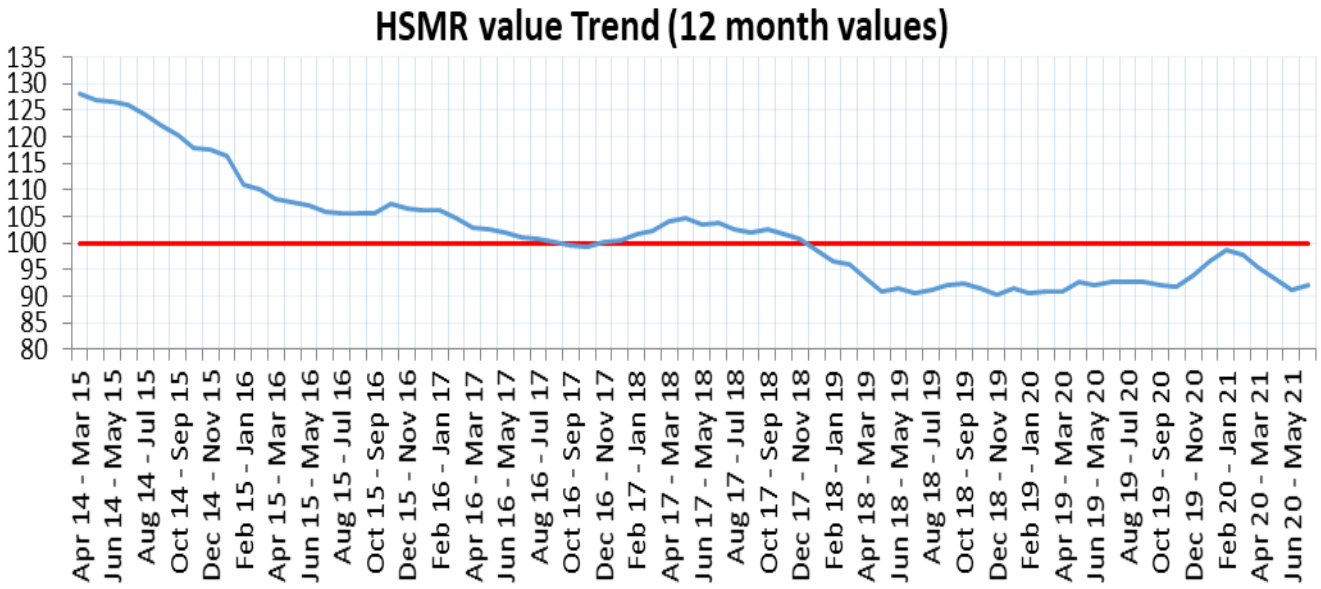
2. Mortality Data

2.1 Information related to mortality is gathered from data provided routinely by the Trust to the national system where all hospital episode statistics (HES Data) is collated. Hospital Standardised Mortality Ratio (HSMR) examines information covering 56 diagnostic groups that are identified as accounting for 80% of hospital deaths nationally.

This information is used to calculate an overall HSMR taking into account, gender of the patient, age, how the patient was admitted (emergency or elective), levels of deprivation, how many times they have been admitted as an emergency in the last year, if palliative care was provided and various details relating to presenting complaint on admission.

2.2 The latest HSMR value is now **91.97** (July 2020 to June 2021), this has decreased from the previously reported **95.54** (April 2020 to March 2021).

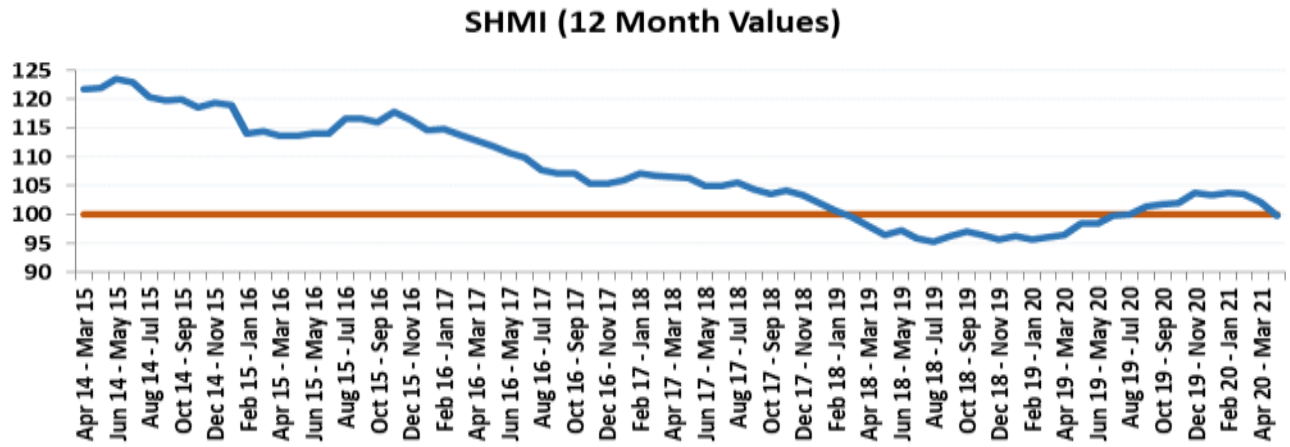
2.3 The value of 91.97 continues to remain inside the 'as expected' range. The following chart displays the 12 month rolling HSMR trends from April 2014 to June 2021:



2.4 The Trust currently has the 42nd lowest HSMR value from the 123 Acute Trusts nationally, and 2nd lowest value out of the 7 North East Trusts.

2.5 The Summary Hospital-level Mortality Indicator (SHMI) is a ratio between the number of actual (observed) deaths to the "expected" number of deaths for an individual Trust, including deaths in hospital and up to 30 days following discharge. The ratio is calculated with consideration of gender, age, admission method, admissions in the last year and diagnosis being treated for the last admission.

2.6 The latest SHMI value is now this has increased slightly to **99.9** (May 2020 to April 2021) from the previously reported value of **99.7** (February 2020 to January 2021). The value of 99.9 continues to remain inside the 'as expected' range. The graph below shows the 12 month rolling SHMI from April 2014 to April 2021:

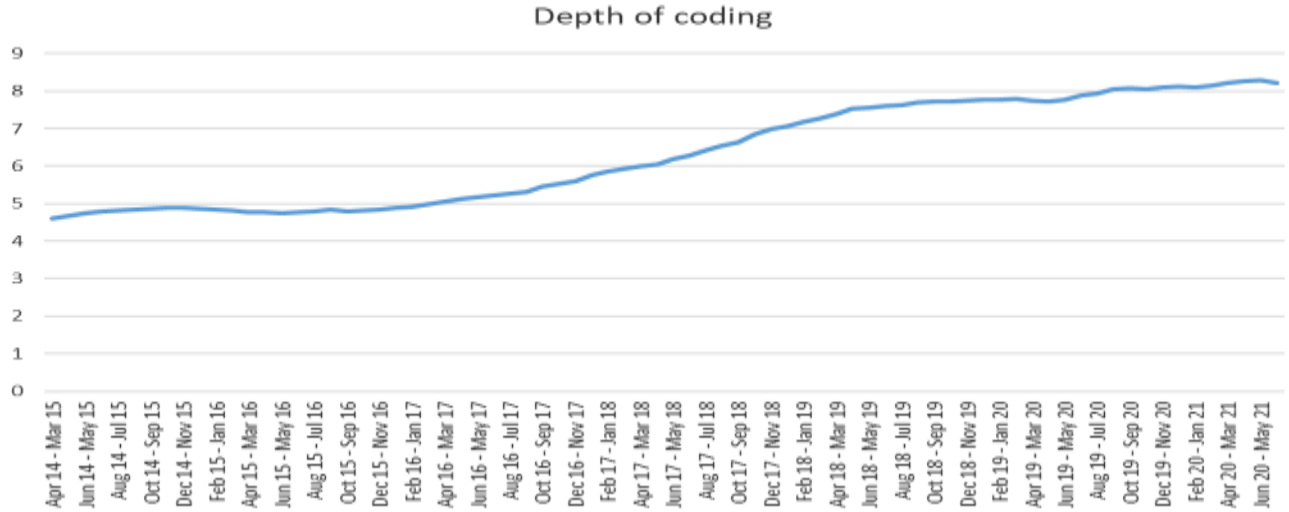


2.7 The Trust currently has the 56th lowest SHMI value from the 121 Trusts nationally, and 3rd lowest value out of the 7 North East Trusts.

2.8 There continues to be an ongoing focus on ensuring there is accurate documentation of the diagnosis and co-morbidities; this information is required to ensure there is clear clinical communication between healthcare professionals who are caring for the patients.

The increased focus on this documentation allows the Trust to maintain clearer clinical records but also maintain stability in the statistical mortality rates during the Covid-19 pandemic when there are nationally more deaths occurring. During the Covid pandemic, there had been changes in clinical coding national requirements; previous reports had highlighted that this had led to some uncertainty in relation to longitudinal prediction of the mortality statistics.

The Trust is currently maintaining a high level of clinical coding, with a current average of eight co-morbidities being recorded for each of our patients, which is thought to accurately represent health problems and deprivation within the local population. Maintaining this level of information reflects the quality in not only the clinical documentation; but also the quality of the clinical coding activity within the organisation.



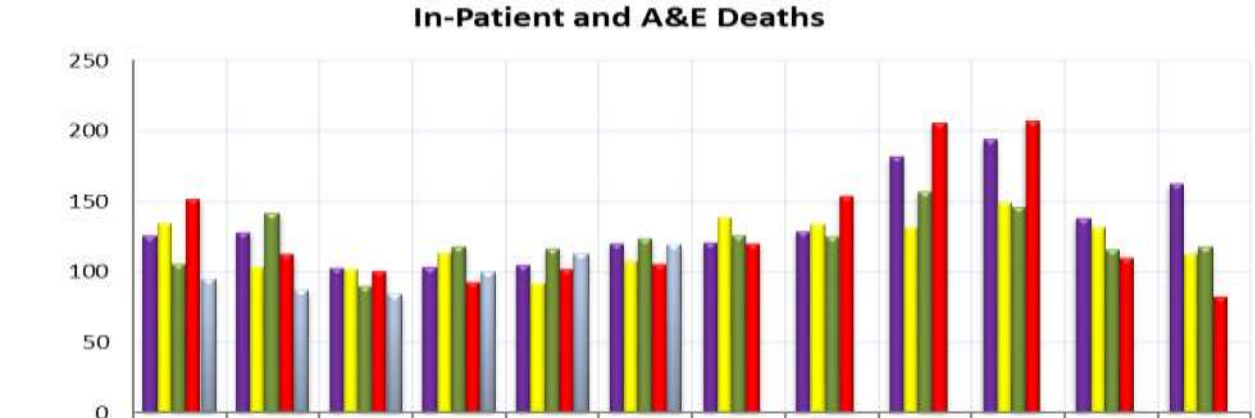
3. Mortality reviews

3.1 The Trust is currently using a mortality review tool based on the structured judgement review (SJR) document utilised by NHS England; this has replaced the previously used “PRISM” review tool. This review tool provides a structured approach to assist in considering all aspects of a patients care in the Trust.

The Trust is in the process of developing a business case for a new system to support the collection and analysis of data; this will be a module on the Datix system. The modular aspect of the Datix mortality system will support the Trust in designing and utilising its own bespoke review tools based on the national models. Integration into full utilisation of Datix will ensure there is the ability to link aspects of a patient’s information across the various modules of the system and potentially implementing a contextual link into the electronic records system to reduce duplication.

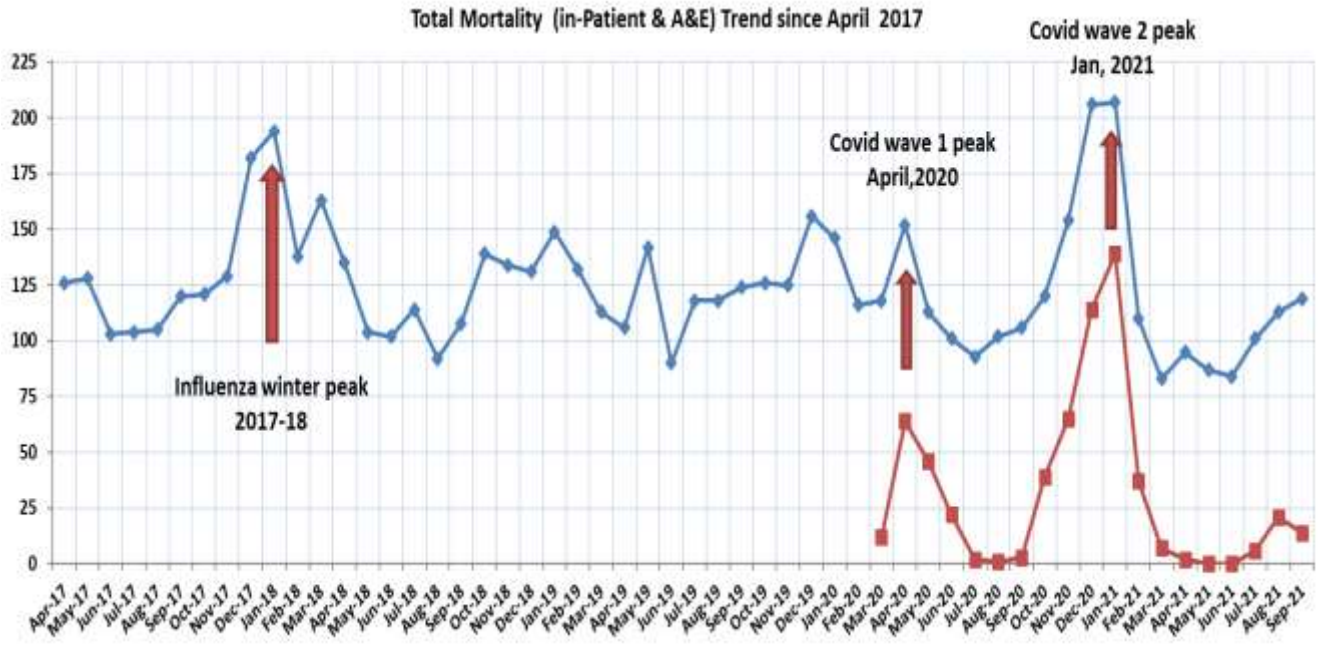
3.2 The Trust policy currently identifies that all in-patient deaths and those in the Accident and Emergency department are included in the scope of the mortality reviews. The chart below

shows the deaths since April 2017 to provide some comparison between the winter deaths in 2017-18 during the influenza epidemic; and the winter deaths in 2020-21 during the Covid Pandemic.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	126	128	103	104	105	120	121	129	182	194	138	163
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	93	102	106	120	154	206	207	110	83
2021/22	95	87	84	100	113	119	0	0	0	0	0	0

3.3 The following chart shows the monthly trend and fluctuations in mortalities since April 2017 to June 2021; the markers represent key areas of peak deaths linked with influenza over the winter of 2017-18 and Covid-19 during 2020-21:



3.4 The Trust policy currently identifies specific cases where a compulsory review is required; these include:

- Where requests are made by families to undertake a case review.
- Where staff request a case review.
- All deaths in the Intensive Care Unit (ICU).
- All deaths linked to complaints about significant concerns in relation to clinical care.

- All deaths linked to Serious Incident investigations.
- All deaths where the patient was admitted for elective treatment.

Compulsory case reviews are also undertaken for the following cases, which are linked to specific national review processes:

- All deaths where a patient has a registered Learning Disability (LD) – in conjunction with the Learning Disability Mortality Review Programme (LeDER).
- All maternal deaths – in conjunction with M-BRRACE-UK.
- All deaths where the patient has a severe mental illness – in conjunction with local Mental Health Trusts as required.
- All child deaths (up to 18th birthday) – in conjunction with the Child Death Overview Panel (CDOP) process.
- All stillbirths – in conjunction with nationally agreed Perinatal Mortality Review tool.

3.5 The current Trust "Learning from deaths" policy is under review by the Trust Mortality Lead and the Lead Medical Examiner to ensure it reflects the scrutiny being applied to in-patient deaths following the introduction of the Medical Examiners team. The Trusts team of Medical Examiners (ME) have been in post for the last year, covering six clinical sessions each week; the service has been extended to all in-patient areas following the appointment of two Medical Examiner Officers (MEOs) wards. This programme has been agreed with the Regional Medical Examiner with an aim for the team to scrutinise all in-patient deaths end of 2021-22.

3.6 The following table provides a summary of the data, by financial quarters, for 2021-22. The numbers of mortality cases given scrutiny by the Medical Examiners team has been included in the chart below to demonstrate the integration of the two approaches to reviewing the care of our patients. The ME team can refer any cases into the overall mortality review system for further interrogation of clinical care or if necessary into the established governance structures.

2021-22	Q1	Q2	Q3	Q4	Total
Total deaths in scope	269	335			**604**
Deaths in compulsory criteria	39	44			**83**
Compulsory case reviews completed (no.)	19	19			**38**
Compulsory case reviews completed (%)	49%	43%			**46%**
Compulsory reviews pending	20	25			**45**
ME scrutiny completed	145	299			**444**
Total completed (no.)	164	318			**482**
Total completed (%)	61%	95%			**80%**
Reviewed Deaths considered avoidable (no.)	0	0			**0**
Reviewed Deaths considered avoidable (%)	0%	0%			**0%**
Reviewed Deaths considered not preventable (no.)	164	318			**482**
Reviewed Deaths considered not preventable (%)	100%	100%			**100%**

3.7 Case record review is undertaken to learn and improve quality of care; this commences with the scrutiny provided by the Medical Examiners and where concerns or deficiencies are identified this can then progress into a specialty-based case review that can support the provision of family debriefs and also shared learning at mortality and morbidity (M&M) meetings. Some

cases are progressed straight for a SJR to be completed; learning from these is also included in the speciality M&M meetings and may be used to support the completion of a complaint or patient safety investigation.

3.9 Where a patient's death immediately raises concern, this is reported and escalated through the Trusts incident reporting and investigation process, implementing Duty of Candour procedures as required. The details of the case will then be considered in line with the national Serious Incident framework to ensure any lessons learned are identified and reported to the Trusts commissioners. A case record review is completed as part of the investigation process. In all cases investigated as serious incidents Duty of Candour has been considered and applied appropriately.

3.10 During 2021-22, to the end of quarter 2, there have been three mortality cases reported and investigated as serious incidents. Two of these cases are subject to Coronial investigation, the overall outcome of these will be reported in future reports. The third case has been assessed as not being preventable following investigation and review.

3.11 Over quarter 2, 95% of mortalities have been given either scrutiny by the ME team, or where the patient passed away on ITU, reviewed by the clinical team involved. There has been a low number of other SJRs completed for those cases identified as requiring further review. The capacity of clinical staff to undertake required mortality reviews, during the Covid pandemic, has been significantly restricted. As the ME team are now identifying cases where they consider additional learning can be obtained, they are requesting SJRs are completed, the relevant clinical teams are required to complete these. The Trust Mortality Lead will be progressing this requirement in order to collate the learning from these reviews; the output from these will then be utilised to enhance the content of future reports.

3.12 The ME service have been, during quarter 2, providing summary information to the Trusts Safety Panel on a weekly basis, this provides details of the number of cases reviewed as well as informing the clinical services of any cases that have been referred into any of the Trusts governance structures. This feedback also allows the team to start to recognise trends in any issues that are being identified during the scrutiny of the records and discussion with families. These are currently in the early stages of development and will be built into feedback in future reports.

3.13 The mortality review information was previously logged into a web-based system, which supported data collection but a limited level of analysis. In order to progress with a more robust data collection system to support all of the scrutiny, screening and SJR processes; a variety of systems have been considered. Currently a business case for an upgrade of the Datix system is being finalised, this will include a mortality module that can be set up to reflect all data collection across these processes.

3.14 From March 2020 to the end of September 2021, the Trust has notified 572 deaths where patients were recorded as testing positive for Covid-19. A significant amount of this information continues to be provided for national data collection. The Trust continues work with other organisations, through the North East Quality Observatory (NEQOS) as part of the Regional Mortality Group, to collate data to assist in examining risks related to mortality across the region and how this has developed over the pandemic.

A key area of this is to understand the transmission of Covid in the local population; but also to examine cases where patients may have developed Covid whilst being cared for as an in-

patient, this is known as “nosocomial” infection. The Trust is continuing to apply national guidance and taking stringent measures to protect patients, visitors and staff in the hospital. These are being updated via central government and NHS England as the pandemic is progressing, the Trust is examining and implementing to ensure safety.

4. Learning Disability Reviews (LeDeR)

The Trust undertakes reviews for all patients with a Learning Disability (LD) who die in our care; these deaths are thankfully low with an average of less than one per month since 2019, however, this makes it even more important to take every opportunity to learn. Information from the reviews are shared with the Teeswide LeDeR team who then collate the information for shared learning across all health and social care services. If necessary this can lead to a full multiagency review meeting for the individual to assist in identifying any shared learning.

Over the last few months, following on from any LeDeR the Nurse Advisor for Learning Disability has been providing feedback to staff in relevant departments involved in a case. This feedback has been in the form of a summary letter explaining what LeDeR is, a short description of the patient and the care received; the details of the scoring from the LeDeR, any lessons learned and actions taken as a result. This has been welcomed by the teams and is felt to be good practice as it also fulfils one of the recommendations within the Learning Disability Standards for NHS Trusts from NHSI in which it was highlighted locally; staff had reported not receiving feedback from LeDeR cases.

As a result of the Trust reviews of cases, a standard operating procedure (SOP) was developed to guide staff making a referral and to also outline what actions will be taken following a referral. Alongside this, an online referral system is now in place to ensure there is a clear record of referrals, which allows the Nurse Advisor for Learning Disability to hold an recorded audit trail in relation to all referrals and to prioritise patient care. The SOP and electronic referrals are now in use across the Trust and supporting staff when caring for patients with learning disabilities.

The Trust is part of a regional network; the network has developed a package for acute secondary care services to access, this is the Learning Disability Acute Diamond Pathway. This has been implemented within the Trust and provides standards to help the Trust deliver high quality, reasonably adjusted care to people with learning disability. By adopting the ‘Diamond Standards’ Trusts will be able to meet the NHS Improvement Learning Disability Standards for NHS Trusts.

The aim of the pathway is to:

- To improve communication for people with learning disability across settings
- To improve experiences of health care for people with learning disability
- Improve quality of life for people with learning disability
- Promote seamless care and disparity of service
- To reduce premature mortality

This is supported by the Learning Disability Diamond Acute Care Workforce Education Package, which has been developed to support all staff with learning disability awareness training. The training has been designed to be delivered face to face or via an e-learning package. The training focuses on:

- Communication
- Reasonable adjustments

- Mental Capacity Act and Best Interest Decision making
- Hospital Passports
- Learning Disability Diamond Standard Acute Care Pathways
- Case studies

As a result of learning from previous LeDeR reviews, pre-assessment staff have nearly all now completed the Diamond training. This has resulted in an increase of referrals being received from that department to support planning for attendance at appointments or for admissions; which in turn provides appropriate support for patients and their families / carers during difficult situations.

Over the last couple of years, following LeDeR review and a serious incident investigation, the Trust enhanced the training provision for Learning Disability Awareness adding information to support staff awareness of the needs of patients with Autism. The Trust is pleased to advise that the training levels for this continues to be over 95% of all staff.

The Trust had identified a target of achieving 100% compliance for people with learning disability have hospital passports; this will be supported by the actions already being implemented as described earlier. The team will be auditing this and will be reporting progress through the Trusts Vulnerability Group, but this will also be included in future reports.

Learning as described above, and from future LeDer reviews are being collated into a work programme for the Trust. This will also identify improvements initiated and will be monitored via the Trusts Vulnerability Group and actions followed to completion; where necessary additional support will be imitated for any barriers or challenges identified.

5. Conclusion/Summary

5.1 The Trust HSMR value is now **91.97** (July 2020 to June 2021), this has decreased from the previously reported **95.54** (April 2020 to March 2021). The latest SHMI value is now this has increased slightly to **99.9** (May 2020 to April 2021) from the previously reported value of **99.7** (February 2020 to January 2021). Both statistics remain “within expected” ranges.

5.2 The successful implementation of the Medical Examiners role has prompted a review of the Trusts policies; the Trust Mortality Lead and the Lead ME are reviewing the overall strategy and policy in relation to learning from deaths. The planned changes are expected to support clinical staff in completing reviews and identifying learning to generate quality improvement measures.

5.3 There is ongoing data collection in relation to Covid-19 deaths, not only for research studies but to also understand how Covid is being transmitted in the community and what can be learned, this will be examined further in future reports.

5.4 There is summary information in the report relating to actions initiated as a result of learning from deaths in patients with Learning Disabilities.

5.5 During 2021-22, to the end of quarter 2, there have been three mortality cases reported and investigated as serious incidents.

5.6 During the Covid-19 pandemic clinical teams have not been able to provide all of the information that would generally be included in this report; updates are being obtained flexibly as the teams are able to supply the information.

6. Recommendations

6.1 The Board of Directors are asked to note the content of this report and the information provided in relation to the identification of trends to assist in learning lessons from the mortality reviews in order to maintain the reduction in the Trusts mortality rates.

6.2 The Board are asked to note the on-going work programme to maintain the mortality rates within the expected range for the organisation.

6.3 The Trust Board are asked to support the current business case to support the collection of data to support analysis and learning to support the identification of quality improvement developments.

Dr D Dwarakanath

Medical Director / Deputy Chief Executive

North Tees and Hartlepool NHS Foundation Trust

Board of Directors

	Data Protection and Cyber Assurance DSPT Year End SIRO Report 2020/21										
Date:	28 October 2021										
Prepared by:	Neil Dobinson, Data Protection Officer (DPO)										
Executive sponsor:	Professor Graham Evans, Chief Information Technology Officer / SIRO										
Purpose of the report	The purpose of this report is to provide an update and level of assurance to the Trust Board of Directors relating to the range of Information Governance (IG) and cyber security activities within the Trust.										
Action required:	Approve		Assurance	X	Discuss		Information				
Strategic Objectives supported by this paper:	Putting our Population First	X	Valuing People		Transforming our Services		Health and Wellbeing				
Which CQC Standards apply to this report	Safe	X	Caring		Effective	X	Responsive	X	Well Led	X	

Executive Summary and the key issues for consideration/ decision:

1. Information Governance (IG) Framework

A number of IG Policies and procedures have been reviewed and updated since the last Board of Directors report, in addition to the creation and approval of some specific policies that are necessary to meet the evolving IG agenda. IG polices have been reviewed to bring in line with General Data Protection Regulations (GDPR) requirements and the new Data Protection Act 2018.

2. Information Governance (IG) - Key Performance Indicators 2020/21

The Trust measures performance against three key areas to determine compliance with IG requirements.

a) ***Data Protection (IG) training*** has been challenging due to Covid-19, however due to the change in the DSPT submission date the Trust has achieved **95%** compliance.

b) ***Subject Access Requests*** cumulative compliance for the 2020/21 DSPT was **99.3**%.

c) **Data Security Protection Toolkit (DSPT) formerly "IG toolkit" compliance** - The Trust has self-assessed compliance with all mandatory evidence items, and were compliant with all mandatory assertions, the Trust scored as all **'Standards Met'**; compliance has been assured by Audit with '**Significant Assurance'** given.

4. Information Governance Risks

Currently, there are 9 open risks on the IG risk register and 18 on the ICT risk register which is a reduction compared to the same period last year. There are currently no high/red risks highlighted as the Trust has successfully lowered the previous one 'high' risk via mitigation. The key cyber risks are now highlighted in the BAF and are shown in more detail in the content of the main report.

5. Data Protection by Design

The Trust continues to see a strong compliance and buy in from services with 'Data protection by design' principles and this is reflected in the number of new Data Privacy Impact Assessments

(DPIA's), which have been submitted in 2020/21 for projects which meet the mandatory criteria. A total of 30 new DPIA's have been approved in the reporting period. A new DPIA Standard Operating Procedure (SOP) is now in place to support Information Asset Owners (IAO) in the completion of a DPIA, training is scheduled for IAO's to further support the process.

6. Data Security Protection Toolkit (DSPT)

The DSPT in 2020/21 set out 111 mandatory evidence items in 42 mandatory assertions which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

The national NHS DSPT submission deadline was rescheduled to 30 June 2021 from the normal annual submission date in March due to the response to Covid-19 pandemic. The Trust submitted its DSPT submission on the 25 June 2021.

The Trust has self-assessed compliance with all 111 mandatory evidence items, and were compliant with all mandatory assertions; therefore, the Trust scored as all 'Standards Met'.

The 2020/21 DSPT was also subject to external audit, a sample of 13 of the mandatory assertions were audited by External Audit (Audit One) during May and June 2021 prior to the DSPT submission (see Table 1).

The overall assessment scored as **Substantial** across all 10 National Data Guardian Standards and against the independent veracity of the Trusts self-assessment.

7. Incident reporting

Incidents are formally managed in line with the Information Governance Incident Reporting Tool and Guidance issued by NHS Digital and the Information Commissioner's Office (ICO) for reporting personal data and cyber security breaches, the Trust Data & Cyber Breach Policy IG30 and the Incident Reporting, and Investigation Policy RM15.

For serious breaches (i.e. the extent of harm), the SIRO must be informed immediately by the DPO / Information Governance Manager, the Chief Executive will then be made aware by the SIRO as necessary. A decision will be taken as to whether to inform the Information Commissioner's Office (ICO) dependant on the level of incident.

When a data breach has been assessed and scores as a serious incident using the Information Governance Risk Assessment Tool, then the incident is mandated to be reported to the via the DSPT.

The Trust has reported four potential serious/high risk incidents to the ICO during the 2020/21 DSPT reporting period, a reduction on the previous reporting period; all incidents have since been closed by the ICO with no further action pending. Details of the incidents can be found in the main report.

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy. In order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred key actions have been undertaken, a summary can be found in the main report.

8. Cyber Security

The Trust has previously aimed to become compliant with Cyber Essentials Plus (CE+) standard, as this accreditation would increase the assurance level of the organisation in respect to its security and cyber controls. As an interim step, the Trust has been accredited with the Cyber Essentials (CE) self-assessment accreditation. However, as the new strengthened DSPT is in place, we are considering the value of CS+ compared to other recognised standards as recognition of our security positioning.

The Trust has recently completed the successful implementation of NHS.net secure encrypted email. As of September 2020 all Trust staff now use the NHS mail service.

The Trust has also recently implemented a new mobile device management service across the Trust for all Trust mobile devices to further enhance our Cyber defences.

There are currently twelve cyber security risks on the corporate risk register, all rated as 'Medium Risk'. The top three risks identified are:

- Risk 1 – File shares (covered by Risk 6192);
- Risk 2 – Unmanaged equipment (medical) (covered by Risk 6166);
- Risk 3 – Zero-day threat (virus) – (covered by Risks 6154 to 6161).

The above risks have been escalated via the Board Assurance Framework (BAF) to the Trust Board and action plans are in place to resolve.

Further information on this can be found in the body of the main report.

9. Reporting and Assurance

There have been no notable changes to the reporting and assurance framework since the last report. The governance structure can be seen in the main body of this report.

How this report impacts on current risks or highlights new risks:	
See section 4 above and section 5.3 & 6.3 in the full report	
Committees/groups where this item has been discussed	• Information Management and Information Governance Committee (IMIG) • Digital strategy Committee (DSC)
Recommendation	The Board of Directors are asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Meeting of the Board of Directors

28 October 2021

Data Protection and Cyber Assurance Report

Report of the Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO)

1. Background

The establishment of the role, Senior Information Risk Owner (SIRO) required by the Information Governance Toolkit (now DSPT) was one of several NHS Information Governance (IG) measures identified to strengthen information assurance controls for NHS information assets. With the advent of GDPR and the new Data Protection Act 2018 the role of Data Protection Officer (DPO) has also been created to provide additional organisational assurance.

2. Purpose

The purpose of this report is to provide the board of directors with an update on Trusts Data Protection (IG) and cyber security agenda and to provide assurance to the compliance of IG and Cyber requirements.

3. Organisational Context

North Tees and Hartlepool NHS Foundation Trust is responsible for protecting the information it holds and is legally required under the Data Protection Act 2018 (DPA) to ensure the security and confidentiality of personal and special categories of information processed. These responsibilities also apply to other organisations working on behalf of the Trust. The new Data Protection Act 2018 provides an updated regulatory framework for the processing of personal information, including the holding, use or disclosure of such information.

The lawful and correct treatment of personal and special categories of information is vital to the successful operation of, and maintaining the confidence with the Trust and the individuals with whom it deals.

Therefore, the Trust will, through appropriate management and strict application of criteria and controls:

- Observe fully conditions regarding the fair collection and processing of data;
- Meet its legal obligations to specify the purposes for which data is used;
- Collect and process appropriate data and only to the extent that it is needed;
- Use compliant process to fulfil operational needs to comply with any legal requirements;
- Ensure the quality of data used is accurate;
- Apply strict checks to determine the length of time data is held and establish a compliant disposal process where necessary;
- Audit compliance with legislation and appropriate standards and escalate findings to the IAO and IMIG committee.
- Ensure that the rights of people about whom data is held can be fully exercised under the legislation. (These include: the right to be informed that processing is being undertaken; the right of access to one's personal information; the right to prevent processing in certain circumstances; the right to correct, rectify, block or erase information.);
- Take appropriate technical and organisational security measures to safeguard personal and sensitive personal data;
- Ensure that personal data is not transferred abroad without suitable safeguards.

The DPA lays down regulations for the handling of personal data. For all such data it is essential to abide by the principles in Article 5 of GDPR which govern the care and use made of the data.

Under DPA and GDPR Personal data refers any information relating to an identified or identifiable living individual (data subject) an identifiable individual is one who can be identified:

- directly or indirectly, in particular, by reference to an identifier such as a name,
- an identification number,
- location data,
- an online identifier e.g. including IP addresses internet cookies.
- one or more factors specific to the physical, physiological, genetic, e.g. DNA, mental, economic, cultural or social identity of that natural person.

Special Categories of Data was previously referred to as sensitive information under preceding legislation (Data Protection Act 1998) and refers to any personal data revealing;

- racial or ethnic origin,
- political opinions,
- religious or philosophical beliefs,
- trade union membership,
- the processing of genetic data,
- biometric data for uniquely identifying an individual,
- data concerning health or
- data concerning an individual's sex life or sexual orientation

4. Information risk, roles and responsibilities

4.1. Senior Information Risk Owner (SIRO)

The Chief Information and Technology Officer (CITO) fulfils the key role of Senior Information Risk Owner (SIRO) within the Trust, the SIRO is responsible for the trust information risk management framework.

4.2. Data Protection Officer (DPO)

The Data Protection Officer (DPO) is a role mandated in law under GDPR, the DPO is responsible to inform and advise the Trust and it employees about their obligations to comply with DPA and GDPR. The DPO will monitor compliance, ensuring policies; awareness raising and training of processing personal data is available to all staff. The DPO will act as a point of contact for all staff and provide advice and guidance on completion of data protection assessments (DPIAs). The DPO is the first point of contact for the ICO and for individuals whose data we process. The DPO will report any risks or issues to the SIRO.

4.3. Information Asset Owners (IAO's)

Information Asset Owners are senior individuals involved in running the relevant business function. Their role is to understand and address risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of those assets.

4.4. Information Asset Administrators (IAA's)

Information Asset Administrators ensure that policies and procedures are followed, recognises actual or potential security incidents, consult relevant individuals on incident management and ensure that information asset registers are accurate and up to date.

4.5. Caldicott Guardian & Deputy Caldicott Guardian

The Caldicott Guardian plays a key role in ensuring that the Trust satisfies the highest practical standards for handling patient identifiable information. Acting as the 'conscience' of the organisation, the Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information.

The Caldicott Guardian also has a strategic role, which involves representing and championing confidentiality and information sharing requirements and issues at senior management level and, where appropriate, at a range of levels within the organisation's overall governance framework.

5. Information Governance (Data Protection)

Information Governance is "*a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in modern health services*". It brings together, within a singular cohesive framework, the interdependent requirements and standards of practice. It is defined by the requirements within the Information Governance Toolkit against which the Trust is required to publish an annual self-assessment of compliance.

Information is a vital asset, both in terms of the clinical management of individual patient's/service users and the efficient management of services and resources throughout the Trust. It plays a key part in clinical governance, service planning and performance management.

It is therefore of paramount importance that information is effectively managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management to assure and demonstrate the proactive use of information as determined by legislative acts, statutes, regulatory requirements and best practice.

Information Governance (IG) applies to all information management activity in its broadest sense and underpins both clinical and corporate governance. Accordingly, it should be afforded appropriate priority as good information governance underpins all of the Trust's values.

5.1. Policy and Strategy

The following IG & ICT Policies have been reviewed, updated and ratified during the report period in order to meet the evolving IG agenda and reflect the GDPR:

- IG34 Information Governance Framework
- IG25 Records Management & Retention Policy
- IG35 Information Risk Policy
- ICT06 Email, Internet and Digital Media Acceptable Use Policy
- IG31 Use of Whiteboards and Display Equipment Policy
- IG30 Data and Cyber Breach Management Policy

The following standard operating procedures have been reviewed, updated and ratified during the reporting period:

- SOPHCR-SAR01 Data Subjects Rights Procedure
- SOP IG-PBD01 Data Protection by Design and Default – DPIA Procedure
- Cyber Resilience Policy and Procedure

The following privacy notices have been reviewed, updated and approved in the reporting period in order to meet our obligations for transparency under DPA / GDPR:

- NT&H Covid-19 Privacy Notice
- NT&H Employee Privacy Notice
- NT&H Patient Privacy Notice
- NT&H Patient Privacy Notice (Children's)
- NT&H Website Privacy Notice
- Panacea Privacy Notice –Patient

- Panacea Privacy Notice –Patient (Children's)
- Panacea Privacy Notice – Employee
- NTH Solutions Privacy Notice – Employee

5.2. Key Performance Indicators (KPI)

The Trust IG team use KPI's to measure performance against national and local standards and targets.

The KPI's are set is three measurable areas, staff compliance with IG training, compliance with the fulfilment of subject access requests (patient/staff requests for information we hold on them) and the Trusts compliance level against the Information Governance Toolkit (DSPT).

KPI Indicator	2020/21 Trust Target	2020/21 Actual
Data Security Training Completed By Staff Annually	95%	95%
Subject Access Requests - Complaince with response period of one calendar month (cumlativte % for the period)	100%	99.3%*
DSPT Toolkit Compliance @ year end for mandatory compliance requirements	100%	100%

**Covid-19 preasures impacted compliance*

5.3. Risks

IG and ICT/Cyber risks are managed via the Datix risk register and are reported into, and reviewed by, the Information Management and Information Governance (IMIG) Committee.

These risks are reviewed, analysed/themed and where appropriate, corrective actions agreed and implemented.

IG Open Risks

Risk Rating	2020/21
High	0
Moderate	6
Low	3
Very Low	0
TOTAL	**9**

Key IG risk themes include:
- Compliance with data subject rights
- Storage of corporate & healthcare paper records
- Correspondence errors
- Access to data via Trust systems and networks
- Staff non-compliance with policy and procedure
- The use of email

ICT Open Risks

Risk Rating	2020/21
High	0
Moderate	14
Low	3
Very Low	1
TOTAL	**18**

Key ICT risk themes include:
- Cyber security
- End user file share permissions
- Covid 19 Impact

5.4. Data Security and Protection Toolkit (DSPT) 2020/21 (June 2021)

The Data Security and Protection Standards for health and care set out the National Data Guardian's (NDG) data security 10 standards. Completing DSPT self-assessment, by providing evidence and

judging whether we meet the assertions, will demonstrate that our organisation is working towards or meeting the NDG standards:

1. Personal Confidential Data
2. Staff Responsibilities
3. Training
4. Managing Data Access
5. Process Reviews
6. Responding to Incidents
7. Continuity Planning
8. Unsupported Systems
9. IT Protection
10. Accountable Suppliers

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

The DSPT in 2020/21 set out 111 mandatory evidence items in 42 mandatory assertions which cover these 10 standards that the Trust must evidence compliance against in order to gain compliance.

The national NHS DSPT submission deadline was rescheduled to 30 June 2021 from the normal annual submission date in March due to the response to Covid-19 pandemic.

The Trust submitted its DSPT submission on the 25 June 2021.

The Trust has self-assessed compliance with all 111 mandatory evidence items, and were compliant with all mandatory assertions; therefore, the Trust scored as all 'Standards Met'.

The 2020/21 DSPT was also subject to external audit, a sample of 13 of the mandatory assertions were audited by External Audit (Audit One) during May and June 2021 prior to the DSPT submission (see Table 1).

The overall assessment scored as Substantial across all 10 National Data Guardian Standards and against the independent veracity of the Trusts self-assessment.

Overall risk assessment across all 10 National Data Guardian standards	**Assurance level based on the confidence level of the independent assessor in the veracity of the Trust's self-assessment**
Substantial	**Substantial**
All of the standards are rated as 'Substantial'	**Low level of deviation-** the organisation's self-assessment against the Toolkit does not differ / deviates only minimally from the Independent Assessment

Table 1: Overall risk rating:

	No. of Toolkit Assertions Assessed by Independent Assessor	Assertion level Risk Assessments				NDG standard level Risk Ratings	
		No of Assertions rated **Critical** and (Weighted Risk Score)	No. of Assertions rated **High** and (Weighted Risk Score)	No. of Assertions rated **Medium** and (Weighted Risk Score)	No. of Assertions rated **Low** And (Weighted Risk Score)	Risk Rating Scores [Total points/ no. assertions assessed] - see appendix F.	Overall Risk Rating at the National Data Guardian Standard level- see appendix E.
1. Personal Confidential Data	2 of 8				2(2)	1	Substantial
2. Staff Responsibilities	1 of 1				1(1)	1	Substantial
3. Training	1 of 4				1(1)	1	Substantial
4. Managing Data Access	1 of 5				1(1)	1	Substantial
5. Process Reviews	1 of 3				1(1)	1	Substantial
6. Responding to Incidents	1 of 3				1(1)	1	Substantial
7. Continuity Planning	2 of 3				2(2)	1	Substantial
8. Unsupported Systems	2 of 4				2(2)	1	Substantial
9. IT Protection	1 of 6				1(1)	1	Substantial
10. Accountable Suppliers	1 of 5				1(1)	1	Substantial
TOTAL	**13 of 42**				**13**		Substantial

5.5. Incident reporting

Every care is taken to protect information and to avoid a security incident, especially where the result is a data breach when personal information is lost or disclosed inappropriately to an unauthorised person. In the event of such a security incident it is vital that appropriate action is taken to minimise any associated risk as soon as possible. We will investigate all security incidents classified as serious using a set plan and follow a Breach Management Plan in the event of a data breach.

Incidents are formally managed in line with the Information Governance Incident Reporting Tool and Guidance issued by NHS Digital and the Information Commissioner's Office (ICO) for reporting personal data and cyber security breaches, the Trust Data & Cyber Breach Policy IG30 and the Incident Reporting, and Investigation Policy RM15.

For serious breaches (i.e. the extent of harm), the SIRO must be informed immediately by the DPO / Information Governance Manager, the Chief Executive will then be made aware by the SIRO as necessary. A decision will be taken as to whether to inform the Information Commissioner's Office (ICO) dependant on the level of incident.

When a data breach has been assessed and scores as a serious incident using the Information Governance Risk Assessment Tool, then the incident is mandated to be reported to the Information Commissioner (ICO) via the Data Security and Protection Toolkit (DSPT).

The Trust has reported four potential serious/high risk incidents to the ICO during the 2020/21 DSPT reporting period, a reduction on the previous reporting period; all incidents have since been closed by the ICO with no further action pending.

The following potential high risk incidents were reported to the Information Commissioners Office (ICO) in the DSPT 2020/21 reporting period:

Incident ID	Reported Date	Brief Description Of Event	Outcome
22425	11/12/2020	Disclosure of 3rd party data in error – Impact on 1 data subject	Incident Closed by ICO Identified Root Cause: Human Error Staff training refresh
23536	03/03/2021	Inappropriate access to records by staff member – Impact on 1 data subject	Incident Closed by ICO Identified Root Cause: Breach of Policy by Staff Disciplinary action taken
23669	15/04/2021	Disclosure in error – Impact on 1 data subject	Incident Closed by ICO Identified Root Cause: Breach of Policy by Staff Additional staff training given / procedures reviewed
24130	21/05/2021	Inappropriate sharing of records by staff member – Impact on 1 data subject	Incident Closed by ICO Identified Root Cause: Beach of Trust Policy Disciplinary action being taken

The Trust actively encourages staff to report any suspected data protection and cyber breaches irrespective of their severity in line with its reporting policy.

In order to further strengthen existing Trust policy and to prevent repeat incidents in areas where incidents have occurred the following key actions have been undertaken:

- Review of IG policies and SOP's to ensure that they reflect the specific needs and practicalities of each internal department and that they reflected the changing needs of legislation.

- Setup of an Multi-Disciplinary post incident investigation team

- Increased the programme of comprehensive quality assurance and spot checks to ensure all departments are complying with Trust polices relating to the protection of personal data

- Continue to provide annual Data Security Training inclusive of Cyber Security and the provision of targeted training in areas of non-compliance

- Robust monitoring of departmental action plans following incidents to ensure appropriate actions have been implemented via IMIG committee

- Full review of information assets and information flows thought the Trust within a redesigned framework to comply with GDPR requirements

- Use of new communication methods to deliver key data protection messages i.e. use of Trust screen savers etc…

- Setup of an IAO/IAA forum to meet on a quarterly basis to ensure IAO/IAA's are fully supported in maintaining IG policy

- Further embed the principles of privacy by design and mandated the completion of Data privacy impact assessments (DPIA) for any new or change in process relating to personal identifiable data

- HR processes followed where repeated non-compliance has been found

5.6. Data Protection by Design

It has always been good practice to adopt privacy by design approach and to carry out a Privacy Impact Assessment (PIA) as part of this. However, the GDPR made privacy by design an express legal requirement, under the term 'data protection by design and by default'. The Trust has adopted this approach.

It also makes 'Data Protection Impact Assessments' or DPIAs – mandatory in certain circumstances.

- where a new technology is being deployed
- where a profiling operation is likely to significantly affect individuals; or
- where there is processing on a large scale of the special categories of data.

The Trust continues to see a strong compliance and buy in from services with 'Data protection by design' principles and this is reflected in the number of new DPIA's which have been submitted in 2020/21 for projects which meet the mandatory criteria.

The Trust in this reporting period has approved:

- 29 DPIAs
- 1 Covid-19 emergency DPIA's

The Trust has pending approval:

- 7 DPIA's at final review stage
- 44 pending initial assessment / screening or pending full submission

Due to the high volume of DPIA's coming through the system, aligned to the Trusts high digital maturity level, an updated Standard Operating Procedure and new tailored training on the completion of a DPIA has been developed and is being delivered directly to Trust Information Asset Owners (IAO).

5.7. Data Protection and Security Audits 2020/21

Throughout 2020/21, fifteen different randomly chosen locations across the UHNT and UHH sites were audited, focus this year was on non-clinical departments. The purpose of these audits is to ensure that the departments within the Trust are complying with Trust data protection and security policies and procedures and where they are not being followed actions have been assigned and mitigated.

In total thirty eight minor actions were assigned and successful mitigation put in place to ensure compliance to policy and procedure. No moderate or major actions were identified.

The key themes of the minor audit finding included:

- Communications methods and tools (47%)
- Storage and disposal of information (26%)
- IT and physical security (18%)
- Transportation of information (9%)

An audit plan for 2021/22 is now in place.

5.8. Covid-19 - Confidential patient information & common law duty of confidentiality
Due to urgent public health operational responses in dealing with the Covid-19 pandemic, the Trust may need to share information with trusted partners or process data for purposes that are not specifically highlighted within the standard patient Privacy Notice at the time but which are essential our COVID-19 response. To support this the Trust have developed and published a temporary Covid-19 privacy notice on its website.

Individual healthcare organisations have also been given legal notice under the Health Service Control of Patient Information Regulations 2002 (also known as COPI**)** to support the processing and sharing of information to help the COVID-19 response. The notice is available here.

This is to ensure that confidential patient information can be used and shared appropriately and lawfully for purposes related to the COVID-19 response.

The COPI notice has now been extended until the end of March 2022 to help give healthcare organisations and Local Authorities the confidence to share the data needed to respond to Covid-19.

The Trust however as a Data controller are still required to comply with relevant and appropriate data protection standards and to ensure within reason that they operate within statutory and regulatory boundaries.

All data sharing and processing which uses the COPI regulations as its legal basis will need to either stop once the COPI period expires (March 2022) or another legal basis must be identified if the sharing and processing is still required. Where no alternative legal basis is found any data shared should be returned to the Trust or securely disposed of in accordance with Trust policy. Therefore, all such data processed under COPI is being logged on the data flow register with a COPI flag.

6. Cyber Security

The Trust has implemented a Cyber Security Strategy and is actively engaging with NHS Digital through their CareCert programme to further underpin the Trust cyber readiness.

As part of this the Trust is undertaking rigorous testing in the form of independent cyber assessments using the Cyber Essentials Plus assessment and the NHS IT health check assessment via NHS Digital. The Trust continues to provide cyber security training as part of its mandatory IG training and plans are in place to further strengthen the cyber element of this training into 2020/21.

The Trust has previously aimed to become compliant with Cyber Essentials Plus (CE+) standard, as this accreditation would increase the assurance level of the organisation in respect to its security and cyber controls. As an interim step the Trust has been accredited with the Cyber Essentials (CE) self-assessment accreditation. However, as the new strengthened DSPT is in place, we are considering the value of CS+ compared to other recognised standards as recognition of our security positioning.

The following developments further strengthen the Trusts cyber resilience.

6.1. Mobile Device Management

The Trust has implemented a new mobile device management service across the Trust for all Trust mobile devices. The MDM solution which was completed in September 2020 allows the Trust to have greater control over the devices within its domain, all devices are encrypted and the Trust can remotely wipe any device should there be an incident or lost device.

In addition, the new service provides an application 'white list' process which allows the Trust to have full control of the applications and information that is downloaded or accessed via the device.

6.2. Cyber Security Risks

The Trust has identified various risks linked to the Trust's cyber security challenges which were identified following an ICT Security Audit. The risks identified are covered within other ICT risks on the Trusts Risk Register.

There are currently twelve cyber security risks on the corporate risk register, all rated as 'Medium Risk'.

The top three risks identified are:

- Risk 1 – File shares (covered by Risk 6192);
- Risk 2 – Unmanaged equipment (medical) (covered by Risk 6166);
- Risk 3 – Zero-day threat (virus) – (covered by Risks 6154 to 6161).

The above risks have been escalated via the Board Assurance Framework (BAF) to the Trust Board and action plans are in place to resolve.

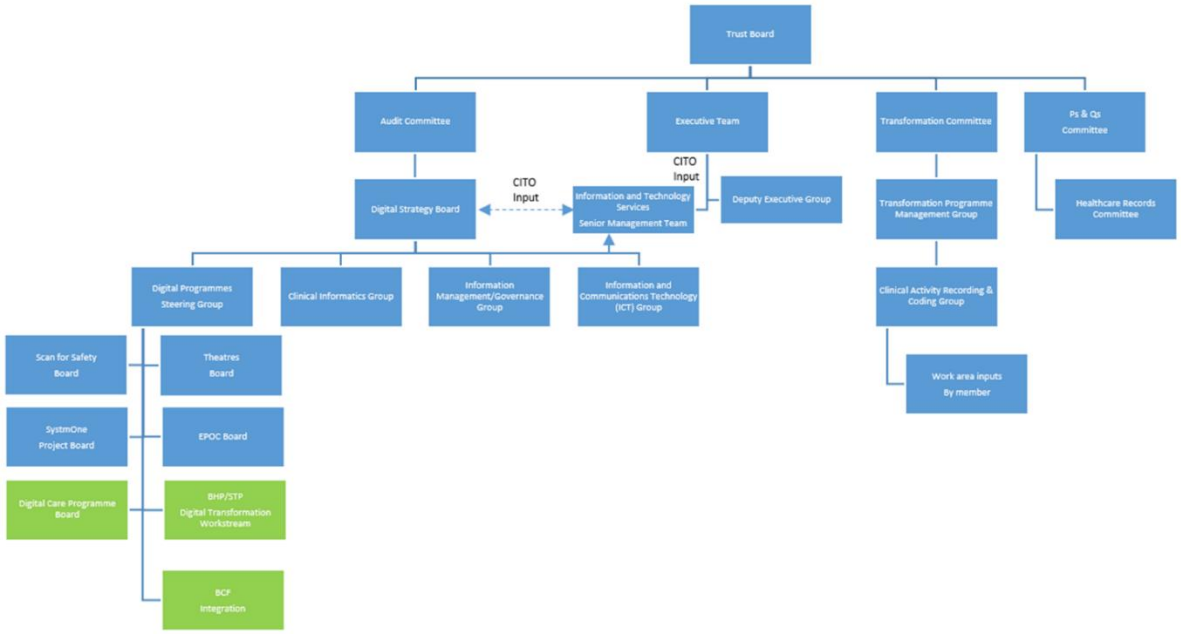
Summary of the current Cyber risks:

ID	Risk Title	Description
6166	Cyber Threat from ICT Unmanaged devices	Medical devices that are not managed by ICT if these devices are running outdated and unpatched computer operating systems that also do not have Anti-Virus on them.
6165	Cyber Threat Exploit Kits	Exploit kits include a collection of ready-made exploits usually planted in compromised websites or used in advertising campaigns. Exploit kits have the ability to identify exploitable vulnerabilities in a user's browser or web application and automatically exploit them.
6161	Cyber Threat Botnets	A botnet is a number of Internet-connected devices, each of which is running one or more bots. Botnets can be used to perform Distributed Denial-of-Service attacks, steal data, send spam, and allows the attacker to access the device and its connection.
6160	Cyber Threat Ransomware	Ransomware is a type of malicious software cyber criminals use to block you from accessing your own data. The digital extortionists encrypt the files on your system and add extensions to the attacked data and hold it "hostage" until the demanded ransom is paid.
6159	Cyber Threat Phishing	Phishing is the fraudulent attempt to obtain sensitive information or data, such as usernames, passwords and credit card details, by disguising oneself as a trustworthy entity in an electronic communication
6157	Cyber Threat Web Application attacks	Web application attacks are those attacks directed against available web applications, web services, and mobile apps. Such attacks try to abuse APIs that are incorporated in web applications.

6156	Cyber Threat Web Based attacks	Web based attacks are those that make use of web-enabled systems and services such as browsers (and their extensions), websites (including Content Management Systems), and the IT-components of web services and web applications.
6155	Cyber Threat Malware	Malware is any software intentionally designed to cause damage to a computer, server, client, or computer network. A wide variety of malware types exist, including computer viruses, worms, Trojan horses, ransomware, spyware, adware, rogue software, and scareware.
6154	Cyber Threat DOS/DDOS	In computing, a denial-of-service attack is a cyber-attack in which the perpetrator seeks to make a machine or network resource unavailable to its intended users by temporarily or indefinitely disrupting services of a host connected to the Internet.
6164	Cyber Threat Insider Threat	Insider threat refers to the threat that an insider will use his/her authorized access, wittingly or unwittingly, to do harm to the security of the Trust.
6163	Cyber Threat Identity Theft	Identity theft is a cyber-threat in which the attacker aims at obtaining confidential information that is used to identify a person or even a computer system. Such confidential information may be: identifiable names, addresses, contact data, credentials, financial data, health data, logs, etc. Subsequently, this information is abused to impersonate the owner of the identity. Identity theft is a special case of data breach.
6192	End User File Share Permissions	Risk of end users creating Shares on central file stores and not setting appropriate controls.

7. Reporting and Assurance

There have been no notable changes to the reporting and assurance framework since the last report. The governance structure is detailed below.



8. Recommendations

The board of directors is asked to note progress to date and confirm their approval of the approach, governance and assurance methods outlined in this report.

Professor Graham Evans
Chief Information and Technology Officer/SIRO

Neil Dobinson
Data Protection Officer (DPO)